

## INDUSTRY INSIGHTS

# Patient Transfers are Evolving: Here's What the Future Could Hold

By Angie Franks, CEO, Central Logic

Health systems face many competing care quality and financial performance improvement priorities and new risk-based revenue arrangements. Faced with these challenges, it is no wonder that some health systems have not considered how increasing patient transfers from their community hospital referral base could benefit fee-for-service (FFS) and fee-for-value (FFV) revenue and patient volume growth. With the proper processes and technology, an investment in the health system's patient transfer process delivers both immediate and long-term benefits, regardless of the payment model.

As they begin this investigation, health systems should think beyond transfers or just moving patients emergently to the appropriate hospital or specialty center. They need to start considering transfers instead as the first line of patient access and retention, enabling their providers to deliver care and services across the continuum for many years to come. The health system transfer centers that support this activity would then more aptly be named "access centers" and should be viewed as the heart of patient care orchestration integral to every type of care — from the hospital, to post-acute, to telemedicine to home.

### Prioritize Referral Service and Experience

A first step in measuring patient transfer success can be found simply by examining the experience referring physicians have when arranging care for a patient at the health system. In less optimal cases, the physician would have multiple entry points across the network, which

means a physician who calls to transfer a patient could be transferred to various locations and departments multiple times before getting access to the appropriate department or clinician. These inefficiencies can increase frustration, while also delaying time to treatment, which can adversely affect outcomes.

Without a comprehensive, holistic view of the enterprise, referring clinicians typically need to leave messages and wait for answers. Referrals most often come from community hospitals whose patients require emergent subspecialty care that their organization does not offer. Rapid response to that inquiry is imperative to attract and retain patients and encourage repeat referrals.

An inability to provide a prompt response to transfer and consult requests from referring hospitals is often due to a lack of integrated software connecting the transfer center to all of a health system's facilities with visibility into resources such as available beds and physician schedules. Such a timely and reliable overview can help avoid situations where the wrong on-call physicians or facilities are contacted, for example, leading to further frustration and care delays.

One of the most effective changes health systems can implement to eliminate this frustration and inefficiency is to consolidate all transfer requests to a single phone number for all of the health system's hospitals or specialty centers. In this preferred model, just a single number and a single phone call would be required to drive all of the care for

referred patients, including consults with relevant physicians.

## Access is Essential in Consolidating Markets

Improving referrer experience through more efficient transfer consultations and requests is even more important in consolidating healthcare markets, which seem to be everywhere throughout the country. Healthcare M&A activity had another record year in 2018, increasing by **almost 20%** over 2017, led by agreements between hospitals, physician groups, home health agencies and long-term care facilities.

As these provider organizations consolidate, health systems are distinguishing themselves by creating centers of excellence for high-demand specialties such as heart and vascular, orthopedics and neurology. Improving the reputation and financial growth of these newly added tertiary facilities means health systems need to make it easy for referrers to admit their patients. If referrals are slow or time-consuming, instead of waiting for a return call or on hold with a transfer center, referring providers in community hospitals will likely call a competitor who offers similar care. While the quality of care may not be as high quality, at least the patient will receive the timely intervention he or she needs.

A health system focused on delivering appropriate, value-based care, however, should not simply approve every transfer request to their specialty centers when it is not warranted. To the contrary, a transfer center staffed with knowledgeable and experienced clinicians, can better collaborate with referring providers to ensure the patient receives the appropriate, evidence-based level of care. A patient with a broken ankle, for example, should not be sent to a center that triages emergent cardiac issues, since that could delay care for the cardiac patients and result in an ineffective use of healthcare resources.

The technology enabling transfers should offer an enterprise-wide perspective on facility capacity and physician schedules, so **consultations are more efficient, & patients receive the most appropriate care.**

Spreading patient transfers as evenly and appropriately across a health system network as possible can also further help prevent care delays and improve both patient and provider experiences.

## Holistic Revenue Perspective

Offering, but also controlling, access to specialty facilities throughout the health system is not just important for care quality, but also for revenue growth. As described above, in risk-based FFV payment models, health systems need to ensure that the patient is receiving the most appropriate care, not just superfluous care that could increase costs without commensurate reimbursement. Similarly, a longer length of stay is not always associated with greater revenue under risk-bearing FFV programs due to associated higher costs. Ensuring bed access to new patients, especially in higher-margin specialty centers, is a better revenue growth strategy going forward for most health systems.

An access-focused care strategy would also help repatriate patients when they leave an accountable care organization (ACO) or health system network. Outside the network, organizations have no control or oversight concerning tests or treatments delivered to an attributed patient. They may end up paying for that care delivered either out of a capitated payment or shared savings reimbursement. Meanwhile, repatriating within the network increases FFS payments simply through the increased patient volume.

As more patients are referred into the health system due to the ease and efficiency of the transfer process, the organization's reputation among providers in the community will also likely improve, which naturally leads to even more referrals. The additional revenue gained from this growth in

patients enables the health system to further invest in the specialty centers that drive demand in their market. Similarly, with stronger margins, health systems can introduce new high-growth service lines, such as home health, skilled nursing and rehabilitation, or a sleep center, to make the network more attractive to referrers as well as patients.

Knowledgeable and skilled agents in the transfer center would ensure the patient is treated at the most appropriate care venue, whether that is a center of excellence or another inpatient facility, or even through a telemedicine consultation that can be conducted at the originating community hospital.

### Continuous Improvement Through Analytics

To support the long-term growth of specialty centers and creation of new service lines, the technology supporting referrals and transfers needs to offer insight on patient flow traffic, referral patterns and other important metrics. Ideally, a mix of dashboards should be made available in real time—with scheduled weekly and monthly reports covering operations, including crosswalk with financials and daily visibility to any lost patient opportunities, underutilized facilities or overburdened physicians. A steady stream of reporting will also keep leaders informed, operations transparent, and increase excitement about the patient transfer process changes occurring in the health system.

With an optimal level of referring physician and patient service, experience and positive outcomes, the health system will become the first choice in the market for specialty care. All stakeholders will eventually associate it as the go-to organization that consistently delivers the right care, at the right location, without delay — and with true access for patients throughout the care continuum.



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### About Central Logic

Managing patient transfers is a life-saving endeavor. Central Logic is a pioneer in the space and was founded to support this mission. Our flexible, purpose-built solutions provide superior real-time visibility and unmatched business intelligence to optimize the operations of health system transfer centers. Clients count on Central Logic to deliver strong growth, find new ways to improve patient outcomes and make their operations more effective, today and into the future. Based in Utah, Central Logic is an industry leader with a 95% customer retention rate. The company has been named a “fastest growing private company” by both Inc. 500 and Utah Business Magazine. For more information, visit [www.centrallogic.com](http://www.centrallogic.com).

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