A work in progress

Hospital, University Build Bridges to Community Physicians

It seems self-evident: an academic medical center specializing in tertiary and quaternary care needs strong relationships with community physicians as a vital source of patient referrals.

But as administrators and providers on the Anschutz Medical Campus have acknowledged, that’s not always the case. In fact, the history of relationships between community providers and University of Colorado Hospital and the CU School of Medicine is one often defined by communication gaps, misunderstandings and frustrations.

An organized effort by the hospital, the university and University Physicians, Inc. (UPI), the organization that represents School of Medicine faculty, is working to change that.

The work includes regular contact between campus representatives and physicians from around the metro area, improved dissemination of admission and discharge information to primary care providers, and upgrades to the hospital’s phone system, among other improvements.

The effort springs from the enterprise-wide ACT I (Accountability, Clinical Transformation and Improvement) initiative launched in the summer of 2011. Strengthening relationships with referring physicians was one of the priorities ACT I leaders identified at that time.

“Communication flow has been a problem,” UCH President and CEO John Hamney said at the time. Referring physicians, he said, “feel they frequently don’t get their patients back or receive reports about them. To grow the business with tertiary referrals, we need good relationships with these physicians. We can’t do that if their feeling is they can’t get their patients back.”

Lizabeth Geiser, a physician relations representative for the hospital, said she regularly hears tough questions from community physicians when she meets with them.

“They say they have problems getting access to their patients’ medical records, getting them into the hospital and talking to physicians,” Geiser said. “Some of them also feel there is a separation and a lack of collegial relationships.”

Geiser, who joined the physician relations team with manager Chris Rhodes — since replaced by Theresa Lotspeich — works with community physicians, helping them to solve these and other problems. In addition, Benjamin Honigman, MD, who came on board as medical director for Clinical Outreach, facilitates internal discussions between School of Medicine faculty and helps to build relationships with referring physicians.

With nearly 30 years of service to the hospital and university — he was division head of Emergency Medicine and served as interim chair of the department prior to the appointment of Richard Zane, MD — Honigman has strong ties to the metro-Denver medical community.

Disconnects. Honigman said he heard frustration when he spoke with many of those providers. “The position allowed me to learn more about how hard it is for community physicians to get access to our system,” he said. “They wanted to send their patients to us, but found many barriers. The system is not uniform.”

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Honigman said that the biggest barrier to improving relations between campus and community providers is communication—or the lack of it. Referring providers complained that voluminous medical records they were asked to fax over would get lost or that multiple numbers they were given to discuss or refer patients didn’t work.

Of particular frustration, Honigman said, is the fact that each clinic at UCH has its own phone number and its own process for responding to calls from community providers, who often have no idea of the steps to take to make a referral.

To put the problem in perspective, there are more than 85 numbers for the hospital’s clinics and units, some of which have developed their own specialty workarounds in response to complaints from outside physicians, said ACT I process improvement coach Janet McIntyre. McIntyre has worked on improving the way the hospital and university manage incoming calls from physicians.

For example, she said, there is no standard process for community physicians who want to contact a specialist in an ambulatory clinic. Today, a provider typically calls the hospital operator, who rings the clinic. Because of heavy patient volume, however, response times are sporadic, which too often leads to lengthy delays in returning calls—or no return call at all.

“The problem is not the clinic providers, she said, but rather the process for handling calls. “Our clinics are designed to treat patients. They are not a call center,” McIntyre said.

Simplified process. In October, the hospital launched a test pilot that funneled calls to the Neurology Clinic through the Access Center on the first floor of the Anschutz Inpatient Pavilion. Providers who need help can press ‘8’, then press ‘1’ to page a physician or ‘2’ for further assistance. Neurology Practice Manager Kearin Schulte and assistant professor of Neurology Laura Strom, MD, helped lead the effort.

“It’s a baby step,” said Honigman. “Ultimately my vision is that we have one number.” But early returns were encouraging, he added. Consulting physicians answered some 90 percent of calls within five minutes, and community physicians surveyed last November indicated they were highly satisfied with the new system.

McIntyre said the pilot could be expanded to other clinics, although ACT I leaders have not yet given the green light to do so. “The Access Center still has the capacity to add more clinics,” she said.

Climbing the ivory tower. Geiser said other improvements completed in 2012 have also helped alter the image among some in the community of UCH as a difficult-to-breach world unto itself. For example, some 200 referring physicians now have access to their patients’ electronic medical records through an Epic portal. Providers at UCH now also use Epic to automatically generate admission and discharge reports to referring providers.

The hospital and university are addressing difficulties many community physicians say they have in getting through to clinics on the phone.

But faculty derive the greatest good from meeting community counterparts on their turf rather than waiting for the phone to ring or the beeper to sound, Geiser stressed.

“As our physicians get into the community, the perception of them is changing,” she said. She pointed to physicians in the recently opened Lone Tree Health Center (LTHC), many of whom have attended local luncheons with physicians from the south metro area. The center has also joined the Lone Tree Chamber of Commerce, and UPI has paid the dues for staff physicians to join the Arapahoe-Douglas-Elbert Medical Society.

“It’s paid off,” Geiser said of the outreach, noting that LTHC physicians have received direct referrals from community providers since the Dec. 4 clinic opening. “That’s the reward for the hard work of going into the community,” she said.

Talking points. Honigman also put together a “physician advisory group” as another sounding board for metro-area primary care physicians and specialists. He, McIntyre and Geiser organized and have hosted two dinners for the group, which Honigman said currently numbers 15. He said he chose the members based on recommendations from School of Medicine department chairs, division heads and center directors.
“I felt it was important to have a regular group of community physicians to have candid discussions around issues they find problematic,” Honigman said. “The idea is to gather constructive comments and bring them back for discussion.”

In addition to asking for improved communications and a more efficient referral system, some community providers voiced concerns about whether UCH and the School of Medicine are “collaborators or competitors,” Honigman said.

“There is ambivalence,” he added. “Many recognize that they need UCH for skills and expertise, but are concerned about how that could impact their practice patterns.”

Honigman said he plans three or four of the meetings each year. “I learn more at every meeting,” he said. “The conversations are difficult, but the physicians have said they appreciate that the hospital and university are asking them questions and discussing issues.”