Promoting Appropriate Referrals

Use all your assets. Payer and provider both share responsibility for getting the right patients to the service.

1 Balance your use of data filters *and* human filters — not just one or the other.

▶ The patient identification and referral strategy should incorporate both the payer's and the provider's assets and relationships. The strategy should be defined early in the payer-provider relationship with the expectation that it will be revisited over time as challenges arise and as needs, resources, and program volume change.

▶ Some providers want and expect a referral channel from the payer, but not all payers have the robust and flexible information systems needed to access data that could be used to identify appropriate patients.

▶ Health plans can identify potentially eligible patients through data mining based on diagnoses, use of health care services, presence of authorizations for certain drugs or services, and costs. Challenges include the time lags of claims data, inaccurate or missing diagnosis data or contact information, and figuring out the right filters or predictive model to accurately flag the patients most appropriate for palliative care. Providers should not expect perfection from a health plan list — it is a starting point. Alternatively, plans can give lists of potentially eligible patients to primary care and specialty providers, inviting them to consider if any listed patients might benefit from palliative care — and if so, to make direct referrals to palliative care providers.

▶ Health plans can also tap the expertise of their case managers to identify appropriate patients, introduce them to the palliative care service, and inform their primary care provider about the plan to refer them to palliative care.

▶ Referrals should also come from the community's providers — they know the patients best — but this strategy requires ongoing education and significant effort.

▶ Embedded models of palliative care delivery in clinic-based care may allow for efficient and accurate identification of patients.

2 Ongoing relationship building and education are essential for community providers.

▶ Marketing and education about your service is not a once-and-done activity. Potential referrers may not have a strong understanding of palliative care, may equate it with hospice, and may resist the idea of other providers getting involved in the care of their patients. This is especially important if provider referrals are the main strategy for identifying and engaging patients. Even if health plan data mining accounts for a significant part of the initial patient identification strategy, the palliative care program needs to maintain open communication with patients' primary providers to support continuity of care.

▶ Both the health plan and the palliative care provider can help educate potential referrers. Some palliative care providers encounter strong resistance when they contact primary care providers about possibly enrolling a patient in palliative care. Having payers actively engage with and educate their medical groups about the palliative care program could go a long way toward breaking down those barriers.

▶ Clinic-based embedded models of palliative care delivery —where palliative care providers and referring providers work closely together — allow for ongoing education and engagement.

▶ Some payers may require evidence of relationships with referring providers as a prerequisite for new contracts with palliative care providers, to ensure that patient volume will meet expectations.

▶ The challenges of engaging referring providers are different for partnerships where the palliative care providers and referring providers work for the same organization (such as a medical group, or all are affiliated with a

health system) versus "external" palliative care providers (e.g., an independent hospice offering nonhospice palliative care services). External providers need to partner with their payers to engage and educate referring provider groups so they understand why another organization would be involved in the care of their patients, especially if patients are identified directly by the health plan through data mining. Cobranded materials describing the service that link the palliative care provider to the health plan can also help potential referring providers feel more comfortable working with external palliative care providers.

3 Don't underestimate the amount of time this takes; don't overestimate the number of referrals that will result.

▶ Depending on the process for patient screening, identification, and initial outreach, enrollment can take a significant amount of provider time. This adds to the provider's costs. As payers and providers seek to align their payment model with services delivered, they could consider opportunities to balance these responsibilities and costs between both parties.

▶ If the health plan doesn't have systems to support data mining, palliative care providers need to do continuous education of and relationship building with potential referral sources — including all levels of providers (physicians, nurses, social workers, case managers, etc.).

▶ Verifying eligibility (health plan authorization for enrollment in palliative care) can be time-consuming for the provider. A system should be in place so that authorization for enrollment into palliative programs can happen in a timely manner — health plans can consider flexibility in allowing providers to determine which referred patients need their services.

▶ If the program relies heavily or exclusively on referrals from community providers (without health plan data mining and patient outreach), be conservative in your estimates about how many patients will be referred. While many patients could benefit from palliative care services, changing practice patterns is hard and takes time.

4 Remember that referrals are just the beginning; initial referral volume may be low and may increase slowly.

▶ Even if the patient identification and referral strategy is robust, patients and their families need to understand how palliative care can help them, or they may refuse the service. Marketing and communication strategies need to extend past referring providers to patients and families themselves.

▶ Take time to assess whether your data mining and referral processes are identifying the right patients. These processes may need adjustment if patient acuity is unbalanced (e.g., all high-intensity needs and hospice-eligible, or many individuals who do not meet illness stage / life expectancy requirements).

Proactive Approach to Patient Identification

Payer strategies, which generally rely on mining claims or authorization data, should be combined with strategies that rely on referring providers to identify potentially eligible patients. (See "Roles in Promoting Appropriate Referrals" table.) This hybrid approach requires significant effort and coordination, but offers the best chance of identifying the most — and most appropriate — patients.

Roles in Promoting Appropriate Referrals

Payer Strategies
▶ Use claims data to look for eligible patients. *Examples: diagnosis, durable medical equipment, health care service use, costs*
▶ Set up routine intervals for patient identification
▶ Develop workflow for getting information to providers

Provider Strategies
▶ Develop clinical triggers to identify patients. *Examples: new diagnosis, new event*
▶ Routinely review patient panels
▶ Invite palliative care team to participate in case conferences

TOOLS AND RESOURCES

This paper is part of a series on payer-provider partnerships in palliative care. To read the rest of the lessons, visit www.chcf.org/payer-provider-lessons.