



The Colorado Health Foundation™

# **TRANSITIONS OF CARE: Physician to Physician Communication**

**J. Manheim, MD**

**J. Rifkin, MD**

# PHYSICIAN TO PHYSICIAN COMMUNICATION

- **Two cases.**
- The Importance of Communication.
- Legal Aspects.
- Methods of Communication.
- PSL Transition Curriculum and Process
- The Future.



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Case 1.
  - An elderly man is admitted to a hospitalist service with a diagnosis of COPD exacerbation and community acquired pneumonia. At the time of discharge from the hospital, according to the hospitalist, his stay was “fairly unremarkable”. Prior to discharge, the hospitalist writes orders for everything the patient will need after discharge including oxygen, home health services, a walker, and physical therapy.



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Case 1 (cont'd)

- Two days later the hospitalist receives a call from an ER physician. He explains that the patient has returned and that the man wasn't in particularly good shape. The hospitalist arrives at the emergency department, the patient said, "I'm happy to see you doctor. You told me all this stuff was going to come to my house, and nothing ever happened. No one came."

- Today's Hospitalist June/July 2004



# PHYSICIAN TO PHYSICIAN COMMUNICATION

## ○ Case 2

- A 47 yo man is admitted to the hospital for a large infected buttock abscess developed while injecting heroin. He is cared for by the hospitalist team who consult surgeons. He is taken for multiple debridements through the course of his hospital stay and is treated with IV antibiotics.
- At the time of discharge, his wound is “clean and dry” but quite large and will require ongoing wound care. The consulting surgeon and hospitalist tell the patient he should follow up at the hospital’s Wound Care Clinic and with his new PCP.



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Case 2 (cont'd)
  - The patient arrives two days later for his Wound Care Clinic appointment and is told that he cannot be seen there because no appointment has been set up.
  - The Wound Care Clinic then contacts his new PCP's office for help. He finds that no appointment has been set up, the PCP was not aware of the wound care needs, and the office is not equipped to handle them. The PCP tells the patient and staff that he must return to the ER for further care.



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- *“The transfer of a patient from one physical setting to another was difficult to coordinate under the traditional model, but it was clear that in most cases, a single community-based physician was primarily responsible. The transfer of accountability for decision making at admission, during hospitalization, and upon discharge is less clear under the hospitalist model.”*

- Pham HH et. al. Hospitalist and care transitions: the divorce of inpatient and outpatient care. Health Affairs 2008;27(5):1315-1327



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- *“No longer does one practitioner typically take responsibility for orchestrating the core functions of the sending and receiving teams during a care transition ... many of the professionals involved in transitional care **HAVE NEVER PRACTICED** in settings to which they are sending patients ... Accordingly, they are often unfamiliar with the capacity of these settings for delivering care and may transfer patients inappropriately.”*
- Coleman EA et al. Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care. 2004 Ann Int Med 140:533-536



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Between 19 and 23% of patients recently hospitalized experienced an adverse event after discharge due to some form of inadequate post-discharge follow up.
- These frequently occur within the first five days after discharge

- Forster AJ et al. Adverse events among medical patients after discharge from hospital. *CMAJ* 2004;170:345-349
- Forster AJ et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Ann Int Med* 2003;138:1161-167



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- CMS is focusing on readmission rates as a financial boon but also as a potential marker for “poor quality of care”
- CMS thinks that in the fiscal year 2009, 13% of readmissions (worth about \$12 Billion) were potentially preventable
- Readmissions represent “the intersection of three things we care about: cost, quality and patient safety.”

- [www.cfmc.org/files/rmc063008.pdf](http://www.cfmc.org/files/rmc063008.pdf)



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Two cases.
- **The Importance of Communication**
- Legal Aspects.
- Methods of communication.
- PSL Transition Curriculum and Process
- The future.



# DO WE HAVE HERE A FAILURE TO COMMUNICATE?

- Communication was identified as a contributing factor in nearly 70% of sentinel events reported to the Joint Commission.
- Handoffs and transitions are specific types of communication that require effective transfer of information.
  - Kohn L et al. To Err is Human. *Building a Safer Health System*. Washington, DC: National Academy Press;2000.
  - Durso FT et al. Human factors of transition of care. In: Pascale Carayon, eds. *Handbook of Human Factors and Ergonomic in Health care and Patient Safety*;2006



# DO WE HAVE HERE A FAILURE TO COMMUNICATE?

- Isn't hospitalist-PCP communication a routine part of hospitalization?
  - One systematic review of the literature found that direct communication between inpatient physician and PCP occurred during only 3-20% of hospitalizations.
  - At the time of first post-discharge visit, PCPs had received no written discharge information in up to 50% of patients.
  - Only 17% of PCPs reported receiving notification from hospitalists about discharges.
  - Kripilani S et al. Deficit in communication and information transfer between hospital-based and primary care physicians. *JAMA* 2007;297:831-41



# DO WE HAVE HERE A FAILURE TO COMMUNICATE?

- Society for Hospital Medicine and the Society of General Internal Medicine task force.
  - “There is no standard for communicating information between the hospitalist and the primary care physician at discharge.”
  
- Today’s Hospitalist June/July 2004 Hospitalists and hand-offs: the problems that plague the process. [www.todayshospitalist.com](http://www.todayshospitalist.com)



# DO WE HAVE HERE A FAILURE TO COMMUNICATE?

- Of ward attendings at UC Denver hospitals, only 6% said they had been formally taught handoffs in medical school
- Only 28% had been formally taught handoffs in residency.

- Chu ES, Misky G, Anderson M, Manheim J, Reid MB, Albert R. Unpublished results.



# DO WE HAVE HERE A FAILURE TO COMMUNICATE?

- Missing information in discharge summaries was a serious issue.
  - Discharge medications (missing from 2%-40%)
  - Treatment or hospital course (7%-22%)
  - Diagnostic test results (33%-63%)
  - Test results pending at discharge (65%)
  - Patient or family counseling (90%-92%)
  - Responsible hospital MD (16-27%)
  - Follow-up plans (2%-43%).
  
- Kripalani S. et al. Deficits in Communication and Information Transfer Between Hospital-Based and Primary Care Physicians. Implications for patient safety and continuity of care. 2007 JAMA 297(8):831-841



# DO WE HAVE HERE A FAILURE TO COMMUNICATE?

- Common types of adverse events occurred 3 to 4 weeks post discharge
  - Medication problems 66-72%
  - Problems due to procedures 7-17%
  - Therapeutic errors 16%
  - Diagnostic errors 6%
  - Nosocomial infections 5-11%
  - Pressure ulcers 7%
  - Falls 2-4%
  
- Tsilimingras D et al. Postdischarge adverse events in the elderly. 2009. J Patient Safety 5(4): 201-204



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Two cases.
- The Importance of Communication.
- **Legal Aspects.**
- Methods of communication.
- PSL Transition Curriculum and Process
- The future.



# LEGAL ASPECTS

- Communication problems contribute to 26-31% of malpractice cases
- Based on previous case law, three elements all treating physicians must consider in coordinating follow up care:
  - The physician has an obligation to provide follow-up care
  - The physician who began the care must fulfill that obligation.
  - The patient must be educated about what symptoms require follow-up care and why such follow up care is important.
- Beckman HB et al. The doctor-patient relationship and malpractice: Lessons from plaintiff depositions. Arch Intern Med. 1994;154:1365-1370
- Alper A. Key Legal Principles for Hospitalists. Am J Med 2001; 111: 5S-9S



# LEGAL ASPECTS

- As it relates to hospitalists there are no specific precedents but ...
  - ***Because the patient leaves the hospital and resumes care with the PCP, the hospitalist and the PCP share the duty to provide follow-up care.***



# LEGAL ASPECTS

- **CASE:** A young girl is seen in the ED with arm pain. The ED physician diagnosis a “sprain” after getting x-rays and checking them to rule out a fracture. The radiologist re-reads the x-ray and finds a distal humerus fracture. He dictates the findings but does not directly contact the patient, PCP, or ED physician.

The patient later requires open reduction of the fracture and is told she has a risk of permanent deformity. Who is liable?

- Phillips vs. Good Samaritan Hospital, I 416 NE2nd 646, 649 (Ohio 1979)



# LEGAL ASPECTS

- As it relates to hospitalists There are no specific precedents but ...
- Because the patient leaves the hospital and resumes care with the PCP, the hospitalist and the PCP *share the duty* to provide follow-up care.
- ***The hospitalist must provide the patient with information about the ongoing care required and the risks of not receiving such care.***



# LEGAL ASPECTS

- Obligations of the hospitalists – providing information
  - A 1992 study reported 21 to 23% of adults in the US have extremely limited literacy skills.
  - An ER study found the reading material provided to emergency department patients was beyond the literacy level of about half.
  - Although written materials can help decrease legal liability, *they may not completely remove the hospitalist's ethical obligation* to ensure patient comprehension.
- Kirsch IS et al. Adult literacy in America. US Dept of Education: Washington DC, 1993
- Powers RD. Emergency department patient literacy and the readability of patient-directed materials. *Ann Emerg Med* 1988;17:124-126



# LEGAL ASPECTS

- As it relates to hospitalists There are no specific precedents but ...
- Because the patient leaves the hospital and resumes care with the PCP, the hospitalist and the PCP *share the duty* to provide follow-up care.
- The hospitalists must provide the patient with information about the ongoing care required and the risks of not receiving such care.
- ***The hospitalist must ensure the PCP has enough information to provide the care in the office.***



# LEGAL ASPECTS

## ○ Coordinating Care

- *Someone* (PCP or Hospitalist) needs to be aware of pending tests
- *Someone* (PCP or Hospitalist) needs to be reminded to check the results
- *Someone* (PCP or Hospitalist ) needs to communicate new information to patient based on precedent of “obligation of Continuing attention” and communicate importance of following up (or risks of not following up)
- ***There must be explicit agreement between providers about distribution of duties.***



# LEGAL ASPECTS

## ○ CASE:

- A PCP, seeing a patient in follow up, never receives test results that a patient underwent, at his own initiative, at an outside facility. He urges the patient to obtain the information about the bowel studies but does not explicitly request records through his office.
- Test results show colon cancer
- Jury finds no malpractice liability.
- *However*, appellate court reverses decision concluding that the trial court should have allowed expert testimony about physician's obligation to follow up on a patient who did not obtain medical records.
- *Dunning v Kerzer*, 910F2d 1009 (1st Cir 1990), quoting *Smith v Menet*, 175 Ill App 3d 714 (1988)



# LEGAL ASPECTS

- Recommendations for Coordinating Care and Minimizing Legal Liability
  - *“The hospitalist remains in charge and has ultimate responsibility until the moment that the PCP acknowledges discharge of the patient and takes over the patient’s care.”*
  - The hospitalist should verbally inform the PCP of the discharge and *both parties* should document the hand-off.
  - All follow up instructions and attempts to contact patient in follow up should be well documented.
  - Wellikson,L. The hospitalist model: How it benefits you and your patients. Curr Clin Practice 2008 2(2): 10-13



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Two Cases.
- The Importance of Communication.
- Legal Aspects.
- **Methods of Communication.**
- PSL Transition Curriculum and Process
- The Future.



# METHODS OF COMMUNICATION

- Mail survey of 1,030 physician members of the California Academy of Family Physicians. Of 556 respondents (54%) who had ever used a hospitalist
  - 68% agreed that hospitalists are a good idea
  - 56% were very or somewhat satisfied with communication with hospitalists
  - 33% typically received a discharge summary by the time the patient was seen in the office.



# METHODS OF COMMUNICATION

- What do PCPs like?
  - 77% stated they “very much prefer” to communicate with hospitalist by telephone.
    - At admission -73%
    - At discharge – 78%
    - Status change – 55%
    - Major intervention – 50%
    - Daily – 6%
  - Pantilat S et al. Primary Care Physician Attitudes Regarding Communication with Hospitalists. 2001 Am J. Med 111(9B):15S-20S



# METHODS OF COMMUNICATION

## ○ Timing/Speed

- median time to PCP f/u = 6 days
- time to delivery (without EMR) of transcribed discharge summary = 17-25 days
- median time delivery of letter by patient = 1.8 days (90% in 1 wk)
- median time to delivery of faxed summary = 1 day



# METHODS OF COMMUNICATION

## ○ Telephone

- Pros:

- PCPs like it.
- Not high-tech.
- Only real time HIPAA compliant method of *two way* communication

*“Patients and families are asked to make important decisions for which they often have little knowledge or preparation. Their primary care doctor is often the bridge and the translator.”*

- Beckman H. Three Degrees of Separation. 2009 Ann Int Med 151(12):89-891



# METHODS OF COMMUNICATION

## ○ Telephone

- Cons:

- “Too busy”: PCP and Hospitalist Play Telephone Tag
  - Not knowing whom to contact (presumably due to lack of a readily identifiable PCP)
  - Many inpatient physicians feel that communication with the PCP is of limited value and not a priority relative to other responsibilities.
  - Some studies show that even when telephone communication occurs, there is not necessarily agreement on the “meaning” of the handoff
- 
- Brannen ML et al. Admission Handoff Communication: Clinician’s Shared Understanding of Patient Severity of Illness and Problems. 2009 J Patient Saf. 5(4): 237-242
  - Dunn AS et al. Physician-Physician Communication: What’s the Hang-up? 2009 J Gen Intern Med. 42(3):427-439



# METHODS OF COMMUNICATION

- E-mail

- Pros

- Can be reviewed at one's own pace
    - Can allow for confirmation of receipt and written record of communication attempts
    - Allows dialogue



# METHODS OF COMMUNICATION

## ○ E-mail

### • Cons

- Security (HIPAA) issues
- “Dialogue” is not real-time.
- Even fewer opportunities for “non-verbal” cues than telephone
- Hard to truly “confirm” receipt of information
- Only 8% of PCPs “very much preferred” email (though population studied not “early” tech adopters – 35% used email in their offices)

- Pantilat S et al. Primary Care Physician Attitudes Regarding Communication with Hospitalists. 2001 Am J. Med 111(9B):15S-20S



# METHODS OF COMMUNICATION

## ○ Dictated/Transcribed Summary

- Pros

- Already standard and required by Med Staff regulations
- Detailed
- Written record for reference

- Cons

- Often late (or never arrive at all)
- Missing information, too much information – there is no standardization of format to create efficient but inclusive transfer of information



# METHODS OF COMMUNICATION

## ○ Fax Discharge Letter/Form

- Pros

- Can be automated and sent immediately with essentials
- Written record

- Cons

- Cannot confirm someone actually received and read it
- One way dialogue
- If you want more than the bare essentials, carries many of the same problems as a transcribed summary (delay in preparation, lack of standardization)



# METHODS OF COMMUNICATION

## ○ Patient Delivered Discharge Letter

### ● Pros

- Much faster than transcription and a little slower than fax
- Will not arrive any later than the patient's first follow up visit
- Some studies imply supplying patient centered transitions documents can lead to decreased readmission rates

### ● Cons

- Less detailed than prepared d/c summary
- Requires the patient to actually follow up or risks information “in the wind”

- Coleman EA et al. The Care Transitions Intervention: Results of a Randomized Controlled Trial. 2006 Arch Int Med 166(17):1822-1828



# METHODS OF COMMUNICATION

## ○ EMR

- Pros

- All data available
- Automated fax and notification possible
- Can populate discharge summaries (data shows much faster turnaround and delivery with computer-aided d/c summaries)
- An integrated system allows all parties to: access data real time, search for data, update data, message in real time



# METHODS OF COMMUNICATION

## ○ EMR

- Cons

- **Cost/maintenance**

- Availability

- Even when available, integration will remain a “pipe dream” unless a closed system (VA, Kaiser)

- Lacks the “human touch”



# METHODS OF COMMUNICATION

- Recommendations:
- Dictated Discharge Summary:
  - should be standardized, brief but inclusive
  - needs to ARRIVE QUICKLY
  - Computerized much better than transcribed



# METHODS OF COMMUNICATION

- Recommendations:
- MAKE THE PHONE CALL!
  - it limits liability for the PCP and for you if done correctly and with explicit understanding of responsibilities
  - improves PCP satisfaction
  - PCP can help you



# METHODS OF COMMUNICATION

- Recommendations:
- Patient Letter/Form/Instructions:
  - brief, include “red flags” for patient, pending tests, follow up appointments



# METHODS OF COMMUNICATION

- Recommendations:
  - It sure would be nice to have an EMR ...
    - Google Health, Microsoft HealthVault?
  - Can someone leverage social networking systems, Twitter, SMS?

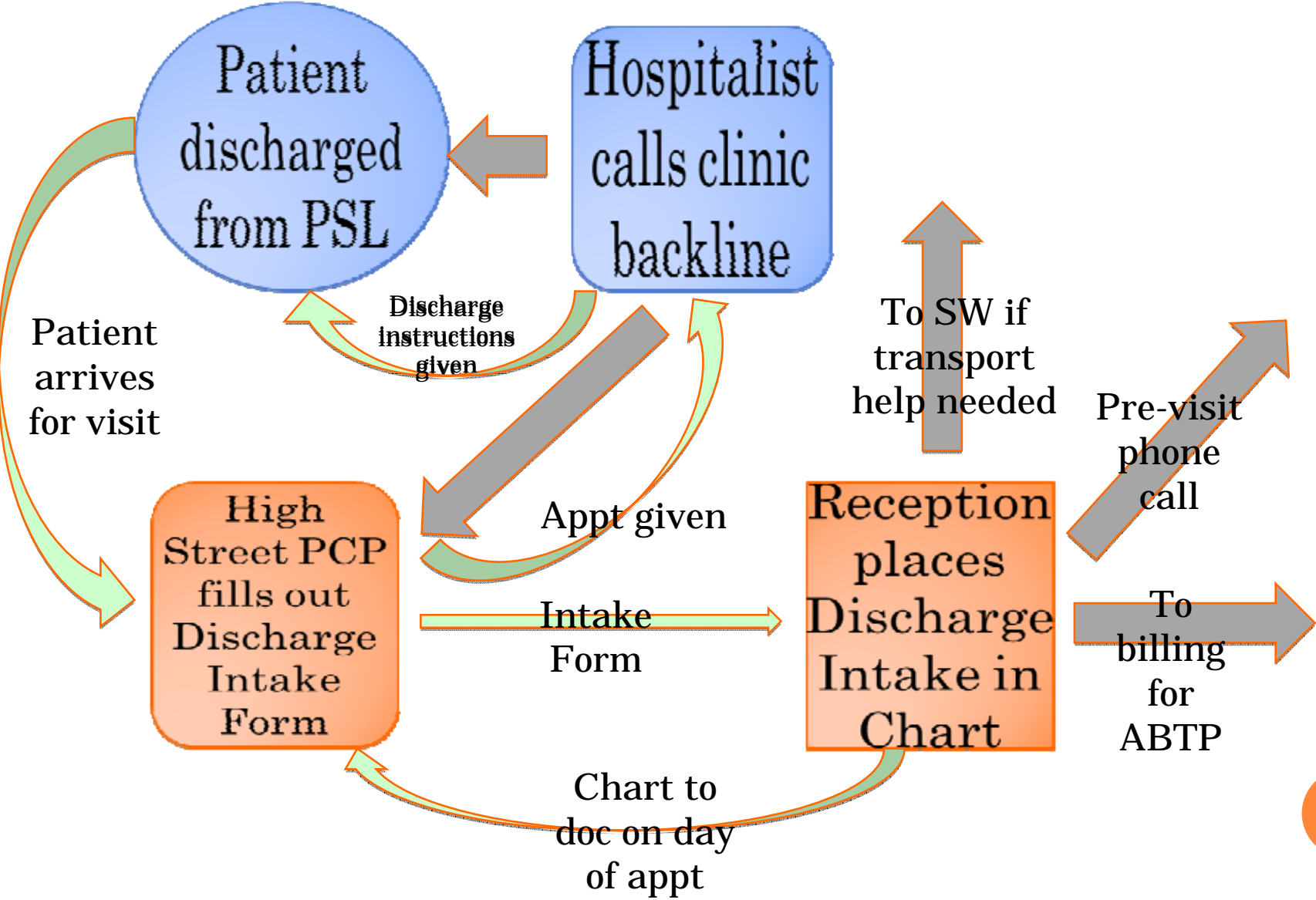


# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Two Cases.
- The Importance of Communication.
- Legal Aspects.
- Methods of Communication.
- **PSL Transition Curriculum and Process**
- The Future.



# PSL TRANSITION CURRICULUM AND PROCESS



# PSL TRANSITION CURRICULUM AND PROCESS

## **HOSPITAL DISCHARGE FORM** (New or Established patients)

### **High Street Internal Medicine**

**Patient Name:** \_\_\_\_\_

**Date of Discharge:** \_\_\_\_\_ **Patient's Phone Number(s):** \_\_\_\_\_

(CIRCLE all that apply)

**Insurance:** Medicare Medicaid Commercial ABTP

**Diagnosis(es):** \_\_\_\_\_

\_\_\_\_\_

**Meds:** \_\_\_\_\_

\_\_\_\_\_

**Pending Tests/Consults:** \_\_\_\_\_

\_\_\_\_\_

**Oxygen:** NO YES \_\_\_\_\_ LPM

**DME:** NO YES \_\_\_\_\_ (item(s))

**Home Health:** NO YES \_\_\_\_\_ Agency \_\_\_\_\_ Number \_\_\_\_\_

**PT/OT:** NO YES – home YES-outpatient

**Needs Transportation Assistance:** NO YES

**Patient is new to the clinic:** NO YES

**Established Patient with PCP:** NO YES

**Clinic Appointment Physician, Time and Date:** \_\_\_\_\_



# PHYSICIAN TO PHYSICIAN COMMUNICATION

- Two Cases.
- The Importance of Communication.
- Legal Aspects.
- Methods of Communication.
- PSL Transition Curriculum and Process
- **The Future.**

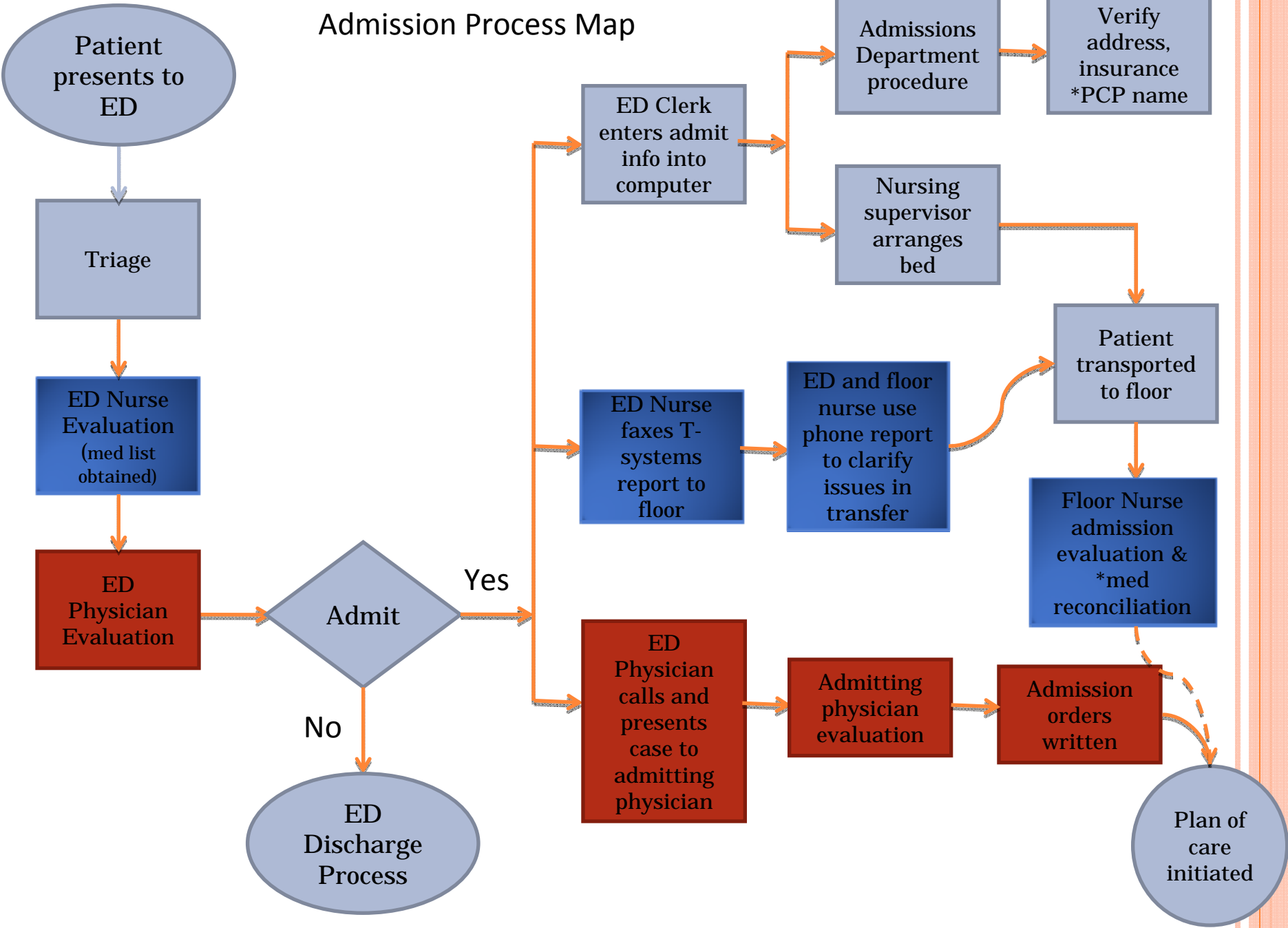


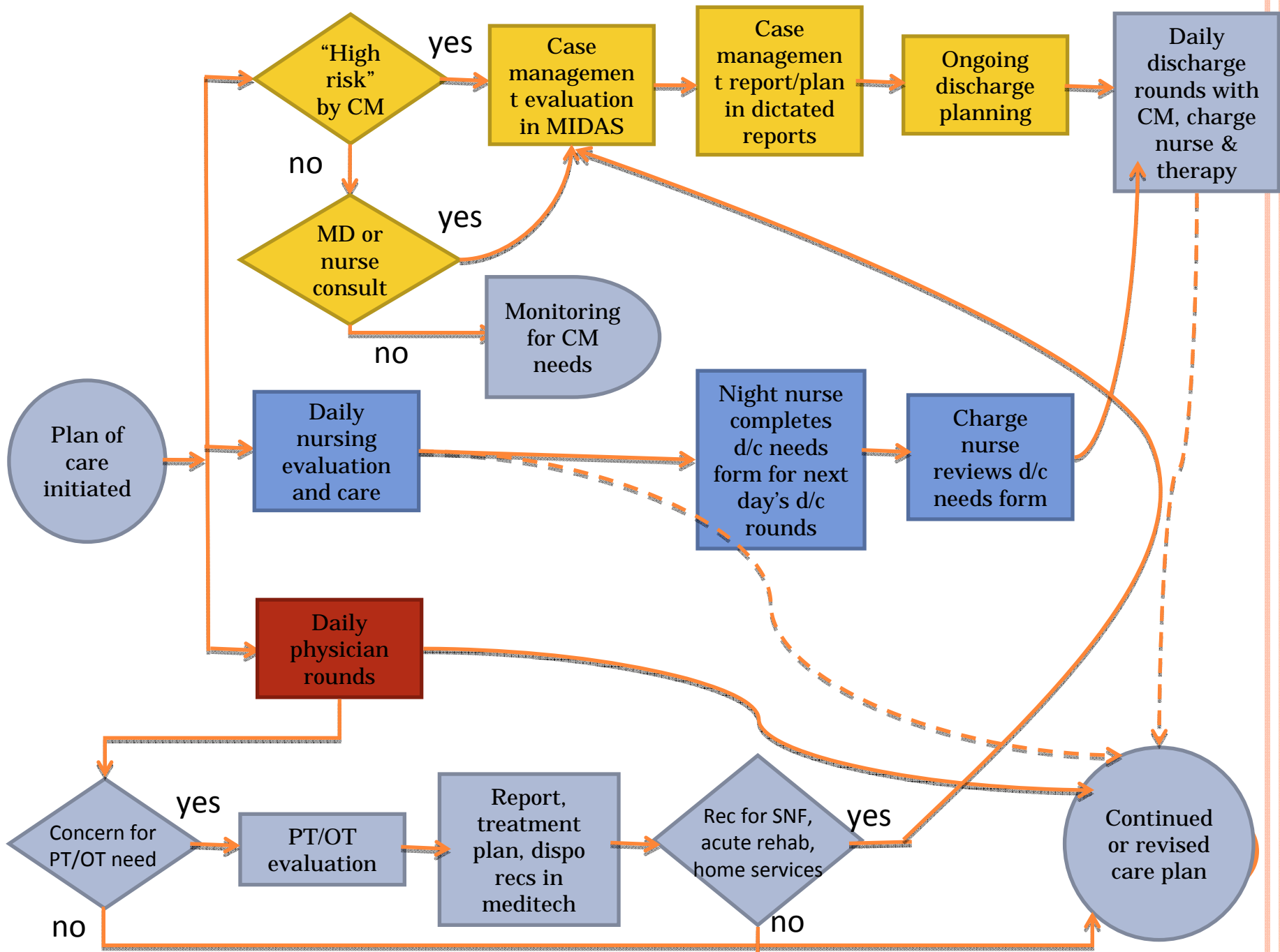
# PSL TRANSITION CURRICULUM AND PROCESS

- Transitions of Care Project
  - Funding from The Colorado Health Foundation as part of their Patient-Centered Medical Home (PCMH) initiative.
    - Didactics
    - Systematic standardization of discharge summary format and forms
    - Development of an innovative rounding format on day of discharge analogous to the unique format of the Admission H&P
    - Transitions Coordinator

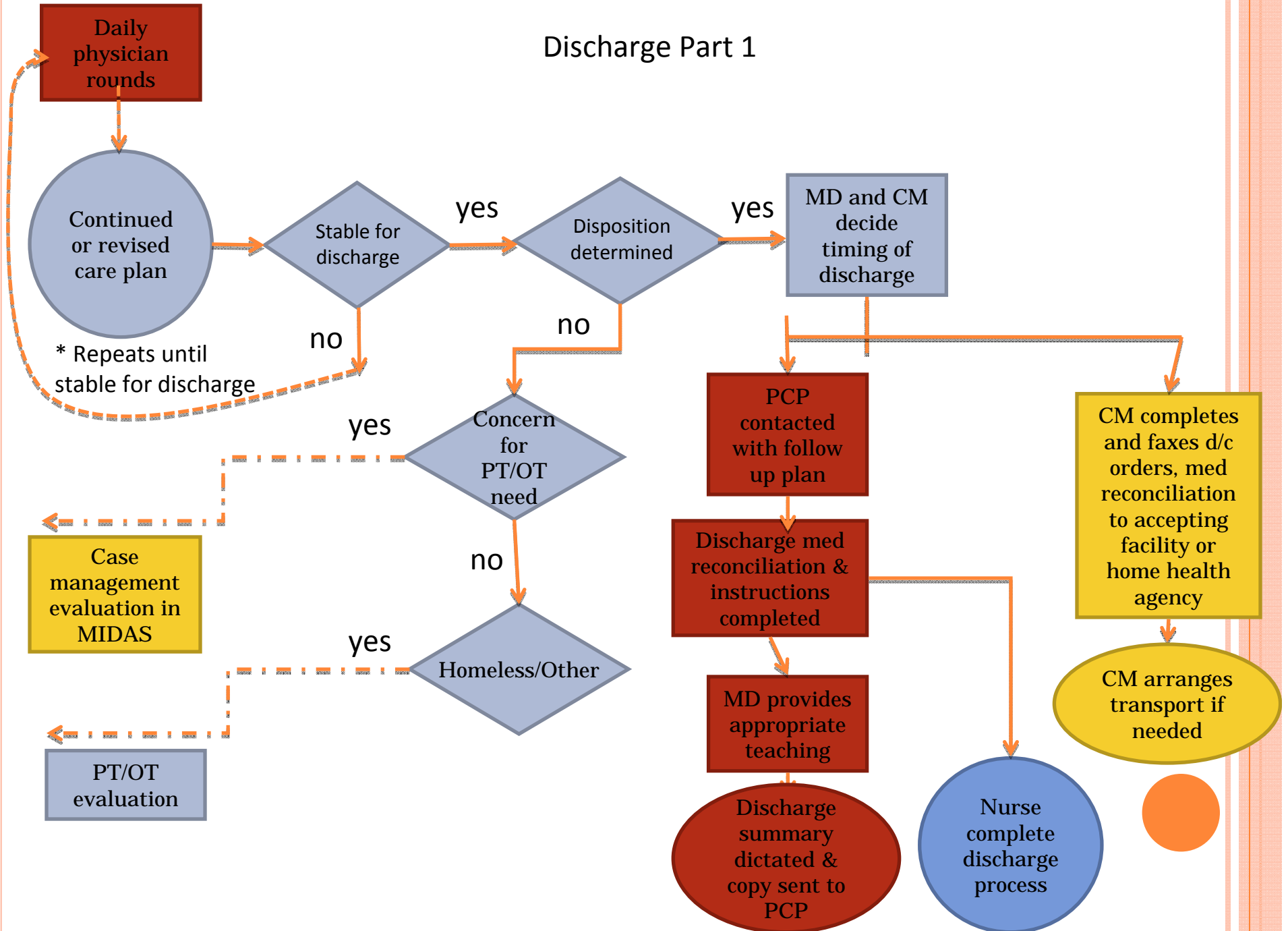


# Admission Process Map

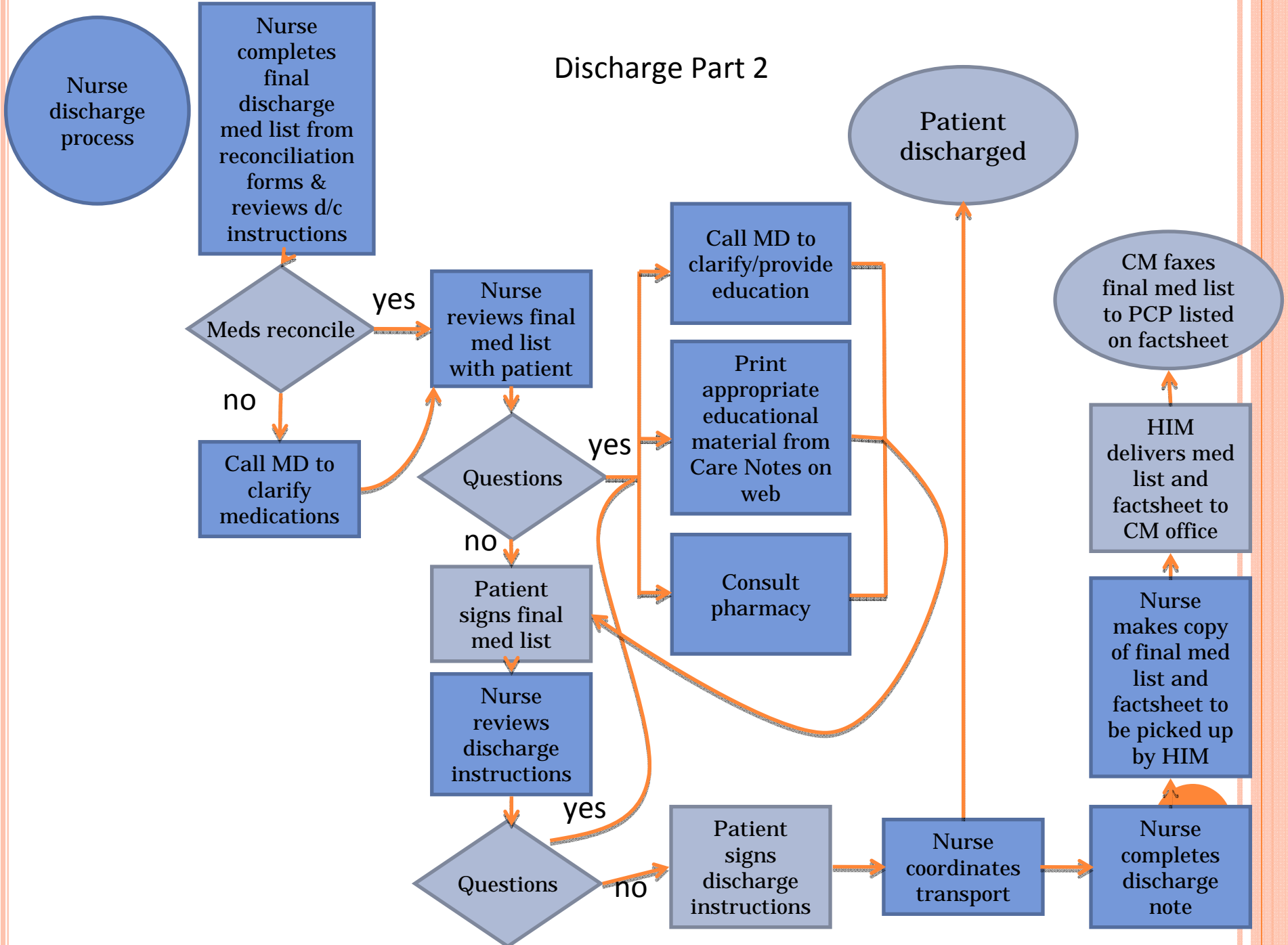




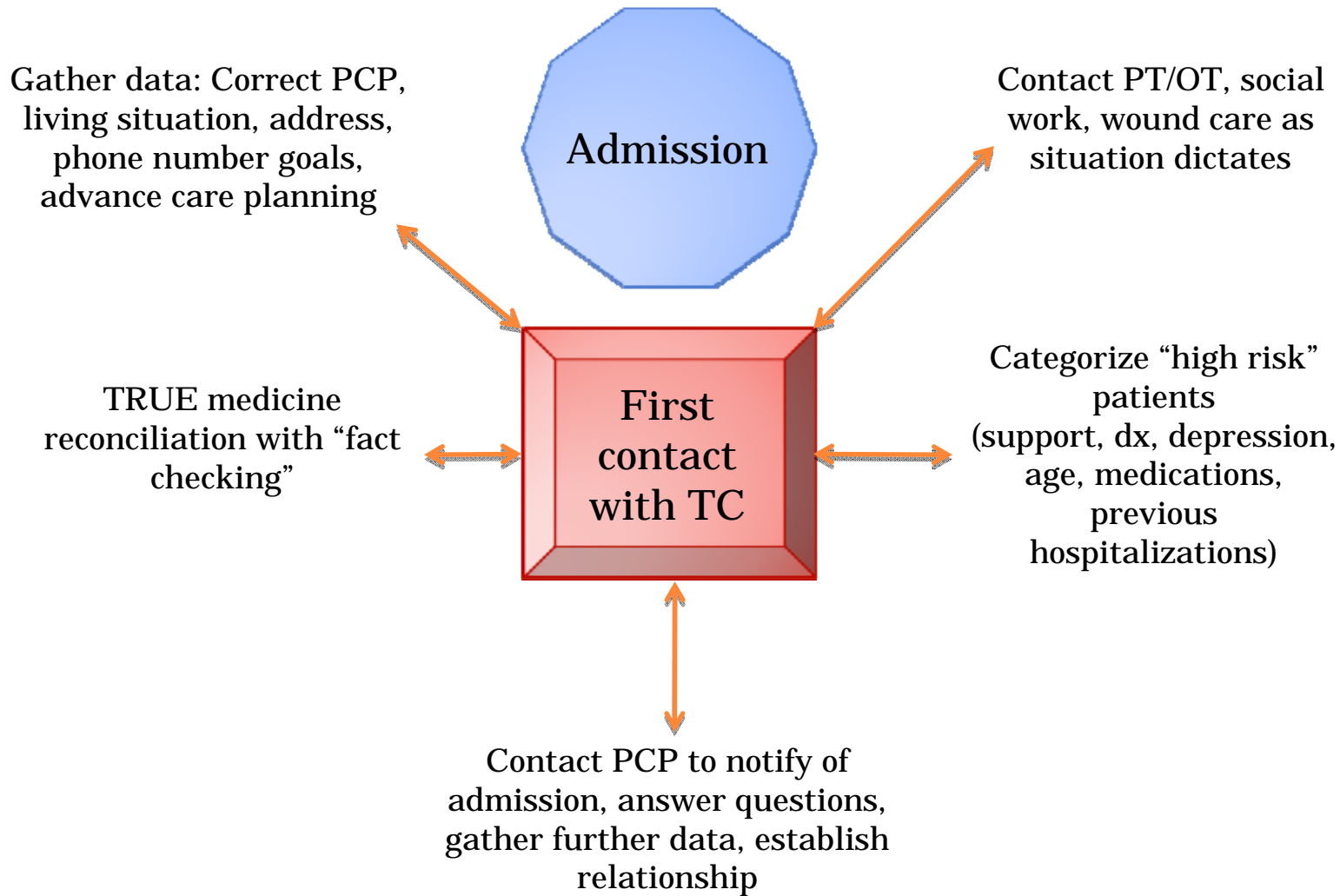
# Discharge Part 1



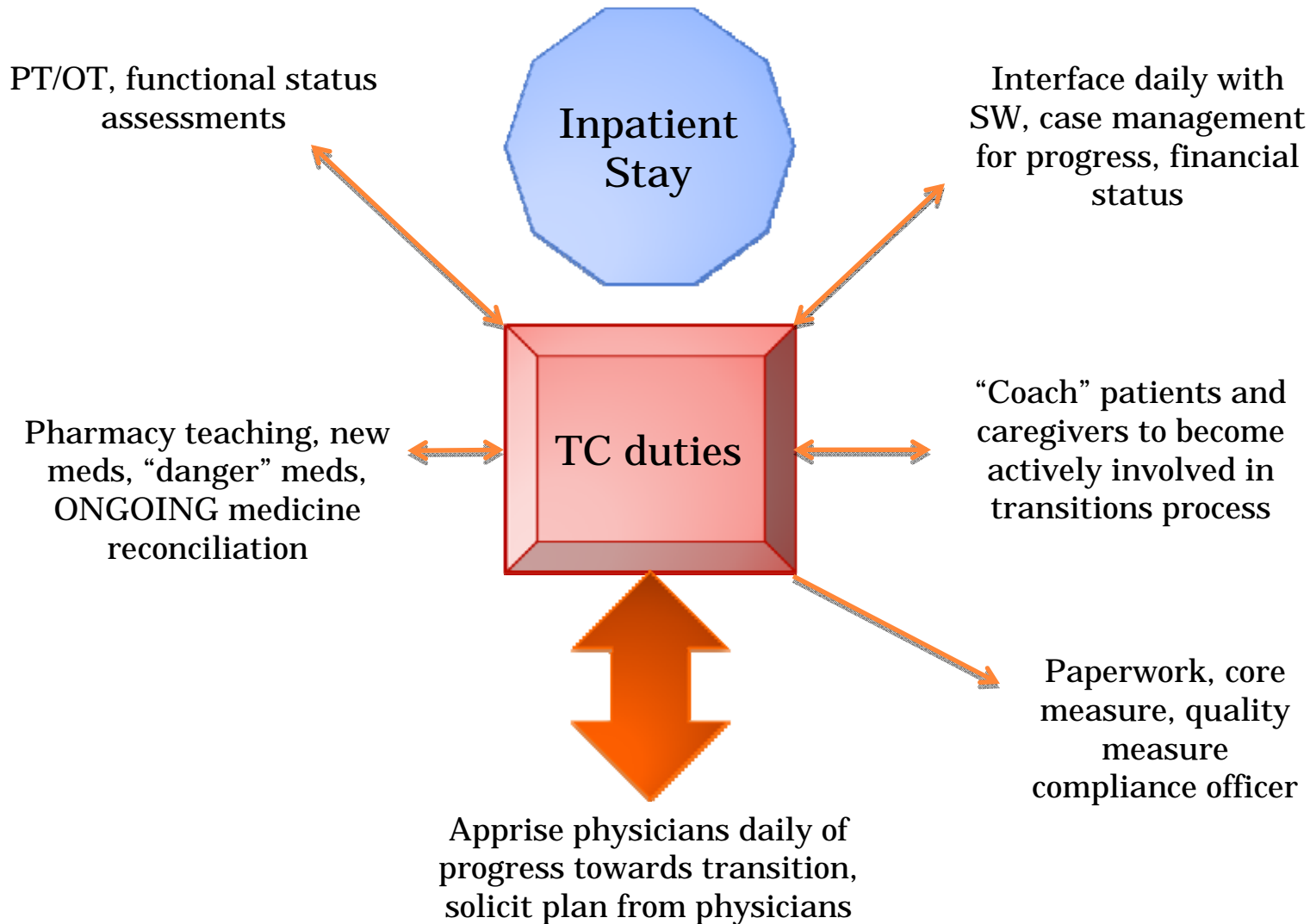
# Discharge Part 2



# FUTURE OF COORDINATION OF CARE



# FUTURE OF COORDINATION OF CARE



# FUTURE OF COORDINATION OF CARE

