Making Outside Referral Processing Faster and Easier!

Purpose

This paper focuses on the capstone project, Centralized Access Efficiency Solutions, that was undertaken to identify opportunities for Oregon Health & Science University (OHSU) to streamline its outside referral processing system and enhance the experience for both internal teams and external providers. The Connected Care Center (C3) at OHSU sought the assistance of the Healthcare MBA Program to understand the underlying reasons for the limited utilization of EpicCare Link by outside providers when submitting patient referrals. However, as the project progressed, it became clear that EpicCare Link was no longer a viable option, prompting our team to shift its focus toward evaluating alternative platforms that could better meet the needs of OHSU, C3 and its referral partners.

Background

The significance of improving the referral management system is underscored by ongoing issues with incomplete referrals from various platforms. These incomplete submissions force staff to contact referring providers to obtain missing information, resulting in delays in patient scheduling and hindering timely access to necessary medical care. If these challenges remain unresolved, they could lead to adverse consequences, including extended delays in care and increased follow-up costs incurred by OHSU staff.

Analysis

Through comprehensive primary and secondary research, including interviews with key stakeholders and a literature review, we assessed existing electronic referral systems, particularly EpicCare Link, and examined alternatives like Care Everywhere Referral Management (CERM) and FormDr. Our findings highlight that, though EpicCare Link offers some advantages, significant barriers exist that hinder its adoption. These include access issues for external providers and difficulties in integrating with non-Epic systems.

Recommendations

This report recommends the implementation of both CERM for referrals from Epic users and FormDr for providers not utilizing Epic. These solutions aim to enhance the referral process by decreasing the rate of referral rejections, improving communication among providers, and reducing the need for manual data entry, all of which will facilitate quicker patient access to care. Additionally, it is vital to update OHSU's website and related communication materials to ensure external providers understand the new processes and requirements for referrals.

Conclusion

By adopting these recommendations, OHSU is expected to improve operational efficiency, lessen the administrative load on staff, and enhance patient satisfaction by ensuring timely access to necessary healthcare services. Addressing the existing inefficiencies in the referral management process will allow OHSU to maintain its commitment to delivering high-quality patient care while strengthening its relationships with external providers.

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2025

References

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