Case Study 2: PCP-to-Specialist Referrals

A regional health system with a growing footprint in multiple markets across two states. The organization has built a medical group network of more that 900 physicians including PCP and specialist providers - along with a Clinically Integrated Network (CIN) of more than 2,000 affiliated providers. To manage specialist referrals the health system recently centralized its Patient Access team, and also rolled out new self-service scheduling tools in some markets.

<40% in-network referral success
Patients not completing follow-up; or going out of the health system specialist network

FIFO approach and self-scheduling
Lack of prioritization strategy leads to the wrong patients filling limited specialist schedules

Limited visibility into referral patterns
Lacking data to understand network leakage and change referring PCP and specialist scheduling behavior

WHO OWNS THE PROBLEM?

- COO, Ambulatory / Medical Group
- VP, Patient Access / Referrals Center
- Strategy / Business Development

Optimizing for Patient Access Efficiency and Limited Specialist Capacity:

The organization was acquiring new physician practices and concerned with integrating these providers into the referral value chain for the health system. They implemented a referral scoring model for the new Patient Access Center to prioritize its backlog of more than 50,000 specialist referrals. This enabled navigation staff to work smarter and schedule more high-priority patients with in-network specialists - reducing network leakage and improving downstream revenue.

	Threshold	Volume	Prop Volume	Appt Completion		Acute Care Visit		Recommended Scheduling Timeframe
				Actual	Rate	Actual	Rate	
Priority 1	0.15	89	4.9%	69	77.5%	34	38.2%	Within 5 Days
Priority 2	0.1	403	22.1%	295	73.2%	89	22.1%	Within 14 Days
Priority 3	0.07	390	21.4%	267	68.5%	100	25.6%	Within 30 Days
Priority 4	0.05	489	26.9%	169	34.6%	83	17.0%	Within 60 Days
Priority 5	0	450	24.7%	21	4.7%	4	0.9%	Within 90 Days
		1,821		821		310		

The Bottom Line

The health system monitored referral patterns for every PCP practice and measured in-network completion rates for high-priority patient referrals. To better understand their own provider network, they also tracked appointment wait times and no-show rates for every specialist office. By focusing on high-value referrals, the system saw growth in downstream utlization rates and realigned their provider network relationships to reduce revenue leakage to competitors in each market.

In-Network Referral Completion Rate

[Targeted ED Referrals]

88%

Reduced No-Show Rate in Specialist Offices

[For Referrals from PCP]

-55%

Increase in Average Margin Per Specialist Referral

[For Referrals from PCP]

+19%