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A new RACGP publication will provide GPs with support in writing quality referral letters.

# Clear communication

As is the case for people in any profession, it is difficult for healthcare practitioners to perform to the best of their abilities – and provide patients the best possible care – if they don't have all of the information necessary to do their job.

Quality referral letters from GPs to specialists help to provide all healthcare parties with the material required to make the most informed decisions and provide patients with genuine continuity of care.

'Once you refer someone to a specialist there is a triad, if you like – the patient, the GP and the specialist – and it's about making sure each person is well informed as to what their particular role is,' Dr Beres Wenck, GP and Chair of the RACGP Expert

Committee – GP Advocacy and Funding, told *Good Practice*. 'Quality referral writing makes it easier for the specialist to give an opinion if all of the information that is required is included in the letter.

'It is very important to clarify what needs to go into referrals, what is good referring practice, in order to make sure the information that is given to the specialist is accurate.'

Dr Wenck is the lead author on a new RACGP publication designed to help GPs provide better referrals to other healthcare professionals.

*Referring to other medical specialists: A guide for ensuring good referral outcomes for your patients* (the Guide) was developed to support referrals to medical specialists.

## RACGP referral example one

'One-off/single consultation or short-term assessment, investigation and management of a presenting symptom or problem':

*Dear Dr [insert doctor name],  
Mr Black requests a referral for a skin cancer check. He has no previous history of skin cancer and uses sun protection.*

*I am able to perform his future annual skin cancer checks.*



Dr Beres Wenck feels more specific referral letters help specialists and GPs provide the best care.

The Guide provides specific examples of how GPs can communicate the purpose or intent of their referral, as well as an overview of accepted practice for referring to medical practitioners. It is designed to improve professional relationships between GPs and medical specialists and help reduce unnecessary healthcare expenditure.

According to Bettering the Evaluation and Care of Health (BEACH) study, there has been a significant increase in the likelihood that a GP consultation will include at least one

referral, which resulted in an estimated five million more referrals in Australia in 2013–14 when compared to 2004–05.<sup>1</sup> While GPs are generally doing well in their referral writing, it remains an area in which there is room for quality improvement.

'There are GPs out there doing a great job with referrals,' Dr Chris Bollen, a GP who conducted a 2014 study on the quality of GP referral letters, told *Good Practice*. 'If you look at the whole improvement continuum, we have come a long way. GPs have got to reflect on what we could be doing better and why we need to keep improving.'

### Best practice

While the needs of each patient differ, the Guide includes information for three broad types of referrals:

- A one-off/single consultation or short-term assessment, investigation and management of a presenting symptom or problem
- To another medical specialist for routine (annual) review of a chronic problem
- To another medical specialist where shared care is anticipated in the longer-term

'It is important to set out at the beginning of the referral what your expectation is for

## RACGP referral example two

'To another medical specialist for routine (annual) review of a chronic problem':

*Dear Dr [insert doctor name],  
Thank you for seeing Mr Habib for an annual cardiac review.*

*He has a previous history of non-ST-elevation myocardial infarction in 2009 and coronary stents were inserted at that time.*

*I will continue to review him three-monthly to monitor his risk factors and manage his medications.*

the patient, and that's why we have these different types,' Dr Wenck said.

The Guide includes detailed examples, including suggested phrasing and specific requests, for what to include in each type of referral. (Refer to breakouts for more information.) >>



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>> While each referral should be tailored to the individual patient, the Guide includes examples of standard information GPs should consider placing in their letters to best support good continuity of care. These include correct and up-to-date patient information and relevant data from the patient's medical history, such as medications, allergies, diagnoses, smoking and alcohol consumption.

### Length of referrals

The Guide recommends GPs include a specific referral timeframe.

According to Dr Wenck, it is important for GPs to be specific as to whether they are referring a patient for a one-off appointment or longer-term care with the specialist. This allows GPs to continue providing patients with the most appropriate and economical healthcare.

'We know that seeing people in primary care is the most cost-effective way to provide healthcare,' she said. 'If the GP is looking after patients who fall within the scope of general practice and who they don't need to refer off, then that is a saving for the patient and saves unnecessary healthcare industry expenditure.'

The Guide also includes a section on indefinite versus yearly referrals. While GPs are able to write indefinite referrals for

## RACGP Standards for referral documents

Criterion 1.6.2: Our referral documents to other healthcare providers contain sufficient information to facilitate optimal patient care.

### Indicators

Our practice can demonstrate that referral letters are legible, contain at least three approved patient identifiers, state the purpose of the referral and where appropriate:

- include relevant history, examination findings and current management
- include a list of known allergies, adverse drug reactions and current medicines
- the doctor making the referral is appropriately identified
- the healthcare setting from which the referral has been made is identified
- the healthcare setting to which the referral is being made is identified
- if known, the healthcare provider to whom the referral is being made is identified
- if the referral is transmitted electronically then it is done in a secure manner
- a copy of referral documents is retained in the patient health record.

Visit [www.racgp.org.au/your-practice/standards/standards4thedition/practiceservices/1-6/referral-documents](http://www.racgp.org.au/your-practice/standards/standards4thedition/practiceservices/1-6/referral-documents) for more information.

## RACGP referral example three

'To another medical specialist where shared care is anticipated in the longer-term':

*Dear Dr [insert doctor name],  
Thank you for seeing Ms Rossetti for an opinion and suggested management in regard to her resistant hypertension.*

*Her blood pressure has consistently stayed in the range of 180–190/95–100. I have performed a range of investigations, including echocardiogram, renal artery doppler and renal function tests, which were all normal. Copies are attached. She developed a cough with angiotensin-converting enzyme inhibitors, but has tolerated candesartan. Her usual medications are listed below.*

chronically ill patients and essentially place them in the continuing care of a specialist healthcare professional, this may interrupt people's access to the continuity of care offered in general practice.

'For example, a patient who sees a rheumatologist is often quite happy to have an indefinite referral, as is the rheumatologist,' Dr Wenck said. 'The only difficulty is, the rheumatologist only sees the patient for their rheumatoid arthritis. So if the patient has an indefinite referral and that is considered their main problem, other things in preventive care are not being looked after.'

'So for someone like this patient, a one-year, two-year or three-year referral may be appropriate, rather than one that is completely indefinite, which could be forever.'

Return visits to their own GP can also provide patients with further developed and

more detailed referral letters, in turn allowing the specialist to provide better targeted care.

'A patient may be seeing, say, the cardiologist for a yearly appointment, but it is important for the GP to have their consultation with the patient to do that yearly referral because there may be additions to the letter,' Dr Wenck said. 'It is very appropriate at times for the GP to define how often the patient needs the referral.'

In addition to helping GPs write better referral letters to assist with patient outcomes, the Guide also includes information regarding how to ensure referrals best conform to the Medicare Benefits Schedule (MBS) rules, which can be a potentially tricky area for healthcare professionals.

'If you look at the MBS schedule, it's really about making sure that everything is ticked and crossed ... in regards to administration,' Dr Wenck said. 'The referral must be in writing, you obviously can't charge an MBS item number unless you have professional attendance, and the medical specialist must send something back.'

'This RACGP Guide gives a very good indicator of what needs to be in the referral.'

### Reference

1. Britt H, Miller GC, Henderson J, et al. A decade of Australian general practice activity 2004–05 to 2013–14. Sydney: Sydney University Press, 2014.

Visit [www.racgp.org.au/your-practice/business/tools/support](http://www.racgp.org.au/your-practice/business/tools/support) for more information on *Referring to other medical specialists: A guide for ensuring good referral outcomes for your patients.*

Dr Chris Bollen believes GPs' referral letters are largely very good, but there is room for quality improvement.

