

Electronic referrals streamline S.F. General care

By Victoria Colliver

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Patients at San Francisco General Hospital used to have to wait at least a couple of months if not nearly a year to see specialists, at the risk of getting worse and ending up in the emergency room for more expensive care.

Having too few specialists to meet demand seemed like a tough problem to tackle because the public hospital wasn't about to get an influx of cardiologists, gastroenterologists or nephrologists anytime soon. So doctors stepped in with a solution.

It is "eReferral," a homegrown, electronic referral system that makes it easier for general practitioners and their specialist colleagues to confer over a patient's medical issues. They can have a structured, back-and-forth discussion that could lead to an immediate appointment, requests for additional information and tests, or a quick resolution. Often, the patient will no longer need to schedule a separate appointment with a specialist.

Dr. Justin Sewell is among the specialists handling inquiries in S.F. General Hospital's eReferral program. Rohan Smith, The

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In about 20 percent of cases, patients can be adequately cared for by their regular doctor with advice from the specialist. That leaves room for specialists to more quickly see patients who really do need them.

Shorter waits

The result has been a 50 percent drop in wait times at most of San Francisco General's specialty clinics.

Dr. Molly Joel Coye, chief innovation officer for the UCLA Health System, called San Francisco General's eReferral "one of the most brilliant innovations in health care service and information technology in the last decade."

"There are very few innovations that can achieve such a marked improvement in quality and reduced cost with what's a very simple technology," said Coye, a longtime leader in health technology.

San Francisco General began a pilot of its eReferral system in 2005 in gastroenterology, where wait times to see specialists were often 11 months. The program has since expanded to more than 40 specialty clinics at San Francisco General along with the 20 other primary care community clinics that make up the health care safety net for the city.



Justin L. Sewell, MD, MPH, Assistant Professor of Medicine in the Division of Gastroenterology poses for a portrait at San Francisco General Hospital on Thursday, June 27, 2013 in San Francisco, Calif. Sewell has been implementing the eReferral system which often means patients come to see specialists better prepared, and the wait time to see a specialist is drastically reduced.

Before eReferral, the average wait time to see a specialist in the first nine clinics to adopt the program ranged from 74 days to as long as 112 days, depending on the specialty. After the first year of eReferral, wait times dropped to a range of 27 to 49 days.

More formal structure

"The unique thing about this is we actually have a live specialist who is reviewing and responding to each referral," said Dr. Alice Chen, chief integration officer for San Francisco General and author of an article about eReferral that appeared in last month's New England Journal of Medicine.

One of those specialists is gastroenterologist Dr. Justin Sewell, who is in charge of eReferrals for his department.

"In the past, this kind of thing was called a 'curbside consult,' " Sewell said. "The doctor would see a buddy in the hall and say 'I have this patient. What do you think about this?' "

EReferral formalizes that consultation by putting the conversation into the patient's medical record and clarifies the reason for the specialty visit, which has not always been clear. It also removes the need for primary care doctors to plead specific patient cases with specialists, an interaction that sometime relies on a doctor's tenacity for results.

Sewell said he has access to all the medical records and tests done at the hospital as well as any of the independent or public clinics connected to the hospital. He can request more tests, and determine whether the patient needs to be seen immediately or even at all. Sometimes he can help resolve the issue within 24 hours.

"General Hospital has been a leader in this," he said. "It's totally common sense and yet it's not widely done."

Private reluctance

Some hospitals and health systems have the ability to refer patients electronically to specialists, but San Francisco General's approach has been rare.

Private health systems haven't been eager to adopt this because doctors are paid per visit and for the volume of services they provide, explained UCLA's Coye.

"There's no incentive in the system for specialists and primary care physicians to work together in order to take care of the patient's needs in the primary care office," she said.

UCLA and L.A. Care, the nation's largest public health plan, are rolling out an electronic referral system modeled after San Francisco's, Coye said. She said the Veterans Health Administration has a similar system, and other health organizations in California and around the country have plans or are in the process of rolling out their own versions.

Coye said virtually all health systems could benefit from such a system come 2014, when the key provisions of the federal health law go into place and require that most Americans have health insurance.

"In January, when a huge number of Californians and other Americans have access to health insurance and many of them have not had access to specialist care for several years, there's going to be a huge wave of demand for specialty services," she said. "This kind of system will allow primary care physicians, who will also be overwhelmed by demand, to have a simple method of getting quick, accurate advice."

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