LETTER TO THE EDITOR

To the Editor: — In the recent article by Ghandi et al., entitled “Communication Breakdown in the Outpatient Referral Process,” the authors discuss many issues that primary care providers (PCPs) and specialists face in the referral process which make effective referral communication difficult.¹ As noted by these authors, even with technological advances, rates of worthwhile communication and satisfaction have not substantially changed. The system of care described in the article was a large tertiary care teaching and referral center. An article from the pediatric literature describes success in the referral process if the pediatrician communicated with the specialist prior to the scheduled specialty appointment.² At our integrated health system, an urban acute care hospital, vertically connected with multiple primary care sites located throughout the city, we recently found that the rate of communication from specialist back to referring physicians was only 34.7%. This disappointing result occurred despite specialists being aware of two prior studies at our institution in the last three years which showed poor rates of communication, as well as directives from hospital administration which exhorted the staff to improve this communication process. The first two studies demonstrated a 17.6% and a 29.1% rate of referral communication completion between the specialist and the referring PCP, respectively.

As discussed by Ghandi et al., the problem of effective communication in the referral process is complex. It requires more than “report cards” of communication rates, more than technological advances and more

than an awareness by physicians of what comprises acceptable referral letters and acceptable specialist communication of findings to the referring physician. An additional obstacle present in systems of salaried employees such as our agency is the lack of formidable incentives to participate in a time-consuming, yet important, patient care area such as referral communication. One necessary part of involvement is a streamlined referral communication system to avoid the potential adverse outcomes from breakdowns in coordination of patient care.³ We suggest that a system-wide incentive, of some type, might also enhance participation in the communication process from the specialist to the PCPs, which has been reported to be low for many years.⁴—

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