



Pooled Referrals:

Implementation Guide for Specialists

February 2013

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For more information: www.health.gov.sk.ca/pooled-referrals

Preface



Written primarily – though not exclusively – for surgical specialists in Saskatchewan, this document offers a rationale and a basic process for introducing pooled referrals into specialist practices. Pooled referrals are an important component of the Saskatchewan Surgical Initiative; they improve the surgical patient experience by improving access to specialty care and reducing wait times for surgical patients.

This guide defines pooled referrals and describes the benefits for patients, specialists, and referring practitioners when this model was adopted in Saskatchewan and other health systems. The guide outlines the recommended steps that can be taken by specialists who wish to incorporate pooled referrals into their practices. While every specialist will need to consider the distinctive dynamics of their own practice, there are a few fundamental, experience-tested milestones in the implementation of pooled referrals that can help to ensure a smooth and successful introduction.

As a further aid to implementation, this guide offers contact information for Saskatchewan specialists already using pooled referrals. The appendices contain a number of template documents and reports that can be adapted to the needs of any surgical practice or department.

While much of this document will be of greatest relevance to **surgical specialists**, it will also be of help to **medical specialists** interested in the implementation of pooled referrals. **Referring practitioners and their administrative support** may also find portions of the guide useful in understanding their own critical role in a pooled referral process.

Goal: Improved Patient Access to Specialists



Patients lead busy lives and increasingly want options that save time.

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I. The Case for Pooled Referrals

What is a 'pooled referral'?



Historically in Saskatchewan, patients needing to consult with a specialist have been referred by their family practitioner to a specific surgeon. The patient's name has been added to a waiting list and he or she has been seen by the specialist after previously-referred or more urgent cases have moved on in the queue. Depending upon the particular specialist's wait list, the patient may wait for days, weeks, months, or more than a year for an initial consultation.

Today, a growing number of patients are referred to a “pool” or group of surgeons practising the same specialization. **The patient then has the option of seeing the first available specialist in the pool, or waiting to see a specific surgeon.**

In other words, the flow of patients is based on *capacity* and *demand*; if one specialist in the pool is at full capacity, patients will flow to others who are not, with the eventual result that the workload is more or less equally distributed. Patients needn't wait for one particular service provider to become free; they now have the option to access the first one available.

This concept has long been at work within many client-focused organizations and businesses. Within the health system, emergency room patients are “pooled” upon triage and seen by the first available physician or other provider.

The United Kingdom's National Health Service (NHS), which delivers publicly funded health care, introduced pooled referrals into its surgical services. This has contributed to a reduction in overall patient wait times as well as greater equalization of wait times between specialists.

A growing number of Saskatchewan surgical specialists are adopting pooled referrals as a means of increasing choice and improving access for their patients. Some groups are co-located, while others are geographically dispersed. They operate under a variety of payment models and continue to manage their own practices.

In discussing pooled referrals, it is important to establish some important facts:

The practice of pooled referrals primarily affects the initial referral of a patient to a specialist.

Thereafter, the patient journey from consultation to decision-to-treat to surgical and post-surgical care remains relatively unchanged from current practice. Specialists who make use of pooled referrals remain free to triage, plan their work, and manage their relationships with their patients as they see fit. Some groups also “re-pool” their patients following the initial consultation: patients are given the next available surgery date, which may not be with the surgeon they saw for the consult appointment.

Pooled referrals are an *option* – not a requirement – for patients and referring physicians. In keeping with a patient-centred health system, pooled referrals create a greater level of choice for patients. Ultimately, however, patients and their physicians remain free to seek a consultation from any specialist they choose – with the understanding that this may have an impact on how long a patient may wait.

Pooled referrals can be applied to any specialist practice structure or business model. Whether a specialist is working on a fee-for-service or alternate payment basis, whether surgeons share a common space or practice in separate locations, whether or not they make use of an electronic medical record (EMR) – pooled referrals can be and have been implemented in Saskatchewan within all of these scenarios.

Pooled referrals are NOT:

- *A “gimmick” for reducing wait times.* They are a proven method for balancing demand with supply among a group of specialists, in support of other efforts to reduce patient wait times.
- *A new concept.* Pooling has been applied successfully by numerous industries and businesses to improve service and manage customer demand. The UK's National Health Service has used pooled referrals for over a decade to sustain their reductions in patient wait times.
- *A legally binding partnership or change in business model.* Specialists participate in a “pool” of their own choosing. While a letter of understanding or written “compact” is an important element in establishing a surgical pool, specialists remain as autonomous in their business models as they wish.

Why introduce pooled referrals into Saskatchewan's surgical services?

In 2009, Saskatchewan's **Patient First Review** identified surgical wait times as a key concern for patients and families. Shortly after the report's publication, the **Saskatchewan Surgical Initiative (SkSI)** was launched, with a mandate to improve surgical patients' care experiences and address wait times.

In 2010, Saskatchewan health care leaders toured the National Health Service (NHS) in the United Kingdom to learn more about how the NHS was able to significantly reduce patient wait times. Pooled referrals, already in use by a small number of surgical practices in Saskatchewan, were identified by NHS leaders as a proven strategy to reduce variation and sustain shorter waits for patients.

A key outcome of pooled referrals is to rebalance the distribution of surgical cases among specialists within a health system. Without this equalization of workload, short-term reductions in wait times are unlikely to be sustainable.

As the Saskatchewan health care system increasingly adopts Lean methodologies into daily operations, more benefits and opportunities for pooled referrals may emerge.

Benefits for patients

More choice

Patients can still choose to consult with a specific surgeon; however, they will also have the option of an earlier consultation with the first available specialist able to provide the required care.

Equalized access

In and of themselves, pooled referrals will not reduce the overall wait time for a procedure;

however, with referrals distributed more evenly among specialists, wait times are rebalanced so that extremely lengthy waits are eliminated.

Improved referral process

With a standardized and consistent referral process, patients and families are better informed as to the status of their referral and the expected wait before an initial consultation. This process includes confirmation that a specialist has accepted a referral, and appointment notifications within weeks after the referral is made.

Benefits for referring practitioners

Clarity, certainty in choice of specialist

Surgical departments or practices that pool referrals manage their own allocation (see p. 12-13) so referrals are directed only to appropriate and available specialists within the group. Once the patient agrees to be pooled, there is no need for the referring physician to research a specialist's sub-specialties or ensure that a specialist is not on vacation or on leave. When the referral is sent to a pooled practice or department, that practice/department ensures it is directed properly.

Simpler, more consistent referral process

With a standardized referral process for each specialization, referring practitioners need only focus on completing the standardized referral form and sending it away accompanied by any available supporting documentation. All referral forms have been designed to look and function identically and are quick and simple to use within an Electronic Medical (EMR) system. Physicians and their office staff will spend significantly less time trying to find an appropriate specialist or liaising with individual specialists' offices.

**“The standardized referral form
saves time and cost for the patient
as well as the health system.”**

**- Dr. Shashi Brijlall
Orthopedic Surgeon**

Confidence in patient care

Practitioners accessing pooled referrals can know their patients are receiving the soonest possible appointment with the appropriate specialist. Included in the pooled referral process is written confirmation that a referral has been accepted. Referring practitioners can also know that specialists who have agreed to work together share a common interest in providing quality care.

Benefits for specialists

Improved work-life balance

A common patient queue creates a continuous stream of patients; however, a specialist can also “slow the flow” at her/his discretion in order to create room for vacations, sabbaticals, leaves, exam preparation, or other priorities. Surgeons on leave can stop receiving referrals, knowing that cases will be directed to their colleagues in the pool. Upon return to business, they simply resume accepting referrals.

This flexibility can also be helpful for surgeons nearing retirement who wish to “wind down” their practices. They can gradually reduce the number of referrals they accept while developing their succession plans.

Effective recruitment tool

Pooled referrals are a significant attraction for specialists considering relocation or just starting out in their careers. Thanks to the shared patient queue, they will begin receiving referrals from the first day of their new or re-located practice. This is particularly beneficial for a new specialist starting a practice along well-established colleagues.

Moreover, the information being collected and tracked through the referral form and EMR will provide department heads and administrators more data to inform the number and types of specialists a practice should consider recruiting.

More control over practice

Because they are drawing from a stable, continuous supply of patients, specialists gain greater ability to manage their practice. They are not dependent upon the perceptions and practices of referring physicians, but can work with their colleagues to triage, sub-specialize, etc. And because they draw from a larger pool of referrals, surgeons who find ways to work efficiently and effectively can assume as many cases as they wish.

Improved communication and information

The standardized referral form completed by the referring physician provides clear, consistent information as to the urgency and nature of the case. Relevant test results and action/treatment to date are all included in an accompanying referral letter so the patient and specialist are able to make more informed decisions. This also lessens redundant administrative work for office staff, who will spend less time seeking information from referring practitioners or liaising with patients who are themselves seeking information about their referrals.

Secure, consistent income stream

With pooled referrals, a specialist's volume of work is steady and stable and depends only upon her or his capacity and preferences.

“Pooling our referrals has relieved the pressure of a long waiting list for some doctors and ensured a steady stream of business and job security for others. Levelling the workload has given our department a greater sense of teamwork.”

**- Dr. Corrine Jabs
Department Head, Obstetrics & Gynecology
Regina Qu'Appelle Health Region**

II. The Pooled Referral Process: What am I in for?

Few changes to your practice and the patient journey



Pooled referring affects only that stage of the patient journey from the point of referral to the referral's arrival at the specialist's office. It is simply a means of offering patients more choice, equalizing access, and improving the communication between patient, family practitioners, and specialist.

After the referral is received, specialists carry out their practice as they have always done, triaging referrals, completing patient consultations, determining severity and urgency of medical issues, prescribing courses of treatment, performing procedures and working with general practitioners on follow-up care.

Your initial commitment: 12 to 20 hours over three to six months

When adopting pooled referrals, the most significant investment of time comes with designing a process for a particular specialist practice. With guidance from templates provided by the Saskatchewan Surgical Initiative, a group of specialists will meet several times to determine the processes and adjustments that will best facilitate pooled referrals within their practice. Depending on several factors, the group may conduct between six and 10 facilitated sessions, each roughly two hours in length. Specialist groups that have adopted pooled referrals have found that a facilitator is important in ensuring that sessions are efficient, productive, and inclusive. This initial design process is usually completed in three to six months. Ultimately, the time required depends upon the group's size and particular dynamics; smaller, more cohesive groups will generally take significantly less time to establish. This process culminates in a written compact or Letter of Understanding signed by each specialist in the "pool" (See Appendix G for a sample Letter of Understanding).

Larger group practices may find it more efficient to strike a pooled referrals committee, tasked with designing the implementation and reporting back to the practice as a whole.

It is helpful for a practice to involve its medical assistants in this design phase. This can be particularly useful for practices operating out of separate offices: With a medical assistant from each office involved in the design, the result is a process based on each location's needs and perspectives.

The Ministry of Health's Saskatchewan Surgical Initiative has created many supports, templates, and tools that can be used at no cost to a specialist's practice, many of which are available in the appendix. Specialists may, however, wish to account for salaried Medical Assistant time and their own time invested in design sessions and consultation with colleagues.

A higher level of communication with colleagues

While the adoption of pooled referrals changes very little in the dynamic between specialist and patient, it has made significant differences in the level of communication between specialists in group practices.

When specialists draw from a common patient queue, transparency becomes paramount,



particularly in knowing the relative numbers of new referrals accepted by each specialist. These reports can lead to discussions and sharing of ideas regarding how to increase one's capacity for new referrals, optimize surgical yield, etc. A sample of reports available through the pooled referral process is included in the appendix.

A common patient queue lends itself to a wealth of comparative data that can be used by a practice to generate ideas for greater efficiency, productivity, and patient-centredness. Specialists who have adopted pooled referrals have found themselves working in less isolation and benefiting from collegial analysis and discussion of their practices.



III. Pooled Referrals in Five Stages

Stage 1: Design



Pooled referrals work best when the process is thoughtfully designed to suit specialists' practices, preferences, and principles. Care must also be taken to ensure that the design phase considers the additional demands being placed on the referring physician. Implementation then becomes an enhancement to the entire referral process and one's current practice.

Principles

Specialists who have chosen to work together as a surgical pool will need to agree upon a few key principles that will guide their professional relationship and inform their collective standards and expectations. Potential principles for discussion are likely to include:

- *Transparency:* What kind of information should be collected and shared within the group? What level of transparency does the group wish to practise around such topics as throughput, outcomes, etc.?
- *Continuous improvement:* Does the group wish to build in a process of ongoing assessment/review of its effectiveness and efficiency? What will be the measures of the pool's success in achieving its quality and productivity goals? How will we collect this information?
- *Accountability to patients:* How will the group gather feedback and input from patients and families? How will this feedback be used to improve service to patients?
- *Roles & responsibilities:* Who in the office will collect and administer referrals, i.e. see that they are directed to the correct specialist? Who will be the caretaker of data and generator of reports? Medical Assistants may play a key role in these areas, as may office staff.
- *Common specialties:* What procedures are practised by everyone within the pool, and what is each specialist's capacity for accepting new cases?
- *Sub-specialties:* How will sub-specialist work be allocated? Should sub-pools be created ?
- *Referrals management:* Will the pool manage its own referrals, or delegate this responsibility to a provincially managed service? This decision may be heavily influenced by whether the pool's specialists are co-located or practising in separate offices.

In order to answer the above questions, specialists, medical assistants, and support staff will, in effect, carry out a review of their existing business practices, roles, and responsibilities. These discussions will occasionally reveal opportunities to operate more efficiently. By asking questions such as “Is the right person doing this work?” or “Is this step being repeated elsewhere?” pooled referral design also becomes an opportunity to eliminate duplicative or unnecessary practices.

As the “customers” in surgical care, **patients** and **referring physicians** should also be involved in the design of a pooled referral process. Specialists adopting pooled referrals are encouraged to discuss their plans with colleagues early and often. Forums that are conducive to these discussions

include Department of Family of Medicine and Regional Medical Association meetings. Specialists should also discuss their intentions with patients to gather their feedback and generate support. In fact, incorporating their perspectives at the design stage helps minimize the risk of having to “fix” the process later. Similarly, having a patient and referring practitioner present at the design table will help ensure a process that works for everyone.

Crucial conversations

During the design phase, it is important that a number of key topics be “on the table” for discussion. Conversations about **business practices, roles and responsibilities, and transparency** will naturally lead to discussions about work habits, autonomy, comparative business approaches, triage practices, etc.

Pooled referrals necessitate a level of trust between specialists: trust that each is complying with agreed-upon standards of practice and performance, and that each is capable of and committed to maintaining those standards. **Letters of understanding** are a key element in ensuring that this crucial trust between colleagues is established and protected.

Also important is a **candid identification of potential challenges or pitfalls and discussion as to how to manage these**, through application of best practices, effective communication, etc.

The critical tool: Your standardized referral form

The discussion generated by the above questions leads to the development of a key, practical element in pooled referrals: the standardized **referral form**.

The primary purposes of the standard referral form are to *a) ensure a consistent level and quality of information from referring practitioner to specialist to help guide the referral to the right specialist* and *b) ensure that cases are allocated as per the specialist group's algorithms*. Properly designed and utilized, this form becomes an invaluable time-saver and a help to patient, referring practitioner, and specialist alike. The form also aids in the organization and collection of referral data.

The referral form is an effective tool for two-way communication between referring practitioner and specialist. This communication begins when the specialist designs the form to request specific information about patient condition, all necessary diagnostic/test results, and any treatment the referring practitioner may already have administered. Because this information is a part of the form, the referring practitioner provides the available information *with the initial referral* – not after a series of subsequent, time-consuming communications between offices.

The standardized referral form is also designed to ensure that a referral is directed to the right specialist within the pool. The agreed-upon allocation of specialty and sub-specialty work can be reflected in the questions, indications and checklists on the form. The individual(s) receiving the form can then easily direct the referral to the appropriate specialist.

The result is a referral process that works effectively on behalf of the patient (who is linked efficiently and promptly to the right specialist), the referring practitioner (who is freed of the need to determine the “right” specialist), and the specialist (who receives the information he/she needs to make decisions about a consult).

(See Appendix B for samples of standard referral forms that are currently in use.)

Who should be at the table?

The introduction of pooled referrals into a surgical department or practice has an immediate impact on several associated parties. Here are some individuals who should be consulted to gather their distinct perspective and knowledge:

A new pool of **specialists** can elect to have all of the specialists directly involved in the design, or can choose a few to represent the group at the design table. It may also be helpful to invite a specialist already using pooled referrals to contribute their ideas and lessons learned.

A surgical **patient representative** can ensure that patient and family perspective and priorities are not lost in the details of the referral process. Pooled referrals create many benefits for practitioners, but the process is ultimately meant to result in a positive care experience for the patient. Most Regions have recruited patient advisors who could be called upon to assist in these consultations. Specialists can also consult with current patients to gather input, identify concerns, and build support for the new process. This consultation can be accomplished through focus groups or individual conversations with patients.

As the primary link between patient and specialist, **referring physicians** must have a crystal clear understanding of how pooled referrals are administered. Inclusion of referring practitioners in the initial design stage not only results in valuable feedback on the design itself, it also leads to input on how the process can best be communicated to this key customer group. By consulting with Regional Medical Associations (RMAs) and Departments of Family Medicine, specialists can gather valuable input into the design process and also ensure that local physicians have a healthy amount of advance notice regarding the implementation of pooled referrals.

Medical assistants and **office support staff** can and should play a key role in the design of a pooled referrals process. These individuals are well versed in their offices' processes and practices and well positioned to integrate pooled referrals into an existing system. Particularly if a pool of specialists is managing its own referrals (rather than using the provincial referral service), Medical Assistants should be at the table from the very beginning of design discussions.

Finally, it is recommended that a trained **facilitator** be present to manage and guide the discussions. This helps to ensure that valuable input is gathered from all parties and that the discussions remain focused and lead to concrete progress.

Stage 2: Build

Many specialists who have adopted this pooled referrals have found that it has created opportunities to adjust or enhance their practices for the benefit of patient and practitioner alike. The pooling of referrals leads organically to increased communication and teamwork among specialists; the detailed referral data that is generated as part of the process becomes a valuable tool to inform decisions about the practice; increased standardization of care means optimized use of resources; and the ability to adopt best practice service models improves the group's efficiency.

As design-stage discussions progress, specialists will identify a number of processes, tools, and deliverables that will be necessary to integrate agreed-upon principles and practices into the surgical pool's day-to-day operations. These tools are likely to include **process maps** -- which illustrate, step by step, the flow of actions for incoming referrals, appointment bookings, updating of referral data, etc. -- and **business rules**, which lay out in detail the required processes and practices through which pooled referrals will be managed. (See Appendix C for a sample).

To ensure there is value in the new process for everyone, it is recommended that **within 10 days of receiving a pooled referral, referring physicians receive confirmation** that their referral was received and the name of the specialist accepting the referral.

This will support ongoing communication between physicians until the patient is seen. It is equally important that **within two weeks of receiving the referral, patients are notified about their appointment** (or when they can expect to receive an appointment) and with which specialist. It has been demonstrated that these notifications dramatically reduce the number of phone calls regarding referral and appointment status.

Allocation tools: Pooled referrals in action

The **allocation tool** is a database or spreadsheet which automatically assigns a referral to a specialist within the pool. After considering the presenting condition and which specialists within the pool treat that condition, the allocation tool also incorporates updated information about each specialist's capacity, preferences, and availability. All of this information is combined to generate a referral to the most appropriate specialist.

As relevant variables are updated from capacity data-- one specialist is working at full capacity, for example, or another is on leave -- the allocation tool adjusts its response accordingly, assigning fewer cases to the specialist who is away or who has a longer wait list or and more to another with a shorter wait list. This is a particularly helpful feature for specialists who will be away from their offices for a time due to vacation, leave, examinations, etc. By temporarily rendering the specialists' availability as 'nil,' the allocation tool will direct referrals elsewhere until the specialist is ready to begin booking appointments again. There is no longer a risk of urgent referrals being left unaddressed.

There is virtually no limit to the nuances and variables a pool's allocation tool can incorporate, and its effectiveness can be easily gauged or improved as specialists monitor the appropriateness and volume of their referrals. For specialists who are currently using the tool, the primary benefit has been the way in which it distributes the surgical workload evenly, *according to each specialist's ability to see patients*. Specialists have complete control over how much surgical volume they would like to manage.

In the example below, the allocation tool divides each specialist's number of patients waiting (Row 1) into her/his number of available appoints for a defined period, e.g. Next 30 days (Row 2). The resulting ratio (Row 3) reflects each specialist's capacity to see new patients, relative to her/his colleagues in the pool. A lower ratio means the allocation tool is relatively less likely to assign a new patient to that specialist (see Percentage of New Referrals in Row 4).

Specialty Practice: Allocation Tool

	Doctor A	Doctor B	Doctor C	Doctor D	
Patients Waiting	325	480	155	75	Enter capacity and demand numbers
Open Appointments	40	50	50	30	
Ratio (Waiting/Open)	0.12	0.10	0.32	0.40	These cells are not to be edited
% of New Referrals	13	11	34	42	
Cumulative %		24	58	100	

76

Click this box and press
F9 to assign referral

Send To:

Doctor D

This data will need to be updated regularly – every two to four weeks is recommended. As a specialist's capacity increases or decreases for any reason, the data is updated and allocations will adjust accordingly.

A number of Saskatchewan-based specialists that have adopted pooled referrals have used this tool to allocate referrals. Often, the allocation tool only requires moderate adjustments to make it suitable for a new specialist pool.

Stage 3: Test

Before pooled referrals are implemented, specialists and their support staff should review the following:

- Will the process work smoothly for patient, specialist, office staff, and referring practitioner? This can be achieved by walking a test patient through the referral process with everyone involved.
- Will referrals be allocated appropriately and as agreed upon during the design phase? If an allocation tool is used it is recommended that at least 100 test referrals be processed to ensure the allocations represent the intended allocation ratios.
- Are the relative capacities of each specialist entered correctly and reflected in the distribution of cases? In other words, will the process as designed result in a growing equilibrium between specialists' workloads?

These questions can best be answered through a combination of table-top review and simulation of referrals. Once the process is built and mapped, those involved in its design can meet to walk through the process, examining each step in detail and identifying potential snags or points for which greater clarity is needed.

The allocation tool can also be tested by applying it to numerous theoretical referrals (at least 100 referrals is recommended), determining its effectiveness in allocating cases as intended, and making any necessary adjustments in its algorithms or formulae. There is no limit to how many theoretical referrals can be “run through” the tool so that the design team is confident it has been developed properly.

Stage 4: Implement

Implementation of the pooled referrals process can be accomplished in five steps:

- Notifying colleagues and general practitioners via a communiqué issued through applicable Regional Medical Associations, Regional Health Authorities or other means. This notification advises referring physicians about the adoption of pooled referrals and any changes in how referrals are to be submitted and should be issued several weeks before implementation to allow time for referring physicians to seek clarification and adjust their own practices as necessary. (see Appendix A);
- Adding the pool's referral form to the province's three EMR systems;
- Distributing a paper version of the pool's referral form to referring practitioners;
- Beginning to use the allocation tool to assign cases;
- Communicating with referring practitioners and/or patients as to the date of the initial consultation OR the expected length of time before it will be booked.

Communication with referring practitioners and patients is integral to the quality of the referral process. A new pooled referral process is given an excellent head start if referring physicians are provided with as much notice as possible before changes are implemented, followed up with a

written notice sent out at least two weeks in advance, describing the new referral process and announcing the official start date to colleagues. This allows these practitioners sufficient time to make necessary adjustments to their own practices (e.g. notifying office staff, downloading new forms into EMR, etc.)

Whether specialists book appointments upon each referral, or batch them for future bookings, the referring practitioner and patient should be notified as to the date of the consulting appointment or the expected length of time before it will be booked. It is suggested that this be communicated within two weeks of receiving the referral. It is discomfiting for patients not to know if their referral has been received or accepted or how long they can expect to wait to see the specialist. This notification also helps minimize the number of phone calls from patients trying to find this information.

Stage 5: Monitor and Assess

Once the pooled referral process is fully implemented, it is important to monitor its functioning, asking the same questions suggested in the testing stage, but assessing actual rather than theoretical results. The earlier that flaws or dysfunctions are identified, the easier it will be to correct them with minimal disruption to the flow of referrals.

Another key question to ask is: **Are we collecting the right information for ongoing assessment, evaluation, and analysis?** The data collected through pooled referrals can provide valuable information about the type of work being performed. Data can be collected quite easily within an EMR, then organized and analyzed in a number of different reports, templates for which are available in this document's appendices.

- The **summary report (See Appendix D)** details the number of referrals in a month, grouped by specialist and by presenting condition. This report will also indicate how many referrals were directed to a specific specialist and how many were referred to the pool. Among other uses, this report can assist in identifying priorities for recruitment of additional specialists.
- The **open report (See Appendix E)** identifies the number of patients who have been referred to the pool but have yet to receive an appointment.
- The **wait time report (See Appendix F)** reveals the length of time between patient's referrals and their first appointments, by overall pool average, overall mean wait time, and individual specialist. This report can be analyzed for significant patterns and variations and to identify opportunities to improve wait times where they appear excessive.

Specialists currently working in a pooled referral arrangement have found this data to be one of the process's most helpful features. These reports provide regular, reliable feedback that can be used to improve quality and efficiency and to track performance in numerous areas.

IV. Available Supports



The Ministry of Health's **Saskatchewan Surgical Initiative** has created many supports, templates, and tools at no cost to a specialist's practice. These are available by contacting Ron Epp, Senior Project Manager at the Ministry of Health, by email at repp@health.gov.sk.ca or by telephone at (306) 787-7261.

In the news



Health Minister Dustin Duncan at the official opening of the Referral Management Services unit at Saskatchewan HealthLine, November 2012.



Wait List Information Clerk Allisha Van de Sype demonstrates how pooled referrals are handled at Referral Management Services, with HealthLine Director Roberta Wiest (left) and Regina Qu'Appelle Health Region head of Obstetrics and Gynecology Dr. Corrine Jabs.

V. Clinical Contacts

Please feel free to contact these specialists for more information about how pooled referrals work within their practices.

Dr. Corrine Jabs
Head, Obstetrics and Gynecology
Regina Qu' Appelle Health Region
Regina
306-586-3120

Dr. David Kopriva
Vascular Surgeon
CVT Associates
Regina
306-766-6900

Dr. Randall Friesen
Chief of General Surgery
Prince Albert Parkland Health Region
Prince Albert
306 960-9625

Dr. Annette Epp
Obstetrician and Gynecologist
Saskatoon Obstetric and Gynecologic
Consultants
Saskatoon
306-653-5970

Dr. Shashi Brijlall
Chief of Orthopedic Surgery
Prince Albert Parkland Health Region
Prince Albert
306-953-8972

Dr. Kishore Visvanathan
Urologist
Urology Associates
Saskatoon
(306) 653-3255

Summary



Growing numbers of patients in Saskatchewan who need a specialist consultation are being referred to a “pool” or group of surgeons practising the same specialization. The Saskatchewan Surgical Initiative has been offering support to surgical groups interested in reducing their wait time variation and improving patient access. Patients now have the option of seeing the first available specialist in the pool – or waiting to see a specific surgeon. Patients have a greater level of choice in specialists and also benefit from a consistent referral process that keeps them informed as to the status of their referral.

Specialists who make use of pooled referrals remain free to triage, plan their work, and manage their relationships with their patients as they did previously. However, many specialists that have adopted this model have described other benefits of working as a team such as having access to referral data to inform decision making, ability to standardize delivery of patient care to maximize the use of existing resources, and adopting best practice models of service delivery to improve the group’s efficiency.



Through the Saskatchewan Surgical Initiative and the implementation of the Lean quality improvement methodology, Saskatchewan healthcare is undergoing a major transformation, with the goal of providing evidence-based, patient-centred care that employs the best clinical and safety practices. Healthcare leaders of this province consider pooled referrals a best practice and will be encouraging all specialists to adopt this approach to providing better patient care.

Specialists participating in a surgical pool are assured of a consistent volume of work that begins immediately and can be adjusted upward or downward depending on the specialist's need or preferences. The standardized referral form completed by the referring physician reduces time spent trying to learn more about the urgency or nature of a case.

Practitioners accessing pooled referrals can know their patients are receiving the soonest possible appointment with the appropriate specialist. They can also know that specialists who have agreed to work together share a commitment to ensure that care is of a high standard.

Specialists who have decided to work together as a surgical pool will need to agree upon a few key principles that will guide their professional relationship and inform their collective standards and expectations. Specialists, medical assistants, and support staff will review and adjust as necessary their existing business practices, roles, and responsibilities. As the “customers” in surgical care, patients and referring physicians should also be involved in the design of a pooled referral process.



Tools developed for a specific surgical pool include the **standardized referral form** and the **allocation tool**. The standardized referral form requests specific information about patient condition, all necessary diagnostic/test results, and any treatment the referring practitioner may already have administered. It is also designed to ensure the referral is directed to the right specialist within the pool.

Allocation tools use algorithms and/or spreadsheet software to assign incoming referrals to the appropriate specialist. These tools are designed to ensure that the flow of referrals complies with specialists' respective capacity, preferences, sub-specializations, etc.

Implementation of the pooled referrals process can be summarized as five steps:

- Notifying colleagues and general practitioners;
- Adding the pool's referral form to the province's three EMR systems;
- Distributing a paper version of the pool's referral form to referring practitioners;
- Beginning to use the allocation tool to assign cases;
- Communicating with referring practitioners and/or patients as to the date of the initial consultation OR the expected length of time before it will be booked.

For more information, see appendices at the end of this document and look online:

www.health.gov.sk.ca/pooled-referrals

Acknowledgements

As we began to promote and support the adoption of pooled referrals in Saskatchewan, we quickly discovered that the literature would offer us little in the way of practical information to help us assist Saskatchewan surgical specialists interested in pooling their referrals. It was with the support and tutelage of two local specialist groups that were already using pooled referrals that we were able to develop a program to help other specialists to pool their patient referrals. The support received from the specialists in these groups made it possible to get this project off the ground.

Thanks go to **Dr David Kopriva** and **Dr Peter Barrett** for sharing their experiences and helping us understand how to pool referrals. Thanks also for being physician leaders and meeting with the early adopters and answering their many questions and concerns about pooled referrals.

A special thanks to the all of the early adopters who demonstrated their courage by accepting assistance from the Ministry of Health and joining this bold quality improvement initiative. Thanks to **Dr Shashi Brijlall** and the **Department of Orthopedics in Prince Albert Parkland Health Region** for going first. Thanks also to **Dr. Corrine Jabs** and the **Regina Qu'Appelle Health Region Department of Obstetrics and Gynecology** for being the first client of Referral Management Services – the province's new central referral intake unit. Additional thanks to Dr. Jabs for taking on an advocacy role and promoting pooled referrals with her Saskatchewan colleagues.

Dr Brian Geller and the **Saskatchewan Medical Association** provided valuable guidance and support. Thanks for all the feedback and for showing us how to better engage referring physicians in the pooled referral process. Thank you also to Dr Brian Laursen, co-Chair of the Senior Medical Officer Committee for your guidance, feedback and ongoing support of pooled referrals.

Thank also to the staff at **Saskatchewan HealthLine** for their help developing Referral Management Services, which allows sole-practice specialists to pool referrals. Their commitment to pooled referrals and quality improvement is making a measurable difference for patients across the province.

Finally, thanks must go to **Marlow Zacher** for having the courage to walk into this uncharted territory with us and for successfully helping the many specialists do the detailed preparations needed to pool referrals. His passion facilitating these groups has made a positive difference and is helping shape how we deliver health care in Saskatchewan.

Appendix A: Introductory Letter for Referring Facilities & Practitioner



Healthy Living in Healthy Communities

Chief of General Surgery

November 13, 2012

Dear Colleague,

Re Pooled Referrals – General Surgeons

On behalf of the Department of General Surgery in the Prince Albert Parkland Health Region, I am pleased to announce that **effective November 22, 2012**, our department will begin pooling referrals. Pooling referrals increases patient choice and improves access to care by offering your patients the option of being seen by the *next available* consultant in our group.

<p>NOTE: You and your patient continue to be able to choose a particular surgeon; however, please consider that this may mean a longer wait time.</p>
--

What do you need to do?

Effective November 22, 2012, we require that you begin using the attached forms for all referrals to our department, including referrals to a specific surgeon. This form helps to determine the urgency of the appointment and lets you know what documentation should accompany the referral. For your convenience, these referral forms have also been created in all three provincial EMR systems. More information about pooled referrals and how to access these forms on your EMR can be found at <http://www.health.gov.sk.ca/pooled-referrals-guide>.

Our new fax number is 1-855-355-1921. We will no longer accept referrals received through our office fax numbers. Please use this new fax number for all consultations and all GI endoscopy referrals.

Emergency referrals should continue to be directed to the surgeon on call via telephone. Very urgent referrals (eg, new cancers) can be directed to a surgeon of choice via telephone, but the referral form should still be used, indicating that surgeon's name.

Our Commitment to You

**SOONER
SAFER
SMARTER**



**Saskatchewan
Surgical Initiative**
putting the Patient First

Appendix A: Introductory Letter for Referring Facilities & Practitioner

Once your referral is received, we will confirm its acceptance with your office within ten business days and notify your patient of their appointment within two weeks. We anticipate that this new process will simplify the existing referral process. We invite you to include a referral letter and relevant investigations with the referral form, as you think necessary.

Our group has unanimously elected to adopt pooled referrals to improve access to specialty care. Pooling referrals reduces our patient wait times for consultations and for GI endoscopy, and aligns with the goals of the Saskatchewan Surgical Initiative.

Thank you for your anticipated cooperation. Please feel free to contact me with any questions or concerns. Office 306-922-8949. Email: rfriesen@paphr.sk.ca

Sincerely,

Randall Friesen, MD, FRCSC
Chief of General Surgery

RF/dkw

SOONER
SAFER
SMARTER



Saskatchewan
Surgical Initiative
putting the Patient First

Appendix B: Sample Referral Forms

Referral Forms

Examples on the following pages are forms for referrals to:

- Department of Obstetrics and Gynecology, Regina Qu'Appelle Health Region — a specialist practice that uses Referral Management Services, a provincial central intake and distribution agency (managed by Saskatchewan HealthLine).
- The Prince Albert General Surgery group, which also uses Referral Management Services to pool their referrals.

PATIENT INFORMATION:		Last Name:		First Name:	
Date of Birth:	DD/MMM/YYYY	Address:			
City:		Prov:	PC:	HSN:	
Home Phone:		Work Phone:		Cell Phone:	

REFERRING PRACTITIONER & CLINIC INFORMATION:

<input type="checkbox"/> Family Doctor	Name:
<input type="checkbox"/> Nurse Practitioner	Address:
<input type="checkbox"/> Specialist	
<input type="checkbox"/> Midwife	Phone:
	Fax:

REFERRAL TO:

<input type="checkbox"/> Next Available Obstetrician Gynecologist Except Dr. _____	<input type="checkbox"/> Gynecologic Oncology <i>(Confirmed or highly suspicious of cancer)</i>
<input type="checkbox"/> Specific Dr. _____	<input type="checkbox"/> Maternal Fetal Medicine Clinic

REASON FOR REFERRAL: CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.

ALL OBSTETRICAL REFERRALS REQUIRE EDD: DD/MMM/YYYY

Prenatal Care	<input type="checkbox"/> Low Risk (Shared Care)	<input type="checkbox"/> Low Risk (Transfer of Obstetrical Care)
	<input type="checkbox"/> Twins	<input type="checkbox"/> Hypertension
High Risk Obstetrics	<input type="checkbox"/> Higher Order Multiple Gestation	<input type="checkbox"/> Gestational Diabetes
	<input type="checkbox"/> Abnormal Prenatal Screen	<input type="checkbox"/> Pre-Existing Diabetes
	<input type="checkbox"/> Congenital Anomalies	<input type="checkbox"/> HIV Pregnancy
	<input type="checkbox"/> Medical Disease in Pregnancy Specify:	<input type="checkbox"/> High Risk Other:
	<input type="checkbox"/> Substance Abuse in Pregnancy	<input type="checkbox"/> Intrauterine Growth Restriction
Urgent Gynecology	<input type="checkbox"/> Abnormal Pap / Colposcopy	<input type="checkbox"/> Infertility (>35 Years of Age)
	<input type="checkbox"/> Abnormal Ultrasound/Pelvic Mass	<input type="checkbox"/> Menorrhagia with Anemia Hb <100
	<input type="checkbox"/> Concerning Vulvar/Vaginal/Cervical Lesion	<input type="checkbox"/> Post-Menopausal Bleeding
	<input type="checkbox"/> Cancer or Highly Suspicious For Cancer	<input type="checkbox"/> Urgent Other:
Elective Gynecology	<input type="checkbox"/> Contraceptive Advice/Sterilization	<input type="checkbox"/> Pediatric Gynecology
	<input type="checkbox"/> Heavy/Painful/Irregular Periods/Fibroids	<input type="checkbox"/> Pelvic Pain/Dyspareunia
	<input type="checkbox"/> Infertility Age:	<input type="checkbox"/> Urinary Incontinence/Vaginal Prolapse
	<input type="checkbox"/> Menopausal /Sexual Complaints/Premenstrual Syndrome	<input type="checkbox"/> Vaginal Discharge/Vulvar Complaints
	<input type="checkbox"/> Other Specify:	

NOTES:

POOLED REFERRAL INFORMATION: Patients being offered the pooled referral option will receive the next available appointment with a specialist within this group able to treat the referring condition. Obstetrician/gynecologists who pool referrals but do not share an office use the Referral Management Service at HealthLine to manage their referrals. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience. **Questions or feedback can be faxed to 1-855-355-1921 or visit www.sasksurgery.ca/provider/pooledreferrals.html**

Physician Signature:	Date:
Redirecting Specialist: <input type="checkbox"/> Pooled <input type="checkbox"/> Specific Dr. _____	Date:

PATIENT INFORMATION:		Last Name:		First Name:	
Date of Birth:	DD/MMM/YYYY	Address:			
City:		Prov:	PC:	HSN:	
Home Phone:		Work Phone:		Cell Phone:	

REFERRING PHYSICIAN & CLINIC INFORMATION

<input type="checkbox"/> Family Doctor	Name:
<input type="checkbox"/> Nurse Practitioner	Address:
<input type="checkbox"/> Specialist	
	Phone:
	Fax:

REFERRAL TO:

<input type="checkbox"/> The next available Surgeon Except: Dr. _____	<input type="checkbox"/> Specify - Dr. _____
--	--

REASON FOR REFERRAL: CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - DIAGNOSTIC LABS OR IMAGING, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.

Urgent	Cancer (Suspected or Confirmed)	<input type="checkbox"/> Breast (Send imaging, histology results)	<input type="checkbox"/> GI (Send imaging, CBC, LFTS results)
		<input type="checkbox"/> Thyroid (Send imaging, TSH) results)	<input type="checkbox"/> Lymphatic (Send imaging, peripheral smear, CBC)
		<input type="checkbox"/> Skin (Send histology results)	
	<input type="checkbox"/> Acute GI Bleeding /Anemia (Send CBC, coags)	<input type="checkbox"/> Neck mass (Send CBC, CXR)	
<input type="checkbox"/> Thyroid nodule (Send U/S, TSH)	<input type="checkbox"/> Acute Infections (Send CBC)		
<input type="checkbox"/> Jaundice/dilated bile ducts (Send CBC, INR, LFTs/imaging)	<input type="checkbox"/> Acute abdominal pain/mass (Send ALL lab, imaging consults)		
<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Urgent other		
Routine	<input type="checkbox"/> Venous Disease	<input type="checkbox"/> Skin/subcutaneous lesion/nail problems	
	<input type="checkbox"/> Breast lump/pain/cyst/discharge (Send imaging/cytology)	<input type="checkbox"/> Hernia	
	<input type="checkbox"/> Altered bowel habits/lower abdominal pain/anal complaints (Send U/A, imaging, CBC)	<input type="checkbox"/> Dyspepsia/dysphagia/upper abdominal pain/gallstones (Send CBC/INR/LFTs/imaging)	

Notes

POOLED REFERRAL INFORMATION: Patients being offered the pooled referral option will receive the next available appointment with a specialist within this group able to treat the referring condition. General Surgeons who pool referrals but do not share an office use the Referral Management Service at HealthLine to manage their referrals. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience.

Questions or feedback can be faxed to 1-855-355-1921 or visit www.sasksurgery.ca/provider/pooledreferrals.html

Physician Signature:	Date:
Redirecting Specialist:	Date:
<input type="checkbox"/> Pooled	<input type="checkbox"/> Specific Dr. _____

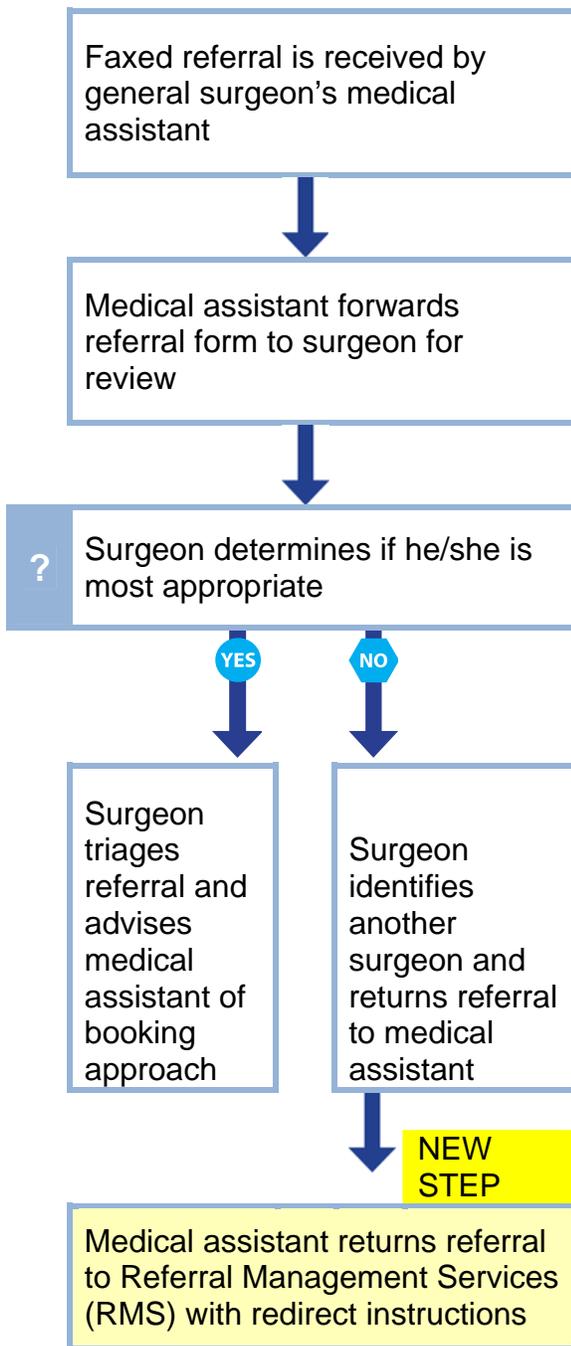
Updated: 27 September 2012

For copies of referral forms, look in your Electronic Medical Record, or fax a request to Referral Management Services at 1-855-355-1921.

Pooled Referrals Process Map

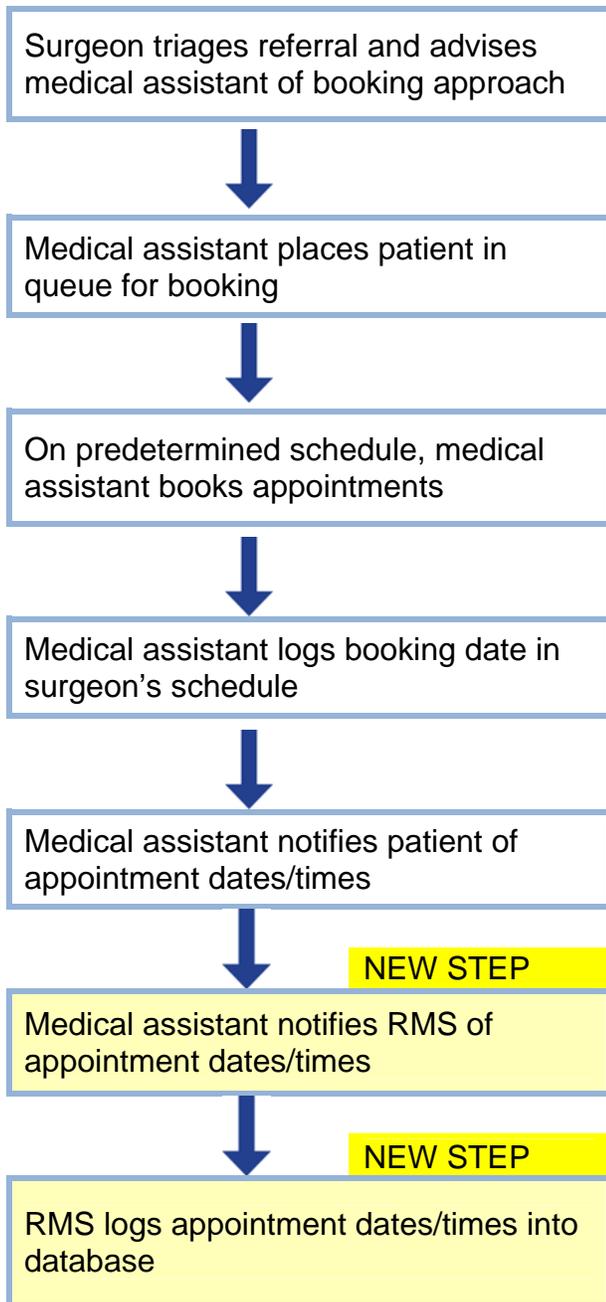
Using Referral Management Services

What to Do when a Referral Comes In



In this process, the surgeon may identify another surgeon if he/she is more appropriate to handle the referral. This information is sent back to Referral Management Services (RMS).

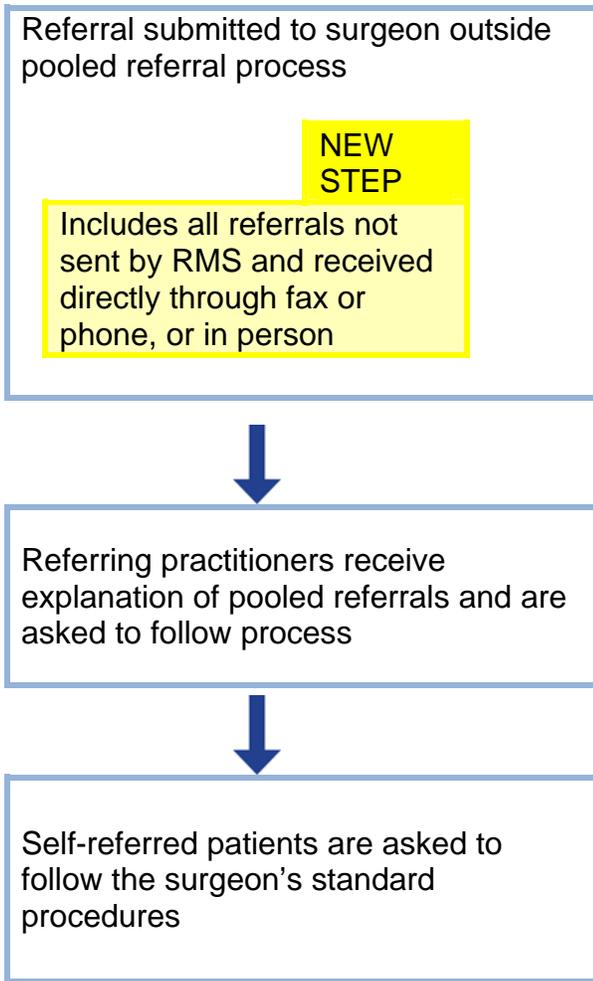
What to Do when a Surgeon Accepts a Referral



After the surgeon accepts and triages a referral, he/she will advise the medical assistant of the timing of the appointment e.g. two days, two weeks, two months. The medical assistant will place the referral in the queue for an appointment.

When the appointment is booked, the patient is notified of the date and time. While this is a fairly standard process in most offices, the medical assistant will also now notify RMS so the date of the appointment can be recorded into the database. The referral is then deemed closed. Notification to RMS can be done in a batch approach on a monthly (or more frequent) basis.

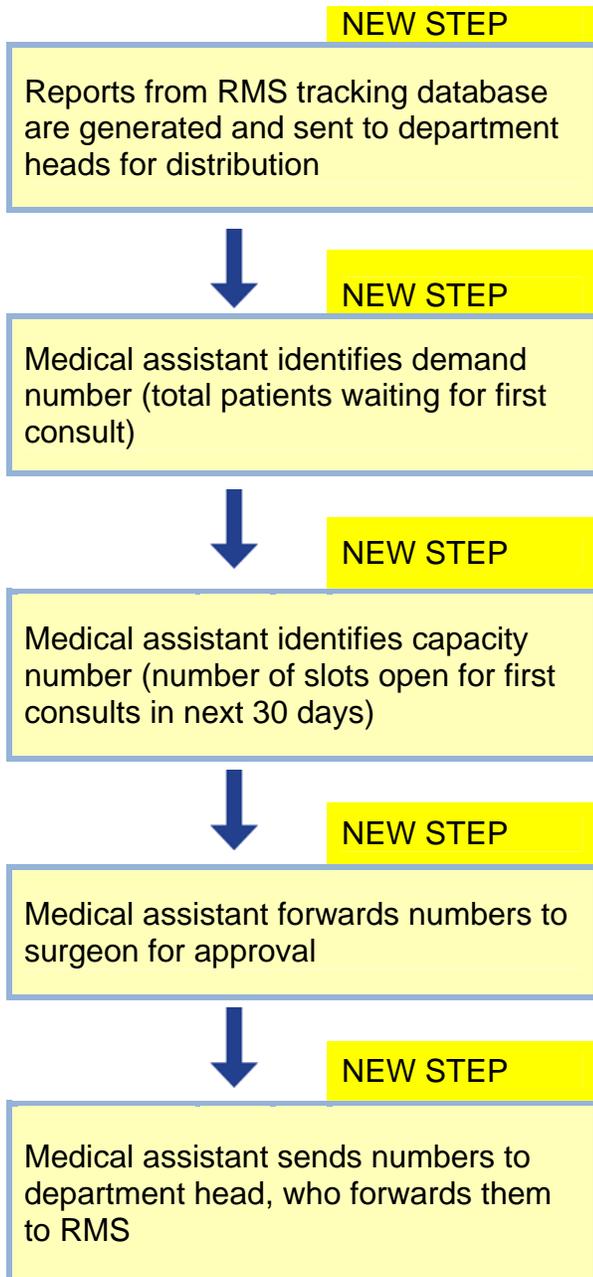
What to Do with Direct or Self-referral Patients



When a referral comes directly to your office without going through RMS, there is now a standard explanation letter regarding the pooled referral process that can be sent back to the referring practitioner.

Typically, a patient seen in the past 12 months for the same condition is accepted as a re-see. A patient who has not been seen by the surgeon in the last 12 months, or who has a new condition, must acquire a new referral from a practitioner. The referral would then be sent through RMS.

What to Do when Reporting Capacity and Demand



Capacity and demand numbers are calculated monthly and submitted to RMS on or before the fourth day of each month.

Appendix D: Example, Summary Report

Summary Report

The **summary report** details the number of referrals in a month, grouped by specialist and by presenting condition. This report will also indicate how many referrals were directed to a specific specialist and how many were referred to the pool. Among other uses, this report can assist in identifying priorities for recruitment of additional specialists.

Pooled Referrals Summary Report					
Doctor A					
		<u>Pooled Referrals</u>	<u>Direct Referrals</u>	<u>Total</u>	<u>% of Group Total</u>
Condition 1	45	05	50		37.3%
Condition 2	21	01	22		25.6%
Condition 3	10	03	13		30.2%
Condition 4	00	00	00		0.00%
Condition 5	91	04	95		32.8%
Condition 6	<u>65</u>	<u>05</u>	<u>70</u>		<u>39.3%</u>
	232	18	250		34.2%
Doctor B					
		<u>Pooled Referrals</u>	<u>Direct Referrals</u>	<u>Total</u>	<u>% of Group Total</u>
Condition 1	20	08	28		20.9%
Condition 2	15	01	16		18.6%
Condition 3	11	00	15		34.9%
Condition 4	02	01	03		60.0%
Condition 5	82	06	88		30.3%
Condition 6	<u>31</u>	<u>03</u>	<u>35</u>		<u>19.7%</u>
	161	19	180		24.6%

Appendix E: Example, Open Report

Open Report

The **open report** identifies the number of patients who have been referred to the pool but have yet to receive an appointment.

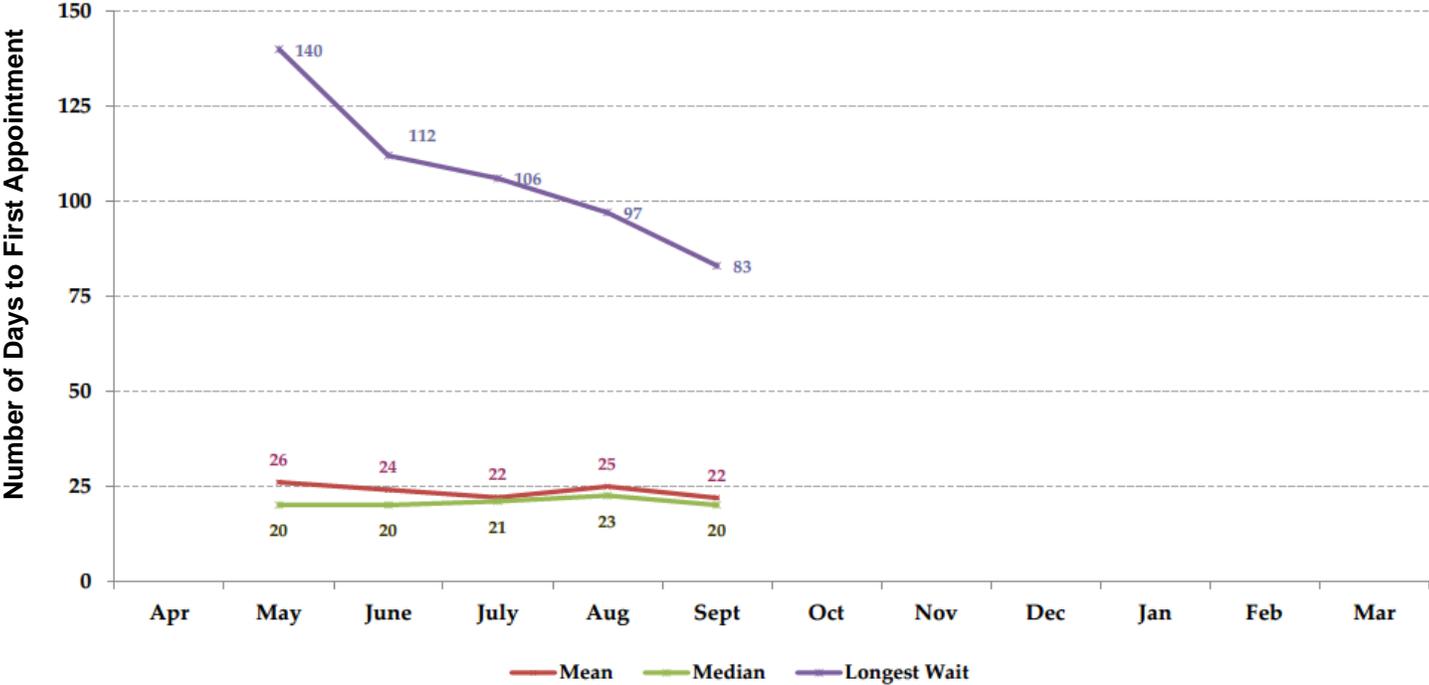
Pooled Referrals Open Report		
As of DD MMM YY		
<i>(Referrals received more than 30 days prior but have no appointment date)</i>		
Doctor A	<u>Patient ID</u>	<u>Referral Received</u>
	112233	12 Oct 2011
	123123	17 Oct 2011
	132132	28 Oct 2011
		Total: 3
Doctor B	<u>Patient ID</u>	<u>Referral Received</u>
	111222	6 Sept 2011
	111333	12 Sep 2011
	112333	4 Oct 2011
	122333	25 Oct 2011
		Total: 4
Doctor C	<u>Patient ID</u>	<u>Referral Received</u>
	123223	22 Oct 2011
		Total: 1

Appendix F: Example, Wait Time Report

Wait Time Report

The wait time report reveals how long recent patients waited for their first appointment with a specialist. This report can reveal trends that can be examined to determine factors causing delays, leading to the identification of improvement opportunities.

Days from Referral to First Appointment



Letter of Understanding

**For (NAME OF SPECIALTY) within the (NAME OF HEALTH REGION)
Regarding Participation in the Pooled Referral Program
(INSERT DATE)**

Background

In 2009, Saskatchewan's **Patient First Review** identified surgical wait times as a key concern for patients and families. Shortly after the report's publication, the **Saskatchewan Surgical Initiative (SkSI)** was launched, with a mandate to improve surgical patients' care experiences and address wait times. A key outcome of pooled referrals is to rebalance the distribution of surgical cases among specialists within a health system. Without this equalization of workload, short-term reductions in wait times are unlikely to be sustainable.

The Department of (NAME OF SPECIALTY) in (NAME OF HEALTH REGION) shares a common desire to provide high quality health care and exceptional service to all its patients. As a department, we also want to be responsive to the needs of health care providers who refer to us. These goals are consistent with the **Patient First Review**. The objective of Pooled Referrals is to remove wait time variability among specialists providing a similar service in order to improve patient access to specialty care and increase patient choice. The use of pooled referrals is fundamental to sustaining wait time reductions.

Purpose and Scope of the Letter of Understanding

This Letter of Understanding (LoU) is intended to outline the details of the agreement for the pooling of referrals for the (NAME OF SPECIALTY) physician group in the (NAME OF HEALTH REGION). These details have been developed specifically for this department based upon the specialists mentioned below.

Participating Parties-

The following parties shall be participating in this Letter of Understanding:

Dr. A	City	SK
Dr. B	City	SK
Dr. C	City	SK

... 2

Guiding Principles of the Pooled Referral Approach

Pooled referrals is intended to improve patient access to specialty care consultation without compromising urgent referrals.

- While pooled referrals will be the default means of allocating referrals; patient choice and continuity of care will be protected.
- It is a process which distributes referrals equitably; taking individual members reported capacity, availability and procedure preferences into account.
- This process will encourage teamwork and collaboration by providing stable workflow.
- All participating specialists agree that for pooled referrals to work, it will be necessary to accept all common referral indicators that are within their scope of practice.
- Data derived from pooling referrals will be helpful to determine manpower needs within the department and assist in recruitment and succession planning.
- This will be an effective means to identify additional opportunities for improvement through Lean and other continuous improvement programs.
- Redirecting a referral can be done directly but communication must go to initial point of contact.
- Changes to the pooling process and business rules require consensus of the group – failing consensus then 2/3 majority.

Outline of the Understanding

The understanding outlined in this document is intended to encourage behaviours that align with the Guiding Principles of the group.

In lieu of a formal dispute resolution process, physicians are encouraged to bring their concerns to the group for open discussion and resolution. Wherever possible it is desirable that these issues be resolved by consensus in the spirit of the best interest of all parties involved – patients, general practitioners and specialists.

Continuous improvement is the cornerstone of this agreement. Specialists are strongly encouraged to continue to look for opportunities for further improvement and adoption.

Miscellaneous Details

Participating specialists agree that referrals submitted to them outside of the pooled referral process will be returned to the referring practitioner with an explanation of the new referral process as well as a copy of the referral form and central fax line.

...3

Letter, page 3

Self-referred patients will be asked to follow the specialist’s standard procedure. If a self-referred patient is accepted, the specialist will fax a standardized referral form for that patient to Referral Management Services so that the referral information can be captured for tracking and reporting purposes. This reporting creates transparency which is the foundation of trust for the group.

Evaluation Criteria – Measures of Success

Participants in the Pooled Referrals initiative understand that our practice data is being collected for the purpose or evaluation of the program, and in addition we, along with a sample of our referring providers, and a sample of our patients, may be asked to respond to a short survey at periodic intervals over a year, as part of this evaluation.

The Health Quality Council (HQC) is supporting the Ministry of Health and our Department to evaluate the impact of Pooled Referrals in Saskatchewan. An HQC researcher will be in touch with your practice to explain the evaluation process. This process has been designed to cause minimal disruption to your practice.

Approvals

The following physicians have discussed this Letter of Understanding and agree to work together as stated above.

Name	Signature
Dr. A	
Dr. B	
Dr. C	