

Views of Specialists on referral communications - a qualitative study from Sri Lanka

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Abstract

Introduction: The referral letter is the interface between the primary and secondary/tertiary levels of care. It facilitates the referral process and is beneficial for optimizing patient care. In Sri Lanka a referral letter is not essential to consult a Specialist. In this scenario, the quality as well as the number of referral letters encountered in practice needed to be explored.

Objectives: To describe Specialists' views on the quality of referral letters received, perceived advantages of referral letters and to identify other modes of communication between General Practitioners and Specialists.

Methods: Conducted in 2013, this study consisted of in-depth interviews using a semi-structured format, with 21 purposively selected Specialists representing a range of specialties. They included clinicians and university academics from both the government and the private sector. Analysis was by generating a thematic framework based on the recurrent themes and issues which was then applied to the textual data.

Results: Most patients consulted Specialists without a referral letter and also the few letters received were of poor clarity, lacking important information and scribbled in illegible hand.

Main themes identified as advantages of referral letters were: impart important information about the patient, clear description of the initial condition and treatment given, reduced consultation time, prevents delays in diagnosis and reduced healthcare costs by reducing polypharmacy and repetition of investigations.

Some of the other modes of communication suggested by Specialists were via telephone, SMS, fax and email.

Conclusions: The general belief amongst Specialists is that referral letters are an important part of the patient care system. This has not been adequately utilized by the primary care providers in Sri Lanka, despite the numerous advantages described. Also consideration needs to be given to newer modes of emerging information communication technology.

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

Introduction

Referral of patients to hospitals and specialists become imperative in patient management in primary care. Patients are referred for a number of reasons including diagnosis, investigation, treatment and reassurance of both the patient and the General Practitioner.(1)

A referral letter provides pertinent information to specialists. Ideally, it should provide clinical and administrative information in a format which facilitates quick retrieval of information. A proper referral letter prevents delays in diagnosis and treatment, prevents unnecessary testing and reduces health care costs.(2)

Literature shows that specialists are unhappy about the quality of referral letters(3,4) and general practitioners (GPs) complain that they do not receive replies to their referrals in many instances and also that most reply letters are deficient in content. Time constraints, heavy work load(5,6), lack of secretarial support(7) have been identified as possible reasons for badly written referral letters by General Practitioners.(8)

Referrals are an important connector between specialists and general practitioners. Studies show that according to GPs' opinion, referral letters are also a relevant factor in building specialists' opinion about GPs. If the quality of referrals is low, this might reinforce specialists' negative opinion of GPs' work.(9)

This study is part of a larger project describing the current referral and back referral system between general practitioners and secondary and tertiary care providers in Sri Lanka. Referral interaction was identified by the participants as important and problematic. The purpose of this study is to describe the views of specialists on the quality, advantages and disadvantages of referral letters and identify other modes of communication. Since it is an exploratory study of interpersonal and intraprofessional interaction, a qualitative approach was considered appropriate.

Methodology

A qualitative study consisting of in-depth interviews was chosen to allow an intensive analysis. In-depth interviews are an established qualitative research method to collect information from particular groups e.g. professional target groups.(9)

Sample

21 specialists were purposively selected to represent different specialties. These specialists included clinicians and university academics from both the government and the private sector. Specialists rarely contacting a GP, such as anesthesiologists and microbiologists, were not invited to participate.

Table 1: Sample of participating specialists (N=21)

Gender	
Male	15
Female	06
Age	
Less than 50 years	11
50 years or more	10
Place of practice	
Government sector	01
Private sector	02
Both	18
Specialty	
Paediatrician	4
General Physician	3
General Surgeon	2
Dermatologist	2
Respiratory Physician	1
Gastroenterologist	1
Rheumatologist	1
Gynaecologist and Obstetrician	1
Ophthalmologist	1
Psychiatrist	1
Neurologist	1
Cardiologist	1
Orthopaedic Surgeon	1
Neurosurgeon	1

Data collection

A letter was sent requesting them to participate in the study. It included the areas, they would be interviewed.

The interviews were carried out from October 2012 to January 2013. In depth telephone interviews were conducted based on a semi structured interview schedule. Each interview lasted between 30-40 minutes. All interviews were recorded digitally and transcribed verbatim. The interviews were based on the following questions:

1. Do you receive referral letters from primary care doctors when they refer patients to you and how often?
2. Do you think referral letters are important and why?
3. What are the drawbacks you have identified in the referral letters that you usually receive?
4. What other modes of communication can be used to share information about patients?

The aims of the study were explained to each interviewee. The interviewer ensured that each aspect of these questions was explained sufficiently, so that no questions or misunderstandings remained.

Ethics approval

The ethics committee of the Faculty of Medicine, University of Kelaniya granted ethical clearance to conduct this study.

Data analysis

A thematic framework was generated from the emergent data based on the recurrent themes and issues. This was then applied to the textual data. The indexed text was then lifted and put into charts with the same themes, allowing comparisons to be made within and between the data. In order to ensure the accuracy of the analysis, the transcripts were read, charts checked and discussions held. The analysis was conducted by 2 investigators independently and discrepancies were mitigated in a joint group discussion with the team.

Findings

The main emerging theme from the respondents was that referral letters were an important aspect of communication between primary and secondary care doctors and that the referral letters received were few in number and poor in quality. In addition a number of other interesting themes were identified and these are presented separately.

Importance of referral communication

Impart information about the patient

The general practitioner is in a unique position where he has known the patient over a period of time. He is privy to certain information regarding the patient which is of value when treating a patient. This information can be of value to the secondary care doctor and can assist in deciding the future course of management.

"..... the GP who is looking after them, they have a much better idea of the patient in every sense medical, surgical, social and every background." (11)

"..... any serious drug allergies, these things are best known to the GP than the patient and also patient's family background is very important" (10)

"We get to know important details about the patient and we immediately get a 2nd opinion." (16)

Clear description of the initial condition and treatment given

An inherent feature of medical conditions is that the clinical picture keeps changing with time. The natural progression of the disease progress can be altered by the initial medication that is provided to the patient. This can cause a problem to the secondary care doctor in his/her management.

"I think it's important, because the patient's disease may have different picture by the time he comes to me." (10)

".... if the patient has been treated in the past, then I know what the initial condition is and what medication was prescribed. It is very important in certain dermatological conditions where previous medication would have an impact on current skin condition." (8)

Reduces consultation time

When the general practitioner gives a referral letter, this provides the specialist a platform to begin his task on and saves time from having to take a routine detailed history.

"it is easy for us to look at the referral letter and get an idea what he thinks, then we can shorten our differential diagnoses, We can assess the patient within a limited time in more depth" (3)

"It will definitely save time....." (4)

Reduces healthcare cost

When the patient is referred with a referral letter, the secondary care doctors get an instant awareness regarding the medications already tried by the patient and the investigations available. This prevents polypharmacy and repetition of investigations.

"prevent repeated consultation, unnecessary investigations and other unnecessary cost associated with it." (1)

"In some cases we have to keep on asking the color of the tablets and all those things. If you (general practitioner) write all in a form it's easy for me (specialist) to have an idea." (10)

Prevents delays in diagnosis

When a comprehensive referral letter is provided, this facilitates early diagnosis of the patient's condition. This results in better outcome for the patient.

"It helps to get an idea about the GP's suspicion about the patient's condition. Therefore it saves time and it would be easy to conduct further management, proceeding from that level." (21)

"If the referring physician tells me why he is referring, if he has done some basic investigations then it will be helpful to make an immediate diagnosis." (5)

Trends in referral letters

The perceived percentage of referral letters received by specialists varied between 10-50%. They also identified a difference between the amount of referral letters received in the government sector and in the private sector. Most were of the opinion that more referral letters were received in the government sector. "In hospital setting (government sector) maybe 50% of the time and private sector 20-30% I get referrals. But not always." (6)

“Roughly about one third of patients referring have referral letters.” (10)

“Usually we don’t receive a letter. We get something like a letter, but more of a note on which our name has been written.” (11)

Quality of referral letters received

Lack of relevant information

A main drawback identified by most specialists was that the amount of relevant information contained in the referral letters was inadequate.

“So they don’t have a writing pad or anything to write a referral letter, so they write the whole referral letter in a small chit that used to write prescription that may not be enough to write a referral letter. The problem is not giving adequate information.” (9)

“One thing is there is inadequate information. They haven’t described the condition at presentation, treatment details may not be there....” (10)

Illegible handwriting

Poor handwriting among doctors is a standard joke in most cultures the world over. We still keep honoring this dictum according to the feedback received from the specialists that were interviewed.

“Doctors have very poor hand writing, which sometimes does not say anything other than a vague idea that someone has been referred to us.” (1)

“Hand writing is the first thing. Most of the time, they are not readable so there is no point in sending us a referral letter.” (12)

“Most of the time the biggest problem with referral letter is illegible hand writing. We can’t read them.” (9)

Clarity of the message

The general practitioners have been accused of not specifying what exactly they expect from the consultation with the specialist. Whether it is admission, a second opinion or to be assessed for suitability for surgery etc...

“Identification is sometimes inadequate and sometimes the real concern of referral some doctors are reluctant to tell. They just hand over the patient, they really don’t express their concern.” (4)

“..... neck pain, back pain, knee pain anybody can treat. If those are referred to an orthopedic surgeon, they (GP) should indicate why they are referring the patient. Most of the time specific reason is not indicated.” (5)

Other modes of communication

Referral letters are not the only way to communicate in today’s world. With the advancement of information,

communication, technology; our specialists identified other methods that they use to communicate.

“Sometimes they give a call or tell me that very specific reason. Email very rarely. SMS very rarely. If he is a known GP, he/she would call me and say.” (5)

“We do get faxes from GP from periphery and we also do fax back saying our diagnosis. Emailing will be good method.” (8)

“Diagnosis cards are also a good way of communication.” (4)

Discussion

Specialists in Sri Lanka appreciate the importance of a referral letter and most of them see the convenience of having such system in terms of reducing consultation time and reducing the healthcare cost by preventing polypharmacy, repeated consultations and unnecessary investigations. They also stated that it helps to prevent diagnostic delays. However, all of the above mentioned advantages will be influenced greatly by the quality of the referral letters that are being exchanged.

Some of the comments by the specialists we interviewed indicated their opinion regarding the General Practitioners’ role within the health care system. The value of an immediate second opinion via the referral process was highlighted by some whereas others considered that they do not rely solely on the information provided by the GP, but obtained their own history and background. This demonstrated 2 definite lines of thoughts and attitudes towards the referral letters provided by primary care doctors.

A similar study conducted in Germany, showed that a vast number of specialists respect what GPs do and consider them to be an important category of healthcare providers.(10) They further emphasized the role of the GP as a coordinator between primary and secondary care levels.

According to this study, specialists acknowledge the importance of referral letters in the referral process, but describe illegible handwriting, lack of important information, poor clarity of the message as shortcomings in the letters that they do receive. Therefore even though a referral letter is available, the majority do not meet the expectations of specialists. This issue of GP’s referral letters not meeting the expectations of the specialists was described by Piterman in a study regarding referral letters in 2005.(1)

Our specialists were open to the use of other modes of communication rather than the conventional ‘referral letter’. They were comfortable to the use of phone calls, emails, fax and SMS as modes of communication regarding patients. Similarly, Berendsen et al.(11) stated that specialists identified telephone calls, e-mail, fax and SMS in addition to letters for communication.

Strengths and Weaknesses

To our knowledge this is the first qualitative study evaluating the perceptions of specialists regarding the referral process between family doctors and specialists in Sri Lanka. Strength of this study is the widely spread sample which comprises different criteria such as specialty, academic, hospital, or private practice. When interpreting the data it must be considered that a tendency toward socially desirable answers from the side of the specialists cannot be excluded. Indeed, the specialists were informed prior to the interviews that the interviewer was from the Department of Family Medicine. Also, before any questioning the interviewer stressed the fact that she is a temporary employee who is neither a General Practitioner nor a Specialist with a neutral position and that the respondents should freely and openly respond to the structured questions.

Conclusion

Specialists in Sri Lanka are enthusiastic about working together in partnership with their general practitioner colleagues. Referral letters are identified as a time tested tool for communication between specialists and general practitioners for better patient care. Other technologically advanced modes of communication are coming up as preferred methods of communication between primary and secondary care. If written carefully and legibly, referral letters containing essential information about a patient's condition are an invaluable tool.

Further study into the reasons for specialists not replying to referral letters and on how to improve the referral process (referral and back referral) needs to be looked into.

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