

Specialty Care Referral Process

Access DuPage has hundreds of participating volunteer specialists. Despite generous DuPage area providers, please be advised that some specialties are extremely limited. The instructions below are intended to be a helpful reference.

Steps to Submit an Access DuPage Specialty Referral

- You may either use your office/EHR referral form or use an Access DuPage referral form. The Referral request should include the following:
 - a. Patient Name and DOB
 - b. Date of Request
 - c. Referring Provider Name and Contact info
 - d. Specialty Request and Diagnoses
- In addition to the actual referral, please include:
 - a. Recent office visits (include patient history and treatment efforts to date)
 - b. Records of prior treatment in your office or elsewhere
 - c. Related diagnostic tests (completed or pending)
 - d. Note: If the patient was seen in the ER or convenient care related to this diagnosis/referral, indicate location and date and provide discharge summaries.
 - e. If the patient has seen a specialist related to this issue, please advise
- See included guide of relevant clinical data by specialty included in this document
- Completed referrals should be sent to Access DuPage by fax at 630-510-8707 or emailed to the care coordination department at the following emails:

Marcella at <u>msantos@accessdupage.org</u> 630-510-8720 X 213 or Ivelisse <u>itorres@accessdupage.org</u> 630-510-8720 X 218

At the end of this guide we have included a table of specialties by care coordinator

Next Steps

- Questions about the referral or additional record requests will be directed to your office.
- Once a specialist is secured by Access DuPage, copies of completed referrals will be sent to PCP, patient, and specialist.
- If we are unable to secure a specialist, we will contact your office
- Most completed referrals are good for 12 months
- Results of the consultation and follow-up instructions should be sent to your office by the specialist directly.
- Any known costs will be communicated to patient and are patient responsibility; some providers may charge a modest copayment of \$5-\$25

Tips and Requests

• Please help us to advise patients that specialty care without a referral as described above may result in charges to the patient.



- If your office has relationships with providers that may be willing to treat our patients, we appreciate your outreach on behalf of mutual patients.
- Given limited access to specialists, we ask that preliminary screening and clinical workup be
 performed by primary care provider, including women's health exams, initial testing, etc. If your
 office does not perform pap smears we can coordinate screening services through community
 partners.

What Services Aren't Available or Covered?

Unfortunately Access DuPage is not an insurance program and cannot always provide coverage for all the services patient may need. Medical services not typically covered by Access DuPage include:

- Routine colon cancer screenings without accompanying diagnosis/symptoms
- Ambulance transportation.
- Durable medical equipment and supplies.
- Elective surgery deemed cosmetic
- Bariatric surgery
- Infertility treatment and obstetric care, erectile dysfunction.
- Medical treatment of work related illness or injuries.
- Injuries resulting from Motor vehicle accidents.
- Second opinions

The following services are not available through Access DuPage but may be available through a community partner like the DuPage County Health Department (630)682-7400.

- Behavioral Health and Substance Abuse Treatment
- HIV services
- TB Services
- STD treatment
- Adult immunizations and travel medicine
- Dental Services

Family Planning Services including contraceptives are available at a reduced cost through the three Federally Qualified Health Centers:

RFHC Russo Family Health Center P. 630-893-2715 F. 630-893-5837

WCFHC West Chicago Family Health Center P.630-293-5027 F. 630-293-9909

AFHC Addison Family Health Center. P.630-628-1524 F. 630-628-1501



CLINICAL DOCUMENTS BY SPECIALTY: A GUIDE

Referral Form (AD or your office forms)
Patient's relevant history, physical exam, evidence of
conservative treatment
Recent Imaging (prior 6 months at minimum)
ER or convenient care discharge summaries
Relevant medication lists
Details regarding prior specialists involved in case

PLEASE REVIEW CASE TO ENSURE INCLUSION OF:

| ALLERGY | X-rays or CT scan |
|------------------------------|--|
| ASTHMA | Pulmonary function testing shows severe disease |
| CARDIOLOGY | MRI, CT, EKG, Lab results. |
| EXERCISE CARDIAC STRESS TEST | Only on those with abnormal resting EKGs |
| DERMATOLOGY | If lesion, skin biopsy result or any other labs |
| ENDOCRINOLOGY | Labs within 3 m, nutritional consult, diabetes education, labs |
| ENT | X-ray/MRI. |
| GI/HEPATOLOGY | Basic labs, Serology, CT, MRI, US liver, FOBT (for patients with |
| | lower/abdominal pain, blood in the stool). |
| | Patients with GERD trial of antacids. |
| | Patients requesting colonoscopy symptomology |
| GENERAL SURGERY | Labs |
| OB/GYNE- GYNE ONCOLOGY | Labs, diagnostics, pathology report, abnormal pap result |
| HEMA-ONCOLOGY | Labs |
| INFECTIOUS DISEASE | Lab and Diagnostic |
| NEPHROLOGY/UROLOGY | CBC, CMP Renal US, URINE |
| NEUROLOGY/ NEUROSURGERY | MRI, CT, Labs |
| ORTHOPEDICS | X- ray, MRI, documentation of physical therapy or other |
| | conservative treatment |
| OPHTHALMOLOGY | Prior History |
| PAIN MANAGEMENT/PHYSIATRY | Imaging reports |
| PHYSICAL/OCCUPATIONAL | Goals, Imaging, prior treatment |
| THERAPY | |
| PODIATRY | Imaging reports |
| PULMONOLOGY | Sleep Studies, PFTs, other clinical evaluations performed |
| RHEUMATOLOGY | Lab work |
| VASCULAR SURGERY | Diagnostics, Doppler, etc |

^{*}This list is only a guide. We encourage you to include any documents or history relevant to the patient's case. If you have any questions please feel free to call or email the appropriate referral coordinator (listed on the following page). Thank you!