Standardizing Helps Ease Referral Communication

BY MARY ELLEN SCHNEIDER
Senior Writer

NEW ORLEANS — A simple form could be all that you need to help ease the flow of communication with your primary care referrers, Wake Forest University researchers wrote in a poster presented at the annual meeting of the American Academy of Dermatology.

Steven R. Feldman, M.D., a professor of dermatology, pathology, and public health sciences at the university in Winston-Salem, N.C., helped to design the form. Dr. Feldman, who is also a solo dermatologist in Mount Airy, N.C., understands firsthand the difficulties in communicating information to the primary care physicians who refer patients to him.

It can take 7-10 days in some cases before the primary care doctor receives a report from the dermatologist. In the meantime, many patients have returned to their primary care physician's office before the report on their visit, he said.

This information lag compromises patient care, according to Dr. Feldman. The patient is unable to be treated because the referring physician doesn't know the patient's diagnosis, treatment plan, and health status.

He and his colleagues at Wake Forest set out to design a form that would include the most important information. Their study was supported by Galderma Laboratories.

The form includes a section for the diagnosis and a silhouette for marking the location of skin lesions or eruptions. It also includes a section for listing the most frequently prescribed medications as well as the dosage, frequency, and duration of treatment.

The one-page form is designed to be filled out at the point of care and can be faxed to the referring physician.

To make the process more efficient from the dermatologist's standpoint, he tracked his most frequently prescribed medications and added them to the form with a check box next to each one.

The multilayered form also doubles as a prescription pad, he said.

Dr. Feldman told this newspaper that he plans to use the form in his practice and to continue to improve it based on feedback from referring physicians. He has no plans to commercialize the form but said he is happy to share it with other physicians.

The researchers measured the effectiveness of the form by surveying five primary care physicians or their office staff about their experiences using the tool. They also interviewed another eight primary care physicians.

In general, the primary care physicians who were interviewed about the form said that reporting delays are a common problem, and the form is a potential way to eliminate those delays.

Michael Shea, M.D., a family physician in Greensboro, N.C., who reviewed the form as part of the study agrees. "The concept of the form is fantastic," he told this newspaper.

In his experience, it can take up to 3 weeks to get information from specialists, and when the information arrives, it's usually in the form of several pages of office notes. Having the diagnosis and treatment plan in hand allows the primary care physician to treat the other facets of the condition, Dr. Shea said. It also allows the opportunity to look for drug-drug interactions with the patient's other medications.

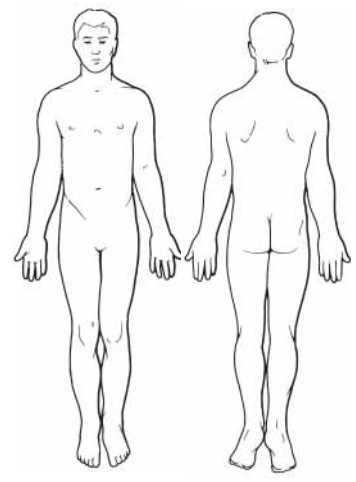
But there's not just one way to streamline the communication between primary care physicians and specialists, said Rosemarie Nelson, a consultant for the Medical Group Management Association.

For example, some practices are having their transcription service save each patient's note in a separate electronic file and are sending that to the referring physician by fax. This doesn't need to be done using an electronic medical record, Ms. Nelson told this newspaper. Instead, it can be done with more basic technology like a fax modem or fax server.

In his office, Joseph S. Eastern, M.D., a dermatologist in Belleville, N.J., uses a simple computer template to record the diagnosis and treatment information for the referring physician. He makes a point of filling out the template the same day and sending it off to the referrer in the morning. "They want it fast," Dr. Eastern told this newspaper. "That's the No. 1 thing for them." ■

The dermatology referral form can be accessed at http://www.wfubmc.edu/dermatology/files/consultation_form.doc.

__ / __ / 200_ Name/DOB [_____.]



Dear _____,

Thank you for sending your patient for consultation for advice & opinion concerning _____. My diagnosis is _____, and we instituted treatment with the medications marked below.

I will see him/her again _____, and will keep in touch regarding his/her dermatologic process.

Should you wish to speak with me about this, please feel free to call me here at the office or page me.

Sincerely,

Steven R. Feldman, M.D., Ph.D.

___Triamcinolone 0.1% __Oint __Cr __Soln __Cr 1:1 with Eucerin cr ___g, ____ refills, Apply ___

___Lidex __Oint __Soln __Cr __Gel __E ___g/cc, ____ refills, Apply ___

___Clobetasol 0.05% __Cr __E __Soln __Oint, __Foam __Lotion ___g, ____ refills, Apply ___

___Desonide 0.05% __Cr __Oint ___g, ____ refills, Apply BID

___Protopic oint __0.1% __0.05% ___g, ____ refills, Apply BID

___Lachydrin Cr, stock size, 6 refills, Apply BID

___Differin __Gel __Cr __45g Apply qhs, 6 refills

___Benzaclin ___ refills __50g Apply BID

___Erythromycin __Pads __Solution Apply BID 2%, stock size, 6 ref

___Benzoyl peroxide 5% __wash __Cr Apply qAM, stock size, 6 refills

___Tetracycline __250mg __500mg
___Erythromycin __250mg __500mg
___Keflex __250mg __500mg

Take ___ PO ___ #___ ___refills

___Accutane 40mg __QD __#30 __BID __#60

___Retin A, 45g, 6 refills __0.01% __0.05% __0.025% __Gel __Cr Apply qhs

___Nizoral 2%, 6 refills __Cr __15g __Shampoo __1 bottle Apply BID

___Lamisil Cream, ___g, ___ ref, Apply BID

___Lamisil 250mg, #___, ___ ref Take 1 PO qd

___Metrogel stock size, 6 refills Apply BID

___Aldara 1 box, ___ref; ___Apply 3x/wk for warts ___Apply qd to affected areas

___Jobst Support Stockings knee-high, mid-strength, 1 pair

_____ ___g ___refills Apply___

_____ ___g ___refills Apply ___

_____Product Selection Permitted

_____Dispense as written medically necessary

COURTESY DR. STEVEN R. FELDMAN

Dermatologists Best Other Physicians at Skin Lesion Dx

BY MARY ELLEN SCHNEIDER
Senior Writer

NEW ORLEANS — Dermatologists diagnosed nearly twice the number of neoplastic and cystic skin lesions correctly as did nondermatologist physicians, according to research presented at the annual meeting of the American Academy of Dermatology.

Dermatologists were right 75% of the time when diagnosing neoplastic and cystic skin lesions, compared with nondermatologist physicians, who were right about 40% of the time. The research was conducted by Klaus Sellheyer, M.D., and Wilma Bergfeld, M.D., of the Cleveland Clinic Foundation.

The researchers reviewed 4,451 skin specimens submitted to their dermatopathology clinic between Jan. 1, 2004, and March 31, 2004. The specimens were submitted by 37 dermatologists and 162 nondermatologists, including plastic surgeons, family physicians, internists, pediatricians, surgeons, and others.

The clinical diagnosis submitted by family physicians for neoplastic and cystic skin lesions matched the histopathologic diagnosis in 26% of cases, the researchers found.

Plastic surgeons, who performed the largest number of cutaneous surgical procedures among the nondermatologists, did better in recognizing skin tumors but still had a diagnostic accuracy rate of 45%.

For inflammatory skin diseases, dermatologists were correct in their diagnoses in about 71% of cases, compared with nondermatologists, who were right in about 34% of cases, the researchers found.

The researchers recommended that nondermatologists continue to perform skin biopsies, but only if they have acquired enough knowledge of basic dermatology and dermatopathology. This type of knowledge is important not only in correctly performing skin biopsies, they said, but in avoiding unnecessary invasive biopsy procedures.

Eric B. Larson, M.D., an internist in Seattle, and chair of the American College of Physicians' Board of Regents, said he's not too surprised by the findings. And he said they are important because they point to the need for internists to acquire and maintain the necessary dermatology skills.

For some physicians, that may mean shadowing a dermatologist to hone biopsy skills. "The key thing is to keep up the skill," Dr. Larson said.

Mary Frank, M.D., president of the American Academy of Family Physicians, said it's key for family physicians to be able to recognize whether a skin lesion is suspicious and should be biopsied. Having that level of suspicion is key to ensuring that patients get the right diagnosis and treatment, she said.

But it's less important that family doctors pinpoint the right diagnosis before sending the results off to the lab, she said. ■