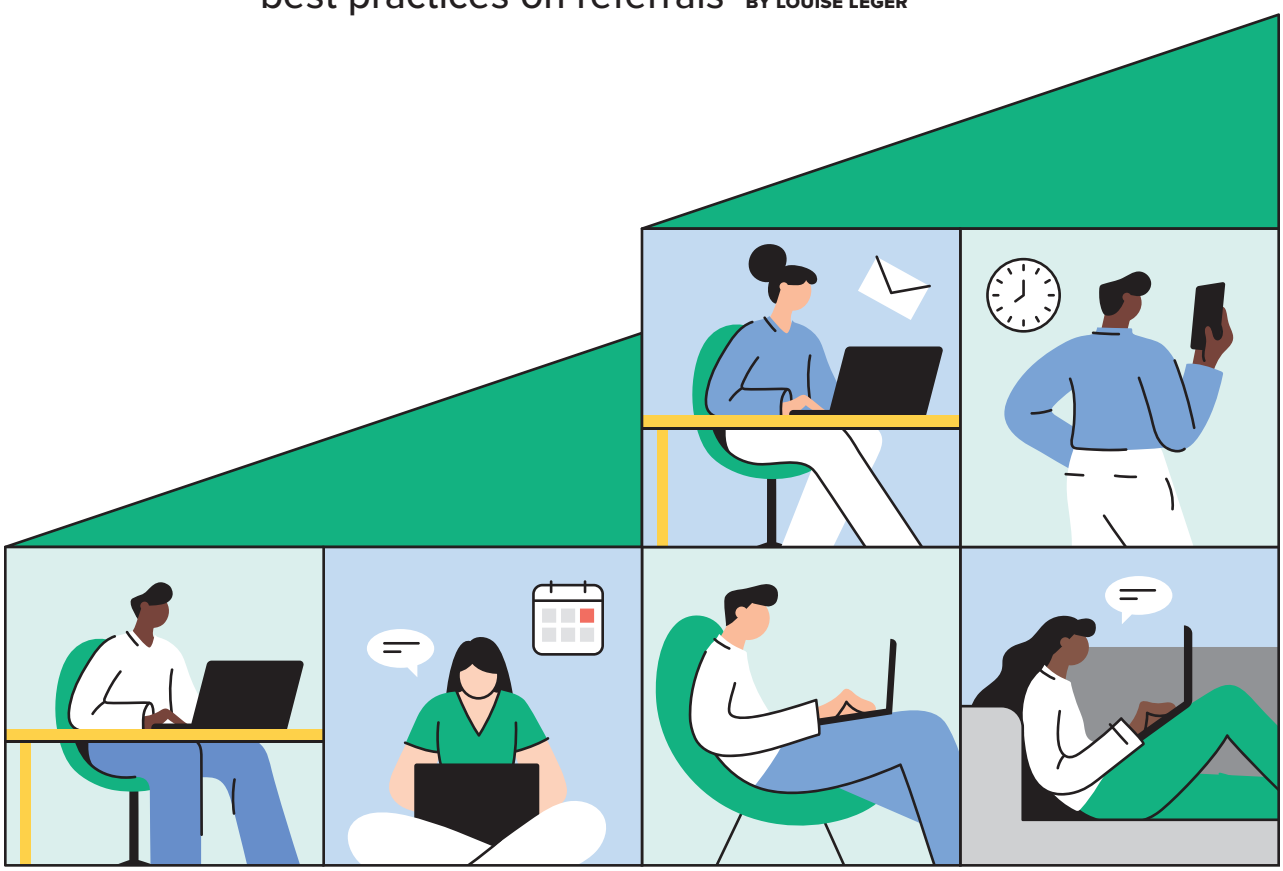
THE MEDICAL POST'S

REFERRAL ETIQUETTE GUIDE

We spoke with doctors and colleges across the country to come up with the best practices on referrals BY LOUISE LEGER



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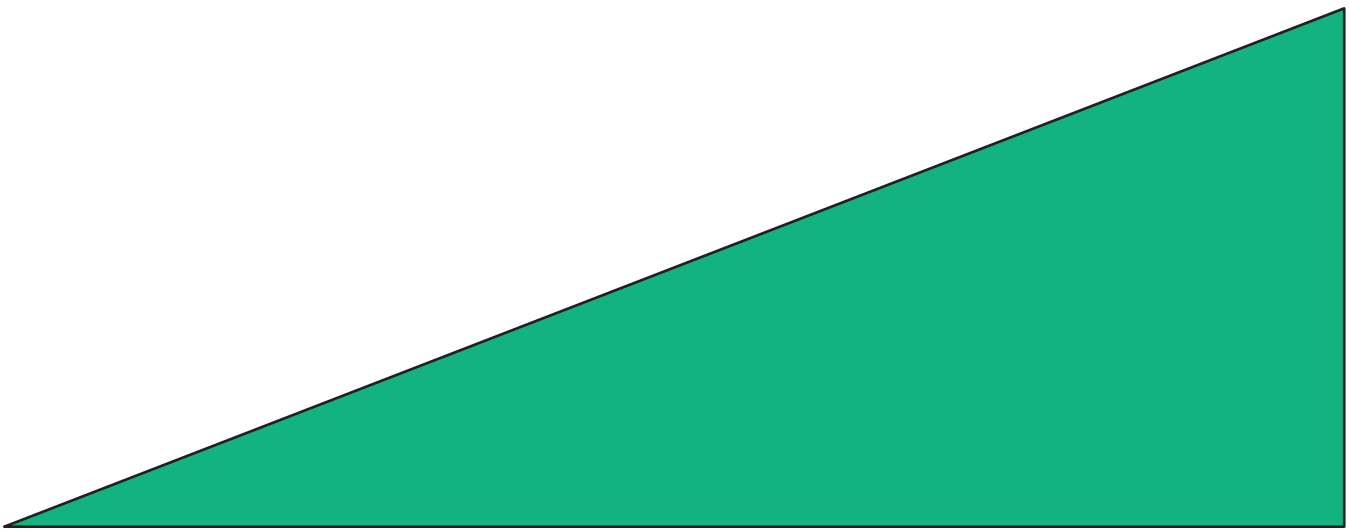


For the most part, both referring and consulting physicians have the same goals: Providing the best care to their patients. But in practice that shared vision can deteriorate into an uneasy staring match. While each faces similar challenges—not enough time, too much paperwork, to name just a few—each has their own frustrations with the referral process.

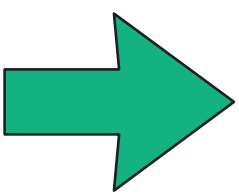
No one would argue that full and timely communication between referring and consulting practitioners is essential for successful patient care. The patient carries the ultimate risk when there is a misunderstanding between care providers about their roles and responsibilities, or poor or incomplete information exchange, particularly missing diagnostic information or failure to communicate the urgency of care needed.

As in all relationships, communication is key. Patience and giving the benefit of the doubt can help, too.

"Having a good relationship will solve a lot of these problems," said Dr. Keith Hay, a family doctor in Toronto and a medical adviser at the College of Physicians and Surgeons of Ontario (CPSO). "Most consultants that I know are pretty good mind readers—but that's not really a good way to conduct patient care."

We consulted the guidelines from the colleges in B.C., Alberta, Ontario and Nova Scotia and spoke with several referral and consulting doctors to create our first ever Referral Etiquette Guide. At the beginning of the year, the *Medical Post* also conducted an editorial survey of 258 Canadian doctors. On the topic of referrals, they had a lot to say. We sifted through those responses and included a few anonymous comments among those of the doctors we interviewed in the "What doctors told us" sections.

On the following pages, we have summarized the most important actions to make the referral process successful, for referring and consulting physicians and, of course, for patients. While not an exhaustive guide, it serves as a reminder of the best ways to help both referring and consulting physicians work together harmoniously.



FOR REFERRING PHYSICIANS

① Do your due diligence

The referring physician should have a well-identified reason for requesting the consultation and have completed a workup within his/her scope and expertise. Only refer a patient to one consulting physician at a time.

WHAT DOCTORS TOLD US

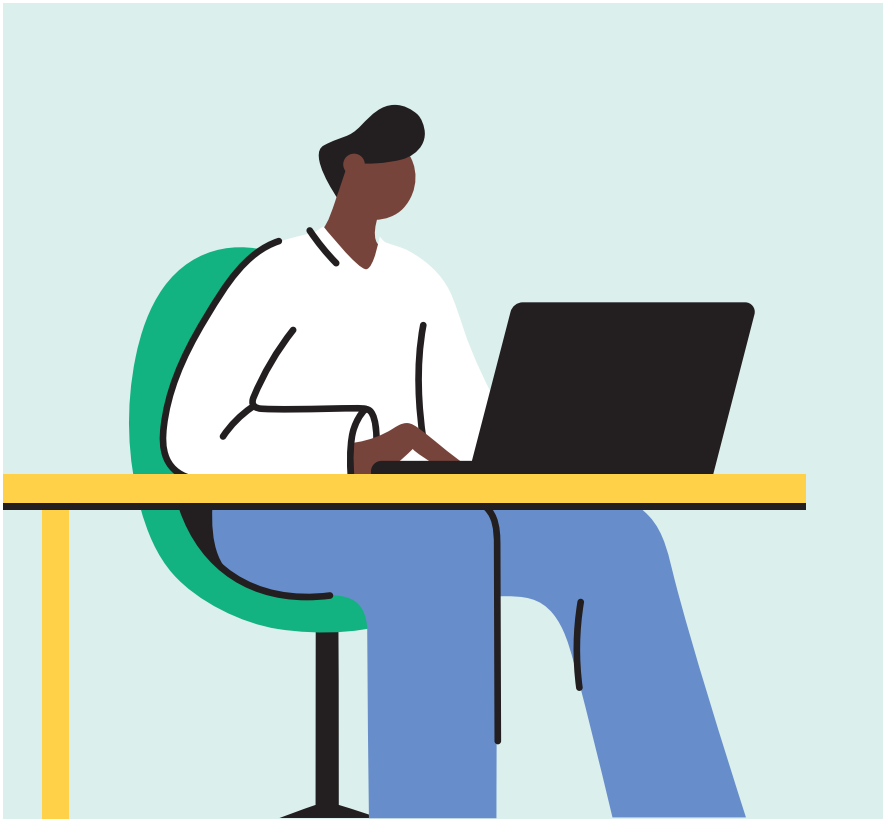
"I'd suggest referring physicians do more of the asking for advice before sending a referral, and use an e-consult service so we can get the right tests done before they come or maybe so they won't need an in-person visit at all," said Dr. Erin Keely, an endocrinologist at the Ottawa Hospital and co-executive director (specialist lead) of the Ontario eConsult Centre of Excellence.

"In some specialties like dermatology, we can get a turnaround now with a photograph in 48 hours, whereas it used to take six to 12 months for a similar opinion," said Dr. Hay. "These are not life-threatening problems, but they are certainly annoying and can be problematic for patients. So I think that's one of the solutions. And certainly, if nothing else, we've seen that with the COVID-19 pandemic that virtual care is doable. Is it perfect? No. But it certainly can reduce the wait time and provide greater access to care, particularly for individuals who are in remote or rural areas."

② Communicate the goldilocks way—not too much, not too little

Ensure the consulting practitioner has all the information necessary to make a timely determination to accept or not accept the referral. That includes:

1. Specific reason for the request; what you really want to know (see point 5)
2. Relevant patient history, patient concerns, medications, exam findings
3. Accurate contact info, for the patient and for yourself
4. Patient age, gender, any language barriers
5. Your expectation: Is this to request an assessment or advice? Or is this a request to transfer care?
6. Do not send unrelated medical information or the patient's complete history



"The issue is either not enough information—'Please see for headache'—or sometimes too much information."

WHAT DOCTORS TOLD US

"The issue is either not enough information—'Please see for headache'—or sometimes too much information," said Dr. Alan Kaplan, a family doctor in Richmond Hill, Ont. who focuses on respiratory illness and pain management. "Sometimes it's copies of entire charts, which can take half an hour to sift through to pull out what is important."

Dr. Keely had a similar comment: "The amount of information included in referrals varies widely—from 'Please see for diabetes,' to a 30-page scanned-in document that I need to review to triage the urgency of the case."

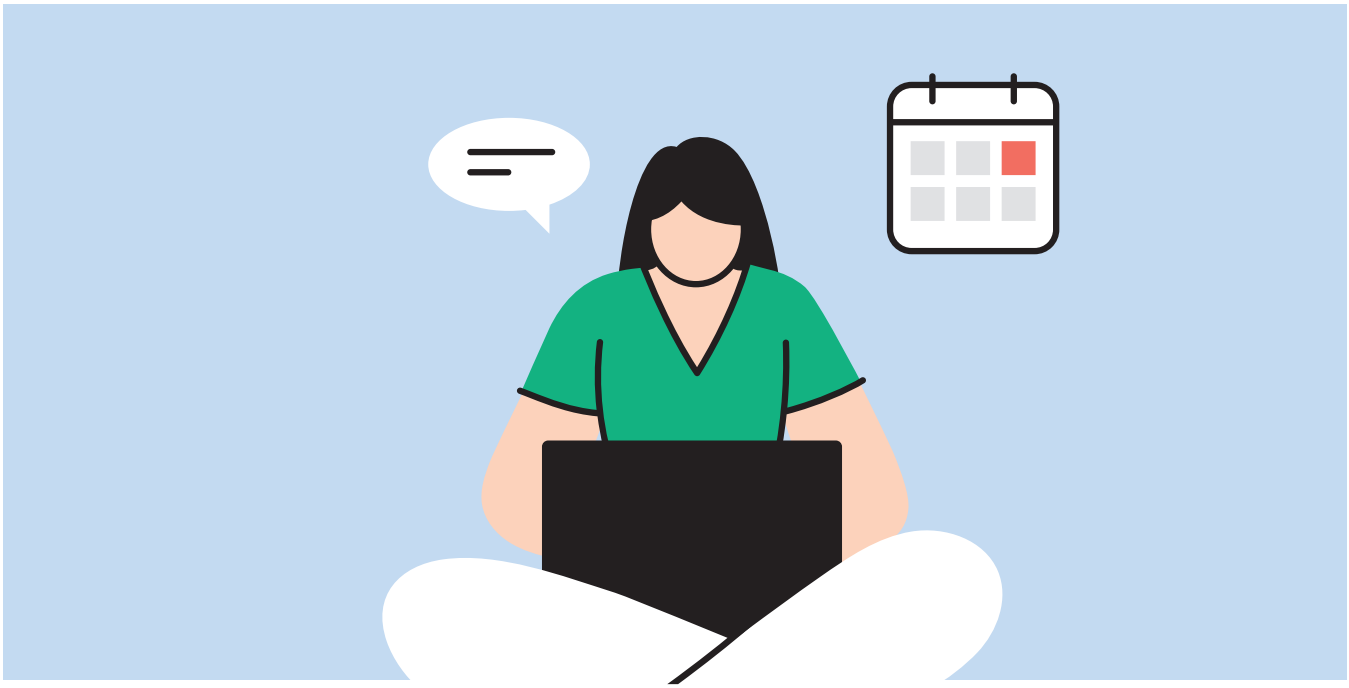
"Write a better referral note *please*," wrote one specialist in our survey.

③ What do you really want to know?

Ask a specific question, or questions, in your referral letter.

WHAT DOCTORS TOLD US

"Ask the question that you really want to know," said Dr. Kaplan. "Is the shortness of breath cardiac or



respiratory? Is this patient a legitimate pain patient or a problem?"

Dr. Benjamin Chen, a general internist in Napanee, Ont. and a medical adviser at the CPSO, said: "Sometimes they'll consult a cardiologist and say, 'Chest pain. Please assess.' Compare that to 'I'm sending you this woman who has chest pain and there's just something about the way she describes it that makes me wonder if I'm missing something.' Or, what if it said, 'I'm sending you this person and I think it is angina. Please assess.' Or, 'This man has chest pain, and he's got a lot of anxieties. I tried to reassure him, but I think that a second opinion from a specialist would really help reinforce that he doesn't have to obsess about this.' Each time, the specialist would still do his or her due diligence and conduct a proper chest pain assessment, but the focus would be different. So, understanding the question really helps."

④ Communication in urgent cases

- Urgent referrals require direct contact with the consultant.
- Is this urgent? If you think it might be, pick up the phone. A fax or emailed consultation request marked "Urgent" is not recommended by the colleges.
- Keep lines of communication open.

WHAT DOCTORS TOLD US

"I think this is something (consulting doctors) do well. For those cases that are truly urgent, those will get seen urgently," said Dr. Chen.

"For those critically ill patients, it's simply a matter of picking up the telephone, and that has worked well and continues to work well," said Dr. Hay.

"I think a lot of specialists would consider (determining urgency) a joint responsibility," said Dr. Chen. "Certainly, if the referring physician flags that a patient needs something urgently, that would be respected. But in addition, sometimes there are situations where something may initially appear to be routine, but then with a little bit more reflection they realize there may be some higher risk involved. So I think most consultants will not just look at the urgency that's requested but also review some of the accompanying material and upgrade the urgency sometimes from routine to urgent based on the description."

In our survey, several referring and consulting doctors alike said, "Don't be afraid to use the phone for urgent cases."

FOR CONSULTING PHYSICIANS

① Getting back: Timing is everything

This is a pain point for both referring physicians and consulting physicians, and regulations vary slightly by province. But in general:

- Consulting physicians should acknowledge the receipt of a consultation request within seven days and inform the referring doctor within 14 days of receipt whether they are accepting the referral.
- Consulting physicians are responsible for contacting the patient and arranging the appointment.

WHAT DOCTORS TOLD US

"Knowing who's accepted the referral has gotten better since the CPSO put out guidelines (for Ontario) about patient notification," said Dr. Chris Sun, a family doctor in Toronto. "But the follow-through can be hit or miss."

"Would like rapid response to referrals even if the actual consultation is way down the line," said one survey respondent.

② If you accept the referral...

- Your office should communicate the appointment date and time to both the referring physician and the patient.
- Remember to give the patient any special instructions, such as fasting before, bowel preparation, to bring a translator, etc.

WHAT DOCTORS TOLD US

"I still don't get letters from some specialists until I've contacted the patient about specialist number two who has agreed to take on their care, only to hear that they've already been seen two months ago (by specialist number one)," said Dr. Sun. "The vast majority of my specialist colleagues however, are very good at following up on communication."

③ If you decline the referral...

- An explanation of the reasons for not accepting the referral should be provided.
- Help out the referring doctor by suggesting an alternate specialist. Many referring doctors have trouble finding out who handles which subspecialties.

WHAT DOCTORS TOLD US

"We specialists should provide some assistance even for the referrals we decline–and give advice on management or other referral options," said Dr. Keely.

"It's not always apparent for family physicians on the particular scope of practice that a specialist will have," said Dr. Hay.

"The more the specialist community can link together to offer services to a whole population, the better the access could be," said Dr. Clare Liddy, professor and chair of the department of family medicine at the University of Ottawa.

④ Communicating wait times

- Even if you can't give an appointment yet, referring physicians and patients need to be told the approximate wait time.

WHAT DOCTORS TOLD US

"Getting a response, even if it's a refusal, is better than getting no response," said one survey respondent.

"Even if an appointment is not possible right away, early advice can be extremely helpful and reassuring," said Dr. Liddy. "Also, this is the niche that e-consult fills."

FOR BOTH CONSULTING AND REFERRING PHYSICIANS

① Post-appointment/ ongoing care

- After seeing the patient, the consultant should provide the referring physician with a timely written report (many colleges recommend within two weeks).
- The report should include: the purpose of the consultation as you understood it; what you took under consideration; diagnostic conclusions; recommendations for followup by the referring physician, for continued care by the specialist and for referral to other consultants; what next steps or advice the patient was given.
- Referring physicians should also communicate their expectations, planned next steps and any changes to their patient's health status.

WHAT DOCTORS TOLD US

Some referrals are simply made with a view to a single visit. But other

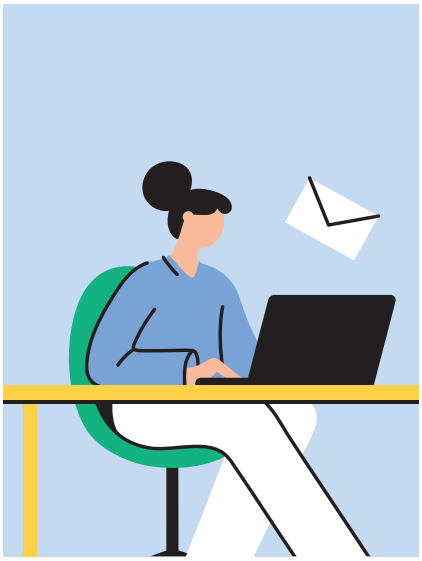
"The more the specialist community can link together to offer services to a whole population, the better the access could be."

consultants may be willing to provide ongoing care or intermittent care, Dr. Hay said. "But it's important that everyone—the patient, the referring physician and the consultant—have a good understanding of where they're going from here."

"It's really helpful to be clear who's going to be responsible for which part of the next steps. Sometimes when we're busy, we have a tendency to just jot things down," Dr. Chen said. "And sometimes that could be a bit too abbreviated. If it's not clear, for example, if the plan is to, let's say, start a new drug, I can see from the family doctor's perspective wondering, 'Does that mean you did it? Or does that mean you want me to do it? Or do I need to call up this patient now?' Because of the uncertainty, you end up calling the patient and then you find out 'Oh, no, the consultant already did that.' So you just wasted 15 minutes because things weren't clear."

Dr. Keely said, "I think specialists should make sure their notes back for family physicians are helpful—clear on who is doing what, give advice the family doctor can action and give a contingency plan if things don't improve."

"I really appreciate consult notes that highlight early on the actions that were taken, or things I need to do," said Dr. Liddy. **MP**



WALK A MILE IN MY SHOES

What referring and consulting MDs want the other to know

While referring and consulting physicians can sometimes seem at odds with each other, they face similar challenges that don't have simple solutions: wait times (sometimes due to limited OR hours), knowing which physician belongs to what subspecialty, time pressures, too many forms to fill out and the occasional difficult patient or difficult diagnosis.

"There is a systems problem about access to consultation care and wait times," said Dr. Chen. "So if you have a patient with a dermatological problem or a psychiatric problem or an orthopedic surgery problem, unless they are a risk to life or limb, you often face months or sometimes even a year-long wait. That's not really an issue between consultants and family doctors. Consultants will see all the patients they can. Family docs will refer the patients. But there are systems issues that prevent that from working as seamlessly as we'd like."

Another issue referring physicians want specialists to be aware of is the difficulty keeping track of the different forms each of them asks to be filled out. "When you're a busy family physician and you refer to multiple different specialists, you can end up with a large file of unique referral forms, which can be problematic," said Dr. Hay, who said some family doctors have files thick with 50 or 60 different forms. He understands why consultants want their own forms and doesn't see an easy solution.

Another issue for referring physicians, mostly in larger cities, is knowing who to go to. It's hard to get to know all the players, specifically consulting physicians by subspecialty.

"In my practice I had the great advantage in that a neurologist sent out a list of all the neurological specialists, providing opinions and their particular area of interest," said Dr. Hay. "One might be epilepsy. Others might be neuromuscular disorders, etc. And that was very helpful for me as a referring physician so I didn't send my epilepsy patient to the neuromuscular specialist and find out six months later that this wasn't an appropriate referral."

"I want family physicians to know we (specialists) are here to help. We should be making your job easier," said Dr. Keely. "Consults are a huge learning opportunity—I learn a lot from my family physician contacts and I hope they learn from us. We are responsible to each other to help learn/stay up-to-date. Referrals give the opportunity to be collegial and respectful. We hardly ever get the chance to connect with our colleagues–let's make it a positive experience."