GUIDE TO ENHANCING REFERRALS AND CONSULTATIONS BETWEEN PHYSICIANS

October 2009

Introduction

Access to care is a challenge for many of our patients. The College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (Royal College) recognize that every possible measure must be taken to help ensure access to timely and quality medical and other health care service.

As part of ongoing efforts, the CFPC and the Royal College released a conjoint paper in 2006, to address the issue of intra-professional relationships between physicians[i]. This paper identifies a number of issues and recommendations to improve patient care and professional satisfaction. The referral-consultation process is chief among the areas addressed in follow up to this conjoint paper.

There is growing knowledge and many new approaches developing in various regions of the country to improve the referral-consultation processes of care between referring and consulting physicians.

This guide on enhancing referrals and consultations between physicians is not intended to replace instruments already in place. It is complementary and may also help fill gaps where there are few or no tools in place to support good referrals and consultations, both within as well as between community and hospital settings. It is hoped that physicians will find this reference to be a valuable addition to practice.

Importance of good referrals and consultations

Disruptions between primary and specialty care undermine the ***quality of care*** and jeopardize ***patient safety***[ii] [iii] [iv] [v]. Appropriate referral and consultation information as well as good communication between referring and consulting physicians are essential components of "safe" care. It has also been recognized that improving the referral-consultation process is one of the important ways ***to decrease medico-legal liability*** for medical practitioners.

Strategies to improve the referral-consultation process should also produce favourable outcomes for ***timely access to care*** and other wait time concerns.

Good communication between physicians in the referral-consultation process not only facilitates timely access to care for patients but can also be exceptionally satisfying to the physicians themselves as they consult with each other about how best to address their patients' needs.

Core elements of good referrals and consultations

These elements are generic. They can be applied to any referral and consultation between physicians. They can also be applied in clinical practice at local or regional levels and in the context of service agreements between primary and specialty care providers or facilities.

A "good" consultation begins *before* the consultation and continues *thereafter*.

For consulting physicians

The most important information for consulting physicians to receive from referring physicians (usually family physicians) includes:

- Information about the problem to be addressed
- Clinical questions to be answered
- Details the patient is unable or unlikely to provide
- Concurrent medical problems
- Relevant investigations and/or treatments already tried
- Medications

For referring physicians

The most important information for referring physicians to receive from consulting physicians includes:

- Specific answers to specific questions
- Clearly stated diagnostic considerations
- A detailed management plan outlining anticipated benefits and risks for recommended treatments, including the reasons behind this plan. This should include medication management.
- Clear comments on the possible effects of the disease or treatment on the patient's quality of life and functional capacity
- Contingency plans in the event of adverse events from (or failure of) first-choice treatment
- Prognostic statements
- Follow-up arrangements

Some referrals would benefit from specialty-specific information in the referral letter. Clear guidelines from the consulting physician could be beneficial in identifying specialty-specific information needed when the patient is seen, (e.g. specific tests that could be arranged and/or completed in advance of the referral).

Short turn-around times between the patient's visit and receipt of the consultant's report is beneficial. In the meantime, no consulting physician-to-consulting physician referrals should be undertaken or arranged without speaking with or returning the patient to the referring family physician (unless the consult is urgent).

Prompt sheets

These prompt sheets for referring and consulting physicians can be used as guides in support of appropriate referrals and consultations.

Referrals

The prompt sheet for developing a good **referral letter** is as follows:

REFERRAL FORM

Referring Physician Prompt Sheet

The **beginning of the letter** should include the following:

1. Patient's name, address, date of birth, health number and contact information, (e.g. telephone number or email address)
2. Referring physician's name and contact information, (e.g. telephone/fax numbers and email addresses)
3. Consulting physician's name, address and contact information
4. Urgency of referral - urgent, semi-urgent, routine or elective

Other Important Information:

- Reason for referral
- Provisional diagnosis
- Succinct history of problem related to reason(s) for referral and/or other problems
- Relevant information on patient's medical status – morbid conditions and relevant past history or old notes
- Current and recent medications
- Clinical warnings / significant findings on examination
- Copies of test results
- What the patient has been told
- Any factors possibly mitigating against particular treatments or arrangements
- Special considerations, (e.g. psychiatric/social problems, concerns about compliance or patient's understanding; need for an interpreter; any other concerns/wishes of patient's family)
- Follow-up / role of referring physician – who will resume care after consultation

Finish with a note of thanks for help in managing patient and a list of other recipients to whom copies of the consultation letter should be sent.

A **referral letter framework** that can be used as a guide for a good referring letter follows and is also available electronically (**Figure 1**).

Figure 1 – Template for Referring Physician (also available electronically from CFPC and Royal College)

REFERRAL FORM

PATIENT

Name:

Address:

Postal

Sex : ☐ M ☐ F

Date of Birth (MM/DD/YYYY) :

Health No.

Phone No.

FROM: Referring Physician

Name:

Address:

Postal Code:

Phone No.

Fax No.

E-mail:

Best time to call:

TO: Consulting Physician

Name:

Address:

Postal Code:

E-mail:

Phone No.

Fax No.

Urgency of Referral:

☐ Urgent (<1 week) ☐ Semi-Urgent (1-3 weeks) ☐ Routine (>3 weeks)

Type of Consultation Requested:

☐ One time ☐ Shared Care ☐ Transferred Care

Clinical Information

Reason for referral/Expected outcome (ie. assessment, investigation, treatment, second opinion):

Diagnosis: ☐ Confirmed ☐ Provisional ☐ Not yet diagnosed

History of presenting complaint/examination findings/investigation results:

Past medical history/ Problem list

Current and recent medication (including OTC):

Clinical warnings (allergies, blood-born diseases, other risk factors):

Special considerations/other relevant information (psychosocial, special needs, language issues):

☐ **Copies of test results and old notes included**
Specifically:

_____ _____
Signature of Referring Physician **Date**

Thank you for this consultation.

Consultations

The prompt sheet for developing a good **consultation report** is as follows:

CONSULTATION FORM

Consulting Physician Prompt Sheet

The **beginning of the letter** should include the following:

1. Patient's name, address and date of birth
2. Consulting physician's name, address and contact information
3. Referring physician's name and contact information

Other Important Information:

- Reason for referral
- Chief complaint / relevant history
- Additions to problem list and/or summary of current status of medical conditions
- Findings - clinical findings on examination, including test results
- Investigations / Interventions
- Diagnosis – confirmed or differential
- Treatment and management plan
  - Aim of treatment
  - Options considered and supported / not supported
  - Recommended treatment and management
  - Proposed treatment schedule with reasons
  - Anticipated benefits and risks of treatment
  - Changed or newly prescribed medication(s)
  - Likely short and long-term complications
  - Possible effects of treatment on patient's quality of life and functional capacity
  - Contingency plans in event of adverse events from (or failure of) first-choice treatment
- Prognosis
- Psychosocial aspects, (e. g. patient's understanding, psychiatric / social problems)
- Follow up arrangements
  - Who and when to review the patient following the consultation, including any situations which may prompt an earlier review

Finish with a note of thanks to referring physician for help in managing the patient and list other recipients to whom copies of the consultation letter have been sent.

A **consultation report framework** that can be used as a guide for a good consultation letter follows and is also available electronically (**Figure 2**).

Figure 2 – Template for Consulting Physician (also available electronically from CFPC and Royal College)

CONSULTATION FORM

PATIENT

Name:

Address:

Postal Code:

Sex : ☐ M ☐ F

Date of Birth (MM/DD/YYYY) :

Health No.

Phone No.

FROM: Consulting Physician

Name:

Address:

Postal Code:

E-Mail:

Phone No.

Fax No.

Best time to call:

Prefer a call (circle one): Yes No

Type of Consultation Requested:
☐ One time ☐ Shared Care ☐ Transferred Care

TO: Referring Physician

Name:

Address:

Postal Code:

E-mail:

Phone No.

Fax No.

Clinical Information

Chief Complaint/Relevant History

Additions to Problem List:

Clinical findings:

Investigations/Interventions:

Diagnosis: ☐ Confirmed ☐ Provisional ☐ Not yet diagnosed

CONSULTATION FORM

Clinical Information

Treatment and Management Plan (benefits/risks, short/term complications, effects on quality of life, contingency plan in the event of adverse events or failure of first choice treatment):

Current Medications	**Unchanged**	**Changed to**	**Discont'd**
1.	☐		☐
2.	☐		☐
3.	☐		☐
New Medications			
1.	☐		☐
2.	☐		☐
3.	☐		☐

Prognosis:

Psycho-social concerns(what the patient has been told/aspects likely to influence adherence to treatment):

Follow-up:

Other physicians consulted:	_____ _____ **Signature of Consulting Physician** **Date**

Thank you for this referral.

References

[i] Conjoint Discussion Paper. *Family Physicians and Other Specialists: Working and Learning Together.* CFPC, RCPSC. August 2006.

[ii] Kripalani S, LeFevre F, Phillips CO, Williams MV, Basaviah P, Baker DW. *Deficits in communication and information transfer between hospital-based and primary care physicians. Implications for patient safety and continuity of care.* JAMA 2007; 297(8):831-841.

[iii] Starfield B, Lemke KW, Herbert R, Pavlovich WD, Anderson G. *Comorbidity and the use of primary care and specialist care in the elderly.* Ann Fam Med 2005; 3(3):215-222.

[iv] Ezekowitz JA, Van Walraven C, McAlister FA, Armstrong PW, Kaul P. *Impact of specialist follow-up in outpatients with congestive heart failure.* CMAJ 2005; 172(2):189-194.

[v] Williams R. *Breaking the barriers for improved glycemic control: primary care and secondary care interface.* Diabet Med 1998; 15(4):S37-S40.