

## MLMIC Risk Management Tips

### Tip #12: Promoting Communication between the Referring and the Consulting Physicians

**The Risk:** Lack of communication between providers can result in a delay in diagnosis or treatment, the failure to act upon abnormal test results or findings, and the duplication of the prescription of, or failure to prescribe, appropriate medications or order diagnostic testing. A lack of clearly defined roles and responsibilities for all physicians may impede your ability to provide and promote safe and effective patient care.

#### Recommendations:

1. Referring physicians should develop a method for determining whether a consultation has been completed and if a written report has been received.
2. As a matter of standard office policy, all consultation reports must be reviewed by a provider, initialed, and dated prior to being filed in the patient's medical record.
3. Office follow-up procedures should permit easy identification of a patient's noncompliance with the recommendation for a referral, such as when a written report has not been received from the consultant.
4. If a patient has been non-compliant in obtaining the recommended referral/consultation, follow-up with the patient is necessary. Your discussion with the patient should include reinforcement of the necessity and reason for the referral/consultation, as well as documentation in the patient's medical record of all attempts to contact the patient and obtain compliance.
5. If a written report from the consultant is not received in a timely manner, you should contact the consultant to determine whether a written report has been generated.
6. Consulting physicians should routinely send written reports to referring physicians in a timely manner. These reports should include:
  - findings

- recommendations, including interventions, and the delineation of provider responsibility for treatment
  - follow-up of abnormal test results, including incidental findings.
7. To promote effective communication, the consultant should contact the referring physician about any patients who fail to keep appointments. Medical record documentation should reflect the missed appointment, as well as notification of the referring physician.
  8. Telephone conversations between referring and consulting physicians are important when clarification of the contents of a report is necessary. Timely contact must be made when an urgent or emergent clinical finding is identified. These conversations must also be documented in the patient's medical record.