

Enhanced Referrals for Behavioral Health Treatment in Primary Care

Consequences if referral breakdowns include missed or delayed diagnosis and delayed treatment.



By some estimates, up to 50% of referrals are never completed



Estimates suggest there are 12 million Dx errors per year in the US. Studies indicate 20 to 30% are caused by breakdowns in referral process.

57%=\$631m

Of 4,700 diagnosis-related malpractice cases in one study, **57% related to ambulatory care at a cost of \$631 million**

What are Enhanced Referrals for Behavioral Health?

Enhanced Referrals for BH are formal agreements between provide primary care practice and BH providers to routinely facilitate referrals and share information about progress. Enhanced referral process includes assessment of show rate and information exchange with the referral source. Enhanced referrals for BH close the loop on the referral process. Processes ensure that referrals are tracked, appropriate treatment is provided, and results are communicated.



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How can practices begin implementing enhanced referrals for Behavioral Health?

Enhanced Referrals for BH start with developing a purposeful and planned partnership between PCP and BH practices with a commitment to work together to improve referrals. A few recommendations to get started include:

- Develop relationships with BH Specialists that include formalized processes for referrals that include timely access and crisis protocols, communication, and data sharing.
- Map your referral tracking system process in detail.
- Develop written polices and procedures to include workflows, roles and responsibilities, and reporting.

- Utilize your EHR system to track referral orders.
- Stratify referrals as urgent or routine, and develop protocols for both
- Dedicate non-clinical staff to act as referral coordinators.
- Make sure specialist has accurate information prior to the patient's visit.
- Ensure your clinic receives and acknowledges all notes and results from the specialist.

Frequently Asked Questions

What about HIPAA?

Under HIPAA (45 Code of Federal Regulations164.506), healthcare providers are permitted to exchange patient information, including mental health information, for the purpose of treatment or payment without written authorization from the patient.

How can we get better communication from specialists on patients?

Having a formal arrangement that spells out communication expectations is a very important start. Example Care Compacts and Referral Agreements are available to help you establish new partnerships with specialists. Build alerts and reminders into your EHR system that notify the Referral Coordinator and care team when expected information is late. For instance, you have a referral agreement that specifies the BH provider will send progress notes within 10 days of the patient's appointment. The care team is notified on day 11 through the EHR if data has not been received, prompting them to follow up with the BH provider.

BH Specialists are always full and patinets have to wait? How can enhanced referrals help?

Enhanced referrals depend on formalized relationships that includes expectations about patient access to specialist care stratified across risk categories. Care Compacts and Referral Agreements will detail these parameters so that all providers understand and agree upon expectations. Referral management processes that include scheduling patient appointments can also help ensure access for patients. Some referral partnerships will include holding a certain number of BH appointments open each week to ensure patient access.

Institute for Healthcare Improvement / National Patient Safety Foundation. Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
CMS. Closing the Loop (accessed April 2023). https://innovation.cms.gov/files/x/tcpi-san-pp-loop.pdf