Clinical Validation Process - Clinical Content Submission

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Submission Author

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Submission Title & Description

Title Data collection/submission standards for consultation/referral by condition/complaint and specialty

Topic There is a need for specialty-developed and specialty-specific standards regarding what information the "referred to" clinician requires from the "referring" clinician to provide an effective and efficient clinical response for a specific clinical issue. Each specialty receives requests for a limited number of issues (specific diagnoses) which in aggregate account for eighty percent of their referrals. These specialty-specific issues are the focus of this proposal. We believe that each specialty should take the lead in defining what its practitioners require including, but not limited to, specific clinical data (e.g., history, physical, lab, imaging, screening or other patient completed survey tools, etc.), rationale (e.g., according to clinical and/or prior authorization guidelines), and other specified data (e.g., clinical question(s) to be answered, priority, desired outcome). The expectation is that information required by the specialist to create an effective and efficient response will be collected and documented by referring providers and communicated to the consulting specialist as part of referring a patient for a given problem. Incorporating such information standards into referral processes is likely to improve the efficiency and value of referrals for multiple stakeholders including patients.

Project scope Convene and coordinate between specialty societies and other stakeholders as appropriate to identify/catalog their most common/appropriate reasons for referral/consultation.

Develop and evolve recommendations for what clinical data consulting providers should receive to optimize the efficiency and value of referrals/consultations for all parties (e.g., patient, referring provider, payer, referred to provider, other members of the care team).

Identify, catalog and, as necessary, manage and evolve best practice standard data elements necessary to support efficient, patient-centric referral workflows and processes.

This work effort may benefit from collaboration with other organizations including:

- Physicians' Electronic Health Record Coalition (PEHRC)

- Healthcare Information and Management Systems Society (HIMSS)

- Council of Medical Specialty Societies (CMSS)

- Physicians Consortium for Performance Improvement (PCPI)

- Health Services Platform Consortium (HSPC)

- EHRA Electronic Health Record Association (EHRA)

- 360X Group

Goals Develop a flexible/extensible methodology for documenting and maintaining best practice referral content standards.

Integrate referral content standards into evolving technology solutions and workflows to support closed loop referrals, specifically the 360X Closed Loop Referrals Project.

Submission collaborators

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Terrence O'Malley MD; Co-chair, ONC US Core Data for Interoperability (USCDI) Task Force; Partners HealthCare, Massachusetts General Hospital

Holly Miller, MD, MBA, Chief Medical Officer, MedAllies

Relevant links

https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Home

https://oncprojectracking.healthit.gov/wiki/display/TechLab360X/360X+Implementation+Guide

HL7 IG: Transitions of Care and Referral Templateshttps://www.healthit.gov/isa/support-a-transition-care-or-referral-another-health-care-provider

https://www.healthit.gov/hitac/committees/interoperability-standards-priorities-task-force

https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force

https://journals.lww.com/ambulatorycaremanagement/Citation/2018/10000/Closing_the_Referral_Loop__Improving_Ambulatory.2.aspx

Image

https://oncprojectracking.healthit.gov/wiki/images/logo/default-space-logo.svg

Use Case for Submission

Introduction

Referring providers working within an EHR enter a referral order, specify a reason for referral, desired outcomes of the referral, and identify/select an appropriate and

available referred-to provider and timeframe for the consultation appointment to occur. The referring provider includes information in the referral, based on the patient's clinical issue to be addressed by the specialist, patient, payer, and referred-to provider characteristics. There is no existing best practice standard for:

- What constitutes an appropriate referral and what the primary care physician should address prior to referral
- The clinical information to be included for the specific clinical issue the specialist is being asked to address

This leaves the referring provider using their best judgment and prevents the ability for health information technology vendors to create time saving templates that would electronically collect the information to be sent to the specialist automatically, thereby requiring a manual process to gather the information to be sent.

Creating best practice diagnosis-specific recommendations would allow for an automated EHR process, and allow the collection of specific clinical data and provide a process to submit this data automatically to the consultant, and the payer as necessary, as part of the referral. Some of the data required/desired by the payer and/or referred to provider may already exist within the patient's electronic health record, while some may require additional data collection from outside sources or require the referring physician to order the tests and studies to be completed prior to the specialty encounter facilitating the efficiency of the encounter and preventing data duplication.

Currently missing are templates based upon semantically standardized vocabulary specifying the exact data required by the consultant for a particular problem. The simplest process to determine these templates is to ask specialist groups to identify the problems comprising their most common referral requests, and for each problem to specify the data that are "essential to have" and those that are "nice to have". These data would comprise "V1" of the referral templates and could be modified based on subsequent use.

The referral process would include communication of all relevant data to the referred-to provider. The system should also be able to support the collection and transmittal of all data necessary to support prior authorization requirements. Information from the EHR system of the referring provider is transmitted to and incorporated into the EHR of the referred-to provider to support their clinical and administrative workflows. Upon completion of the consultation the results generated consequent to the consultation encounter (both textual reports and any discrete data generated) should be transmitted back to the referring provider for incorporation into their EHR.

Clinical basis and data elements

Potential Data Elements for standardization:

- **Specialties** for referring and referred to providers - Over time could include medical/surgical specialties, other licensed independent providers (including dentistry, behavioral health), therapies (PT, OT, ST, etc.), nursing, complementary, home health,

- Appropriate (and potentially inappropriate) **reasons for referral** by specialty, e.g., symptom, condition, diagnosis, clinical situation

- **Services requested**, e.g., one time consult for opinion, consultation and follow-up, specific procedure, transfer of care for specific condition, ongoing care coordination

- **Information requested**, e.g., free text report, specific test results, conversational messaging for ongoing care coordination

- **Format of requested information**, e.g., HTML, C-CDA, FHIR, etc.

- **Referral urgency** / requested time frame - likely specified by care setting, e.g., acute, post-acute, ambulatory, home care, etc. (Defined in 360X Standard)

- **Referral Status**(es) - e.g., approved/denied, scheduled/rescheduled, missed appointment, completed (Defined in 360X Standard)

- Data relevant to trigger clinical and administrative decision support including:

    - Data relevant to requesting/receiving **Prior Authorization**, e.g., payer/coverage information, payer-specific requirements

- **Patient-specific requirements**, e.g., language/cultural, transportation, scheduling restrictions/requirements

- **Consultant-specific requirements**

- **Consultant schedule availability** data

- Closed loop **communication statuses**, e.g., report status (draft vs. final), report sent/delivered/acknowledged

Clinical guidelines

Existing clinical guidelines to support appropriate referral, consultation and care coordination workflows between referring and consulting providers should be identified as part of this project. Gaps/needs in this area are likely to emerge naturally as referral processes are standardized. This could lead to a fruitful area of research aimed at optimizing the efficiency and value of the referral process.

User story

A clinician determines that an opinion from a specialist is required to optimize treatment for a specific clinical issue. Instead of relying on his or her personal understanding of what constitutes the clinical information required by the referred-to specialist, the referring clinician's EHR displays an automatically completed problem-specific template based on best practice medical guidelines form specialty societies to start the referral process. The template contains all of the information that the relevant specialty society has determined to be essential for an efficient, accurate and complete opinion.

The EHR automatically populates the template with currently available data insofar as possible and prompts the referring clinician to order missing or inadequately current test and study data. The template also prompts the referring clinician to specify a specific consultant, group or institution as well as metadata that directs the referral process by indicating the urgency of the referral (emergent, urgent, routine), appropriate time between referral and evaluation (e.g. 1 day, 1 week, 1 month), whether the referral is one time only or for ongoing care, and the preferred method for receiving the opinion (e.g. verbally, message within the EHR, email).

Once complete, the template triggers a set of messages as described in the 360X project to create a closed-loop referral process that runs in the background and insures that the referral is completed within the agreed upon requirements for completeness and timeliness. Any breakdown in the process automatically triggers a series of query-response messages to identify remedial steps.

Assumptions

Both the "referring" and "referred to" clinicians use certified EHRs

Their respective EHRs can exchange standards-based content and the messages types required by 360X without degradation or need for translation.

There is a governance structure in place that determines and enforces performance standards, as well as provides for continuous process improvement.

Specialist groups or societies are willing to specify the problem-specific-data they require

Predicate work

See Relevant Links above.

Implementation plan

Isn't this what we are asking IHMI to develop?

Data element specification

To be provided by specialty groups and societies

Include: "Other information that the referring clinician believes is important"