



# Emergency Department Referral Navigation Program

Closing the loop on valuable  
ED-to-Specialist referral opportunities



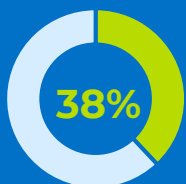
# ED referral challenges

Missed opportunities retaining high-value patients through ED and UC front-door



## XX,XXX Monthly ED Discharges

Rich source of **new unattached patients** and potential **downstream specialist services**.



## Specialist “recommendations”

Specialist recommendations buried in ED and UC discharge notes; patients on their own to self-navigate.



## Lost Procedure Revenue

Affiliated specialist providers taking high-value patients for procedures elsewhere; Limited visibility into leakage.



## High ED Return Rate

Without navigation support, high-risk patients end up back in ED instead of PCP / Specialist appointment.

## PROVIDER NETWORK ALIGNMENT



Tier 1

Owned Medical Group

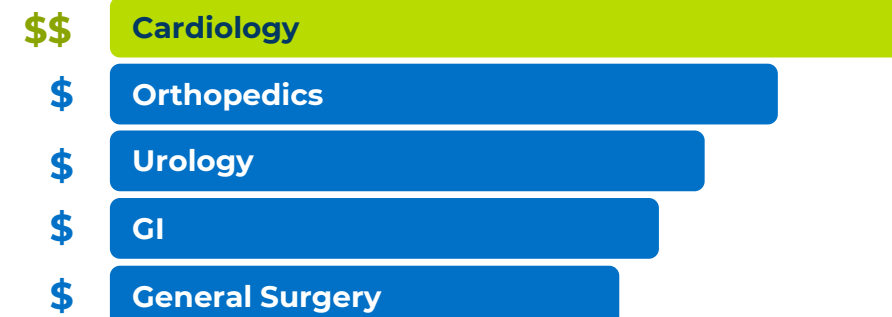


Tier 2

Affiliated Providers

## GROWTH SERVICE LINES

Procedure volumes and contribution margin

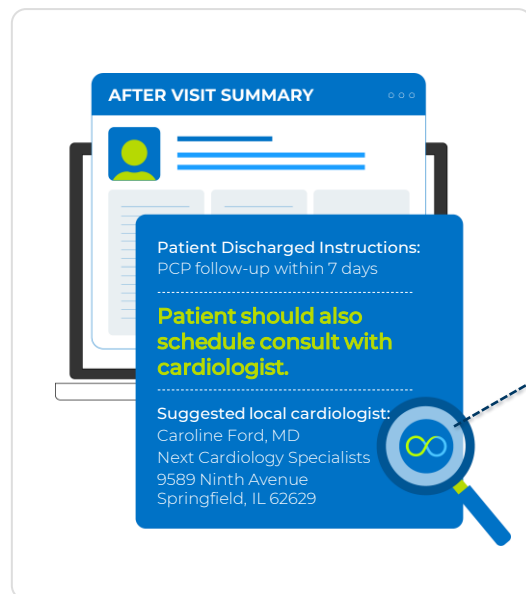


# ED-To-Specialist Navigation Platform

AI-driven workflow prioritizes high-value ED and UC patients for in-network navigation



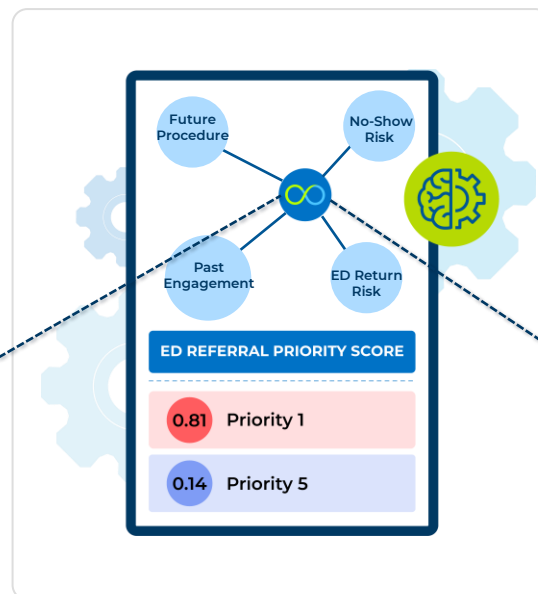
## Identify



### Identify Hidden Referrals in Clinical Notes using NLP

Identify "recommendations" for specialist follow-up appointments buried in ED and Urgent Care after-visit-summaries (AVS)

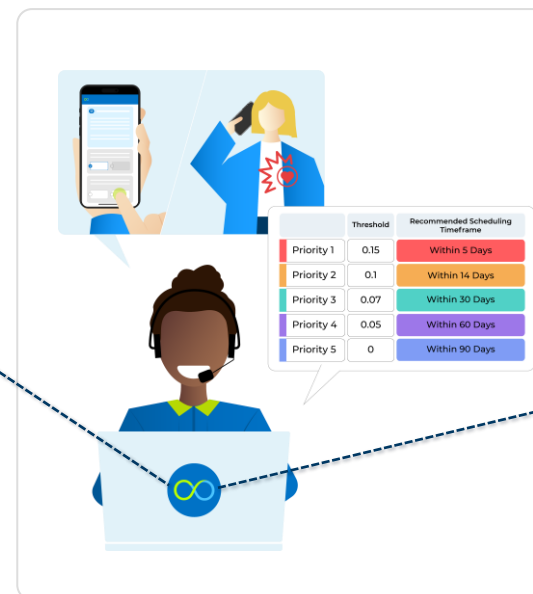
## Prioritize



### Prioritize Referrals for In-Network Revenue

Create a "priority score" for each referral, accounting for future services, downstream revenue, appointment no-show, ED return risk

## Engage



### Engage High-Priority Patients + Streamline Access

Navigate high-priority patients to in-network specialists and manage scheduling logistics to increase conversion rates

## Analyze




### Analyze network patterns and growth opportunities

Real-time transparency into network leakage, time-to-appointment, and downstream revenue. Insight into competitive market procedure leakage.

# Identify referral opportunities in ED notes

Leverage Natural Language Processing (NLP) to systematically comb through discharge summaries



**Today's Visit**  
*You were seen by Andrew Ramirez, MD*

**Reason for Visit**

- Abdominal Pain
- Black or Bloody Stool
- Back Pain
- Flank Pain

**Diagnoses**

- Melena
- Abdominal pain, epigastric

**Discharge Documentation**

Patient discharged with referral to gastro consult and follow-up with PCP.

**Patient should also schedule consult with cardiologist. Suggested local cardiologist below.**

**Caroline Ford, M.D.**  
4589 Ninth Ave., Suite 200  
New York, NY  
(646) 555-1749

Follow up:

**Gastroenterology** **Specialist referral**

Follow up:

**Center for Advanced Gastroenterology in 3 days**

Why:  
Emergency department follow up visit

Contact:  
321 A Street  
Suite 3  
New York, NY  
(646) 555-5555

Follow up:

**Anne Elliot, MSN, FNP** **PCP follow-up**

Specialty:  
Nurse Practitioner, Family Medicine

Contact:  
949 35<sup>th</sup> Avenue  
New York, NY  
(646) 555-1839

Capture critical follow-up instructions in patient chart not documented as a formal order or referral.

Cardiology consult buried in discharge documentation, not captured as formal referral.

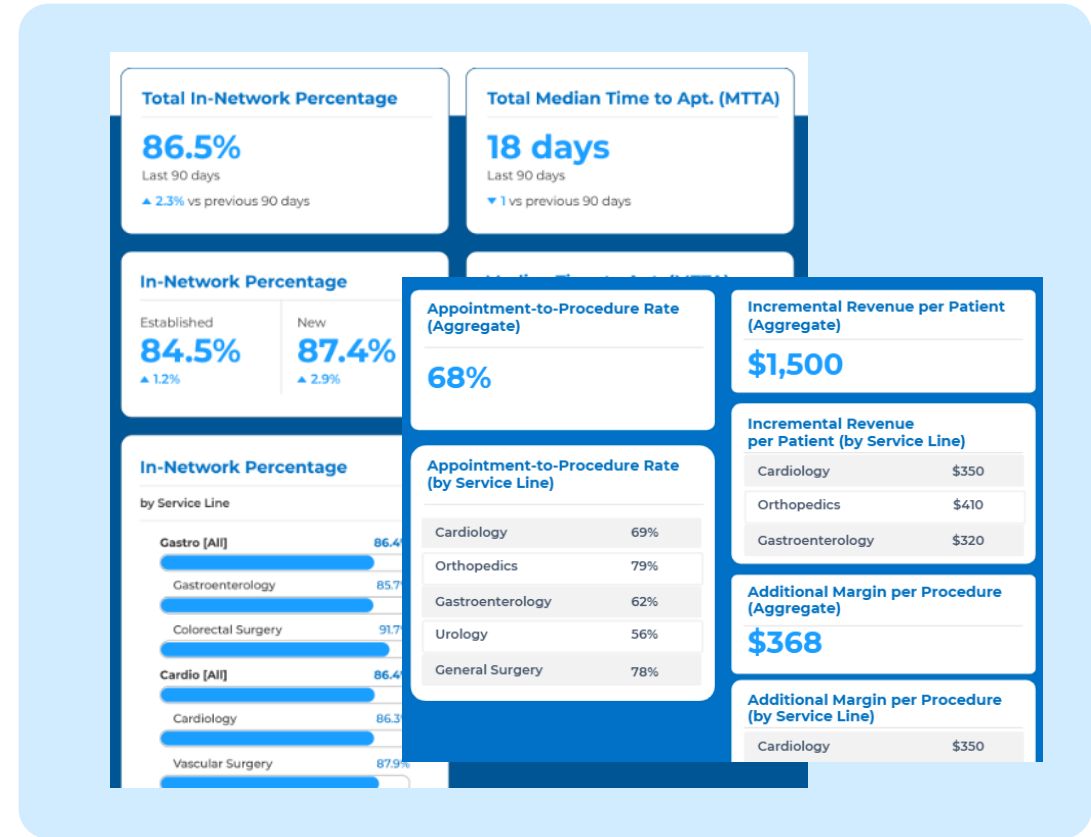
# Close the loop for high-value referrals

Focused outreach to high-priority referrals and specialist offices to maximize outcomes



## Engagement of High-Value Referral Opportunities

Segmented work queues, enhanced by referral navigation **scores**, enable the team to prioritize scheduling and get the right patients into valuable appointment slots



## Track Outcomes and Network Performance

Connect referral opportunities with completed specialist appointments and downstream procedures, leveraging internal Epic data and external QHIN patient-level data

# The big picture: ED revenue leakage



Tracking referral leakage in real-time - EXAMPLE: March 2025 cardiology referrals and downstream utilization across market competitors

