

Closing the Referrals Loop
Managing Consult Orders in Follow-Up Status 021825

Purpose: Clarify the roles of referrals specialists, clinical staff and provider in managing consult orders in Follow-Up Status. As a reminder, orders fall into Follow-Up status when they meet the following criteria: they have been alarmed, they have not tied to an order, and the alarm date is passed. All Tier 1 orders must be pursued if they are in Follow-Up status.

Tier 1 orders are:

Specialty	Tier
Any Order marked STAT	1
Cardiology	1
Cardiothoracic	1
Concussion Clinic	1
Dermatology (possible melanoma)	1
Diabetic Ophthalmology	1
Endocrinology	1
Gastroenterology	1
Gynecology	1
Gynecology Oncology	1
Hematology	1
Infectious Disease	1
MOHS Micrographic Surgery	1
Neurology	1
Neurosurgery	1
Oncology	1
Optometrist	1
Pediatric specialty (any)	1
Priority Breast	1
Pulmonology	1
Rheumatology	1
Urgent Care	1
Urology	1
Vascular	1
VNA Services	1
Wound Care	1

Process for managing orders in Referrals Follow-Up bucket (Referrals Staff):

1. If the result is available in the chart (visible in the order), tie it to the order. This closes the order.
2. If the result is not available and the order is not a Tier 1 order, close the order.
3. If the result is not available and the order IS a Tier 1 order:
4. Look for a service date.
 - a. If the service date is past, send order to provider STAFF bucket with macro "Get this result"
 - b. If the service date is not passed, return order to Submitted status, which re-starts the alarm clock
 - c. If there is no service date, send order to provider STAFF bucket with macro, "Consult Follow-up"

Provider STAFF responsibility:

1. If specialist is a BHS provider, look for result in PVIX or CIS
2. If specialist is a MGB/CDH provider, look for result in Physician Gateway
3. Call specialist office to determine appointment date
 - a. If the patient has had the appointment, request summary (document in the consult order)
 - b. If the appointment is in the future, note the date/time in the order and return to Submitted status (restarting the alarm)
 - c. If the patient has not yet made the appointment, speak with PCP to see if service is still needed (if not, note in order and close)
 - d. If service is still needed, contact the patient to schedule with the specialist. Document all outreach efforts.