

Experiences with Referrals: Results of two surveys

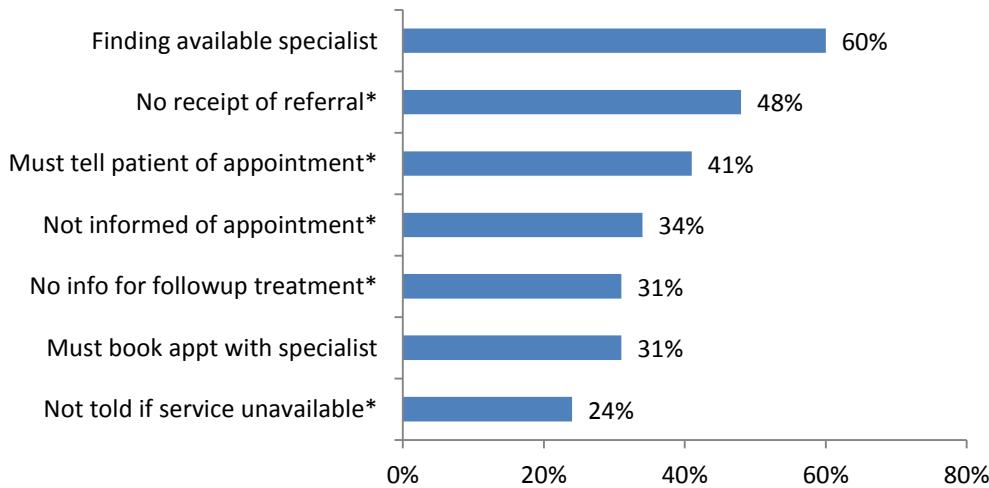
The following bulletin is based on the results of two national surveys to physicians practising in Canada. The first is a CMA survey based solely on the topic of referrals with over 3,000 respondents conducted in 2011.¹ The second is the 2010 National Physician Survey which included questions for non-primary care physicians (5,474 respondents) about providing and receiving referral reports.² Both surveys tried to identify the main issues within the referral system and solicit suggestions for improvements.

Findings from the CMA Referral Survey

The CMA Referral Survey showed that family physicians (FPs) were less likely to be satisfied with the effectiveness of the referral process than other specialists. Less than half (43%) of FPs agreed that the process is effective compared to 60% of other specialists. While almost three-quarters of non-primary care physicians found communication with FPs to be effective, just over half (54%) of FPs shared this view with respect to interactions with other specialists.

Causes for frustration or problems related mostly to communication and information sharing (see graphs below).

Graph 1: Causes of frustration with referrals: Family physician experience

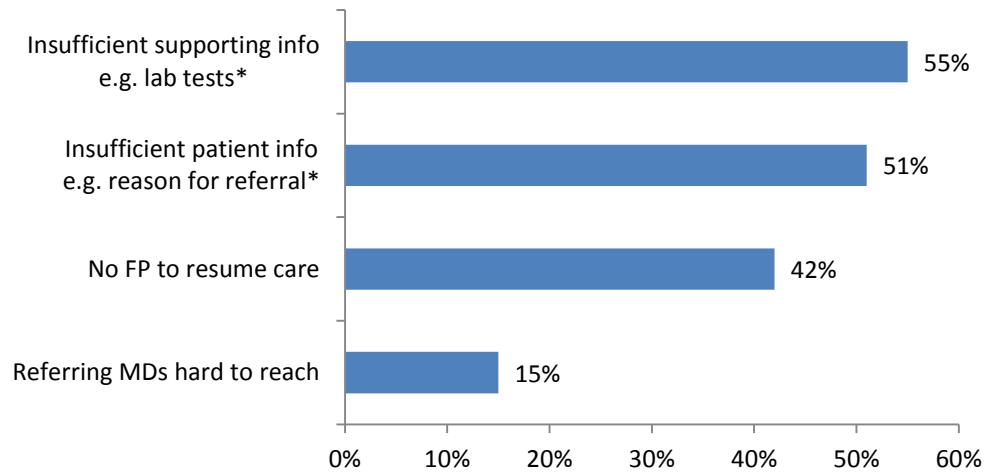


*At least one frustration involving insufficient information was selected 66% of the time.

¹ CMA Referral Survey. <http://www.cma.ca/advocacy/experiences-referrals-primary-to-specialty>

² CFPC, CMA, Royal College. http://nationalphysiciansurvey.ca/nps/2010_Survey/Results/physician1-e.asp

Graph 2: Problems with referral requests: Specialist experience



*At least one problem involving insufficient information was selected 65% of the time.

There was a significant gap in the perception of quality between FPs and other specialists. The vast majority (91%) of FPs felt they provided the information necessary for a specialist to triage a patient but only 47% of the other specialists agreed that this occurred either always or usually.

The most frequently referred to specialties by FPs are orthopedic surgery (28%), gastroenterology (24%), general surgery (22%) and cardiology (21%). The most frequently cited problematic specialties for referrals were orthopedic surgery (48%), otolaryngology (41%), gastroenterology (35%) and psychiatry (32%).

In terms of solutions, 37% of FPs said that specialties with pooled referral or centralized intake referral systems are effective at ensuring timely access. This figure may be low because less than one third of specialists actually participate in such systems. However, most who do (63%) agree that a pooled referral system helps manage patient volumes.

Most jurisdictions do not have a directory of available specialist services for use by referring physicians those that do vary as to their comprehensiveness. Physician respondents who did have access reported using the lists mostly to see: what services were provided by each specialist (72%), the posted wait times for each specialist (61%), specialists in their jurisdiction by discipline (64%) and the services not provided by each specialist (52%).

Findings of the National Physician Survey (NPS)

In the 2010 National Physician Survey all specialists, with the exception of family medicine, were asked a series of questions about the referral process. Over half (53%) said the referral documents they received contained sufficient information sometimes,

rarely or never. Doctors in Newfoundland and Labrador were the least satisfied with over two-thirds (68%) saying the documents were sometimes, rarely or never sufficient, and New Brunswick was close behind at 67%. Quebec physicians were the most content but still 47% assigned this rating.

The results for this question varied a bit by specialty type. Numbers were too small to see statistical differences for most individual specialties, but overall internal medicine subspecialists were slightly more likely to rate the referral documents as only sometimes sufficient or worse (57%) than laboratory specialties (55%), other medical specialties (53%) or surgical specialties (51%).

The NPS respondents were also asked what elements could enhance the referral documents they currently receive. The most popular items cited were: relevant investigations and/or treatments already tried (56%), information about the problem to be addressed (54%), clinical questions to be answered (45%) and details the patient is unable or unlikely to provide (44%). Surgical and internal medicine subspecialties cited “relevant investigations and/or treatments already tried” most often whereas other medical specialists and laboratory specialists indicated “information about the problem to be addressed” most often. Only for internal medicine subspecialties was “medications” ticked often enough to make one of their top three choices and only surgeons selected “details the patient is unable or unlikely to provide” frequently enough to make the top three enhancements (see graph 3).

Graph 3: Percentage of physicians indicating possible enhancements to referral documents

Enhancement to referral documents	Broad Specialty				All specialists
	Internal Med subspecialty	Medical specialist	Surgical specialist	Laboratory specialist	
Relevant investigations and/or treatments already tried	66%	51%	60%	48%	56%
Information about the problem to be addressed	56%	53%	53%	54%	54%
Clinical questions to be answered	48%	48%	36%	50%	45%
Details the patient is unable or unlikely to provide	49%	43%	44%	27%	44%
Medications	52%	35%	40%	31%	40%
Concurrent medical problems	42%	38%	42%	33%	40%

For the most part, the specialists surveyed were satisfied with the consultative reports they received from others but for those who did receive reports, over half (54%) indicated that a detailed treatment plan would be a desired enhancement.

Summary

Both surveys show that clearly there is room for improvement in the referral process. CMA has developed a referral process toolbox that will serve as a clearinghouse to provide referral improvement lessons from across the country. It can be found at <http://www.cma.ca/referrals>.

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