The pilot was deployed in a Medicare Advantage population residing in two geographic areas: San Antonio, TX and South Florida. 

A range of specialists were identified for building the digital referral network, including: Neurology, Cardiology, Gastroenterology, Pulmonology, Rheumatology, General surgery. 

- Specialists were included on existing referral patterns of primary care physicians in the patient’s area and quality of care metrics.
- Each specialty practice reserved specific appointment time blocks for patients referred from primary care providers to their specialist’s office.
- Time blocks were reserved based on the rules that governed appointment setting within each specialty practice.
- ACPD network (already jointed and venture practiced) was identified and trained.
- Referral coordinators operating in centralized call centers and Humana affiliated PCPs began using the digital network to schedule appointments with specialists.

Show status (patients showing up for their scheduled appointment) was tracked at the specialist’s office and reported back to the initiating PCP allowing care coordinators and PCPs to ensure patients were receiving proper and timely care.

Program Measures and Analysis:

- Referral lead time: time between the date of the referral request (from PCP) and scheduled specialist appointment.
- Show rate: percent of scheduled specialist appointments that were completed by the referral patient.
- Referral workflow efficiency: average time required to schedule a referral, as reported by referral coordinators, and associated personnel costs.
- Program measures were tracked and reported for 4th quarter 2015 and 1st quarter 2016, representing the time frame when the pilot was fully implemented.
- Descriptive statistics were used to assess improvements in the specialty referral process after implementation of the digital network pilot program.

Projected impact on ED visits and hospitalizations:

- Internal analysis of Humana data show that every incremental week between referral and specialist visit increases the likelihood of an ED visit or hospitalization by 3.12%.
- Reductions in lead time were multiplied by 1.32% to estimate projected impact on ED and hospital visits.

References:

**Conclusions**

- Initial results from implementation of this pilot program indicate that a digital referral network linking PCP offices and preferred specialty practices can increase access to care in this older adult population.
- Adoption of a digital network increased efficiency in PCP and specialist offices, and improved access to specialty care.

**Limitations**

- The descriptive nature of this pilot program limits the ability to draw conclusions about the impact of the implementation of the pilot program and outcomes.
- Certain aspects of the program may limit generalizability to other populations:
  - Implemented in an older population in two select geographic areas
  - Selected specialist based on PCP and quality metric criteria

**Relevance to Policy, Delivery, Clinical Practice**

- This pilot program helps address many of the well-documented challenges with the referral process, such as long delays between referral order and scheduled appointment, identified by appropriate specialists, inefficient coordination, and specialist appointment completion.
- Research designed to evaluate the impact of a fully implemented program beyond this pilot is needed to determine quantitative changes in patient experience, care coordination, healthcare utilization and outcomes program efficiency.