More than 100 Million Specialty Referrals Each Year WHAT COULD GO WRONG?

By some estimates,

% OF REFERRALS



REASONS FOR INCOMPLETE REFERRALS

may include missing information, misdirected referrals, or faulty communication.

SPECIALISTS patient history

In one study, ~70% of PCPs reported sending patient history and reason for referral to specialists "always" or "most of the time," while < 35% of specialists reported receiving that information.²

CONSEQUENCES OF REFERRAL BREAKDOWNS

include missed or delayed diagnosis and delayed treatment.

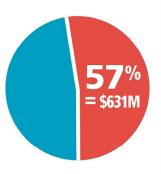


Estimates suggest there are 12 million Dx errors per year in the US.3 Studies indicate 20% to 30% are caused by breakdowns in referral process. 4,5

FINANCIAL BURDEN

Missed or delayed diagnosis is a common cause of medical malpractice filings in ambulatory care.

DIAGNOSIS-RELATED MALPRACTICE CASES in one study, 57% related to ambulatory care at a cost of \$631 million.6

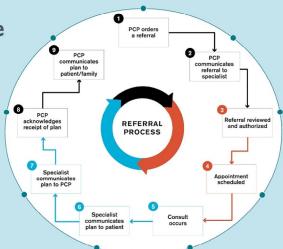


Closing the Loop on **Referrals:**

STEPS

Technical (hardware, software) and sociological

(workflow, staff) factors are involved in each step.



References

1. Weiner M, Perkins AJ, Callahan CM. 2010. Errors in completion of referrals among older urban adults in ambulatory care. Journal of Evaluation in Clinical Practice 16(1):76-81. 2. O'Malley AS, Reschovsky JD. 2011. Referral and consultation communication between primary care and specialist physicians: finding common ground. Archives of Internal Medicine 171(1):56-65, National Academy of Medicine 3. National Academies of Sciences, Engineering, and Medicine. 2015. Improving Diagnosis in Health Care. Washington, Dc. The National Academies Press. 4. Singh H, Meyer AN, Thomas EJ. 2014. The frequency of diagnostic errors in outpatient care: estimations from three large observational studies involving US adult populations. BMJ Qualify & Safety 23(9):727-731. 5. Gardina TD, King BJ, Ignaczak AP, Pauli DE, Hoeksema L, Mills PD, et al. 2013. Root cause analysis reports help identify common factors in delayed diagnosis and treatment of outpatients. Health Affairs (Millwood). 32(8):1368-1375. 6. CRICO/Risk Management Foundation of the Harvard Medical Institutions, 2014. Internal data.

