Word of mouth: Referral letters that improve patient care

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Professionals who use EHRs know that referral letters — and management systems — not only enhance relationships with referring doctors, but they can also enhance patient care. In addition to communicating with physicians about post-treatment patient status and follow-up care, referral management programs can track patient information. And as clinics get more proficient with recording discrete data in EHR systems, management processes are feasible for more practices.

To illustrate how effective these systems can be, let's look at an oncology practice I worked with that implemented a referral management program for prostate cancer patients referred by urologists who also handled follow-up care. The objective was to create a one-page document that tracked treatment protocols, success rates and side effects — as well as the patient's post-treatment health — all for inclusion in a database.

For instance, a key indicator for prostate cancer patients is prostate-specific antigen (PSA) level, so that was included in the referral letter. A chart tracked pre- and post-treatment PSA levels and whether they stayed down during subsequent years of follow-up care. The first focus was to show that the patients' treatments were effective.

The baseline and post-treatment levels of side effects helped referring urologists see the relatively low incidence of complications, recognize which problems existed before treatment started and treat complications when they developed. The letter concluded with impressions about how the patient was doing and a plan for the referring physician.

When developing a post-treatment referral system, consider these suggestions from the Body of Knowledge for Medical Practice Management (BOK):[1]

1. Understand the referral process and plan requirements.

Focus post-treatment referral letters on answering referring doctors' critical questions. In this case, the oncology group answered these questions:
- Was my patient's cancer cured (PSA chart)?
- How did my patient respond to the treatment (side effects)?

2. Create a plan to capture and report data to answer questions.

Identify objective metrics to measure relevant side effects. For example, tracking PSA levels and dates generated a linear chart showing PSA drops over time after treatment and helped determine whether problems were getting better. Then design a system for physicians to collect it during patient follow-up visits. EHR templates can make this much more efficient. Once an EHR captures specific data points, design a comprehensive letter for referring physicians.

3. Enhance referrals in and out of the practice.

Referral letters can encourage referrals if you provide valuable data to referring physicians and secure your reputation as a center of excellence.

This type of management system also includes coordination of patient care. Capturing data from post-treatment visits from the radiation oncologist and the urologist

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also helped coordinate and improve patient care.

4. Establish administrative protocols for follow-up and reporting.

Administrative protocols ensure the following:

- Complete and accurate information was collected for each patient seen in follow-up.
- Data was recorded in the system quickly.
- Letters to the referring physician were generated as soon as possible after each follow-up visit.

In the oncology practice, patients came in six to 12 months after treatment for follow-up visits, and letters were sent to other physicians with updated clinical data. In addition to seamless patient care, the letters reminded referring physicians about the practice.

5. Develop and foster relationships with referral physicians.

Using the post-treatment patient data can foster collaboration. In this example, when radiation oncologists met with urologists, they queried the referral system database and created a summary of how patients were doing post-treatment. It included information on disease-free survival rates and a percentage of patients with side effects.

Referral reports enhanced the relationships between doctors because it reinforced the oncologist's reputation for being a primary resource of information.

Notes:

1. Body of Knowledge for Medical Practice Management, 2nd edition, 2008.