Consultation & Referral: Enhancing the Process to Improve Outcomes

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Disclosure

- MJ Goolsby has nothing to disclose

Objectives

On completing this program, you will be able to:

- Differentiate between terms consultation and referral
- Develop appropriate requests for consultation or referral, as indicated
- Coordinate the consultation or referral process, to optimize outcome
Consultation & Referral

- Referrals and consultations:
  - Tickets of safe passage for patients travelling to seek further care
  - Visible currency of sanctioned cooperation among healthcare providers (Lingard et al, 2004)
- Terms relate to two distinct processes
  - Not interchangeable
- Both processes important to enhancing outcomes
  - Both fraught with opportunities for mistakes

So What’s the Difference?

Consultation

- Request for advice or opinion
  - Usually regarding diagnosis or treatment
- Does not transfer ongoing care
- Appropriate terminology:
  - Consultation requested for evaluation of chronic headache
  - Please see this patient on consultation for recommendations regarding improved blood pressure control
- Consultant assesses and renders opinion, provides report
Curbside Consultation

- Providers often seek guidance through informal, “curbside” consults
- Specialists respond to specific question(s) regarding diagnosis or treatment
- Over phone, electronically, at meetings, etc
- Extremely important to present well-phrased question with adequate patient details
- Not appropriate for complex needs

Referral

- Transfer of care to another provider
- Involves request that receiving provider accept ongoing care for one or more conditions
- PCP usually maintains ongoing responsibility for overall care
- Terminology:
  - Referral for management of seizures
  - Please accept this referral for ongoing management of asthma

Coding Requirements Differ

- Consultation:
  - Coded as consultation
  - Requires report be provided to the initiating provider
- Referral:
  - Coded as new patient visit (established if previously seen by accepting provider)
  - Report not required, but necessary for continuity
Consultation & Referral: Commonplace Practices

- 1999-2009 increasingly prevalent
  - Probability that outpatient visit resulted in “referral” increased from
    - Primary care—4.8% to 9.3%
    - Specialist—2.9% to 7.3%
  - Email and phone consultation rate increased


NP Referrals

- Primary Care NP Survey (PCNPS)
  - Conducted 2006 & 2007 by AANP Network for Research (AANPNR)
  - PCNPS designed to describe individual encounters, randomly selected
  - Adaptation of NAMCS (National Ambulatory Medical Care Survey); items regarding referrals/consultations
  - Each iteration ~800 encounters
  - ~11% of encounters resulted in a referral or consultation
  - Most commonly for: diagnostic study/assessment, medical treatment, surgery, and mental health counseling

Common Reasons for Consultations & Referrals

- Primary care provider seeking advice for diagnosis and/or treatment
- Failed conventional or standard treatment
- Medicolegal concerns
- Need for treatment by specialized provider
- Patient request
- Third party request
Hesitancy to Consult

- Concerns regarding:
  - potential loss of patient
  - potential secondary referral or consultation
  - lack of communication and timeliness

Problems with Process

- (Gandhi, et al, 2002)
  - Surveyed physicians within managed care setting, following completion of a consultation or referral
  - PCPs and specialists identified problems encountered in the process, from list provided

Rankings: PCP Perspective

- Delays in receipt of information from specialist
- Redundancy in referral process
- Time necessary to write/transmit referral
- Problems locating necessary specialist
- Problems encountered with medical management:
  - Inadequate knowledge of medical management role
  - Time required to obtain approvals
Rankings: Specialist Perspective

- Problems with timeliness of information from referring/consulting provider
- Time required to obtain approvals:
  - Medical management
  - Insurance
- Inadequate/unclear information from PCP
- Time needed to write/transmit adequate note
- Redundancy in the process

What PCPs Want in Reports

- Answers to their specific questions
- Specialist's assessment of the patient
- Results of all testing and procedures
- Description of recommended and/or implemented therapy

What Specialists Want in Consult/Referral Request

- Problems to be addressed specified
- Questions to be answered
- Information that patient unlikely able to provide
- List of all health problems and medications
Reasons for Choice of Referral Provider

- Primary care physicians: ease of communication
- Specialist physicians: shared record system


Essentials of Consultation Reports

- Berta et al (2009)
- Systematic review followed by modified Delphi involving physicians and NPs
- Identified 15 “essential elements” from original list of 74
- Several are basic but “essential”
  - 1-4: patient details (name, DOB, contact, etc)
  - 5-6: specialist’s name and contact
  - 15: date report prepared

Minimum Essential Elements (8)

- Reason for the consultation/request as understood by specialist
- Problem as described by the referring provider
- Results of specialist results: exam, tests, procedures
- Proposed or initiated therapy
- Answers to specific questions
- Primary/secondary diagnoses
- Plan of action including therapies and education of patient
- Follow-up plan
Risks Associated with Inadequate Communication

- Repeat visits
- Redundant or inappropriate tests/evaluation
- Delayed or inappropriate treatment
- Increased costs
- Loss to follow-up
- Patient harm

Asking Adequate Question

- Appropriate consultation requires adequate question
- Becomes critical in informal (curbside) consults
- Suggested model: PICO format
  - P: Patient
  - I: Intervention
  - C: Comparison
  - O: Outcome

PICO Examples

- Four-Part Model Questions: PICO
  - Patient/Population—include characteristics of specific patient or patient population
  - Intervention/Exposure—include the intervention that is being considered
  - Comparison—include any alternative being considered (not always applicable)
  - Outcome—what is the intent/goal (pain relief, diagnosis, safety)
Example PICO Question

In family practice setting, a 25 year old woman who has been on low molecular weight heparin (LMWH) for venous thromboembolism (DVT) presents for pregnancy confirmation. Results of a pregnancy test are positive. This is the first time you have encountered this situation and you are unsure whether it is safe to continue her on LWMH to manage DVT.

Clinical Question- PICO

Patient/Population: In a 25 y/o pregnant woman with DVT history

Intervention/Exposure: is LMWH

Comparison: as safe as unfractionated heparin

Outcome: in terms of adverse reactions to the mother or fetus?

What to Include in Request

- Patient’s name and DOB
- Payor source
- Summary of current problems and known diagnoses
- Pertinent history: medical, surgical, family, social
- Pertinent physical findings and diagnostic study results
- Summary of previous (related) consultations
- CLEAR indication of either consultation or referral
- Pertinent patient preferences
What to Expect in Consultant’s Report

- Statement of understood purpose for visit
- Summary of history and physical findings
- Results from any diagnostic studies or procedures
- Summary of any therapy recommended or implemented
  - Response to any treatment provided
  - Assessment of problem and/or diagnosis
  - Recommendations for further assessment or treatment
  - Recommendations for further consultation
  - Summary of instructions provided to patient
  - Indication whether consultation complete or plans in place to see patient further

What to Expect in Referral Report

- Summary of all relevant points listed on previous slide PLUS
- Adequate detail to ensure continuity of care
- As indicated, interim summary reports

How to Enhance Process

- Standardize process to write requests/reports
- Forms (paper/electronic) help
  - Prompt required details
  - Indicate referral or consultation
  - Indicate/link any appended information
E-Consultations

- Ontario E-consultation service
  - NPs and physicians
  - Standardized form to transmit requests
  - Responses included:
    - Specialist response without visit
    - Specialist request for further information prior to providing advice
    - Specialist request formal consultation visit
    - Could meanwhile request further study, interim treatment
    - Positive response, <10% required visit

Liddy et al (2013)

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E-Consultations

- Similar U.S. study
- Submission of question to consultant or referral request, with relevant information
- NP or physician in specialist practice reviewed and responded
- Results included
  - Elimination of inappropriate referrals/consultative visits
  - Expedited urgent cases
  - Ensured necessary work-up was complete before seen


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How to Enhance Process

- Select appropriate means of transmitting request/report
- Many options
  - Electronic record allows sharing through system
  - Mail or fax of documents
  - Email
  - Hand-carried documents by patients
  - Consider necessity of initial phone consult

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How to Enhance Process

- Understand timing:
  - Time required for necessary documents to reach specialist
  - When patient will actually be seen by specialist
  - Time required to receive specialist's response
  - When to follow-up on the process
  - Ensure patient understands time issues and when should seek advice if delays encountered

How to Enhance Process

- Consider establishing referral/consultation agreements
- Murray (2002) describes referral agreements as means to minimize delays and optimize process
- PCP and specialist define
  - Which conditions will be managed by each
  - Agreed-upon diagnostic workup prior
  - Timeframe for accomplishing visits
  - Type of communications provided in request and reports

Professional Benefits of Optimizing Processes

- Consultant reports provide opportunity for PCP to learn from the specialist's visit
- Timely and appropriate requests and reports enhance satisfaction with collegial relationships
- Smooth process enhances patient confidence in and satisfaction with care provided
Summary

- NPs have history of provided care that is safe, effective, and cost-effective.
- PCP remains responsible for coordinating care.
- Appropriate use of consultations and referrals optimize management.
- Ensure safe passage for their patients.
- Enhance communication.

References


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