

Referral Communications in Sri Lanka; Views of General Practitioners.

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Abstract- Introduction

Referral of patients to specialists and hospitals is an essential and inevitable aspect of primary health care. Maintain good communication is essential during the process in order to provide quality care without delays and unnecessary expenses. In Sri Lanka referral letter from a general practitioner (GP) is not essential to get admitted to a hospital or to consult a specialist and there is no registered population for a particular practitioner. This study was conducted to look at the views of general practitioners on referral communications.

Methodology

This was a descriptive cross sectional study and postal survey was conducted among members of the college of general practitioners of Sri Lanka using a self administered structured questionnaire.

Results

Response rate was 28.7%. Only less than 60% wrote a referral letter always when referring a patient to a hospital/ specialist and the main reasons were; Patients insistence on referral without an

indication, No feedback from specialists and lack of ownership to non regular patients. Information related to the disease and administrative details were the items of information mainly included in letters while socio psychological items were given lesser importance. Reply rate was very poor irrespective of the referral destination and main items of information expected in a reply letter were; Diagnosis, plan of management and instructions to the GP.

Discussion

There should be better communication and coordination between GPs and specialists/hospital doctors. Ways and means should be explored and rectifying measures should be undertaken which will benefit patients, GPs, specialists/hospital doctors and the health care system.

I. INTRODUCTION

Patients are referred to hospitals, specialists and other institutions when therapeutic or investigation options are exhausted in primary care or when opinion/advice is needed from specialists¹. Referral is an essential and inevitable aspect of primary health care. In this process two physicians with different experience and expertise try to find a solution for a patient's problem and provide the best possible care at the correct time at the correct place². In the referral process specialists expect the general practitioners(GPs) to provide information about the problem to be addressed and adequate relevant details, GPs expect a clear response regarding diagnosis and management and patients also expect clear information about the diagnosis, treatment and follow-up requirements. When these expectations are unmet, GPs, specialists and patients end up dissatisfied with the process³ worse still it could lead to resentment and strained relations between them⁴.

Therefore it is essential to maintain good communication between the primary care doctors and specialists. Even though there are several new modes of communication such as mobile phones, internet, email etc, written communication in the form of referral and reply letters are the standard, most common and most of the time sole means of communication between doctors⁵⁻⁹. A clear and concise referral letter with sufficient information will aid the specialist and the patient in many ways. Such a letter prevents delays in diagnosis and treatment, reduces unnecessary repetition of investigations, additional visits and poly pharmacy^{5,7}. It also helps in scheduling of appointments for patients¹⁰. Obviously a good referral letter could reduce health care costs^{5,7,11}.

On the other hand reply letter conveys pertinent information to the primary care doctor to maintain continuity of care and provide necessary follow up to the patient.

Even though GPs with the detailed knowledge of the patient as an individual have so much of information to be provided studies world wide have concluded that relevant and

important information was not communicated in majority of the referral letters and reply letters are also deficient in quality and content^{4,6,7,12,13}.

In Sri Lanka access to specialists is not always mediated by general practitioners since country does not have a strict referral system and patients are free to consult a specialist of their choice to a given ailment at any given time without a referral letter¹⁴. General practitioners sometimes refer patients to specialists and hospitals with just verbal instructions. There is no registered population for a particular primary care institution and doctor shopping is a common phenomenon in the Sri Lankan setting¹⁴. General Practices are frequently single handed with little or no secretarial support.

This study explores the views of general practitioners on the current referral process and their views on how to strengthen the process.

II. METHODOLOGY

This was a descriptive cross sectional study conducted among members of the college of general practitioners of Sri Lanka(CGPSL). List of the full members and associate members of the CGPSL was obtained. Associate members are usually part time general practitioners who work in government hospitals as well. Since the list had not been updated recently of their current status wherever possible they were contacted over the phone. It was revealed that all the doctors in the list were not practicing due to age, illnesses, change of residence, migration and change of specialty. List of 300 general practitioners was prepared from the list. Even though there are thousands of part time general practitioners in the country this study had to be limited to members of the CGPSL since they are not registered as primary care doctors and list is not available. Postal survey was conducted among all 300 GPs using a self administered questionnaire which included questions to explore their views on referral letters, reply letters and measures to improve the process.

Ethical approval for this study was obtained from the ethics review committee of the faculty of medicine, university of Kelaniya, Sri Lanka. (Ref. No. P 173/10/2012)

III. RESULTS

There were 86 respondents and the response rate was 28.7%. Age of general practitioners ranged from 32 to 82 and mean age was 57.64. Seventy percent (70%) of the respondents were male doctors while 59.3% were full time practitioners. Only 31.4% had post graduate

qualification in Family Medicine. Mean years of practice of the study group was 18.11.

Graph 1 How often do GPs write referral letters?

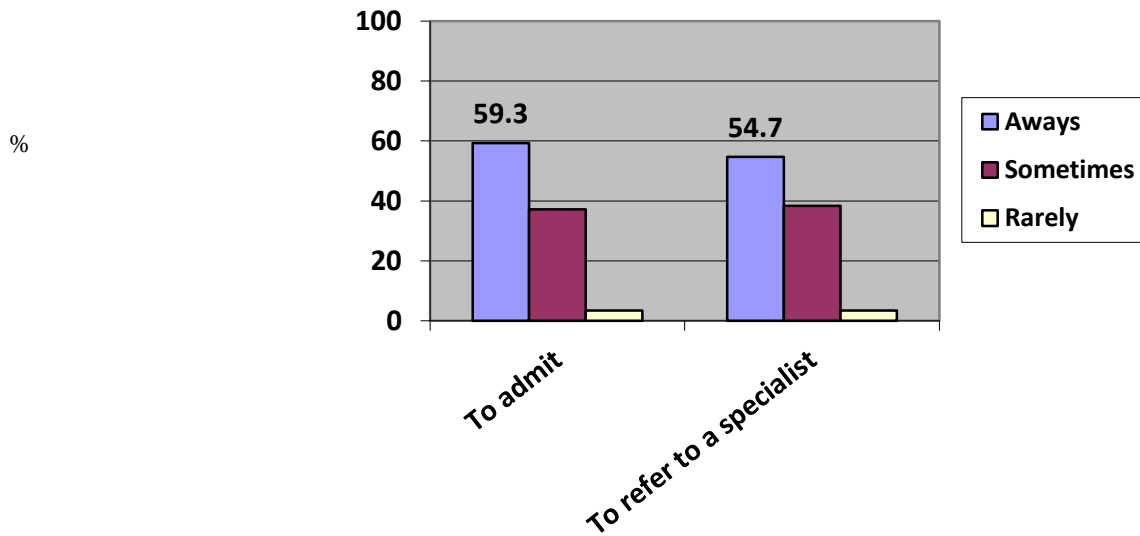


TABLE I. REASONS FOR NOT WRITING A REFERRAL LETTER WHEN REFERRING A PATIENT TO A SPECIALIST/HOSPITAL.

Reason	%
When patients insists on referral and there is no real indication	30.2
No feedback or reply from specialists/hospital doctors	23.3
Lack of ownership to the patient (non regular patients)	17.4
When not familiar with the scenario	11.6
Time constraints and work load	10.5
Do not think it is important	9.3

TABLE II. ITEMS OF INFORMATION GPs INCLUDE IN REFERRAL LETTERS

Information pertaining to the patient	Always (%)	Sometimes (%)	Never (%)
Patient's Age	97.7	2.3	
Patient's Name	96.5	3.5	
symptoms	95.3	4.7	
signs	90.7	9.3	
Reason for referral	82.6	15.1	
Treatment given	80.2	14.0	1.2
Investigations done for current problem	80.2	15.1	1.2
Probable diagnosis	58.1	41.9	
Allergy	54.7	30.2	9.3
Co-morbidities	51.2	31.4	3.5
Treatment for co-morbidities	37.2	43.0	5.8
Family history	25.6	53.5	14.0
Social history	17.4	55.8	18.6
Other details			
Date	98.8	1.2	
GP's Signature	98.8	1.2	
GP's Name/seal	97.7	2.3	
GP's address	93.0	5.8	1.2
Recipient's name/designation	87.2	11.6	
GP's Email/Tel no	70.9	11.6	7.0

Graph 2 Benefits of a referral letter

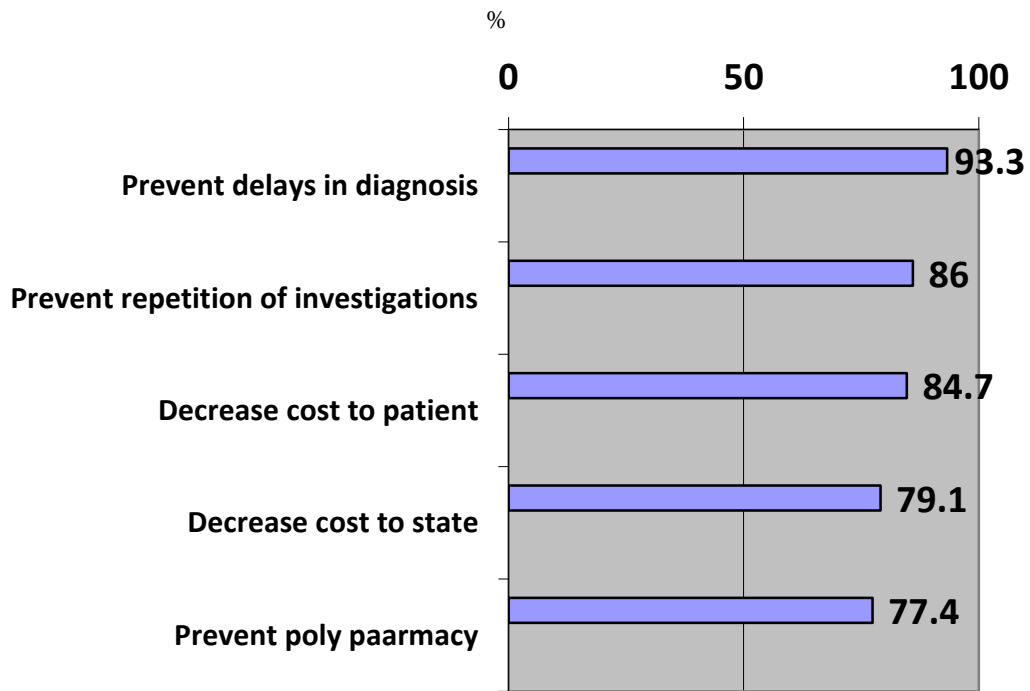


TABLE III. HOW OFTEN DO GPs RECEIVE REPLY LETTERS

Type of referral	Always (%)	Rarely (%)	Never (%)
When patients are admitted to government hospitals.	0.0	20.9	79.1
When patients are admitted to private hospitals.	3.5	41.2	55.3
When patients are referred to specialist in government hospitals.	1.2	39.5	59.3
When patients are referred to specialists in private hospitals	9.4	75.3	15.3

TABLE IV. ITEMS OF INFORMATION EXPECTED BY GPs IN A REPLY LETTER

Item of information	%
Diagnosis	97.7
Plan of management	95.3
Instructions to general practitioners	93.0
Treatment given in hospital/by the consultant	80.2
Findings in examination	61.6
Investigation results	58.1

Findings in history	27.9
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GPs' suggestions to improve the quality of referral letters;

- More emphasis during undergraduate education.
- Enhance Postgraduate education.
- Feedback from specialists.
- Using a structured referral form.

IV. DISCUSSION

To the knowledge of the authors this is the first study among GPs on referral communications in Sri Lanka. Even though the response rate was low the respondents represented a broad range of general practitioners.

This study shows that only less than 60% of the GPs write a letter always when they refer patients to hospitals or specialists. The main reason for this has been patients' insistence on referral when there is no indication. GPs may not be comfortable and reluctant to write a letter to make an inappropriate referral. No feedback or reply from specialists was another main reason for not referring a patient with a letter. When there is no feedback general practitioners are not sure whether specialists expect or value their version of the patient or its worth their effort. As a result of not having a registered population for any primary care set up GPs frequently come across non regular patients. GPs not only lack ownership to these patients but also lack detailed knowledge about them also. Therefore naturally they may feel that there is no moral obligation to write a letter and also not want to produce a letter without substantial information. Another perception was that referring a patient with a letter was not important. It could be due to the fact that any patient would be able to get admitted or consult a specialist whether they write a letter or not.

Reasons for not writing referral letters had not been studied widely and the probable reason is that most of the researches on referral communication had been conducted in countries where GPs function as gate keepers to secondary/tertiary care and a letter from them is a must to consult a specialist. Time constraints and increased work load were the other reasons for not writing referrals for about 10% of the doctors and these reasons had been identified as main reasons for substandard referral letters elsewhere in the world^{2,4,7}.

Even though it's only less than 60% who would write a referral letter always, vast majority of the respondents have identified benefits or usefulness of referral letters to the patient, recipient and the health care system. The perceived benefits of referral communications expressed by GPs have been identified by other researchers as well^{6,7,10,15}.

More than 90% of the respondents attached a greater importance in documenting 8 items of information; Date, signature, patient's name, symptoms, signs, age, GP's address but lesser importance to social history, family history, allergies, co morbidities and treatment for co morbidities, items of information which are only available to general practitioners due to long term doctor patient relationship. Analysis of referral letters in Sri Lanka also revealed that items of social and psychological information were not frequently present in letters¹⁶. John Newton and colleagues found that clinical and administrative information were the items of information

mainly included in referral communications⁹. There were similar findings in other studies as well^{13,17,18}. Even though GPs were not keen to provide background information to specialists, literature shows that specialists value these information.^{7,13,17,18} It has been revealed that quality of reply letters increased directly with the amount of information received by specialists in referral letters.^{19,20}

The reply rate seems to be very low and unsatisfactory irrespective of the referral destination. Reply letters seem to be almost nil when patients are referred to government sector, but when patients are discharged from government hospitals a diagnosis card is provided to the patient which contain details necessary for continuity of care. In such situations GPs should not expect a reply letter addressed to them as heavy work load and time constraints do not permit hospital doctors to duplicate their work. It should be mentioned that most of the hospital record systems are not computerized yet and documents are hand written in Sri Lanka. However lack of communication and coordination between secondary care and primary care can adversely affect patient care specially continuity of care. Worldwide primary care doctors are dissatisfied with the rate of replies they receive as well as the content of those letters.^{6,12,21-24}

Primary care doctors were keen to know the diagnosis, plan of management and instructions to them in reply letters than history, examination or investigation findings. Appraisal of the problem and management plan were the main items of information expected by GPs according to literature.^{12,13,18}

Feedback from specialists and using a structured referral form which is a useful reminder to avoid omission of important information were suggested by the respondents to improve the quality of referrals. John Newton and colleagues revealed that GPs were prepared to receive a feedback on their referral communications from specialists¹³ and Cochrane data base review revealed that use of structured referral sheets and involvement of specialist in educational activities as effective interventions in improving referral communications¹.

As Westerman⁴ stated effective exchange of information between doctors with differing knowledge and skills relating to individual patients and the diseases they suffer from is the platform on which to build the management plans for patients. It is also an important means of education for both parties, specially for GPs^{4,13}.

Therefore every practitioner should critically look at their communications and identify barriers to effective communication with a view to determine ways to improve. Creating a system that work smoothly and efficiently in order to minimize the clerical work of physicians is an essential aspect. Potential strategies are the use of structured referral forms and automation of letter generation through computers.

V. CONCLUSIONS

1. General practitioners do not write referral letters always when they refer patients to specialists/hospitals.
2. Patients' insistence on referral, lack of reply from specialists and lack of ownership to patients were the main reasons for not sending a formal referral letter.

3. They do not provide adequate back ground information in their letters.
4. General practitioners value referral letters as providing many benefits to the patient, state and recipient.
5. Reply rate seem to be vey unsatisfactory even though they expect information relevant for long term follow up of the patient in reply letters.

VI. RECOMMENDATIONS

1. Under graduate and post graduate curricula should be strengthen and continuous medical education sessions should be organized to educate relevant parties on referral process and letter writing.
2. Measures should be taken to improve referral communications and structured referral form could be solution to improve the quality of referrals.
3. There should be joint sessions between general practitioners and specialists to make both parties aware of the importance of communication and coordination between the two parties. Such fora are ideal to discuss what each other expect in referral and reply letters.

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