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Case Study 02: THE BACK REFERRAL PROGRAM

Enhancing access to JHAH for non-registered Saudi Aramco EMRs



JHAH's five-year Clinical Services Plan
Transformation Project 1

Project Champion
Gitu Mirchandani



مرکز جونز هوبكنز
أرامكو الطبي
Johns Hopkins
Aramco Healthcare



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Project Details



The Objective

- To establish a program to increase back referrals of Eligible Medical Recipients (EMRs).

The Priorities

- To increase back referral volume.
- To increase revenue and growth.

The Timeline

- **Project kick-off:** January 2023.
- **Project closure:** August 2023.

The Project Team

Champion:

- Gitu Mirchandani

Team members:

- Dr. Hussain Al Gawahmed
- Dr. Mohammed Al Jabr
- Abeer Al Quaeen
- Rasha Ansari
- Sujitha Benrufus
- Dina Buraik
- AlHanouf Jallalah
- Leena John
- Heba Matrook
- Dalal Mohaisen
- Ma'asomah Mozain

For more information

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About the Clinical Services Plan



Johns Hopkins Aramco Healthcare (JHAH) serves more than 140,000 Saudi Aramco employees, their dependents and retirees with a comprehensive range of inpatient and outpatient services. JHAH has carried forward the legacy set by Saudi Aramco, of healthcare for all, putting caring for its community at the heart of everything it does.

In 2023, JHAH launched its five-year Clinical Services Plan (CSP). The CSP was developed in response to changing patient expectations and the realization that JHAH must evolve if it is to survive and thrive. The Plan's vision is that JHAH will become the Kingdom's first choice for outstanding integrated healthcare.

The CSP contains 16 strategic objectives to deliver against five goals (service excellence, access, people, sustainability and reliability), and is supported by four delivery principles (accountability, pace, pragmatism and outcomes).

The 'Back Referrals Program' was Objective #1 in the CSP.

Project Background



Since 2014, Saudi Aramco employees and their eligible dependents can choose to have their healthcare provided by JHAH, Aramco's preferred provider of healthcare services, at any one of the locations (Dhahran, Al Hasa, Udaliyah, Abqaiq or Ras Tanura); or with one of JHAH's contracted providers in the network.

Importantly, those opting to have their healthcare delivered by a network provider can still gain access to certain specialty services at JHAH. Patients are back-referred to JHAH for certain services, predominantly surgical procedures by the Network Management Division (NMD), which oversees and monitors the clinical care provided in the provider network.

JHAH then makes contact with the patient to provide them the option of receiving their needed care in JHAH. If the

patient agrees, then the service line arranges an initial consultation where appropriate treatment options are confirmed. Additionally, there may be patients who are transferred on an inpatient basis from another provider for their needed care.

While many patients were gaining benefits from the back referral program, it became clear that many more potential recipients were unaware of the option to be referred to JHAH.

This inadvertently had an impact on JHAH achieving its strategic vision and long-term ambitions of opening certain services to the general public.

For this reason, the Back Referral Program was launched in early 2018 under the direction and support of the NMD.

The goal of the program was to position JHAH as the ‘preferred’ provider for specified procedures, building trust and value within the wider community and helping the hospital to attract the highest caliber of clinical professionals as well as supporting JHAH in achieving its growth objectives.

In mid-2022, oversight and management of the Back Referral Program moved to the Chief of Staff’s Office. The aim was to accelerate momentum to increase volume and productivity, thereby supporting several of the objectives of the five-year CSP.

“Before this, the back referral revenue and the program in general were not necessarily being monitored and while the program was rolling along, there was not enough focus on opportunities to improve the patient journey,” said Gitu Mirchandani, the Back Referrals Project Champion. “That all changed when the Clinical Services Plan was developed.”

Project Delivery

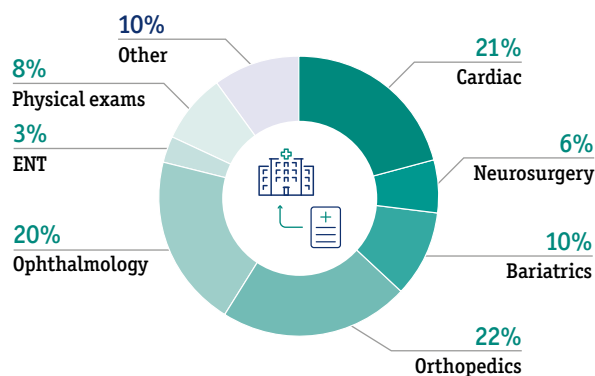
Under the direction of the Chief of Staff, the Back Referrals program moved under the newly mobilized Clinical Optimization Team. Several priorities were set to move the program forward in order to enhance patient experience at JHAH, including improving patient acceptance rates, and ensuring capacity in the clinic and OR was sufficient to support the increase in demand. Alongside the clinical operations program, the finance department commenced work to align and enhance the costing and billing processes.

An important priority, now part of the ongoing process, is to continually review the services and procedures appropriate for inclusion. These services and procedures are agreed on the basis of clear criteria, with input from clinical and non-clinical perspectives. The current list of back-referred services is as follows (see breakdown in Figure One):

- Anesthesia/pain management.
- Colorectal surgery.
- Cardiovascular procedures (CABG, TAVR, PCA, cardiac catheterization, electrophysiology and ablation, cardiac device implantation).
- Complex ENT procedures including cochlear implants.
- Inpatient psychiatry.
- Physical exams under Occupational Medicine.
- Bariatric surgery.
- Orthopedic surgery (TKR, THR, shoulder, ankle).
- Neurosurgical (brain and spinal procedures).
- Ophthalmology (corneal transplants, retina surgery, eye injections).
- Elective pediatric surgical procedures.
- Laparoscopic procedures.
- Robotic surgery (urology, gynecology, bariatrics).

It is worth noting that oncology care has always been back-referred since expertise in this specialty is not always easily accessible outside of JHAH.

Figure One: Back-referred patients by speciality, 2022-2023



Patients back-referred for oncology treatment are required to temporarily change their registration to JHAH for a specified period, up to five years, depending on the clinical diagnosis.



In 2023, more than 800 eligible medical recipients changed their registration to JHAH, or their JHAH eligibility was extended due to ongoing oncology treatment.

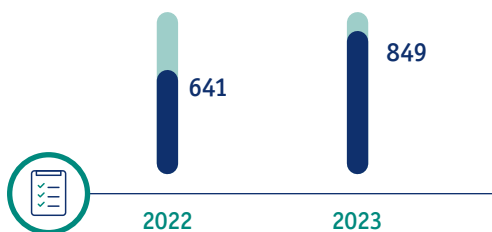
The Change



The team set about collecting data and building a back-referral dashboard that incorporated, over time, 30 KPIs tracked, trended and reported on a monthly basis, prioritizing on volumes, activity, access and revenue (see high level volume data in Figure Two). The dashboard focused on the high-volume service lines such as orthopedics, cardiology, ENT, bariatric surgery, and inpatient psychiatry among others.

One of the first goals under the CSP objective the team carried out was a root cause analysis on the orthopedics service line, in order to fully understand the back-referral program's dynamics, following every step in the patient journey and identifying missed opportunities.

Figure Two: Back-referred procedures completed



The team dug deep into orthopedics because it had one of the lowest patient conversion rates yet had the largest potential for revenue due to the high volume of patients back-referred, identifying both the challenges faced by patients and by the orthopedics department.

In addition, the team began to work closely with JHAH's clinics around no-shows, running weekly reports of back-referral patients that missed their appointments and reaching out to them to bring them into care.

An early "win" was leveraging digital marketing, including social media. Additionally, a Shukran card, thanking patients for choosing JHAH as their partner in care, along with containing essential information for any new patient to JHAH at the outset of their care journey, was introduced (see Figure Three).

Figure Three: Shukran card



Members of the Clinical Optimization Team, four nurses and one administrative coordinator, regularly visit patients admitted to JHAH to see if there is anything they can do to help or support them in their care journey along with closely monitoring their access to care at JHAH and intervening when necessary.

Lessons Learned



All elements of the program have been evidence-based, with a continuing focus on key metrics to assess trends and identify improvement opportunities.

The team continually monitors access to care across the different services, proactively looking into all opportunities to enhance the patient experience.

Process improvements were also rolled out more quickly when communication was transparent and clear between all contributing departments. The team established regular and reliable channels to ease this communication flow and ensure actions were undertaken in a timely and efficient manner.

"We are very lucky to have support across the organization, from our scheduling teams and front-line nurses, to physicians and clinical administrators, to name just a few. They consistently collaborate with our team to bring these patients into care in a timely manner," states Gitu Mirchandani.

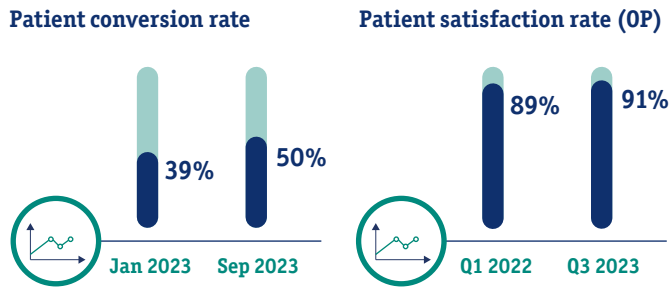
The Outcome



JHAH reached its target for back-referred patient numbers in 2023 and is likely to surpass it in 2024.

Overall patient conversion rates jumped from 39 percent in January 2023 to 50 percent in September 2023 (see Figure Four).

Figure Four: Benefits realization



Additionally, the back referral patient satisfaction rate for inpatient and outpatient services consistently exceeds targets, with September 2023 rates being 97 percent (target was 87 percent) and 92 percent (target was 90 percent) respectively.



About the Project Champion



Gitu Mirchandani

Gitu Mirchandani is the Director of Medical Affairs at Johns Hopkins Aramco Healthcare.

She was educated at The University of Baltimore, in Maryland, where she received both her Bachelor's and Master's Degrees in Health Systems Management. She also completed a mini-MBA program in Healthcare Management at Rutgers Business School Executive Education in New Jersey.

Before joining JHAH, she worked at Johns Hopkins Health Care LLC (now called Johns Hopkins Health Plans), which is the Managed Care (health insurance) arm, under Johns Hopkins Medicine, for 14 years in Provider Relations. Prior to her role in Medical Affairs under the Chief of Staff Organization, she worked in the Care Management Division under the Population Health Department, as the Director of Provider Relations for six years, as a seconded employee with Johns Hopkins International.

Also Available



**Case Study #01:
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healthcare innovations



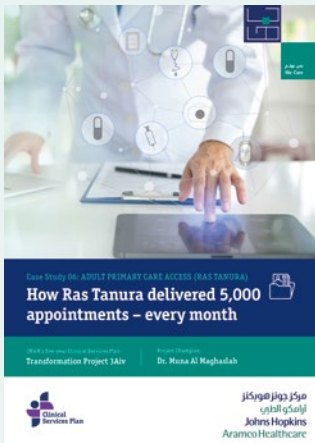
**Case Study #03:
ENDOSCOPY**
Endoscopy waiting times
cut from months to weeks



**Case Study #04:
OPERATING ROOMS**
Faster access to surgery



**Case Study #05:
ADULT PRIMARY CARE
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**Case Study #06:
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– every month



**Case Study #07:
REFERRALS**
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microscope

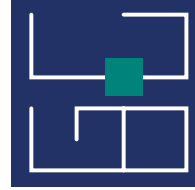


**Case Study #08:
CATH LAB**
Tackling the bed crunch

Note: Additional CSP case studies are constantly under development. Please email or call your JHAH contact for information on future editions.

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This case study is one in a series that showcases stories from implementation of the JHAH Clinical Services Plan (CSP). The JHAH Board approved the CSP in June 2022. It is an ambitious multiyear program to enhance and modernize a wide range of clinical activities. For more information about the CSP or any projects included in the program, contact the CSP Program Management Office: pmo@jyah.com.



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