Why doctors do not answer referral letters

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Abstract

Background: Healthcare workers at primary healthcare (PHC) clinics are frustrated by the fact that they do not receive replies to their referral letters to doctors. Referral letters act as permission slips to allow patients easy access to treatment by specialists at secondary and tertiary service levels and communicate reasons for referral. Reply to the referral letter is vital for continuity of care to be maintained and to enable comprehensive recording at PHC level. It has been found that poor feedback leads to poor follow-up care in the PHC setting. Previous research has investigated the influence of the method of communication, either by use of pro forma letters or by electronic feedback on answers. The study on which this article is based endeavoured to understand the receiving doctors' reasons for not replying to referral letters and the context contributing to this problem. If this matter could be resolved it would relieve frustration at PHC level and improve healthcare services in future.

Methods: A qualitative study method was used, as the purpose of this study was to understand and explore in depth doctors' context, perceptions and motivation for not answering referral letters. In-depth interviews were conducted with six purposefully selected doctors who all had more than one year's experience in their different departments. The exploratory question posed was: "What factors are contributing to not replying to referrals from primary healthcare clinics?" Interviews were tape-recorded and transcribed verbatim. Themes were identified using the Tesch method. Analysis was done independently by two coders, who afterwards reached consensus on identified themes. After analysis of each interview, reliability was further ensured by going back to the participants to verify that the interpretation represents an accurate description of the participant's view.

Results: The participants included one consultant and five registrars with between 18 months and 8 years' experience in their departments. According to participants, many reasons contributed to their not writing answers to referrals. The reasons for not replying to referral letters pertained to the working situation at the referral hospital and factors regarding the referrals themselves on the one hand and the hospital doctor's perceptions as to his/her role in the healthcare system and his/her perception that it is futile to answer referrals on the other.

Conclusions: There were multiple reasons for doctors not replying to referral letters. The referring personnel can address some of these reasons by ensuring accurate referrals on appropriate days, considering style preferences of the hospital doctors and by the use of pro forma letters. Hospital consultants can address other factors by giving attention to the socialisation of their juniors and by adjusting the referral system so that it does not rely on patients to courier letters. Further research needs to be undertaken in South Africa to assess the influence of various methods of communication in the referral system as regards the quality of communication between different levels of care.

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Introduction

Healthcare workers at primary healthcare (PHC) clinics are frustrated by the fact that they do not receive replies to their referral letters to doctors. This lack of reply contributes to the dysfunction of the healthcare system.[1] This is the case not only in South Africa, but also elsewhere.[2]

In South Africa, the healthcare service comprises different levels, from the most basic services at PHC level to the most sophisticated at tertiary levels of care. Patients with non-urgent problems are usually referred by means of a letter to secondary and tertiary levels of care. This referral letter acts as permission slip to allow the patient easy access to treatment by a specialist at secondary or tertiary service level and communicates reasons for referral. As soon as the problem for which a patient was referred is solved or under control the patient moves back to the lower level.

For continuity of care to be maintained, it is important that healthcare providers at all levels of service remain informed and that they should record all relevant information pertaining to a patient's diagnosis, progress and management plan. Replies to referrals are vital to enable comprehensive recording at PHC level. It has been found that poor feedback leads to poor follow-up care in the PHC setting.[3] Feedback plays a vital role in effective continued education of healthcare workers, which in turn improves patient care.[4]

Despite the obvious benefits to patient care, answers to referral letters are the exception. Previous research has investigated the influence of the method of communication, either by use of pro forma letters or by electronic feedback on answers.[5,6] However, as long as the reasons for not replying are not specifically identified and addressed, personnel at PHC services will remain frustrated by the silence from secondary

and tertiary levels of care. The study on which this article is based endeavoured to understand the doctors' reasons for not replying to referral letters and the context contributing to this problem. If this matter could be resolved it would relieve frustration at PHC level and improve healthcare services. The aim was to explore the nature of the problem and to compare results with literature in order to come to practical recommendations for improvement.

Method

A qualitative study method was used, as the purpose of the study was to understand and explore in depth doctors' context, perceptions and motivation for not answering referral letters. The study was conducted at George Mukhari Hospital, a training hospital providing secondary and tertiary services and serving as the referral hospital for the clinics of the Limpopo province and the northern district of the Tshwane municipality.

After permission to do the study was obtained from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria and the Gauteng Provincial Health Department, in-depth interviews were conducted with each of the participants. A purposive sampling approach was used to select six doctors from different clinical departments. The inclusion criteria were that they were willing participants who have had more than one year's experience in their department. This was to ensure that the participant had the experience of receiving referrals from PHC. Informed consent was obtained from participants.

The exploratory question posed to participants was: "What factors are contributing to not replying to referrals from primary healthcare clinics?" Answers were probed further by open-ended questioning. Interviews were tape-recorded, after which they were transcribed verbatim. Themes were identified using the Tesch method, as described by Creswell.[7] This method requires the researcher to form an impression by initially reading interviews while jotting down ideas as they come to mind. Each interview is then studied to get an impression of the underlying meaning. After completing this task, the interviews are coded. Codes are written next to appropriate segments of text. New codes are identified if necessary. Descriptive words are used to classify each code. The total list of topics is then reduced to themes by grouping together topics that relate to each other. To ensure reliability analysis was done independently by two coders, who afterwards reached consensus on identified themes. After analysis of each interview, reliability was further ensured by going back to the participants to verify that the interpretation represents an accurate description of their views.

Results

The participants included one consultant and five registrars with between 18 months and 8 years experience in their departments. According to participants, many reasons contributed to their not writing answers to referrals. Some reasons pertained to the work situation at the hospital, others to the doctors' perceptions of their role in the healthcare system, to factors concerning the referral itself, and to doctors' impression that it is futile to write replies and that there is no benefit for them to do so. In the discussion of these reasons and the study results it will become clear that it is possible for healthcare workers at PHC level to amend many of these factors.

- ***Working situation at the hospital***

Workload was a recurrent theme. Participants reported that they had to manage high volumes of patients. "Volume of patients is too much to sometimes sit down and write back a referral." Participants consequently felt overworked and lacked time. "We are overworked. We don't have time to reply." As a result they avoided paperwork. "You end up just concentrating on seeing patients and tend to avoid paperwork like answering letters." It was felt that writing replies would delay patient care. "If they are stuck with writing referrals … they will end up starting seeing patients at the Out Patients' Department (OPD) from 13:00 and patients who arrived at 07:00." They also felt that staff shortages, sometimes due to examinations or leave, contributed to the workload. "Shortages of doctors, some go on leave, some write exams."

It was mentioned by two participants that the way services are structured at the hospital resulted in replies not being written. Not all specialist clinics are open every day of the week. Departments also function in firms taking responsibility for clinics on different days of the week. When patients arrive on the wrong day, either when the specific clinic is closed or (if the patient has been seen in the past) on a day that "their" firm is not on duty, such patients are requested to come back at a later date, on a day when their firm is on duty, in an attempt to improve continuity of care, which is important for high quality care. "You ask her to come back. You don't reply anything." Patients sometimes do not bring the referral letter with the repeat visit. "Then they do or do not bring the letter."

- ***Role in healthcare system***

All participants agreed that they should reply to referral letters, but did not feel too embarrassed or apprehensive about acknowledging their oversight: "Although I know we are supposed to reply back …", "Laziness on our part …". Participants saw it as their responsibility to attend to the individual patient. "As long as you see the patient and give treatment …" Participants would only write replies if there were specific instructions that had to be carried out at PHC, such as "[w]hen the patient's wound is infected and request daily dressings". Three participants (including the consultant) felt that the responsibility of ensuring that replies are written lies with the head of the department. "Heads of departments should take it upon themselves to make sure their practitioners reply back."

- ***No personal benefit***

Three of the participants were of the opinion that there is very little motivation in the public-sector healthcare system to reply to referral letters, whereas in the private sector money is a big motivator for specialists to reply to general practitioners' referrals. "The more I am impressed with the specialist in the private sector, the more I will refer to him." "The motivating factor there [in the private sector] is money." As mentioned before, paperwork is seen as a burden, which only delays patient care. "Paper work becomes tedious hence will rather not write."

- ***Factors concerning referral***

Emotion and judgement of the quality of a referral play a role in the decision not to answer a letter. Illegible referral letters are ignored. "A referral letter you cannot even read … I put them aside. How can I answer what I was unable to read?" There were mixed responses regarding referrals that are regarded as unnecessary. Two participants mentioned that they ignore such referral letters. From participants' description of

the situation it is clear that they are irritated by 'unnecessary' referrals. "They should know which patients should be able to be managed at the clinic … sometimes I think they are incompetent by referring unnecessarily." However, one participant stated that unnecessary referrals are specifically those that he/she answers. The impression was that the motivation for writing the reply was to convey his/her irritation with the referral and not so much to educate. "Some of the referrals are not justified, but that is where I give feedback, informing them that the patient was not necessary to be referred."

Referrals are not answered if patients' management is taken over by hospital doctors and patients are not to return to the clinic. "We are treating patients here … and I don't see why we should [answer] … because they won't be able to take over the patient."

When the patient has a complicated problem, it is sometimes assumed that clinic staff will not understand the diagnosis and therefore the reply is not written. "The time I am writing I just think, oh they may not understand." Participants also admit that they sometimes lack the communication skills to explain the situation. "I don't have a way of simplifying this."

- ***Futility of replying***

The feeling that it serves no purpose to reply was a recurrent theme. The most common reason for this perception was participants' impression that reply letters do not reach the clinic. Replies are currently given to patients to take back to the referring clinic. Participants were convinced that this method of reply is useless, as patients do not take the letters back to the clinic. "You end up not replying because it is useless … she will tell you she is still having the letter with her." Participants feel that patients do not return to the clinic, either because they do not have money for transport to the clinic, or because they believe they get better care at the hospital and do not want to return to the clinic. "For financial reasons, to take a taxi to [the clinic] and the other back [home]." "They believe that they get better treatment from us. They do not understand that there are certain conditions that can be managed at clinics."

Discussion

Doctors (and nurses) at primary-care level rely on replies to referral letters from secondary and tertiary levels of care for information, advice and guidance in order to manage their patients optimally. The lack of replies leads to great frustration and PHC personnel often feel helpless about improving the situation. However, if the reasons for referral are examined it becomes clear that much can be done at PHC level to increase the number of replies received.

- ***Working situation at the hospital***

Although written communication between PHC and secondary and tertiary levels of care has been studied, the authors could not find studies investigating the influence of workload on the rate of reply letters written. It is likely that heavy workload could contribute to a tendency not to reply to referral letters. While it is not possible for a specific doctor or nurse at PHC level to decrease the workload at secondary and tertiary levels of care, a well-functioning PHC level will theoretically result in more appropriate utilisation of secondary and tertiary levels of care. It will also be to the advantage of doctors working at secondary and tertiary levels of care to answer referral letters as replying contributes to a better functioning PHC by educating and informing personnel. From the clinic's point of view it is important to ensure that the patient attends on the correct day as the chance of receiving a reply is increased, workload at the referral hospital is not unnecessarily increased by redirecting patients and the patient does not suffer avoidable financial losses due to extra transport costs.

- ***Factors concerning referral***

The factor over which PHC has most control is the quality of the referral. Numerous authors have studied the quality of the referral letter and its influence on the reply. Referral letters have often been judged to be of low quality, but their evaluation is a complex matter.[9] The perspective from which referral letters are evaluated influences how they are judged. Referral letters have often been evaluated from a secondary-care perspective.[8] It has been found that specialists and family physicians differ in what they expect in a letter; family physicians place a higher value on brevity and educational value than specialists.[9] As brevity is preferred, PHC doctors prefer summaries instead of free text, and information on management plans is considered more important than examination findings, which specialists consider essential.[10] Consultants and doctors in training also have different perspectives from which they judge referral letters. It was found that consultants considered the disciplinary context, was more collegial and flexible and valued the sharing of roles and networking more than did the doctors in training, who were less flexible and insisted on more exact communication.[11] This has to be taken into consideration when writing a referral, as it is usually the registrars or medical officers in a training hospital who receive the referral; they may tend to regard referral letters without all exact information more negatively than would their consultants. This may be why consultants were found to reply more often than registrars or medical officers.[12] From the literature on the quality of referral letters it was clear that letters are judged against an 'ideal' benchmark and not against a basic standard.8 This can contribute to the impression that the quality of letters is low as the ideal is something one strives for, but often does not reach.

The influence of pro forma letters on the quality of referral letters and replies received some attention with different results. Research has shown that the use of pro forma letters result in shorter but more comprehensive referral letters.[1,6,13] The response to better quality referral letters varies. Some studies found that better quality letters received more replies.[14] Others, however, found that this was not necessarily the case.[1] The quality of a referral letter did result, however, in an improved reply letter when a reply was written. In spite of this improvement, specific requests in the referral letter are seldom answered.[15] It has been suggested that personal contact plays an important role in the decision to write a reply and in the quality of such a letter.[1]

It can be concluded that, while better quality referrals do not always lead to increased replies, it does result in better quality replies when written, and inferior quality letters most probably will receive a more negative response. When composing a referral letter, consideration should therefore be given to whom the letter is for, and it should be tailored to the intended reader's preferred style. PHC personnel should remember that hospital doctors, especially doctors in training who are more likely to be the recipients of the letter, require more exact information than that in the usual PHC style of communicating. In this regard, it is suggested that pro forma letters be used as this will lead to the more comprehensive inclusion of information regarded as important by hospital doctors, such as examination findings. Of course, the letter must be written legibly for the message to be understood.

- ***Role in the healthcare system***

It is worrying, but not unique to the South African situation, that doctors in training, such as registrars, define their role in relation to those of their supervisors and that they do not have a sense of their role in the wider healthcare system. Because of their lack of broader perspective doctors in training do not consider the educational impact of replies and disregard the importance of networking and sharing of roles.[11] If junior doctors perceive that their consultants value intercollegial ties as important, they will regard answering referrals and strengthening ties between the different levels of care as to their personal benefit as it should lead to a higher estimation of them in the eyes of their consultants. In a way they are thus correct in stating that it is the heads of departments (or their consultant's) responsibility to ensure that replies are written. It is not implied that consultants should necessarily physically monitor the replies written. However, they do have a responsibility to help socialise their juniors in their role as doctors, not only in terms of their responsibility towards their patients, but also in terms of the broader implications for the healthcare system.

- ***Futility of replying***

It was surprising that the impression of futility played such a big role in the decision to answer a referral letter or not. This problem was also not referred to in the literature. It could be that the situation in South Africa differs from that in the developed world, as personnel in developed countries may not rely on the patient to courier replies to the referral clinic or doctor. In the current situation, the responsibility of ensuring that communication occurs is transferred to the user of the system who is not directly responsible for keeping the system functioning. This matter can be addressed by making relatively simple adjustments to the communication system between PHC and secondary and tertiary care, as most clinics refer to only one specific referral hospital.

Conclusions

There are multiple reasons for not replying to referral letters pertaining to the working situation at the referral hospital. Other factors are related to the referral itself, to the hospital doctors' perceptions of their role in the healthcare system and to their perception that it is futile to answer referrals. It was suggested in this article that referring personnel can address some of these issues by ensuring accurate referrals on appropriate days, by considering style preferences of hospital doctors and by using pro forma letters. Hospital consultants can address other factors by giving attention to the socialisation of their juniors and by adjusting the referral system so that it does not rely on patients to courier letters. Further research has to be undertaken in South Africa to assess the influence of various methods of communication in the referral system on the quality of communication between different levels of care.

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