Referral communications: Bridging the gap between primary care doctors and specialists

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Abstract

Introduction: In the Sri Lankan health system there is no system for registering a patient under any health care provider and there is no established referral and back referral system in practice. Still there is communication between primary care doctors and specialists mostly through conventional letters. This study was conducted to explore views of specialists on the referral process of the country.

Methodology: This was a descriptive cross sectional study. A self administered questionnaire based on the data gathered in earlier qualitative, explorative research was prepared to gather data. A postal survey was conducted among Specialists island wide.

Results: 1100 specialists were included in the study and the response rate was 20%. Although specialists expect a referral letter from general practitioners they receive one only around 50% of the occasions. They were not happy with the quality of letters and expected a comprehensive referral letter. They were keen to reply but time constraints (50%), lack of secretarial support (36%) and perception that reply will not reach the sender (31%) were obstacles in replying. Continuous medical education, use of structured referral forms and strengthening training programs were suggested to improve communications.

Conclusions and recommendations: Specialists have a positive attitude towards their professional relationship with GPs and they should be made aware of this and try to enhance their communication with specialists. There should be rectifiable measures in the systems which facilitate coordination and communication between the two parties and then the referral process will become meaningful and beneficial to all the stakeholders.

Key words: Referral letters, communications, specialists, general practice

Introduction

Sri Lanka has its own unique health care provider system. Similar to most countries in the world, the Sri Lankan health system also consists of three levels of care, the primary, secondary and tertiary and the health services which are offered by both the state and the private sector.(1) However all citizens have access to healthcare in any part of the island from either the state or the private sector.

Although Sri Lanka has an extensive network of health care institutions, there is no system for registering a patient under any health care provider(2) and also there is no established referral and back referral system in practice in the private sector.(3) Therefore patients are free to select a doctor of their choice for a given ailment and referrals to specialists are not always through a generalist. This situation has given rise to free movement of patients within and between primary, secondary and tertiary care.(2) The state sector has a referral system for administrative purposes, the patient having to get a "chit" from the outpatient department to get into a specialist clinic.(3)

Thus there is no accepted referral system particularly in the private sector and also there is no continuity of care or accountability for a given patient's health outcomes either in the state or in the private sector.

Referral of a patient for services of a specialist is an inevitable and essential aspect of primary medical care. Even though there is no established system, coordination of patient care with a specialst goes on in practice. We need to work towards a proper referral system to deliver better quality patient care. In this background, research related to the present position in referral consultations will be of great value and we have carried out research from different angles to contribute to the existing data. Looking at a proper referral system, shows that during the process of patient referral, good communication and coordination between primary care doctors/general practitioners (GPs) and specialists is essential to provide continuity of care and proper follow up of a patient. The three parties involved in the process, general practitioners, specialists and the patients have their own expectations from communications; specialists expect information about the problem to be addressed and adequate relevant details, GPs expect a clear response regarding diagnosis and management and patients expect information about the diagnosis, treatment and follow up requirements. When these expectations are unmet GPs, specialists and patients end up dissatisfied with the process.(4) Research also has shown that there is great variation in the referral patterns and rates.(5) Possible reasons for this may be characteristics of the patient (age, gender, social status, level of education, occupation), pressure from and expectations of patients, characteristics of the physician (age, gender, length of practice, patient load, willingness to deal with uncertainty) and access to specialists.(6)

In referring patients in Sri Lanka, communication between GPs and specialists takes place mostly through letters(3,7) although there are other forms of communication such as mobile phones, e-mails etc. Studies on patient referrals are scarce and published research involving specialists on referral communications are not available in the country. As the specialists play a key role in establishing a proper referral system, it was decided to conduct an island wide study among specialists to explore their views.

Methodology

This was a descriptive cross sectional study. To prepare the list of specialists serving in government hospitals all the secondary and tertiary care hospitals were contacted and the names of specialists were obtained. Similarly key private sector hospitals were also contacted and details of specialists visiting those hospitals were obtained. Specialists rarely contacted by a primary care doctors, such as anesthetists, and microbiologists were excluded from the study.

Self administered questionnaire was prepared to explore views of specialists. This questionnaire was formulated based on the data gathered in earlier qualitative, explorative research conducted among specialists by the authors.(7)

The questionnaire was piloted to assess the applicability (comprehension, formulation and length of time) and necessary changes were made. It was mailed to all the specialists in the list with a covering letter with a stamped envelope to return it.

Results

Expectation and receiving of referral letters

Fifty five percent (55%) of the specialists always expected a referral letter from a GP when a patient was referred and the rest (45%) expected a letter when important information had to be conveyed. According to their perception only 3.7% receive a letter always, while another 52.3% receive one most of the time. 43.1% and 4.5% receive a referral letter rarely and never, respectively.

Replying to referrals

22.3% reply to referral letters always, 47.7% respond most of the time while others (30%) reply occasionally or rarely.

Factors which influence specialists to write a reply

The most important factor which influences a reply was whether follow up was necessary (79.5%). Other factors were type of condition (60%), quality of referral (49.1%) and primary care doctor known to the specialist (26.4%).

Table 1: Profile of specialists

Detail		Invited	Responded	%
Total number of Specialists		1100	220	20.0
Number of specialties		35	28	80.0
Top ten specialties	General physician	209	40	19.1
	Paediatrician	153	37	24.1
	General surgeon	140	27	19.3
	Obs & gynaecologists	140	15	10.7
	Dermatologists	65	12	18.4
	Psychiatrists	58	14	24.1
	Ophthalmologists	46	12	26.1
	ENT surgeons	42	7	16.7
	Cardiologists	37	9	24.3
	Orthopedic surgeons	23	3	13.0
Demographic details of respondents				
Age range (years)				34-70
Gender	Male			70.5%
	Female			29.5%
Duration of practice (years)				1-40
Provinces represented				9
Work place	Both Government & private sector			89.1%
	Only government sector			5.9%
	Only private sector			5.1%

Graph 1: Quality of referral letters

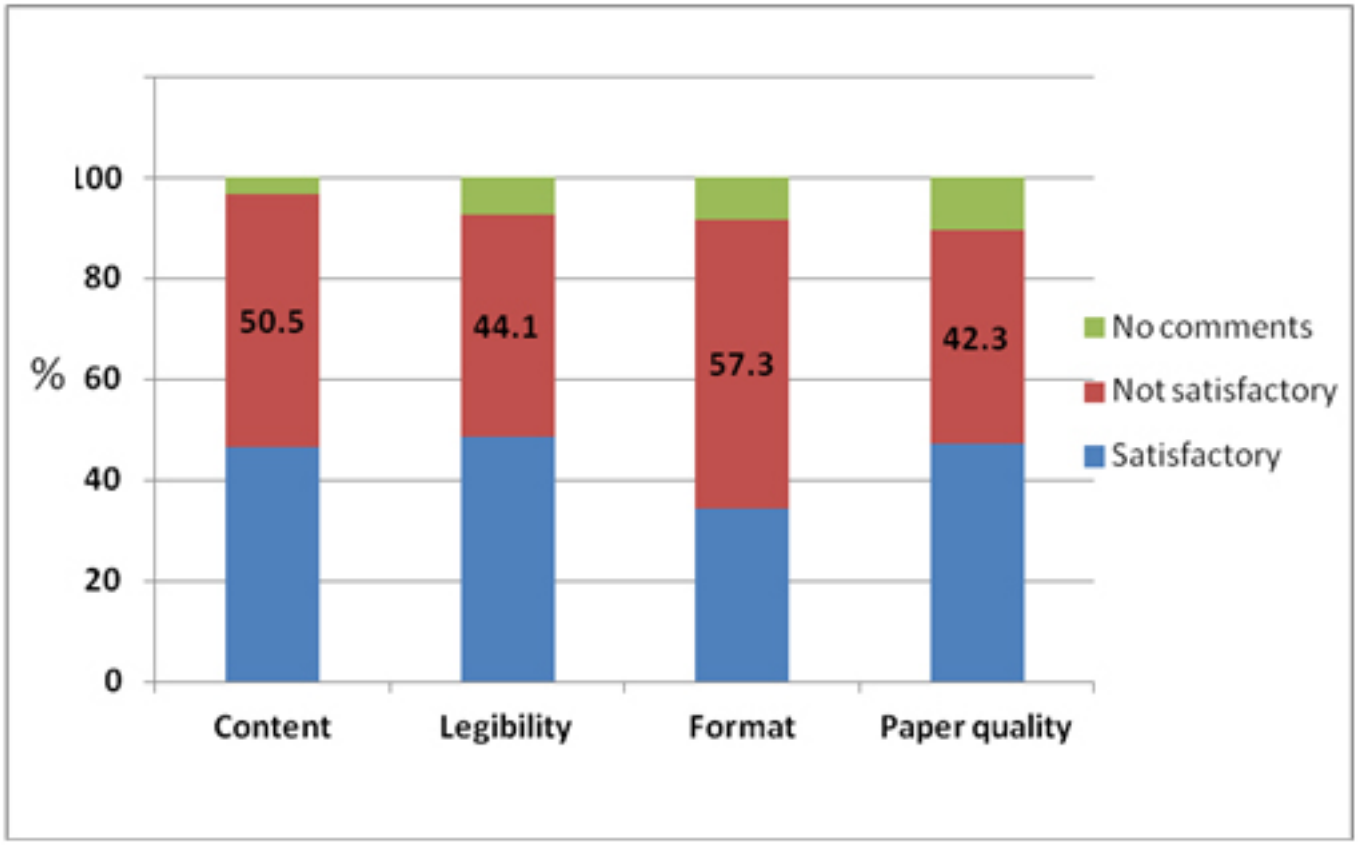

Table 2: Items of information expected by specialists

Item of information	Always %	if relevant %	Not required %	No comments %
Date	96.4	3.6		
Name of the patient	96.4	2.2	1.4	
Age of the patient	95.0	4.1		0.9
Presenting complaint	90.5	8.2		1.3
Other symptoms	32.3	65.0		2.7
Examination findings	50.0	48.6		1.4
Investigation results for the current condition	54.1	42.7	2.7	0.5
Treatment given for the current condition	81.4	17.7	0.9	
Comorbidities	42.7	54.1	2.7	0.5
Treatment for comorbidities	36.4	56.8	5.5	1.3
Family history	10.9	76.4	11.8	0.9
Social history	14.1	69.1	16.4	0.4
Drug allergies	64.1	33.2	2.3	0.4
Reason for referral	89.5	9.1	1.4	
Sender(GP)'s signature	79.5	6.4	10	4.1
Sender(GP)'s name	91.4	4.5	3.2	0.9
Sender(GP)'s qualifications	66.8	13.2	16.8	3.2
Sender(GP)'s Contact no	46.8	34.5	15.5	3.2
Recipient's name/designation	65.9	22.7	10.5	0.9
Recipient's place of work	37.7	28.2	28.6	5.5

Graph 2: Reasons for not replying

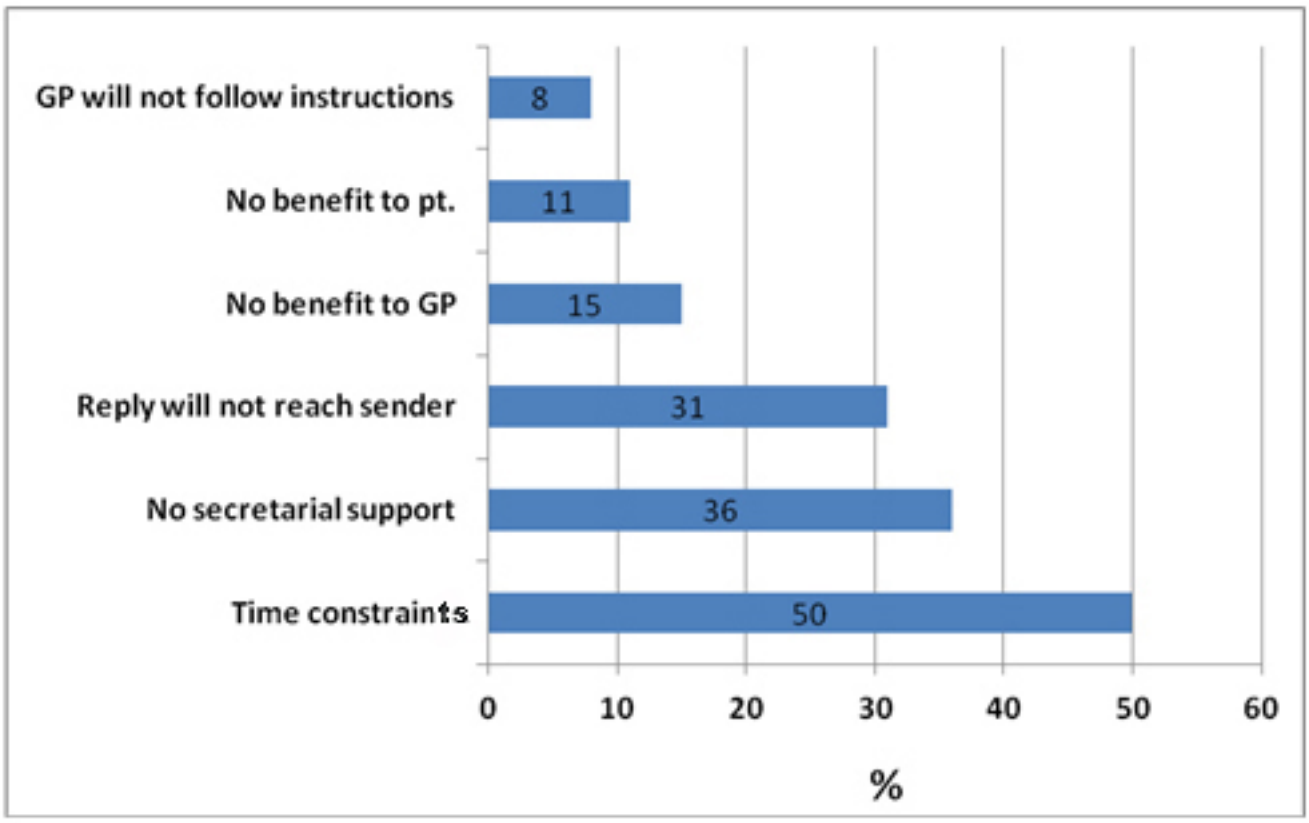

Table 3: Measures to improve the quality of referral letters

Measure	%
Continuous medical education	91.4
Introduction of a structured referral form	89.1
Strengthen undergraduate curriculum	82.7
Strengthen postgraduate curriculum	75.5

Discussion

This study sample included respondents from a broad range of specialties from both the state and the private sector heath care institutions from all the provinces of the country. Thus, although the response rate was only 20% it could be taken as a representative sample.

The results show that 55% of the specialists expected a referral letter from a GP always. The remaining 45% too indicated that they would be happy to receive one if it conveyed relevant information about the patient. However, this is contrary to the results of studies that show the non provision of a referral letter to the patient is due to the GPs' perception that specialists and hospital doctors are not keen to read their letters and writing a comprehensive letter is a futile exercise.(8) The experience of the specialists in this study did not differ and almost 50% of them rarely or never received a referral letter with referred patients. Awareness about these findings among the General Practitioners therefore may bring about a change in their attitudes about referral communications.

Specialists were unhappy with the quality of the referral letters. Most of the doctors (57%) were dissatisfied about the format of the referral letters. Good format facilitates quick retrieval of information and according to Rawal et al, format contributes to comprehensiveness of letters as well.(9) Letters were deficient in content as well and perhaps unsatisfactory format could be a contributory factor for omission of information. Audit of referral letters in Sri Lanka also revealed absence of important items of information in referral letters(10) which confirms the opinion of specialists. Legibility was also not satisfactory and it is a futile exercise to write an illegible letter. It's surprising that doctors have written letters in substandard

papers. It is evident from this study that specialists are dissatisfied with the quality of letters they receive and this could create a negative opinion of GPs' work among specialists.(11)

Items of information expected by the specialists show that they expect a comprehensive referral letter from primary care doctors. More than 90% of the specialists expected date, name and age of the patient, reason for referral and GP's name always. Name is the link between the patient's identity and ensuing details which helps to avoid medical errors. Date is the useful indicator of the time duration and the progress of the condition which enables proper evaluation of the patients' condition and its progression. Reason for referral shows the purpose of the referral. Other symptoms, examination findings, investigation findings, treatment tried, co-morbidities, treatment for co-morbidities and drug allergies were expected always or if relevant to the condition by more than 90% of the specialists. Family history and social history were expected only if relevant to the patients' condition by the majority. It shows that they do not expect a check list of information for each and every patient but relevant information for the particular patient. This finding will be a guide for primary care doctors as to what items of information should be included in their referral letters.

For continuity of care to be maintained, it's important that healthcare providers at all levels of care remain informed of relevant information pertaining to diagnosis, progress and management plans for each of their patients. Ideally all referred patients present to a hospital or a specialist with a referral letter which should return to the referring doctor with a reply letter. Replies to referrals are vital to enable comprehensive recording and follow up care at primary care level as well. Although 70% of the specialists admitted that they reply to referral letters always or most of the time, this is contrary to the views of general practitioners.(12,13,14) This interactive process should be balanced and mutual and this will result only if both primary care doctors and specialists respect each other.(6) Several studies have revealed lack of respect for GPs by specialists (8,15,16) and the Canadian RESPECT study(15) suggested that this could be improved by creating better relationships between GPs and specialists, enhancing profile of family medicine in Universities and teaching hospitals and by changing negative attitudes by promoting the expertise and role of family medicine. Specialists may not understand the special work situation in general practice where a doctor is usually alone with a broad spectrum of clinical problems and with minimal facilities.

Reasons pertaining to the work situation (Time constraints and lack of secretarial support), perceptions of health care system (reply letter will not reach the GP) and impression that there is no benefit to the patient or primary care doctor were the key reasons for not replying to referrals. Smith & Khutoane(17) also identified the same reasons for not replying to referrals. In addition they revealed poor quality referral letters, unnecessary referrals, and the way services are structured in hospitals also as contributory factors. Perhaps the qualitative nature of that study allowed participants more freedom to come out with a wide range of issues.

The factors which influenced specialists to reply to a referral were whether follow up of the patient by the sender was necessary or not and the type of the condition. Quality of the referral letter also mattered for almost 50%. Lachman & Stander revealed a correlation between the quality of referral letters and reply rates.(18)

Although workload and time constraints were mentioned as reasons for not replying, theoretically reply letters could be a solution for that problem also. A reply letter is an effective method of continued education of GPs which in turn improves patient care at primary care level leading to reduction of the number of referrals and prevents unnecessary referrals.(19)

Continuing medical education, undergraduate and postgraduate training and using a structured referral form for referrals were suggested by the specialists to improve the quality of referrals. A practical solution to improve the quality of letters would be to use printed structured referral forms.(12,20,21) Letter head will contain relevant details of the sender while subheadings of the structured format reminds information to be included, thus improving the content. There will be a pre designed format which would be a solution to unsatisfactory format in conventional letters and also helps retrieval of information by the recipient. A minimal number of words needs to be hand written thus providing an answer to illegible hand writing. If this letter is printed on a standard paper it solves the problem of using 'chits' to write referral letters.

Conclusions and Recommendations

- Specialists value referral letters from primary care doctors and they expect a comprehensive referral letter from primary care doctors.
- They are not happy with the quality of referral letters.
- Specialists are keen to reply to referrals but work pressures and deficiencies in the system prevent them from replying.
- General practitioners should be educated on the importance and specialists' attitudes towards referral letters. Education programs should strengthen and continuous medical education programs should be organized to improve the quality of referrals.
- Use of structured referral forms should be encouraged among GPs.

Appendix: The authors have supplied a Referral Form template for Sri Lankan and other doctors. It is in Word Format so you can customise it for your use
This can be downloaded from the MEJFM website at :

http://www.mejfm.com/September2014/ Referral form template.htm

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