Specialty Referral Communication and Completion in the Community Health Center Setting

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ABSTRACT

OBJECTIVE: Parent and provider disagreement about children's care at the time of specialty referral may lead to incomplete referral, ie, not attending a specialty visit when referred. This study's objectives were first to assess parent-provider correlation in perspectives on referral necessity, seriousness of child's health problem, and parental understanding of referral among children referred to pediatric specialists, and second to assess whether these perspectives are associated with incomplete referral.

METHODS: Two months after specialty referral, parents and primary care providers completed a survey rating referral necessity, seriousness of problem, and parental understanding on a 4-part scale ("definitely yes" to "definitely no"). Parents were surveyed by telephone; providers completed one self-administered survey per referral. Using z tests and Pearson correlation coefficients, we summarized parent-provider agreement about referral necessity, seriousness of problem, and parent understanding. We applied logistic regression to test associations of parent and provider ratings for each variable with incomplete referral.

RESULTS: A total of 299 (60.0%) of 498 matched parent and provider surveys were included in the analysis. Parents had low correlation with providers in perspectives of referral necessity and seriousness of problem. Parents reported that referral was necessary more often than providers, and providers underestimated parents' self-reported understanding of the referral. Nearly 1 in 3 children had incomplete referral, and both parent and provider reports of lower necessity were associated with incomplete referral.

CONCLUSIONS: Parents and providers hold divergent perspectives on referral necessity and seriousness of children's health problems; these perspectives may impact rates of incomplete referral. Improving communication around specialty referral might reduce incomplete referral.

KEYWORDS: communication; community health centers; medical specialty; pediatrics; referral and consultation

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WHAT'S NEW

Parents and providers hold divergent perspectives on necessity of specialty referral and seriousness of referred children's health problems. When parents or providers think that referral is less necessary, the referral is more likely to be incomplete.

HIGH-QUALITY COMMUNICATION BETWEEN health care providers and patients is the centerpiece of patient- and family-centered care[1,2] and has been cited by the American Academy of Pediatrics as an important element of the medical home.[3] Nonetheless, parents and providers often differ in their perspectives on the clinical encounter, and communication opportunities are frequently missed.[4–7] Provider-patient communication in the specialty referral situation may be particularly suboptimal. Providers often do not communicate about referral to patients who indicate a referral desire, and referral to specialist has been cited as a major area of unmet patient expectations.[8,9] Additionally, many patients do not complete specialty visits when referred: studies of incomplete referral in adolescent, internal medicine, and family practice settings have shown rates of incomplete referral that range from 14% to 20%,[10–12] and rates may be as high as 30% in the pediatric community health center setting.[13]

In this study, we hypothesized that parents and providers approach the referral encounter from different perspectives, and that these perspectives might relate to whether a referral is completed. We surveyed parents and primary care providers on their views of a recent specialty referral

experience. Because poor and minority children and families experience more difficulties accessing specialty care[14–16] and have more communication issues with providers,[5,17,18] we set our study in 2 community health centers located in relatively under-resourced communities with large minority and immigrant populations. Our objectives were to assess parent-provider concordance in perspectives on specialty referral necessity, seriousness of child's health problem, and parental understanding of specialty referrals. Additionally, we assessed whether parent and provider reports of necessity of referral and seriousness of problem were associated with incomplete referral, and whether parent-reported understanding of the referral was associated with incomplete referral.

METHODS

We used parent and provider surveys and electronic health record (EHR) data to assess referral perspectives and incomplete specialty referral in a cross-sectional sample of 299 children referred from 2 community health centers in Massachusetts to an affiliated tertiary care hospital during 2008–2009.

ASCERTAINMENT OF REFERRALS AND INITIAL SAMPLE

At both health centers, each specialty referral generates a document for insurance approval and referral tracking. We collected all referral documents on alternate weeks during the first 4 weeks of the survey period (June 17, 2008, to July 2, 2008), and then on consecutive weeks from July 3, 2008, to January 28, 2009. This survey project was performed as a subset of a larger medical record review study, whose results have been previously reported.[13]

From referral records, we included referrals from a pediatric primary care provider to the tertiary care center for consultation with a specialist in one of the following pediatric specialties: allergy/immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, genetics, hematology/oncology, infectious disease, nephrology, neurology, neurosurgery, ophthalmology, orthopedics, otolaryngology, pulmonology, rheumatology, and urology. These represented all pediatric specialty clinics meeting at least weekly at the tertiary medical center, except for adolescent medicine and psychiatry, which we excluded for reasons of child confidentiality. As a result of difficulties distinguishing follow-up referrals from insurance reauthorizations (which often did not involve a new medical concern), we only included new referrals (referrals to a specialty clinic not visited in the previous 5 years or since birth). We included only children <18 years and included only one referral per household. We excluded households in which neither English nor Spanish was spoken. If multiple referrals were made for an individual child, we randomly selected one referral for inclusion. This study was approved by the Partners HealthCare and the Massachusetts Eye and Ear Infirmary Institutional Review Boards.

SURVEY CONTENT

Both the parent and the provider survey focused on a single referral episode. Parents and providers used a 4-part scale ("definitely yes" to "definitely no") to rate whether the referral was necessary, the child's problem was serious, and whether the other party (parent or provider) thought the problem was serious. We also asked parents whether they understood the reason for referral and asked providers whether the parent understood the reason for referral (Table 1).

Demographic information was collected from parents and providers. Parent demographic information included educational attainment, nativity, and race/ethnicity. Provider demographic information included gender, race/ethnicity, provider type (attending, resident/fellow, or nurse practitioner), and Spanish proficiency. In developing the parent and provider surveys, we kept items parallel in wording and content (Table 1). Where possible, we used previously validated measures.[10,19–21] Spanish translation for all written materials was performed by a certified translation specialist.

SURVEY ADMINISTRATION

Approximately 60 days after each referral, one parent and the referring provider were surveyed. We chose this interval on the basis of a preliminary review of medical records, which suggested that >90% of specialist visits were completed or missed within 60 days. However, in cases where the specialty visit was scheduled more than 60 days after the referral, we waited until the visit was completed or missed before contacting the family. Parent subjects were first contacted by mail via a bilingual advance

Table 1. Text of Parent and Provider Survey Items

Item*	Text of Parent Survey	Text of Provider Survey
Child needed to see specialist	Did you think that [child's name] needed to see the specialist?	Did you think that the child needed to see the specialist?
Problem was serious	Did you feel that [child's name]'s problem was serious?	Did you feel that the problem was serious?
Doctor thought problem was serious	Did it seem like [child's name]'s doctor at [health center] felt that problem was serious?	Did you feel that the problem was serious?
Parent thought problem was serious	Did you feel that [child's name]'s problem was serious?	Did it seem like the child's parent/guardian felt that the problem was serious?
Parent understanding	Did you understand why [child's name] should go to the specialist?	Did you think that the parent/guardian understood why the child should go to the specialist?

*All items were scored by parents and providers on a 4-part scale ("Definitely yes" to "Definitely no.").