

ACTION STEP 3

### Recommendations for a Patient-Centered Referral

*“My doctor told me why he sent me to see you but I was so upset about the news he gave me that I don’t remember what he said.”*

*“I was supposed to call to schedule with that specialist? I thought her office was supposed to contact me.”*

*“I understood I was here to have the procedure today, not just to talk about my stomach pain!”*

*“I had that MRI last month. You mean I was supposed to bring the report and the films with me to this visit? I assumed you had that information.”*

To avoid these all-too-frequent scenarios of patients seen in consultation, and improve the efficiency of consultative visits, the American College of Physicians, with input from a workgroup composed of primary care and specialty physicians, and patient/family advisors, has developed recommendations to help referring physicians engage in an effective “patient- and family-centered” referral process. This process should help ensure that the patient and their surrogate/care givers/care partners are involved in the healthcare decision making, and that the referring physician (and his/her clinical team) takes account of the unique needs and preferences of the patient when recommending a referral.

- **Explain the reason for the recommended referral to the patient and, if applicable, to the patient's surrogate/care giver/care partner.**
  - Avoid using medical jargon and acronyms within the discussion.
  - After discussion with the patient about the recommended referral, ask for and answer any questions about the referral and the referral process.
  - Use the “teach back” (also known as “show me”) technique to improve patient and others understanding and remembrance of this information (e.g., “So tell me why I am asking you to see Dr. Smith.”)
  - Ask if there are any things that have not been covered in this discussion (e.g., “Is there anything else we need to talk about before you go the appointment.”)
- **Make sure the patient is involved in the process of choosing the appropriate referred to clinician.** Include consideration of any preferences the patient has regarding the referred to specialist such as:

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- Past experience with the specialty or proposed specialist
- Gender preference
- Ability of specialist to speak the patient's preferred language
- Specialist's location, office hours, and office's handicapped accessibility
- **Make clear how the appointment is to be arranged.** This information should specify:
  - Who is making the appointment (patient, or referring or referred to practice)
  - How to make the appointment and how long it may be before they are able to get an appointment
  - All relevant contact information, including phone number and directions if necessary
  - Who the patient should contact in the referring practice if problems develop in completing the referral
- **Discuss any potential barriers that may interfere with appointment and possible solutions.** This information can include:
  - Transportation problems
  - Financial requirements
  - Need for someone to be with patient during/after the appointment
- **Discuss any needed patient activities prior to the appointment.** This might include:
  - Additional tests or procedures, including how to obtain them. (Whenever possible, clinical results should be transmitted directly from the referring practice to the referred to practice.)
  - Previous lab, imaging, or other diagnostic test/test report that should be brought to the referral appointment, including how to obtain them
  - Medications, food, activity to be avoided prior to the appointment

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- **Consider additional suggestions that may help ensure a patient- and family-centered referral.** These may include:
  - Suggesting that the patient bring someone with them (“extra pair of ears”) to provide support, and help understand (and remember) what is learned during the referral appointment.
  - Suggesting that the patient compose a list of questions that they want the referred to specialist to address.
  
- **Having reached agreement about the referral and addressed related issues, provide this information to the patient in writing, using simple language that avoids medical jargon and abbreviations:**
  - Briefly state the purpose of the referral
  - Advise about any non-visit options for consultation (e.g., a non-face-to-face consultation between the referred to and referring physician)
  - Provide the appointment scheduling details and solutions to determined barriers (e.g. information on resources to address barrier, relevant contact information).
  - Pre-visit patient activity and other visit preparation suggestions
  - Briefly state what might occur during the specialist appointment
  - Provide information about the role of the referring and referred to physicians in the Patient’s care after the visit (e.g., indicating who will be “first call” about the condition following the visit and, if known, how the patient will receive “results” of the appointment).
  - Include specific contact information for the patient to use to answer any further questions regarding this referral or if any unforeseen problems are encountered in scheduling this appointment.

#### **Example:**

**Patient:** Jane Doe

**Referred on 1/2/13 to:**

<http://www.acponline.org/hvcc-training>

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Dr. Can Doh  
123 Way Out Lane  
Boston, MA  
800-123-4567

**Reason for Referral:** Evaluation of weight loss, stomach pain

**Appointment scheduling:** Dr. Doh's office will call you tomorrow, June 5th with appointment information. Call his office in 2 days if you haven't heard from them. Call Medical Access at 987-6543 to schedule your ride to this appointment as soon as you know the appointment date and time.

**Visit preparation:** You may bring your husband, adult child, or any other trusted person with you to the appointment. Bring a list of your questions as well.

**What to expect:** This will be an office visit that will likely involve review of your laboratory test results and an exam. He will likely schedule you for a colonoscopy thereafter

**For concerns about this medical problem:** Call my office first unless Dr. Doh asks you to call him after you have been seen.

Do not hesitate to contact my office at xxx xxx-xxx if you have any further questions regarding this referral or encounter any unforeseen problems in scheduling this referral.

\*These recommendations were developed as a component of the ACP "High Value Care Coordination Project," which also included the development of a Generic Specialty Outpatient Referral Check list and related pertinent data sets for specific clinical conditions that are available at [http://hvc.acponline.org/physres\\_care\\_coordination.html](http://hvc.acponline.org/physres_care_coordination.html). This Guide was developed with substantial input from representatives from the National Partnership for Woman and Families and the Institute for Patient- and Family- Centered Care.