Primary Care Referral Patterns Drive Network Leakage in Colorectal Cancer Care

Using referral analytics to identify modifiable drivers of out-of-network care

Daphine M. Musisi, MD, MBA; Frances Uwechue, MD, MBA; Matthew Zahn, MD,MBA; Levi Shkurko,BS; Adrija Aditya, M.Tech, MBA; Steven D. Schwaitzberg, MD, FACS

Department of Surgery - Jacobs School of Medicine and Biomedical Sciences / Jacobs School of Management , University at Buffalo, Buffalo, NY, The State University of New York

BACKGROUND

In value-based independent physician associations (IPAs), primary care referral patterns directly influence care coordination, access to colorectal cancer services, and system financial performance.

OBJECTIVE

To quantify how PCP referral behavior contributes to out-of-network leakage in colorectal cancer care

METHODS

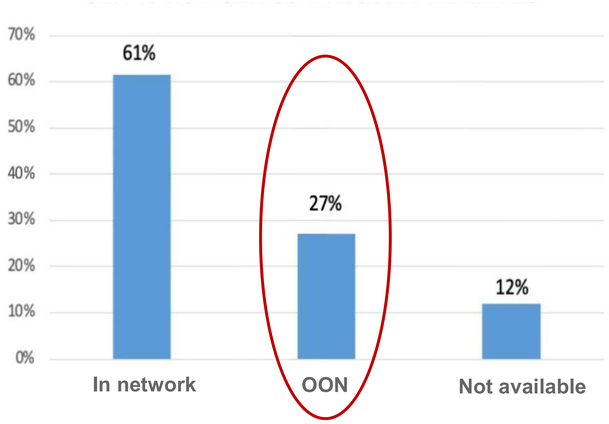
3 Phase Study design

- Retrospective analysis of screening colonoscopy referrals (n=12,875)
- Review of colorectal cancer patient pathways (n=100)
- PCP referral behavior survey (n=12)

RESULTS

Figure 1:

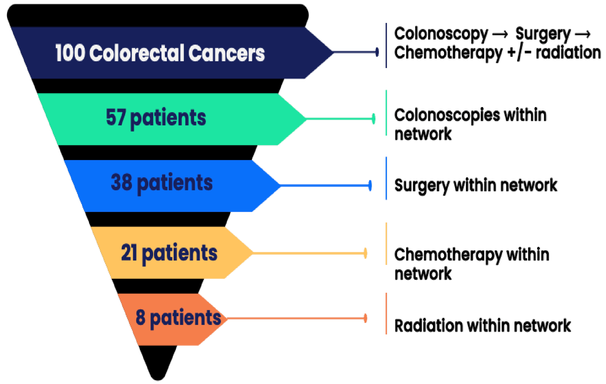
In-network vs Out of Network (OON) colonoscopy referrals



- *~30% colonoscopies are done out of network*
- **Annual leakage ~$2M/yr**

Figure 2:

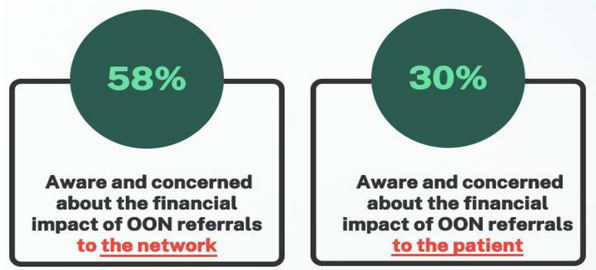
Downstream Patient Leakage from Network



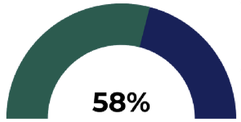
- *Only 38% surgery in-network*
- *Only 21% chemotherapy in-network*
- **Downstream leakage ~$1M/yr**

Figure 3: PCP Survey Findings

A: Limited awareness of financial impact



B. Limited visibility of in-network providers



- Have access to a directory of GLIN colonoscopy providers
- Can reach GLIN colonoscopy providers "most of the time"

ACTIONABLE SOLUTIONS

- PCP education on downstream impacts
- EMR in-network referral prompts
- In-network provider visibility tools
- Feedback dashboards

Department of Surgery, The State University of New York at Buffalo, Buffalo, NY

daphinek@buffalo.edu, schwaitz@buffalo.edu