Self-study module:
Consult & Referral Request Letters

Introduction

Effective communication is essential for an efficient, high quality consultation and referral process. With the move to providing more patient care on an outpatient basis there is now often little face-to-face contact between primary care and specialist physicians. As a result, written communication, in the form of consult/referral request and reply letters, is the most common means by which doctors exchange information pertinent to patient care (Tattersall et al, 1995).

Both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada have recognized the crucial need for high quality communication between family physicians and specialists (Royal College of Physicians and Surgeons of Canada & College of Family Physicians of Canada, 1993 & 2006). In 2014, the College of Physicians and Surgeons of Manitoba issued a statement on Collaboration in Patient Care, which outlines the responsibilities of the primary provider and the consultant.

Although competency in written communication is essential, most Canadian physicians have not received any training or feedback about their letters (Dojeiji et al, 1997; Lingard et al 2004). Surveys of communication skills programs show that written communication seldom forms part of focused teaching in medical education (Nestel et al, 2004).

After completion of this module, the participant will:

1) Understand the risks associated with poor communication in the consult and referral process.

2) Identify the key elements of optimal consult or referral request letters.

3) Identify strategies which may improve the quality and completeness of consult and referral request letters.

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The Consultation and Referral Process

A ***consultation*** involves another health professional (most often a specialist physician) performing a specific diagnostic or therapeutic task without transfer of responsibility for the patient's care or ongoing management of a specific problem. A ***referral*** involves sending a patient for the ongoing management of a specific problem with the expectation that the patient will continue to see the original physician for the overall coordination of care (Nutting et al, 1992).

The components of the consultation or referral can be summarized as follows:

(1) *the family physician and the patient recognize the need for consultation and referral;*

(2) *the family physician communicates the reason for the consultation and referral along with relevant clinical information to the specialist;*

(3) *the specialist evaluates the patient's condition;*

(4) *the specialist communicates the findings and recommendations to the family physician, and;*

(5) *the patient, the family physician and the specialist understand their responsibilities for continuing care.*

Problems in the process can occur at any step and most are attributable to failures in communication and discordant expectations.

What kinds of problems can occur due to poor communication?

Poor communication can result in…

Poor communication in the consultation and referral process can lead to: 1) poor continuity of care, 2) delayed diagnoses, 3) polypharmacy, 4) unnecessary testing and 5) repetition of investigations. All of these can reduce quality of care while increasing health care costs and litigation risk. (Epstein, 1995; Gandhi and al, 2000)

Studies have shown that both primary care physicians and specialists are often dissatisfied with the quality and content of written communication. Specialists have most often expressed concerns regarding the frequent absence of an explanation for the referral, as well as lack of clinical findings, test results and details of previous treatments (Newton et al, 1992; Newton et al, 1994; Tattersall et al, 2002). On the other end, referring physicians report receiving feedback from consultants in only 55% of cases (Bourget et al, 1980). When they do receive feedback, it may lack essential information needed for the patient's ongoing management (Dojeiji et al, 1997; Scott et al, 2004).

What makes a good letter?

Imagine for a moment that you are a consultant gastroenterologist and you receive the following consultation request letter:

Dr. A. Smith
River City Medical Centre
222 River Road, River City

Dear Doctor,

Re: Williams, Pat
DOB: 19 June 1956
123 5th Avenue, Springfield
Tel: 204-222-0002

Please see Pat for assessment. Pat is a pleasant 51 year-old with a family history of colon cancer and has recently had an episode of rectal bleeding.

A. Smith

How would you feel after reading this letter? What would be your impression of the referring physician? What information would you like to have seen included in the letter? How should the information be presented?

Factors that affect the overall quality of letters can be divided into 2 broad categories: content and style.

Content

It is important to recognize that the content of letters needs to meet the needs of the target audience – the specialist, in this case. Different specialities and different patient problems will require the supply of differing amounts and types of information. Audits of consultation/referral request letters and surveys of recipient specialists highlight the necessary or 'core' content of letters (Gandhi et al 2000; Hansen et al 1982; Newton et al 1992; Jenkins RM 1993):

1) **Demographic data**: All letters should include relevant patient demographics: patient's name, sex, date of birth, full address, telephone number and health number.

2) **Initial statement outlining reason for referral**: A single sentence introduction including gender, age, and problem/reason for consultation helps the reader in more efficiently processing subsequent information. If the letter is to request a second opinion, or for the purpose of providing information to a third party (for example an insurance company), this should also be disclosed.

3) **History of the presenting problem**: This should include a description of the chief complaint, associated symptoms and relevant collateral history.

4) **Past history**: Audits of consultation/referral request letters show that past history is outlined only 30-60% of the time. Letters should include summaries of medical, surgical, and, if relevant, of obstetrical histories.

5) **Psychosocial history**: Letters should include relevant family, work and travel histories as well as habits depending on the presenting problem.

6) **Medications**: Although 92% of consultants surveyed expect letters to include a list of current medications, it is often absent (44% of the time) or incomplete (over 30% of the time). All letters should include an up-to-date medication list which includes over-the-counter and herbal products.

7) **Allergies**: All letters should list the presence (or absence) of allergies and intolerances.

8) **Physical findings**: A description of relevant clinical findings should be included in letters.

9) **Investigations**: Family physicians include test results less than half of the time (45%), leading to unnecessary repetition of tests by the consultant. List all laboratory/imaging investigations done and indicate if any others have been initiated even though results are not yet available. Copies of original reports should be attached.

10) **Outline management to date**: Previous treatment or therapeutic interventions are indicated in only half of all letters. Outlining management that has occurred to date and the response to therapy may assist the consultant in selecting more effective treatment options.

11) **Clinical impression**: Family physicians often hesitate to provide provisional diagnoses (provided in only 66% of letters). The development of a clinical impression provides the rationale for your clinical request.

12) **Outline expectation(s)**: The reason for the consultation and the referring physician's expectation(s) should be clearly stated in the letter. One study at large teaching hospital found that the referring physician and the consultant completely disagreed on both the reason for the consultation and the principle issue in 14% of consultations (Lee et al 1983). Specific expectations regarding return of the patient (opinion only or transfer) and the urgency of the consultation should also be clearly stated.

Style

Although it has been shown that the quality of consultants' reports increases directly with the amount of referral information originally received, one must not overlook the impact of style on the overall usability of a letter (Hansen J et al, 1982).

Planning the letter before dictating will result in it being more succinct and organized. Too often the letter provides excessive information, the tone is too conversational, it lacks structure and is too verbose (Manning, 1989).

Writing experts recommend that authors limit the length of paragraphs to fewer than 5 sentences and limit the number of words that have more than 3 syllables. Limiting one idea per sentence and one topic per paragraph will also make letters easier and faster to read. Structuring letters with the use of headings and lists can also make information easier to retrieve.

It should be noted that use of electronic medical records can facilitate the formulation of consultation/referral request letters by automatically extracting relevant data from the chart.

If the author of the letter presented in the previous activity had redrafted his or her letter using the suggested content and style elements (see next page), it would have been significantly more useful to the recipient consultant.

Dr. A. Smith
River City Medical Centre
222 River Road, River City

April 10,2014

Dear Doctor,

RE: Williams, Pat
DOB: 19-JUN-1956
123 5th Avenue, Springfield
Tel: 204-222-0002 (home)

I'd appreciate your assessment with view of colonoscopy for this 51 year-old gentleman who is at increased risk of colon cancer.

One month ago, he reported having had a single episode of rectal bleeding consisting of a small amount of bright red blood after having passed stool. He reported having some rectal pain associated with the episode. He has not had any further recurrence of rectal bleeding and at present has no other gastrointestinal symptoms – specifically he reports no alterations in bowel movements, no dyspepsia nor any weight loss.

On review of his family history he reports that both his father and a paternal uncle have had colon cancer.

Past Medical History:	Nil
Past Surgical History:	Tonsillectomy 1965 Appendectomy 1976
Allergies:	Nil
Medications:	Select multivitamin 1 tab PO once daily
Family History:	Father died of metastatic colon cancer at age 64 Mother alive and well, age 76 2 Brothers alive and well, ages 45 and 48 Paternal uncle with colon cancer at age 62, treated with Partial colectomy
Psychosocial:	Non-smoker.

Mr. William's physical exam is unremarkable. His height is 1.76 m and his weight is 76.7 kg. On abdominal exam there are no palpable masses and there is no organomegaly. Rectal exam is normal.

I think Mr. William's single episode of rectal bleeding was likely the result of an anal fissure which has now healed but in light of his family history of colon cancer, I'd appreciate your assessment with view of performing a screening colonoscopy.

Kindest regards,

Dr. A. Smith

EMRs and letters

Using templates or macro functionalities within an EMR can ease the work of letter writing by automatically pulling in data from various fields in the electronic record. Below is a sample consult/referral letter using a macro in the Accuro© EMR:

I would appreciate your assessment of <PATFIRSTNAME>, a <PATAGE> <PATSEXE> who presents with **….. add your own text…..**

<MHXPROBLEM>
<MHXSURGICAL>
<MHXALLERGIES>
<MHXLIFESTYLE>
<MHXMEDICATIONS>

On exam, **….add your own text…..**

Investigations completed to date include, **….add your own text…..**

Thank you for seeing <PATFIRSTNAME> with view of **….add your own text…..**

Remember that data is only as good as person who is maintaining the information. In particular, ensure that problem lists, past history, medication and allergy lists have correct, updated information.

After letter has been sent

Family physicians must document when a letter has been sent to consultant. Ideally, request letters should be sent out within 24 hours of seeing the patient. For urgent or emergent patient needs, family physicians should contact consultants directly by phone to discuss cases and follow-up communication with written communication.

The College of Physicians and Surgeons of Manitoba directs that a consultant or his/her service must respond to the patient and referring physician verbally or in writing to a request for a non-urgent consultation within 30 days of receipt of the request, and must notify the patient and the referring physician of the anticipated appointment date (CPSM Statement No.178 Collaboration in Patient Care, 2014).

While waiting for the appointment, the referring physician continues to be responsible for monitoring a patient's condition and providing care. During the interval, changes in a patient's condition, in the treatment or investigation plan should be communicated to the consultant.

Use the following letter assessment tool following your next consultation or referral request letter. Once the assessment is complete, redraft the letter to improve its quality and completeness.

Consult and Referral Request Letter Assessment Tool

Date of letter: _____

Discipline letter directed to: _____

A. Content

1) Patient demographics:	YES	NO
2) Initial statement identifying the reason for the referral:	YES	NO
3) Description of chief complaint:	YES	NO
4) Description of associated symptoms:	YES	NO
5) Description of relevant collateral history:	YES	NO
6) Past medical history:	YES	NO
7) Past surgical history:	YES	NO
8) Relevant psycho-social history:	YES	NO
9) Current medication list:	YES	NO
10) Allergies:	YES	NO
11) Relevant clinical findings:	YES	NO
12) Results of investigations to date:	YES	NO
13) Outline of management to date:	YES	NO
14) Provisional diagnosis/clinical impression:	YES	NO
15) Statement of what is expected from the referral:	YES	NO

B. Style

16) One topic per paragraph:	YES	NO
17) Paragraphs with fewer than 5 sentences:	YES	NO
18) One idea per sentence:	YES	NO

References and Reading List

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