OPTIMIZING PRACTICE WORKFLOWS

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- Navigate to https://aafp1.cnf.io/ and tap the session titled "Optimizing Practice Workflows: Building and Maintaining Relationships with Labs, Imaging Centers, and Sub-specialists"
- OR just point your phone's camera at the QR code to join directly

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Learning Objectives

1. Design and implement standardized workflows to connect primary care practices with laboratory and imaging vendors such as Quest and LabCorp.
2. Develop structured communication and referral systems that strengthen relationships with subspecialists, ensuring timely feedback and collaborative care plans.
3. Integrate operational tools and EMR-based systems to track diagnostic orders, follow-up intervals, and referral completion metrics for quality assurance.

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Necessary Services

Laboratory: Common Laboratories: mdlab, Quest, LabCorp

Radiology: LHR, Hudson Valley radiology

Specialty: Rheumatology, Gastroenterology, Cardiology, etc

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Participants will learn how to:

* Establish reliable referral pathways
* Improve physician-to-physician communication
* Build accountability systems across partners
* Strengthen continuity of care for patients

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The Problem in Fragmented Care

* Delayed or missing referrals
* No closed-loop communication
* Duplicate testing and inefficiency
* Patient loss between systems
* Subspecialist-PCP disconnect

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Why This Matters in DPC & Private Practice

* Smaller panels = higher accountability expectations
* Patients expect concierge-level coordination
* Out-of-network referrals increase friction
* Reputation depends on coordination quality

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Core Principle: The “Closed-Loop Referral Model

A referral is not complete until:

* Referral sent
* Appointment confirmed
* Note received back
* Plan integrated into longitudinal care

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Mapping Your Referral Ecosystem

Identify:

* High-volume specialties (cards, GI, ortho, derm)
* High-trust clinicians
* Fast-access vs tertiary partners
* Hospital vs outpatient pathways

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Building Your Preferred Specialist Network

Criteria for selection:

* Responsiveness (24–72 hr turnaround)
* Clear documentation habits
* Willingness to communicate directly
* Geographic accessibility
* Shared care philosophy

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Creating Standard Referral Criteria

Define:

* When to refer (thresholds)
* What workup must be completed first
* Urgency categories (routine, urgent, emergent)
* Required documentation package

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Standardized Referral Packet

Include:

* Concise clinical summary
* Relevant labs/imaging
* Medication list
* Reason for referral (1–2 sentences)
* Specific question for specialist

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Communication Channels That Work

Best modalities:

* Secure EMR messaging
* Direct phone “hotline” for clinicians
* Dedicated referral coordinators
* HIPAA-compliant texting platforms
  Avoid: fax-only systems

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Response Time Expectations

Set mutual agreements:

* Routine consult: 3–7 days
* Urgent consult: 24–72 hours
* Critical cases: same day physician-to-physician contact

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The Role of a Referral Coordinator

Functions:

* Tracks referral completion
* Confirms appointments
* Requests missing notes
* Ensures follow-up returns to PCP/DPC physician

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Closed-Loop Communication Workflow

1. Referral initiated
2. Scheduler confirms appointment
3. Specialist visit completed
4. Note returned within defined time frame
5. PCP integrates plan
6. Patient follow-up scheduled

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Accountability Systems

* Monthly referral audits
* Missing note tracking log
* “Referral completion rate” metric
* Feedback loop between partners

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Reducing Lost-to-Follow-Up

Strategies:

* Patient-facing reminders
* PCP follow-up within 7–14 days post-referral
* Automated tracking dashboards
* Direct outreach for missed appointments

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Enhancing Specialist Engagement

What specialists value:

* Clear clinical questions
* Well-prepared patients
* Minimal unnecessary referrals
* Reliable communication channels
* Respect for time and expertise

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Building Mutual Value Partnerships

* Reciprocal referral flow
* Educational collaboration
* Shared protocols for chronic disease
* Co-management agreements (HTN, diabetes, CHF, asthma)

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Technology to Support Integration

Tools to consider:

* EMR interoperability
* Care coordination platforms
* Referral tracking software
* Secure messaging apps
* Patient portals with shared notes

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Case Example Workflow

Patient with uncontrolled diabetes:

* DPC physician optimizes meds + labs
* Endocrinology referral initiated with structured packet
* Endo note returned within 48–72 hrs
* Co-management plan established
* Monthly follow-up loop maintained

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Key Takeaways

* Referral systems must be intentionally designed
* Communication is a clinical tool, not an afterthought
* Accountability improves outcomes and efficiency
* Closed-loop care defines high-performing private practice & DPC models

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Live Content Slide

When playing as a slideshow, this slide will display live content

Social Q&A for Optimizing Practice Workflows: Building and Maintaining Relationships with Labs, Imaging Centers, and Sub-specialists

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QUESTIONS?

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