



CHANGES TO THE RE-REFERRAL PROCESS

Forward movement on the collaborative care of our shared patients

LAND ACKNOWLEDGEMENT

PRESENTERS

- **Dr Brian Gregory**, Tariff Committee Chair and Consultation Working Group Chair
- **Dr Chris Hoag**, Consultant Specialists of BC representative
- **Dr Tahmeena Ali**, BC Family Doctors representative

HOUSEKEEPING

- Today's webinar is being recorded. A link will be available on the Business Pathways website in July.
- Q&A session will follow the presentation. **Please type your questions into the Q&A box.** If we run out of time, please email your questions to economics@doctorsofbc.ca.
- A post-webinar survey will pop up as participants exit the session.

BACKGROUND

How did we get here?

THE EXISTING RE-REFERRAL PROCESS

- The existing re-referral rules lack clarity and have become increasingly burdensome to patients, Referring Practitioners, and Consulting Practitioners.
- In 2020, answering the request of the Medical Services Commission, the reactivated Consultation Working Group (CWG) elected to review the problems related to the re-referral process.

THE EXISTING RE-REFERRAL PROCESS

- The CWG is comprised of members of the Doctors of BC Tariff Committee, as well as representatives from the Medical Services Plan, BC Family Doctors, and Consultant Specialists of BC.
- It is a joint working group which has the broad mandate of dealing with any issues related to consultations and referrals.

THE EXISTING RE-REFERRAL PROCESS

- The CWG created five clarifying statements in 2021 to explain and address the most commonly misinterpreted rules around re-referrals.
- It became increasingly evident that changes to the actual re-referral processes were needed to address certain structural and process problems.

THE EXISTING RE-REFERRAL PROCESS

- The 2022 PMA mandated the reconstitution of the CWG into the Consultation and Referral Working Group (CRWG) via the addition of an independent Facilitator and Chair.
- The CRWG was tasked with addressing and solving the main difficulties related to routine re-referrals.
- Unlike the CWG, the original working group, the CRWG was given the power to make changes to the re-referral processes in the MSC Payment Schedule.

SOLUTION: A NEW REFERRAL PROCESS

- The CRWG created an essential new process: the combination of the **implicit re-referral (IRR)** and the **subsequent consultation (SC)**.
- No new fee codes are being introduced.
- No existing fee codes are being changed or deleted.
- This is an option, in addition to the existing referral processes.
- The IRR/SC process will be added to the General Preamble of the MSC Payment Schedule effective July 1, 2023.

Implicit Re-Referral & Subsequent Consultation

A Made-in-BC Solution

(with a tip of the hat to Saskatchewan)



- All referrals will include an **implicit re-referral** for the same diagnosis unless any re-referral is specifically excluded in the original referral.
- At the end of the first consultation, if medically appropriate, the patient and consulting doctor may schedule a **subsequent consultation for the same problem at a date more** than six months from the date of the last visit service to the patient.

- **The Referring Practitioner (RP) has two principal opportunities to disallow or negate the IRR/SC:**
 - i. **The referring practitioner's original referral letter specifically disallows an implicit re-referral (IRR) by stating: "This referral is for one consultation only and does not include a re-referral" or similar language, OR**
 - ii. **The referring practitioner negates the implicit re-referral (IRR) via written response to the consultant within 14 days of receiving notification by the consultant of the scheduled date for a subsequent consultation (SC) or the intent to schedule a SC beyond 6 months with the approximate timeframe specified.**

- **A subsequent consultation for the same diagnosis will generally be payable as a full consultation provided all the elements required for a full consultation are present**
- **A subsequent consultation may not be billed if the implicit re-referral has been disallowed by the referring practitioner.**

- **A subsequent consultation must comply with MSC Payment Schedule D. 2. in all respects, with the exception that it does not have to be specifically requested via a new re-referral. This eliminates the need for the patient to obtain a routine re-referral for the same problem.**
- **Notification by the consultant of the plan to perform a subsequent consultation must be provided to the referring practitioner at least 30 days before the scheduled date and must conform to all other College of Physicians and Surgeons of BC Guidelines and Standards.**

- **If the referring practitioner is no longer in practice a subsequent consultation may be performed if medically appropriate. The consultant must document the unavailability of the original referring practitioner and their advice to the patient to obtain a new referring and/or primary care provider.**

- Lastly, there can be only one IRR for any one problem/diagnosis. **A different problem/diagnosis would require a new explicit referral.**
- The intent of the IRR/SC is to make routine re-referrals for the same problem unnecessary.

CWG MEMBERS: 2020-2022

- Dr Brian Gregory, Tariff Committee Chair & CWG Chair
- Dr Tahmeena Ali, Tariff Committee Member
- Dr Ahmer Karimuddin, Past Tariff Committee Member
- Dr Nick Szpakowicz, Past Tariff Committee Member
- Dr Karen Forgie, BC Family Doctors
- Dr Tommy Gerschman, Consultant Specialists of BC
- Dr MC Fabian, Ministry of Health
- Ms Betty Louie, Ministry of Health
- Mr Jim Aikman, Doctors of BC
- Ms Tara Hamilton, Doctors of BC
- Ms Cat Innes, Doctors of BC
- Ms Victoria Watson, Doctors of BC

CRWG MEMBERS: DEC 2022- APRIL 2023

- Mr Eric Harris, Facilitator and Chair
- Dr Brian Gregory, Tariff Committee Member
- Dr Tahmeena Ali, Tariff Committee Member
- Dr Ahmer Karimuddin, Past Tariff Committee Member
- Dr Nick Szpakowicz, Past Tariff Committee Member
- Dr Karen Forgie, BC Family Doctors
- Dr Chris Hoag, Consultant Specialists of BC
- Dr MC Fabian, Ministry of Health
- Ms Betty Louie, Ministry of Health
- Mr Jim Aikman, Doctors of BC
- Ms Tara Hamilton, Doctors of BC
- Ms Cat Innes, Doctors of BC
- Ms Victoria Watson, Doctors of BC

CURRENT CWG MEMBERS

- Dr Brian Gregory, Tariff Committee Member
- Dr Tahmeena Ali, Tariff Committee Member
- Dr Karen Forgie, BC Family Doctors
- Dr Chris Hoag, Consultant Specialists of BC
- Ms Betty Louie, Ministry of Health
- Dr Jason Wale, Ministry of Health
- Mr Jim Aikman, Doctors of BC
- Ms Tara Hamilton, Doctors of BC
- Ms Cat Innes, Doctors of BC
- Ms Victoria Watson, Doctors of BC

CLINICAL EXAMPLES

1. Patient P (P) is referred to the Consulting Practitioner (CP) by their Referring Practitioner (RP) on May 1, 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter to RP concludes by defining a problem with stated medical reasons which supports the invocation of an **Implicit Re-Referral (IRR)** for which a **Subsequent Consultation (SC)** is recommended for Sept 1, 2024, at 13:00.
- RP agrees this is appropriate and takes no further action.
- The SC for Sept 1, 2024, is conducted as scheduled.

This uses the minimum number of communications and is the recommended IRR/SC approach where possible.

CLINICAL EXAMPLES

2. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner (RP) on May 1 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter to RP concludes by defining a problem with stated medical reasons which supports the invocation of an Implicit Re-Referral (IRR) for which a Subsequent Consultation (SC) is recommended for Sept 1, 2024, at 13:00.
- RP **does not agree** that this is required and within 14 days of receipt of the SC notification sends a written communication to CP excluding an IRR/SC.
- CP may keep the booked appointment with P for Sept 1, 2024, at 13:00 but it would now be a follow-up visit. **OR**
- CP may contact P to cancel the SC appointment, informing P that RP has determined that it is not necessary.

CLINICAL EXAMPLES

3. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner (RP) on July 1 2023.

- RP's referral letter states: This referral is for a **single** consultation and **excludes** an Implicit Re-Referral (IRR).
- This would be most common when RP is another consultant or an ER practitioner, but this wording is available to any RP at their discretion.
- CP and P complete the consultation on Nov 1, 2023.
- Any further visit by P to CP will be a follow-up until and unless another referral is received.

CLINICAL EXAMPLES

4. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner RP) on May 1, 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter to RP concludes by defining a problem with stated medical reasons which support the invocation of an Implicit Re-Referral (IRR) for which a Subsequent Consultation (SC) is recommended but not yet scheduled.
- RP agrees this is appropriate and takes no further action.
- The SC is later booked, through additional contact with the patient, for Sept 1, 2024 at 13:00.
- RP is informed on the SC date and time as per CPSBC guidelines.

It is understood that not all SC bookings will be known when the initial consultation letter is sent. However, please note that two additional communications have been required in this example as compared to example 1.

CLINICAL EXAMPLES

5. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner (RP) on May 1, 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter to RP concludes by defining a problem with stated medical reasons which support the invocation of an Implicit Re-Referral (IRR) for which a Subsequent Consultation (SC) is recommended but not yet scheduled.
- **RP does not agree that this is required** and within 14 days of receipt of the notification of the plan to book an SC sends a written communication to CP excluding an IRR/SC.
- CP may proceed with the planned appointment next year but it would now be a follow-up visit. **OR**
- CP may contact P to cancel the SC appointment, informing P that RP has made the decision that it is not necessary.

CLINICAL EXAMPLES

6. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner (RP) on May 1, 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter or later follow-up note to RP concludes by discharging the patient. **There is no IRR/SC.**
- CP can agree to see P again for the same problem without a new referral, but this would be a follow-up visit.
- P will need a new explicit referral to again see CP for a consultation, even for the same problem.

CLINICAL EXAMPLES

7. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner (RP) on May 1 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter to RP concludes by defining a problem with stated medical reasons for the invocation of an Implicit Re-Referral (IRR) for which a Subsequent Consultation (SC) is recommended for Sept 1, 2024, at 13:00.
- RP agrees this is appropriate and takes no further action.
- **However, P's condition changes for the worse on Dec 1, 2023 and P requests another urgent assessment from CP.**
- Normally CP should see P in follow-up within 6 months after consultation for the same problem.
- Alternatively, if RP has also reviewed the patient and feels another assessment by CP is needed, RP may send a Repeat Referral (RR) which, if accepted by CP and concluded within the next 3 months, would be a Repeat/Limited Consultation.
- This is not an SC.

CLINICAL EXAMPLES

8. Patient P (P) is referred to Consulting Practitioner (CP) by their Referring Practitioner (RP) on May 1, 2023.

- CP and P complete the consultation on Sept 1, 2023.
- CP's consultation letter to RP concludes by defining a problem with stated medical reasons for the invocation of an Implicit Re-Referral (IRR) for which a Subsequent Consultation (SC) is recommended for Sept 1, 2024 at 13:00.
- RP agrees this is appropriate and takes no further action.
- The SC for Sept 1, 2024, can be conducted as scheduled.
- **However, P contacts CP with a different problem on Dec 1, 2023, and asks to be seen.**
- CP may choose to see the patient as a follow-up for the new problem; this is not an SC.
- CP may choose to instruct P to review the different problem with RP.
- RP may then deal with the new problem themselves. **OR**
- RP may elect to refer the patient to CP for the new problem; this new referral for a different problem would normally lead to another consultation. This is not an SC.

Frequently Asked Questions



**Do the new rules apply only to referrals
made/received after July 1,2023?**

**Does the implicit re-referral expire, or
continue indefinitely?**

In what situation would an RP potentially disallow an IRR/SC?

What happens when the RP disallows the IRR, but the patient and consultant agree that another consultation is required?

Does the IRR/SC apply to Family Physician Consultants?

What information should be included in the Initial Consultation Letter?

Are subsequent consultation letters required to be sent to the RP after each Subsequent Consultation, and if so, what information should be included?

What is the rationale for why the consultant must provide notification of the scheduling of any subsequent consultation to the referring practitioner at least 30 days before the scheduled date?

**Does the IRR and SC apply to
Repeat/Limited Consultations?**

What is the impact of the IRR and SC on fee code 03333, for no-charge referrals?

Q&A

Unanswered questions?

Email economics@doctorsofbc.ca