



THE Children's  
Health FUND

**The Referral Management Initiative**  
A Children's Health Fund Report  
September, 2000

Irwin Redlener, MD  
Roy Grant  
Dennis Johnson

## **Introduction**

The Children's Health Fund is the nation's largest provider of primary pediatric care to homeless and other medically underserved children, with seventeen Children's Health Project sites in ten states and the District of Columbia. In order to provide the highest level of care, the Fund augments its comprehensive primary care "medical home" model with several special initiatives. The *Asthma Initiative* provides state-of-the-art asthma treatment including patient health education. The *Ready For School Program* encourages earliest identification of hearing, vision, and developmental problems. The *Referral Management Initiative* provides a range of assistance to facilitate adherence with pediatric specialist referrals.

RMI is an indispensable part of the comprehensive "medical home" model developed by CHF for medically underserved and disadvantaged children. It was created for children with exceptionally high rates of serious medical problems whose families struggle to access greatly needed subspecialty care due to a range of social, economic, and geographic barriers. If left unassisted and untreated, many of these children could experience long-term chronic health problems, or worse, jeopardize their healthy development, behavior, and school performance.

Keeping pediatric specialty appointments can be extremely challenging to homeless and other high risk families. Transportation and child care may be difficult to arrange. Competing responsibilities, such as appointments to maintain public benefits or search for housing, may have priority over specialist medical appointments. To facilitate adherence with scheduled medical visits to specialists, The Children's Health Fund, in partnership with SmithKline Beecham, developed an innovative referral support system, the Referral Management Initiative (RMI).

Consistent with the goals of the new managed health care environment, RMI activities enhance clinical efficiency, patient utilization, and long-term health outcomes by ensuring that children referred to subspecialty care by "gatekeepers" actually obtain the services they need. Referral management provides hands-on navigational assistance to get children care than cannot

be provided on site: scheduling specialty appointments; arranging transportation; appointment reminders; and walking the patient through the appointment. A dedicated referral management coordinator at the clinic site familiarizes the patient with the clinic and procedures, and reinforces health information provided by the initial provider. This process establishes a secure and trust-worthy relationship critical for successful adherence to medical treatment plans and the foundation for good health behaviors.

### **RMI Results: Dramatically Increased Adherence with Specialist Appointments**

Prior to the implementation of the Referral Management Initiative, adherence with pediatric specialty appointments for homeless and other high risk children receiving primary pediatric care from the New York Children's Health Project was about 7%. With the beginning of RMI services in 1996, an immediate and enormous change was observed. During 1998, subspecialty referral compliance increased to 60 - 70 percent.

To document the impact of this innovative program over time, CHF has consistently tracked "first appointments" made to a pediatric specialist. A "first appointment" is the first scheduled specialist appointment made for a referred pediatric patient.

In 1996, the first year of RMI operation, there were 661 "first appointments" for new patients under 19 years of age. This number increased to 784 in 1998 and to 849 in 1999. The overall adherence rate for all pediatric specialty appointments increased from 7% prior to RMI to 63% in 1996. These gains were maintained and slightly improved, to an overall adherence rate of 65% in 1999.

When the adherence rates for specific specialty referrals are analyzed, an important trend emerges. The more urgent the medical need, the more likely that the appointment will be kept. For medical emergency referrals, 100% of referrals were kept in 1998 and 1999, up from 94% in 1996. For other medical specialties (cardiology, neurology, surgery, etc.), adherence improved from 62% in 1996 to 67% in 1999. For behavioral health referrals, adherence improved from 61% in 1996 to 66% in 1999.

Adherence with specialty appointments has consistently been highest for infant patients

(under 12 months of age). In 1996 adherence with specialty appointments for infants was 75%. In 1999, this figure improved to 83%. The consistency of adherence rates across patient age groups is illustrated in the following chart, representing most recent (1999) data.

## **Conclusion**

Initial evaluations of Medicaid managed care indicate that it is difficult to fit Medicaid enrollees, especially those with special needs, into a managed care structure. Based on patient responsibility and operational protocols, managed care presents many barriers for individuals accustomed to episodic care, inappropriate use of the emergency room or those who need frequent medical attention for chronic or multiple illnesses.

A comprehensive system of supports for vulnerable and at risk children who are referred to pediatric subspecialists can greatly increase adherence with these appointments and the delivery of urgently needed services. These supports include reminders to parents and caregivers, assistance with transportation and logistics, communication between the primary care provider, the subspecialist provider and parents, and regular review of referral management status. This comprehensive system also reduces the cost of intervention if the conditions are diagnosed by a primary care provider and the patient is referred to the proper subspecialty provider in a timely manner. It may also prevent or limit developmental, behavioral, and school problems.

Referral management must become an integral part of the medical home model for high-risk children. Poor access to care allows acute problems to worsen, and complicates management of chronic conditions.

In spite of the groundswell of concern about critical access-to-care problems for children, the issue has not risen high enough on the policy agenda at all levels of government. There has been a strong, and very important, emphasis on increasing the availability of health insurance to low and moderate income children. However, our experience through the Referral Management Initiative and our primary care services shows that insurance is not enough to address the multiple barriers to access. Patient understanding and perception of the health care system,

ability to navigate its complexities, and health belief system also help determine health care utilization. Transportation barriers to access must be addressed.

Managed care is a model with many strengths: a medical home, integrated and managed health services within a coordinated health care system, and an emphasis on health maintenance and disease prevention. However, this model is not well suited for our highest risk children, whose many needs may overwhelm the clinical and financial assumptions on which the managed care system is based. Additional needs, such as those provided through the RMI program, must also be provided, to ensure that children who have been medically underserved have their current high levels of need met.