

Standardized Form Helps Make Referrals Easier

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NEW ORLEANS — A simple form could help to ease communication between primary care physicians and the dermatologists to whom they refer patients, Wake Forest University researchers wrote in a poster presented at the annual meeting of the American Academy of Dermatology.

The researchers designed a one-page form for dermatologists to use to quickly send back information to the referring primary care physician about a consultation.

It can sometimes take as long as 3 weeks to get information back from specialists, said Michael Shea, M.D., a family physician in Greensboro, N.C., who reviewed the form as part of the study. And when the information arrives, it's usually in the form of several pages of office notes, he told this newspaper.

Steven R. Feldman, M.D., a professor of dermatology, pathology, and public health sciences at Wake Forest University, and his colleagues designed the form to include only the most important information. The study was supported by Galderma Laboratories, LP.

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 doesn't require dictation, transcription, or mailing. It is designed to be filled out at the point of care and can be faxed to the primary care physician.

To make the process more efficient for dermatologists, Dr. Feldman and his colleagues tracked the most frequently prescribed medications in his solo dermatology practice and added them to the form with a checkbox next to each one.

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

The advantage of this type of one-page form is that it's easy enough for the dermatologist to complete that he or she can get it back to the referring physician in a day or two, Dr. Shea said.

"It's good medicine when you can keep the patient's chart up to date," Dr. Shea said.

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 him or her to look for drug interactions with the patient's other medications.

The form also helps to eliminate a situation where a patient returns to the primary care physician's office before receiving the report on the consultation. 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.

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 that the form is a potential way to eliminate those delays.

Dr. Feldman told FAMILY PRACTICE NEWS he plans to use the form in his practice and will 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.

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.

The form includes a section for diagnosis and a silhouette for marking the location of skin lesions.

DR. FELDMAN

"In most cases, technology is underutilized," she said.

For physicians with an electronic medical record, they can print out two copies of the summary of the visit—one for the patient and one for the referring physician. This allows the patient to bring the second copy to their primary care physician at their next appointment. Although this doesn't replace having the specialist send

along a report on the visit, it's a way to engage patient's in their own care, Ms. Nelson said.

Any process that reduces this lag time and still communicates the information to the referring physician is a positive development, said Joseph S. Eastern, M.D., a dermatologist in Belleville, N.J.

In his own office, Dr. Eastern 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 referring physician in the morning.

Dr. Eastern said he prefers to send this abbreviated form, rather than a more detailed consultation letter, because he finds it's more useful for the referring physician.

"They want it fast," Dr. Eastern said. "That's the No. 1 thing for them." ■

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

Name/DOB [_____]

____ / ____ / 200__

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