

CLOSING THE GAPS:

Strategies for Referral Capture and Patient Access in Healthcare



Healthcare organizations face growing pressure to deliver timely, coordinated, patient-centered care.

Yet referral retention remains a persistent challenge, driving revenue loss, fragmented care, and weaker value-based performance. This insight outlines the main barriers to referral retention, including manual workflows, provider friction, administrative inefficiencies, and scheduling constraints. It also presents strategies to improve referral capture and patient access through a phased approach.

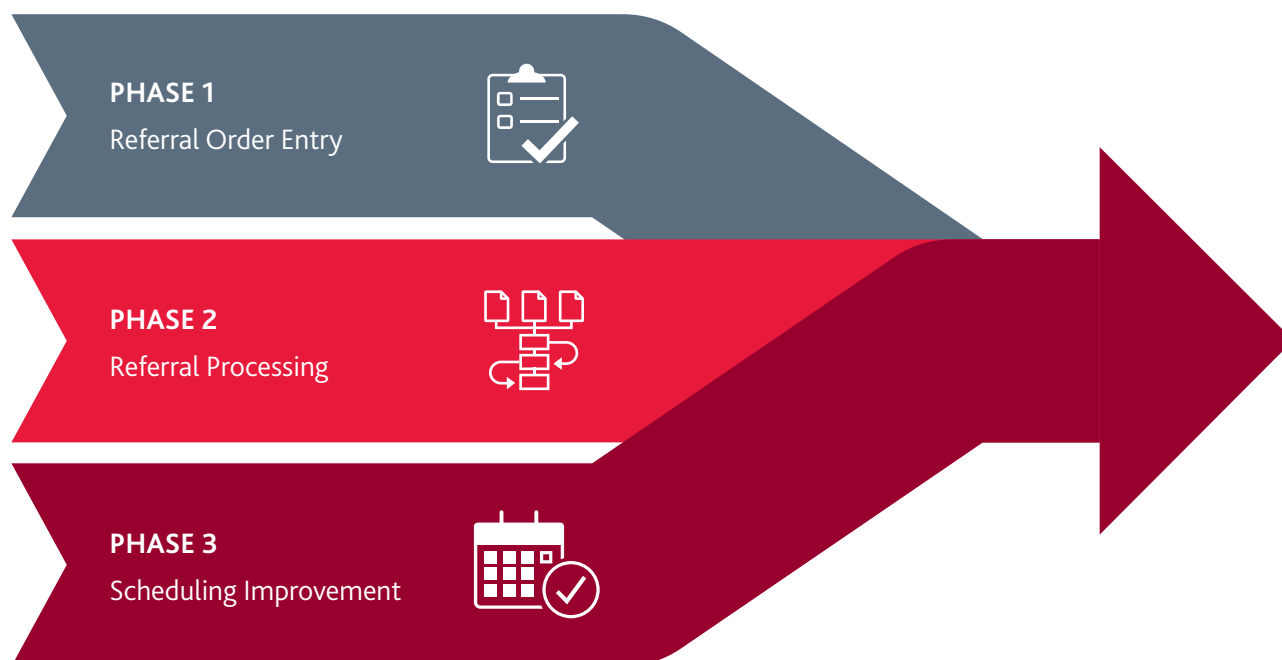
The Challenge: Barriers to Referral Retention

Healthcare organizations are under increasing pressure to deliver timely, coordinated, patient-centered care. Despite major investments in provider networks, many health systems still lose patients after a referral is placed. Employing primary care physicians alone does not secure referral volume. Patients often seek care outside the network or never complete the referral process. This leakage reduces revenue, disrupts care continuity, and weakens value-based performance.

On average, only 55% of health system PCP referrals are retained in network, resulting in substantial financial loss for the median system. Referral and scheduling workflows are often a major source of leakage. Improving performance requires focused action in three areas:

1. Refining the provider referral ordering workflow
2. Streamlining staff referral processes
3. Improving scheduling availability and efficiency

Three Phases of Referral Capture Improvement:



The Value of Referral Retention

Improving referral retention increases revenue for both the encounter provider and the broader organization through downstream services. Results vary by organization, but even modest gains can produce meaningful financial impact. For example, retaining 100 new referrals can generate significant incremental value when downstream utilization is included.

Leakage Leads To:

- ▶ Lost Revenue
- ▶ Care Fragmentation

Total PCP Referrals = 100%

45% Leaked Referrals

55% Retained In-Network

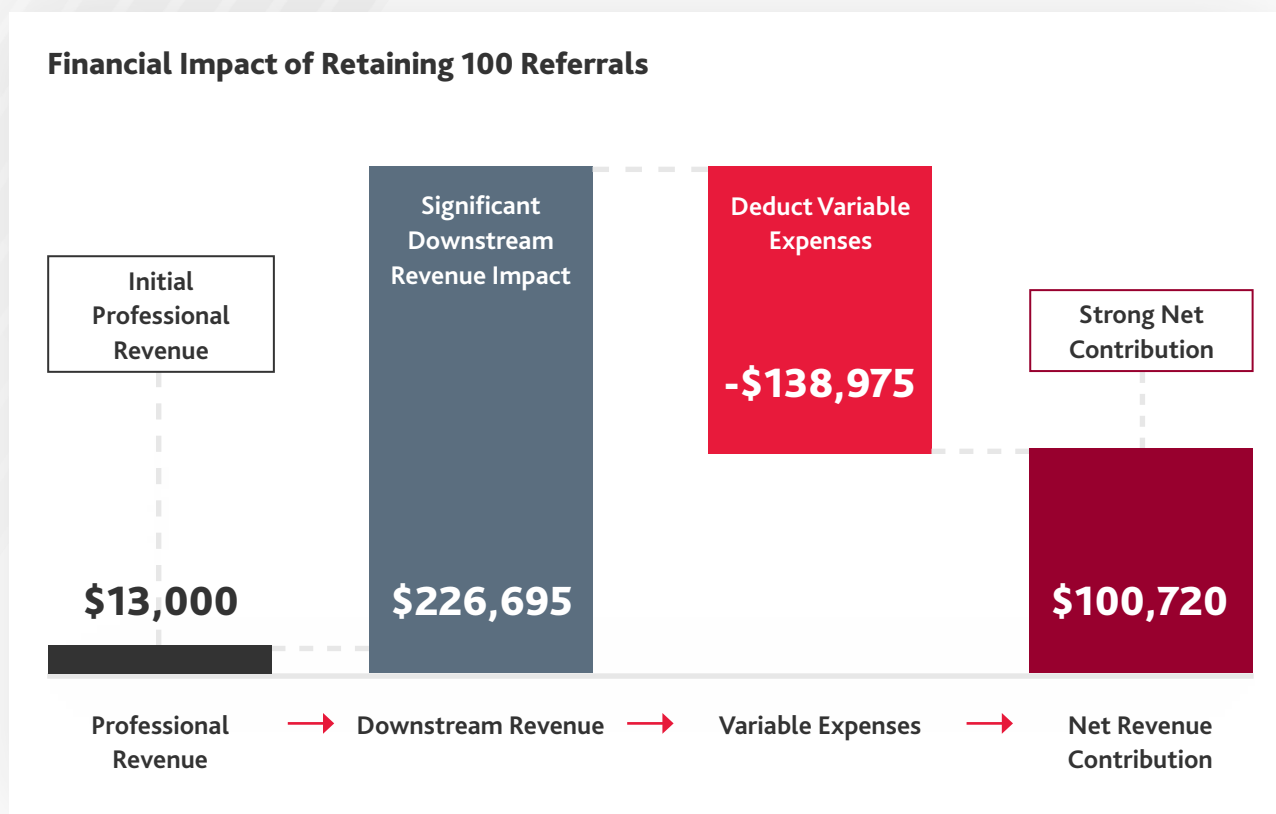
Improved Retention:

- ▶ Stronger Network Integrity
- ▶ Better Financial Performance

Example Calculation

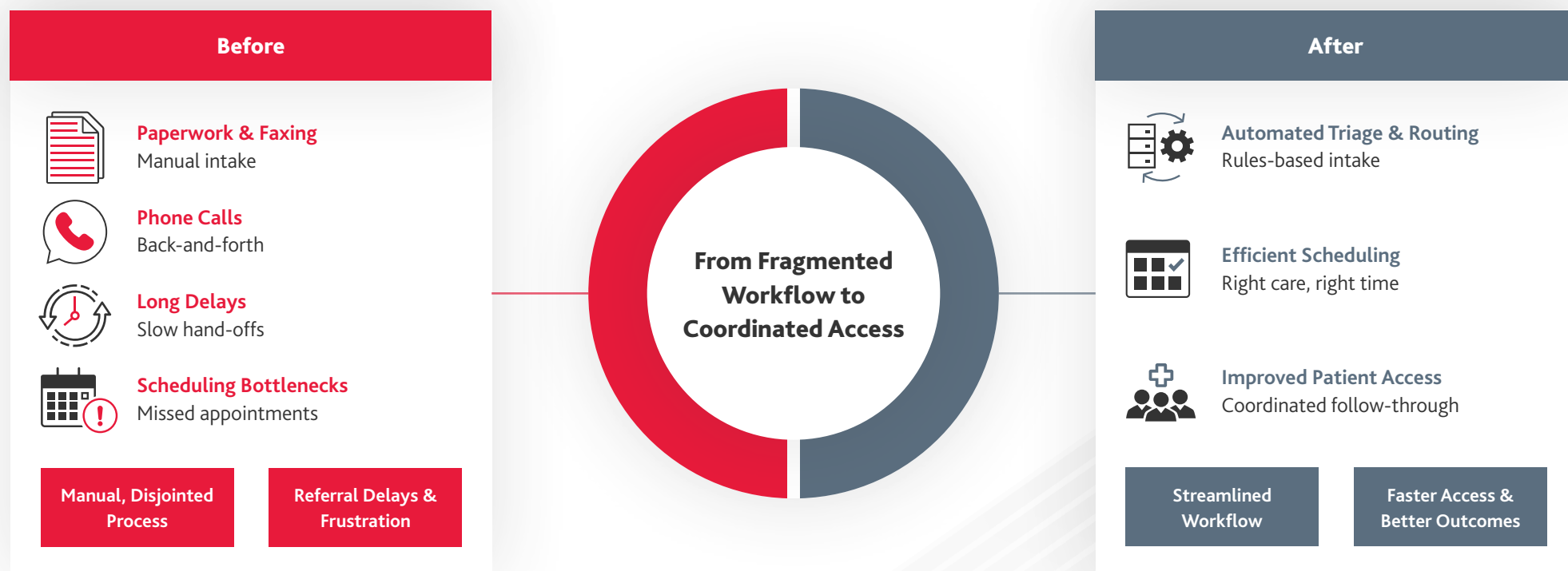
Illustrative assumptions for this example reflect a blended patient complexity mix and downstream utilization pattern commonly seen in ambulatory populations with chronic and comorbid conditions.

- ▶ 100 new patients at \$130/encounter = \$13,000
- ▶ Downstream revenue for 38 patients (1.0 complexity multiplier) at \$889 each = \$33,782
- ▶ Downstream revenue for 62 patients (3.5 complexity multiplier) at \$889 each = \$192,913
- ▶ Variable expenses for 38 patients at \$545 each = -\$20,710
- ▶ Variable expenses for 62 patients at \$545 each = -\$118,265
- ▶ **Net new patient revenue/100 retained referrals = \$100,720**



The Solution: Transforming Referral and Scheduling Workflows

To improve patient access and operational performance, healthcare organizations need a coordinated approach to referral and scheduling workflow improvement. The phased strategies below address the most common barriers and provide a practical path to stronger access, better continuity, and sustainable growth.



PHASE 1 : Referral Order Entry

Challenge: Manual Processes and Interventions

Many referral workflows still rely on faxing, phone calls, paper forms, and manual data entry. These processes create errors, delays, and rework while pulling staff away from higher-value activities. Limited automation and inconsistent workflows also make it difficult to scale operations and manage referral volume. In addition, providers often face unnecessary friction when placing internal referrals, increasing the risk of incomplete or abandoned orders.

Challenge: Friction to Placing Internal Referrals

Providers often encounter unnecessary friction when placing internal referral orders. Complex EHR workflows, unclear pathways, inconsistent order sets, and multiple approval steps slow the process and create confusion. These barriers increase administrative burden, delay care transitions, and contribute to incomplete referrals and referral leakage.

Solution: Centralized, Digital Workflow Automation



Implement Digital Referral Management Platforms:

Replace manual, paper-based processes with electronic systems that automate referral intake, triage, and data entry, to help reduce errors and lost information.



Standardize Order Entry Workflows: Establish uniform, organization-wide protocols for referral order entry to help ensure consistency and accuracy across all departments and specialties.



Monitor Performance With Analytics: Deploy dashboards and analytics tools to track referral processing times, identify bottlenecks, and drive continuous improvement.

Solution: Simplified, Integrated Provider Referral Workflows



Enhance EHR Referral Workflows: Redesign EHR interfaces and referral order sets to be intuitive, standardized, and specialty specific. Establish the internal referral pathway as the default so providers can easily complete orders with minimal clicks and documentation requirements.



Implement Smart Search and Decision Support: Integrate smart search functionality and clinical decision support tools within the EHR to guide providers to the appropriate specialist or service, flag missing information, and suggest best practices for referral completion.



Standardize Referral Protocols: Develop clear, organization-wide protocols for internal referrals, including standardized templates and required fields, to reduce variability and confusion.



Provider Training and Support: Offer ongoing training and real-time support for providers on referral processes and EHR functionality, improving confidence and efficiency when placing orders.

PHASE 2 : Referral Processing

Challenge: Inefficiencies and Administrative Barriers in Referral Processing

Referral processing is often slowed by fragmented workflows, inconsistent staff practices, and administrative complexity. Staff may need to manually route referrals, manage approvals, and coordinate across multiple departments, which often leads to delays, errors, and a poor experience for both patients and providers. Without standardized processes and centralized oversight, these issues are difficult to resolve at scale.

Solution: Streamlined, Centralized Referral Processing and Scheduling



Centralize and Standardize Staff and Patient Experience: Establish a centralized referral management team and standardized workflows to help ensure consistent processing and communication across all departments.



Auto-Approve and Schedule Referrals for Low-Lead Time Specialties: Implement automated approval and scheduling protocols for specialties with short wait times and sufficient clinical capacity. Use patient self-scheduling to remove administrative burden on staff.



Triage Referrals for High-Need Specialties: For specialties with longer wait times or limited availability, deploy triage protocols to prioritize referrals for the most urgent, high-risk, or complex patients.



Proactive Patient Scheduling Workflows: Adopt proactive scheduling workflows that leverage patient self-scheduling portals and outbound contact strategies.

PHASE 3 : Streamlining Provider's Schedules

Challenge: Barriers to Scheduling and Completing Appointments for Referred Patients

Securing timely appointments for referred patients remains a common challenge. Limited provider capacity, lack of reserved access, and inefficient scheduling practices can create long wait times and missed opportunities to convert referrals into completed visits. Without dedicated support, patients may disengage before scheduling is complete, resulting in care gaps, patient dissatisfaction, and lost revenue.

Solution: More Coordinated Scheduling and Patient Navigation for Referred Patients



Set Scheduling Lead-Time Goals: Establish clear, specialty-specific and market-appropriate lead-time targets for scheduling new referred patients. Monitor performance against these goals to deliver timely access and identify areas for improvement.



Reserve Dedicated Appointment Slots: Allocate specific blocks of time on provider schedules exclusively for new or referred patients.



Use Slot Releasing Tools: Implement slot releasing tools that automatically convert unused new patient appointment slots to openings for established patients or those on the wait list.



Leverage Referral Coordinators or Care Navigators: Employ referral coordinators or care navigators to guide patients through the scheduling process, answer questions, and provide reminders. Prioritize deploying these staff in high-dollar, high-demand, and complex care areas.

Summary and Conclusion

Referral retention is a critical driver of both clinical and financial performance. Improving performance across referral order entry, referral processing, and scheduling requires a clear, phased approach. By automating workflows, standardizing processes, improving provider and patient experience, and using data to manage performance, organizations can strengthen referral capture, expand access, and increase downstream revenue.

About BDO Healthcare Consulting

BDO Healthcare Consulting helps organizations improve patient access, referral management, and scheduling performance. We combine healthcare operations experience, practical methodologies, and technology-enabled solutions to address critical workflow challenges. From assessments and workflow redesign to training and implementation support, BDO delivers actionable recommendations and measurable results.

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