Transplant Referral Management:
Expanding Access to Care

TODAY'S PANEL

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VANDERBILT UNIVERSITY MEDICAL CENTER

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Thursday, August 10, 2023, 3:00pm – 4:00pm ET

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- Group leaders, please share the follow-up email with all group participants who attended the webinar.

Deanna Fenton

Senior Manager, Program Development and Operations

THE Alliance

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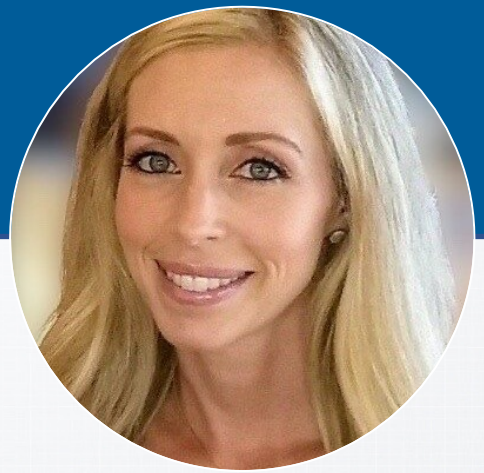
Meet Our Moderator

Sabrina Ortega PA-C

Manager, Transplant Clinical Operations,
Renal & Pancreatic Transplant Service Line

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Meet Our Presenters



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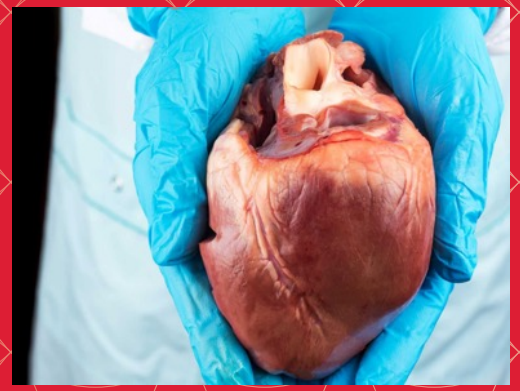
A Heart Transplant Program's Journey to Increasing Referrals & Expanding Access to Care

Rebecca Bleiker, MSN, RN, CCTC, CCTN



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Objectives

- Reviewing the Traditional Referral Process
- Expanding Access to Care while Increasing Referrals Through Outreach and Satellite Clinics

Traditional Referral Process

- In-State Provider Referral
  - Online, fax, & phone
- Out-of-State Provider Referral
  - Online, fax, & phone
- Self Referral
  - Online, phone

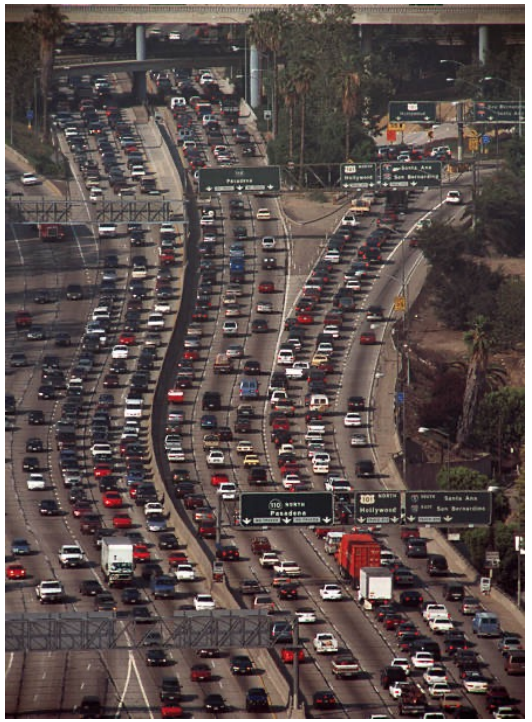
Outside the Box

Strategic Plan and Vision….

Increase Referrals and Expand Access to Care

- Establish Satellite Outreach Clinics through Community "Partnerships"
  - Bakersfield
  - Torrance

SoCal Geography and Access



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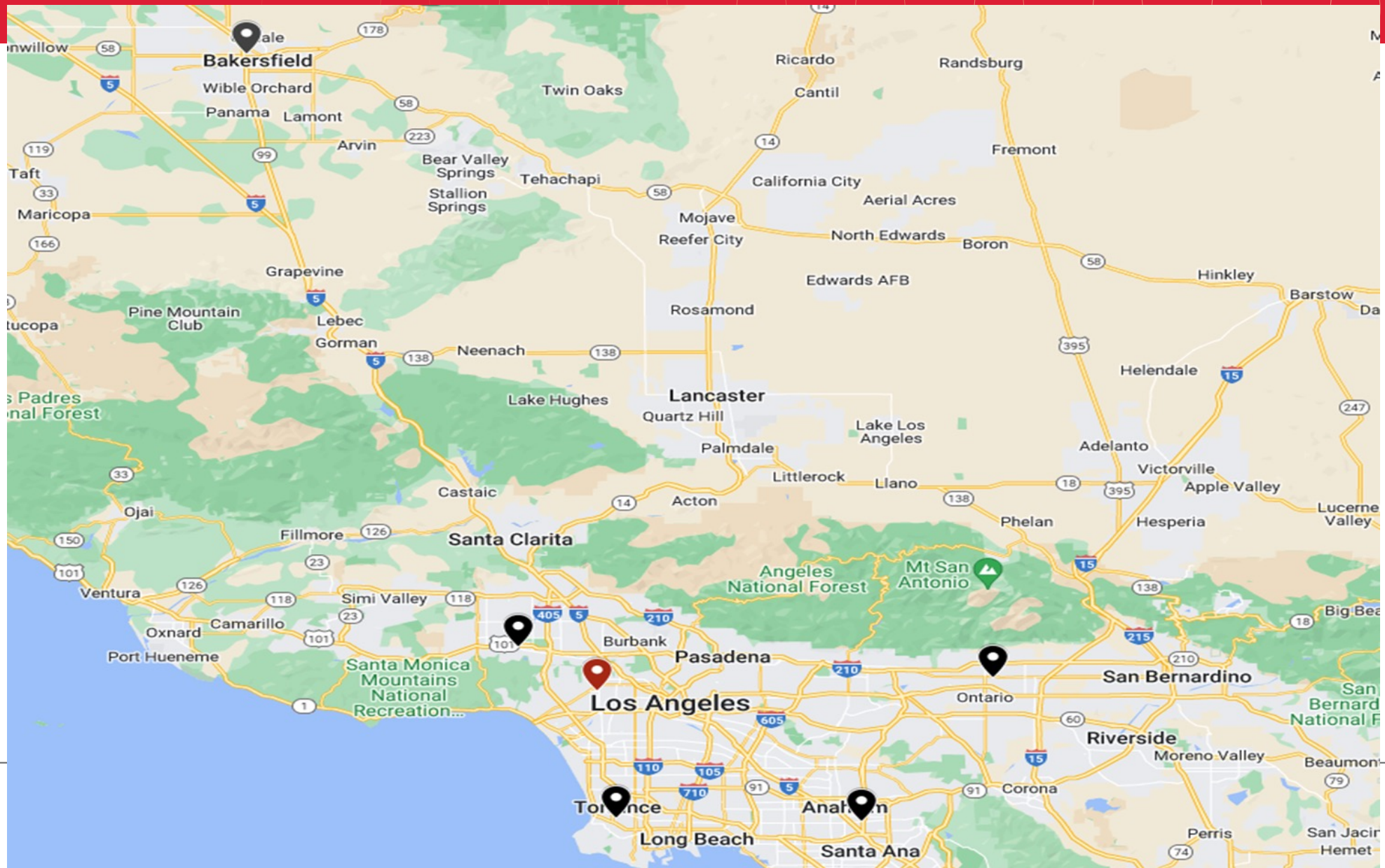
Current Outreach Satellite Clinics



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Expanding Access to Care

- Increased Access to Advanced Heart Therapies
  - Consult in a Patient's Own Community
    - Heart Transplant
    - Mechanical Circulatory Support
    - Investigational Studies
  - Provide services that include Transplant Coordinator-led Care Coordination
  - Referral to other Specialty Experts
  - Advanced Imaging
  - Specialized Procedures
  - Interhospital Transfers to CSMC

Outreach+

- Community Service
- Patient Education
- Grand Rounds
- Providers
- Networking
- Insurance
- Advanced Heart Disease Programs

Transforming Patient Access to Advanced Heart Therapies through Successful Implementation of Nurse-Led Strategies in Outreach Clinics

Advanced Heart Disease Programs
Rebecca Bleiker, MSN, RN, CCTC, CCTN; Althea Bonsol, MSN, NP; Maria Fe White, MSN, FNP/ACNP, Jaime Moriguchi, MD; Chona Pedraja, MSN, NP; Nadia Zorina, MBA; and Jeanine Tostado
Cedars Sinai Medical Center, Los Angeles

Background

The Covid-19 pandemic presented access challenges to patients requiring advanced heart disease (AHD) therapies in the community. In 2020, two existing outreach clinics struggled to provide access and services for patients with AHD. The Comprehensive Transplant Center (CTC) developed a strategic plan to transform outreach clinics and expand access and services for this high-risk population with end-stage heart disease.

Objectives

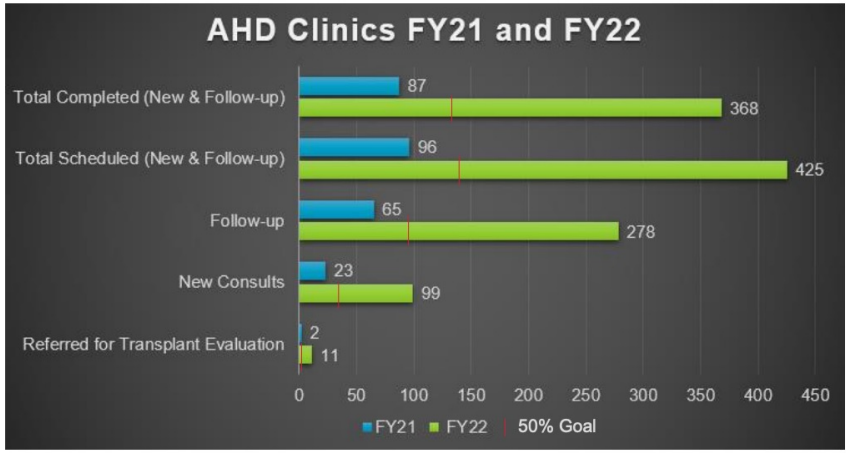
To increase the number of Outreach Clinics and services by 50% from the baseline fiscal year 2021 data to allow patients with AHD to be seen and managed in their local communities.

Methods/Implementation

In fiscal year 2021, CTC's strategic plan channeled resources to transform outside services. This plan was comprised of the following: business plan development; recruitment of Transplant Nurse Coordinator (TNC) for outreach oversight; recruitment of a Nurse Practitioner; appointment of a Medical Director; administrative support allocation; assessment of scope of services for expansion; and optimization of documentation, clinic workflows and communication to referral sources. The TNC focused on: community marketing; referring MD networking meetings; collaboration with Client Services and CS Medical Network; restructuring patient education; redesigning clinic workflows, and expansion of services (telehealth, care coordination, EKG, LABS, ECHO, nuclear studies, genetic testing).

Results

In FY21, there were 87 completed clinic visits and FY22 showed 368 visits, reflecting a growth of 423%. Thirty percent of the completed visits were new consults for AHD.



Tarzana

Torrance

Bakersfield

Upland

Results Continued

There was a 550% increase in patients that were referred for Heart Transplant Evaluation, in addition to a 13% increase in the number of patients transplanted. This volume was due to the increase in the number of outreach clinics from two to seven, a 250% growth. The clinics were located in Torrance Memorial Medical Center, San Antonio Regional Hospital, Central Cardiology in Bakersfield, and Ventana Medical Network in Tarzana (3 clinic days). Each clinic day consisted of a 4 to 6-hour scheduling block and was attended by an MD-NP team. In addition to providing access to consultations for AHD therapies, such as Heart Transplant, Mechanical Circulatory Support, and investigational studies, the outreach clinics also provide services that include TNC-led care coordination for referral to other specialty experts, advanced imaging, specialized procedures, and interhospital transfers to CSMC.

Conclusion

CTC's transformative plan supported the growth of community outreach services for the AHD Program, one that may be replicated by other departments. This TNC-led initiative supported by NPs and Cardiologists succeeded in expanding outside services and increased patient access to advanced heart therapies at a rate that exceeded expectations. The FY23 efforts will focus on expanding to Anaheim and Pasadena, implementing an outreach-specific patient experiences survey, which was delayed due to switching to Press Ganey's Survey, and the financial metrics regarding the significant revenues generated.

Acknowledgments

AHD Clinic and Outreach Physicians: Patient Service Representatives; Nurses; Nurse Practitioners; David Chang, MD; Robert Cole, MD; Dael Geft, MD; Antoine Hage, MD; Michele Hamilton, MD; Evan Kransdorf, MD, PhD; Jaime Moriguchi, MD, Andriana Nikolova, MD, PhD; Jignesh Patel, MD, PhD

Thank you!

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A Triage-based Approach to Managing Transplant Referrals

Heather Abrari, MSN, RN

Outreach & Education Coordinator

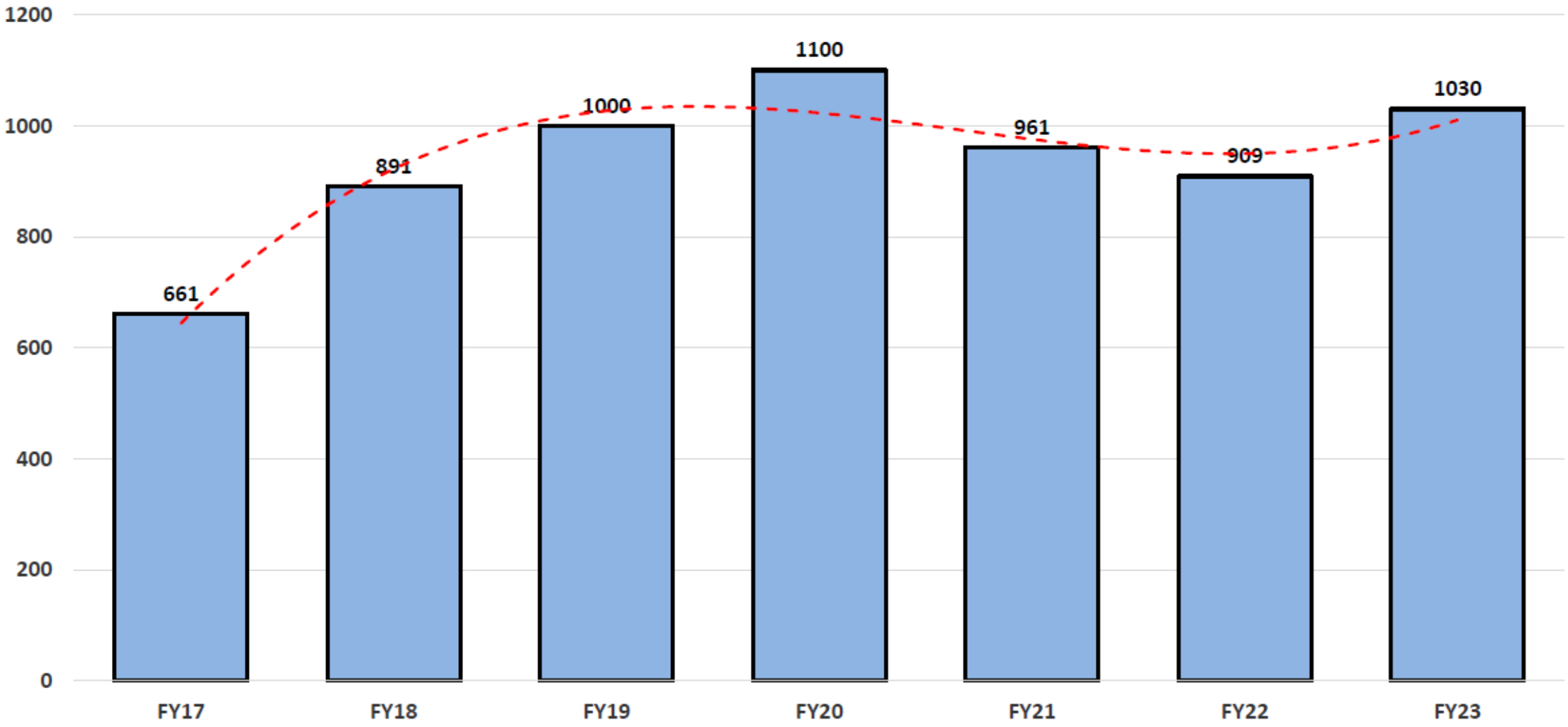
Division of Kidney & Pancreas Transplantation

UCI Health

Referral Volume

- The transplant program has steadily seen increased volume of referrals coming in for transplant evaluations for the past several years
- New strategies needed to be implemented to keep up with this increasing referral volume
  - Increased numbers of referrals being sent in by dialysis facilities, so they remain in compliance with regulations on their end was a contributing factor to this increased volume

Total # of Referrals (FY17-FY23)



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Barriers identified prior to implementing the triage system

- Easily identifiable contraindications to transplant were not being caught early
- Frequent no shows/canceled appointments
- Limited clinician involvement prior to clinic visit
- Randomized scheduling
- Limited clinic space available
- Lack of dedicated nurse coordinator to review referrals

Strategies for a new approach

- Triage standards set and contraindications for transplant referrals identified early on
- Large group-based transplant education classes (prior to the pandemic) and virtual classes implemented
- Clinical review by triage nurse coordinator completed on every referral prior to scheduling
- Utilization of triage system to appropriately schedule patients for evaluation appointments
- Optimization of clinic space

What is a complete referral?

- Basic patient information
- Source documentation for dialysis start date (2728 Form when available)
- Insurance coverage documentation (copy of cards)
- Pertinent medical history, BMI, cause of kidney disease
- Current dialysis facility information
- Referring provider

Referral form and supporting documentation

- Utilizing an electronic fax system to receive our referral
  - referral form is a pdf that can be filled out electronically
  - Still room for improvement with this process
- Currently looking into different platform options for receiving electronic referrals and documentation
  - This will allow for better continuity of care and increased bi-directional communication between the transplant center and the referring nephrology practices/dialysis facilities

Triaged patient scheduling

Expedite	Prioritize	Routine
-Have potential living donors -6+ years dialysis time -Transplant nephrologist requests the referral to be expedited -Pre-emptive transplant prior to	-Adequate functional status (does not use assistive devices) -BMI <40 and >18 -Referral straightforward: no CAD, cancer, prior transplant, cirrhosis, psychosocial and/or	-Patients who do not fall into either expedite or prioritize triage categories

The Expedite Triage Patients

- Expedite patients are required to complete the virtual education class prior to the clinic appointment and then the triage nurse will do a follow up phone call
- Will give top priority to scheduling for clinic due to likelihood of shortest wait time for a transplant
- When a living donor referral is received, the pre-transplant nurse coordinator will communicate with the living donor team to concurrently complete the recipient and donor evaluations when possible

The Prioritize Triage Patients

- These patients initially get online education and then the triage nurse coordinator will contact them individually to begin an initial interview, ask/answer questions and electronically consent for evaluation
- If deemed a candidate, the patient will then begin their routine transplant work-up/testing and efforts will be made for this to occur prior to their initial in-person clinic evaluation appointment

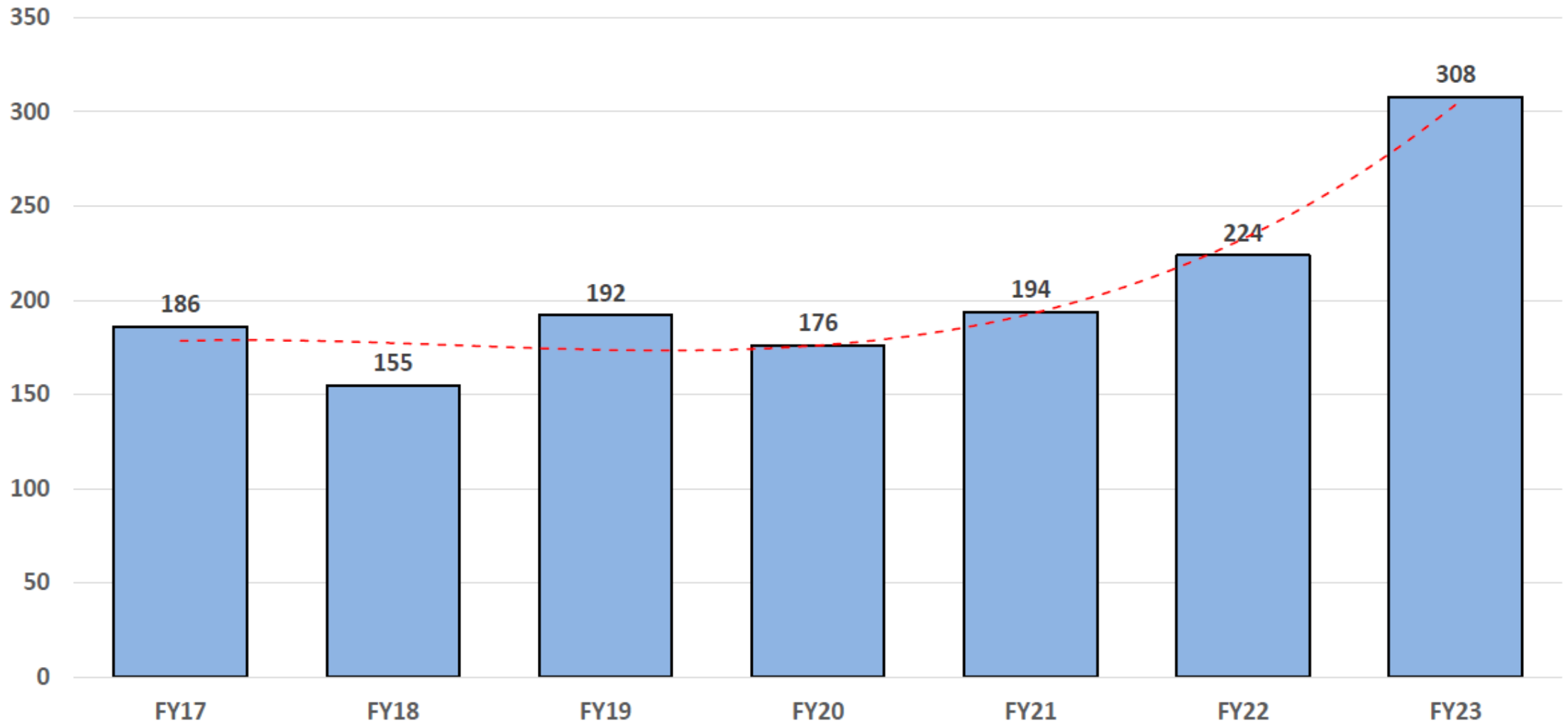
Findings after implementing the referral triage approach

- Improved attendance rates – both for education class and clinic visits
- Individualized approach – opportunity for Q&A and time with the triage nurse coordinator prior to the team appointment
- Ability to more appropriately schedule patients for clinic
- Opportunity for patients to discuss key points with family and friends – transportation, potential living donors, clinic and blood work requirements, etc. prior to the first appointment

Outcomes

- Patients placed on the waiting list more quickly based on triage
- Earlier patient engagement
- Increased awareness and identification of potential living donors early in the evaluation
- Improved patient satisfaction
- Ability to more realistically inform patients regarding their referral/evaluation status

Total # of Wait List Additions (FY17-FY23)



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Outcomes

- Greater autonomy for the triage nurse coordinator to make clinic decisions and assess whether referrals are appropriate to move forward
- Dedicated time is still allotted for the triage nurse coordinator to meet with the transplant nephrologist to discuss complex referrals as needed
    - Referrals are closed early in the process now versus these patients coming to clinic and taking up limited clinic appointment slots

Barriers created by the pandemic

- Temporarily unable to conduct in-person group transplant education classes
  - This prompted our transplant physicians to create education videos both in English and Spanish that we now send electronically to patients
  - This has improved ability to educate new patients more quickly and efficiently
  - Developed an electronic evaluation informed consent to minimize need for wet signatures
  - Also looking into DocuSign as a future option

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Barriers created by the pandemic

- Clinic scheduling backlog created when clinics were temporarily closed in 2020
  - Additional clinic template opened once per week once clinics reopened to assist with seeing the re-scheduled backlog patients
  - Telemedicine visits implemented when appropriate

The Outreach Coordinator Role

- This position was created to provide a liaison between the transplant program and referring providers/dialysis facilities
  - Referring providers and dialysis social workers have the outreach coordinator's contact information and are welcome to reach out with questions regarding referral and evaluation patients
  - Goal is to be a resource for referring providers to get their questions answered without the need to contact our intake/referral and evaluation teams
    - This has helped to cut down on unnecessary phone calls
    - Provide a monthly patient status report to the dialysis centers, referring providers and insurance managed care groups so everyone is one the same page with where patients are at in the referral/evaluation process

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Transplant Referral Management: Improving Access to Care

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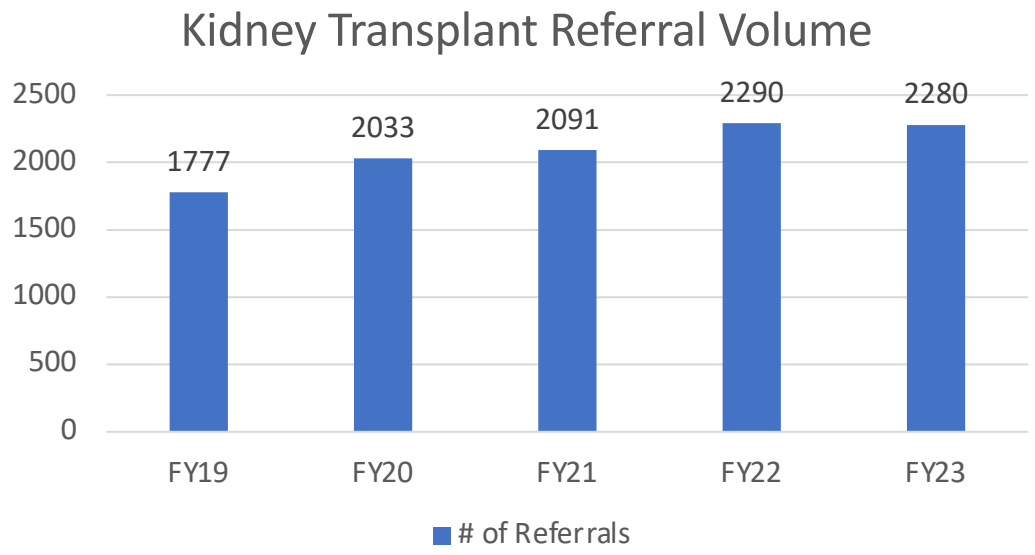
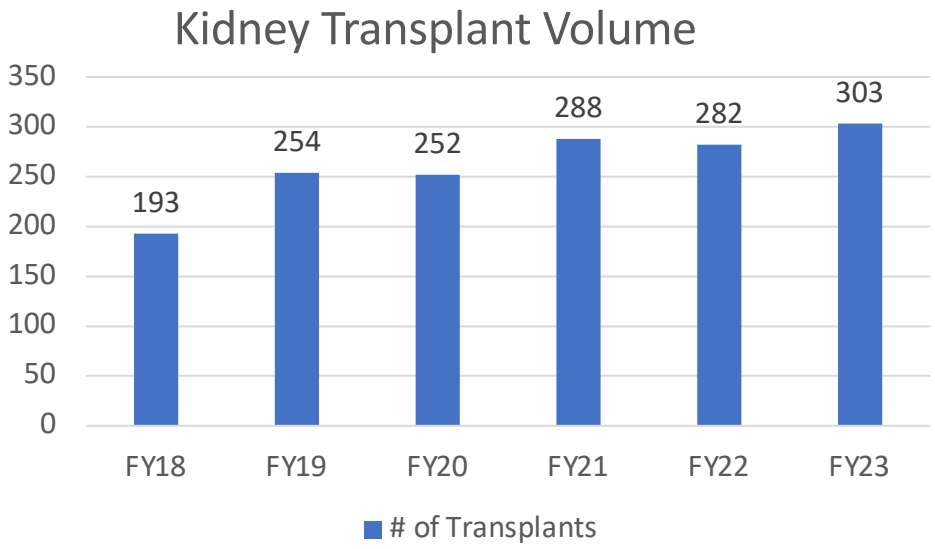
Background

- Increasing transplant and referral volumes
- Complex referral processing workflow
- Staffing challenges



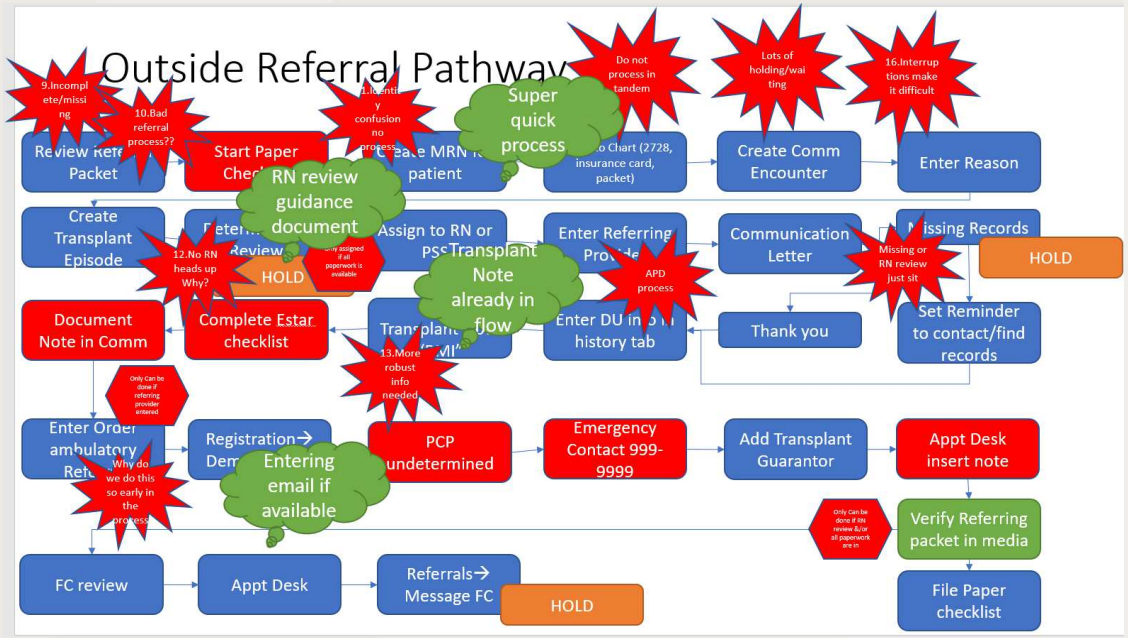


Referral Process-Current State

- 3 Pathways for incoming referrals
- 2 Referral Intake Specialists
  - Utilize guidance document to identify referrals that are not ready for scheduling
- FC & RN available for financial/clinical review as needed
- Referrals managed via custom report in Epic
- Physician Capacity
  - 35 evaluations/week on campus
  - 20+ evaluations/month at satellite locations

How did we get here?

- LEAN Event took place in 2019
- Process mapped entire workflow
- Time studies for each process
- Identified 21 problems that were impacting processing and scheduling
- COVID shutdown in 2020 resulted in additional, impactful workflow changes
- Addition of Dialysis Unit Liaison



Most Impactful Changes

TRANSITIONED FROM A PAPER PROCESS TO ELECTRONIC/FULL UTILIZATION OF EPIC

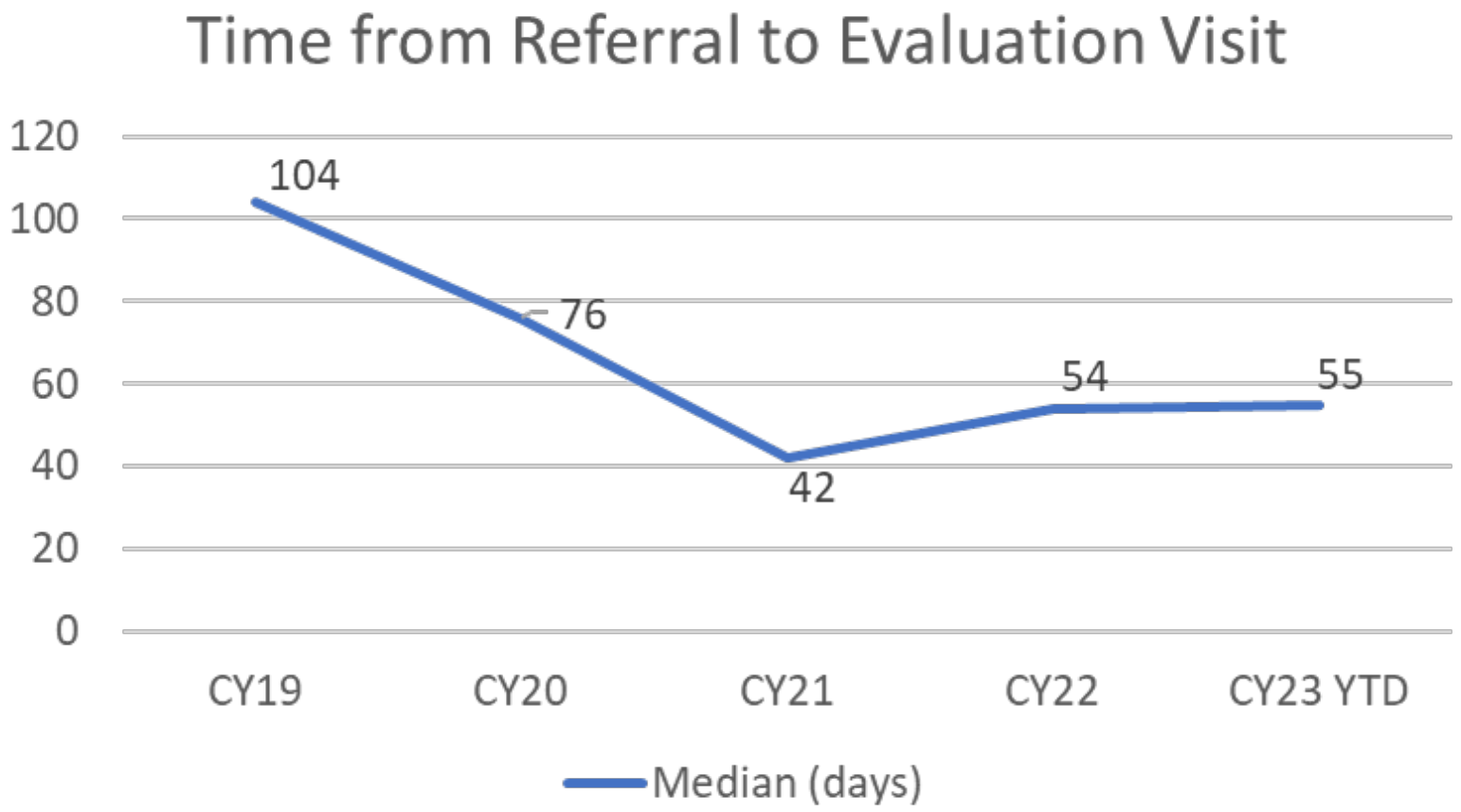
SETTING CLEAR EXPECTATIONS FOR REFERRAL PROCESSING

UPDATED, CONCISE REFERRAL FORM

DIALYSIS UNIT EDUCATION

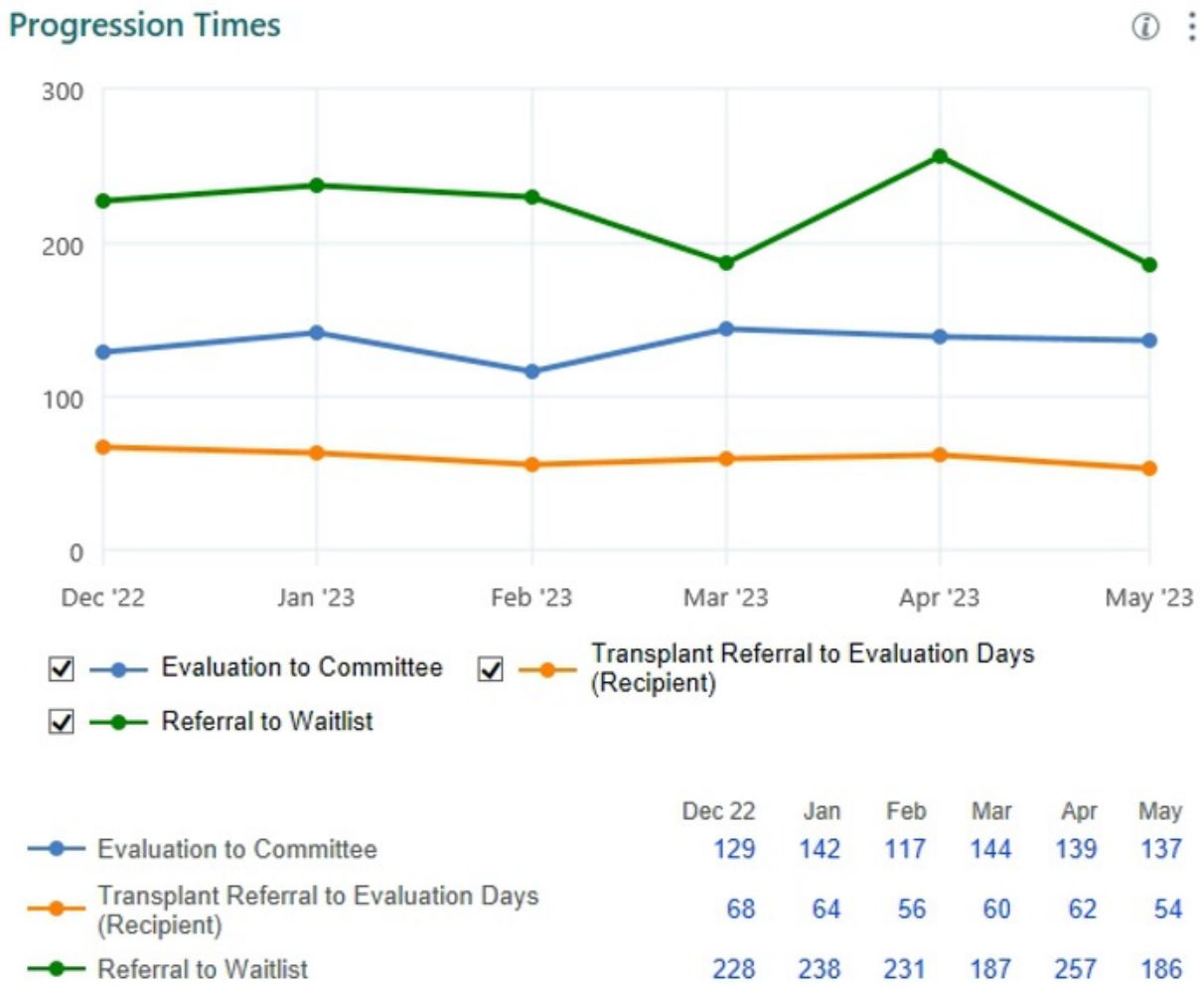
EXPANDING PHYSICIAN CAPACITY

REDESIGN OF THE SOCIAL WORK ASSESSMENT


Time from Referral to Evaluation Visit
120
100
80
60
40
20
0
104
76
42
54
55
CY19
CY20
CY21
CY22
CY23 YTD
Median (days)

Success!

Maintaining Excellence through tracking



	Dec 22	Jan	Feb	Mar	Apr	May
Evaluation to Committee	129	142	117	144	139	137
Transplant Referral to Evaluation Days (Recipient)	68	64	56	60	62	54
Referral to Waitlist	228	238	231	187	257	186

Lessons Learned

- Multidisciplinary team participation was essential
- Front line staff are critical in understanding current challenges and potential solutions
- Important to do a “deep dive” into the entire process with key stakeholders that can promote and drive change
- DU Liaison critical in bridging education and communication gaps between transplant center and dialysis units
- Monitoring important for continued success

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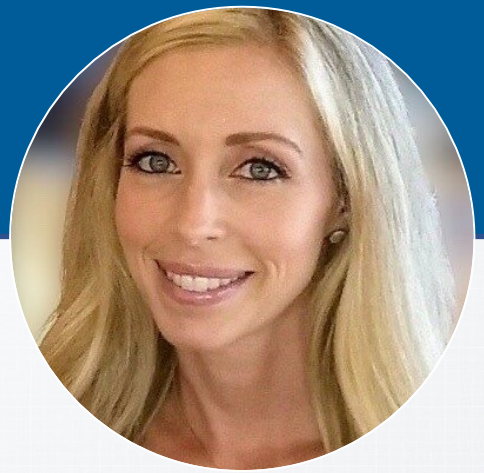

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Q&A
QUESTIONS & ANSWERS