

MMAP NEWS



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Focus on Office Practice Follow-Up

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INTRODUCTION

Inadequate physician-patient communication has been identified as a primary causation factor contributing to both compromised patient safety and professional liability litigation. Follow-up is a vital, albeit challenging, aspect of communication and a primary component of the physician-patient care continuum. We are, however, seeing many failure-to-diagnose, failure-to-refer, and delay-in-diagnosis malpractice cases arise from communication follow-up breakdown. Scenarios requiring follow-up addressed in this article include:

- Primary care provider (and other referring physicians) follow-up with consultants
- Follow-up on missed/canceled appointments & non-adherence
- Follow-up on ordered diagnostic tests

This article presents recommendations for establishing tools which track the patient follow-up continuum. Many of the allegations referenced in the previous paragraph surface as a result of patients “falling between the cracks” in the systems which comprise the care continuum. Most of these can be avoided if a comprehensive, well-maintained follow-up system is utilized. Establishing comprehensive policies, procedures and forms to support tracking systems for patient follow-up is strongly encouraged.

PRIMARY CARE PROVIDER (AND OTHER REFERRING PHYSICIANS) FOLLOW-UP WITH CONSULTANTS

All components which comprise the referral continuum must be in place to minimize both the patient’s exposure to harm and the referring physician’s liability. Follow-up between the referring and consulting physicians carries great importance. It’s vital that referring physicians receive communication from consultants as regards their findings. This communication naturally takes on a greater sense of urgency in circumstances where the patient’s potential diagnosis involves a life threatening condition. It is the referring physician who often retains ongoing responsibility for monitoring the patient’s care.

Risk management strategies to improve follow-up between referring and consultant physicians include the following:

- Communicate the importance of the referral to the patient. To the degree feasible, confirm patient understanding and acknowledgement.
- Where possible, make the referral appointment for the patient prior to his/her leaving the primary care office.

- Contact the consultant directly and sufficiently in advance to ensure that (a) the urgency of the consult is recognized and, (b) the consultant is afforded the opportunity to review patient information prior to the visit.
- Provide a clear and concise written consultation request (retain a copy in the patient's record).
- Request consultation findings be provided to the referring physician.
- Contact the consultant if findings are not received within a reasonable time frame.
- Request that the consultant call the referring physician if the patient does not keep their appointment)
- Review, initial and date consultation results **prior** to their being filed in the patient's record.
- Ascertain who will take ongoing responsibility for the patient.
- Bring the patient's medical chart to the physician to facilitate the ascertaining the level of urgency and clinical importance attributed to the care not provided. (NOTE: Some routine missed/cancelled appointments do not merit follow-up.)
- Initiate contact with the patient. Offer an opportunity to reschedule the appointment. Where non-adherence is the issue, explain the rationale for the recommended treatment regimen. Where there is an urgent clinical reason, the physician should initiate a phone call to encourage patient follow-up. In those instances where the physician initiates communication, an explanation recommending the patient's treatment course, its benefits, and risks of not adhering to the proposed treatment should be clearly communicated.
- In instances where the patient cannot be reached by telephone, a letter should be sent. If the clinical ramifications are considered urgent, it would be "reasonable" to make more than one documented attempt to convince the patient to complete the treatment regimen. The final attempt to contact the patient should be the form of a certified correspondence to clearly demonstrate that all "reasonable" attempts were made to achieve successful follow-up. Evidence of patient receipt of the correspondence should be retained in the patient's record.

Create a Consultation Tracking Log to monitor the process to ensure closure of the care continuum loop. The log headings should include the following:

- Date Ordered
- Patient's name
- Consultant's Name
- Test/Reason for Consult
- Date of Consult Appointment
- Date Findings Received
- Date Follow-up Action Taken

FOLLOW-UP ON MISSED/CANCELED APPOINTMENTS & NON-ADHERENCE

When a patient misses/cancels an appointment, leaves without being seen, or fails to follow medical advice such as having a test performed or failing to see a consultant to whom referred, a series of steps should be initiated to bring closure to the situation. These include the following:

- Instruct staff to bring these situations to the physician's attention.
- Document missed/canceled and non-adherent patients.

- Clearly document all follow-up attempts in the patient record.
- Track missed/cancelled appointments for diagnosis or conditions which the physician determines crucial for patient follow-up. Such circumstances might incorporate abnormal test results, questionable cancer screen findings or other potentially life threatening situations. Again, a tracking log should be maintained, which enables the practice to document that either follow-up was completed, informed refusal has been signed or that "reasonable" attempts to contact the patient have been put forth.

FOLLOW-UP ON ORDERED DIAGNOSTIC TESTS

Ineffective tracking and communicating of diagnostic test results (lab, x-ray, EKG, ultrasound, other tests) could leave the practice vulnerable to allegations of delayed/missed diagnosis. Many practices have adapted the posture that every patient is informed of the result of every test ordered. Other practices take a “no news is good news” approach.

Many physicians ordering diagnostic tests utilize logs or similar systems to track results and ensure timely follow-up with patients. A tracking system will enable the practice to closely monitor the following aspects as regards diagnostic tests:

- Date of order
- Patient’s name
- Lab/Physician
- Test
- Appointment date
- Date Results Received
- Date Results Reviewed
- Patient Notified

The above tracking should be conducted for tests sent elsewhere as well as for tests performed within the practice. The system will enable confirmation that:

- All tests have been received by the referring physician’s office
- The referring physician has reviewed and initialed the results
- The patient has been notified
- The chart has been appropriately documented to reflect when, how and what was communicated to the patient.
- Results are properly filed in the patient’s record
- Where needed, follow-up is initiated

It is a good idea to delegate a practice employee responsible to ensure that the log is maintained and up-to-date. Diligence in this regard will further reduce the possibility that abnormal results are not communicated to the patient in a timely manner.

It is not uncommon for the referring lab or radiologist to notify patients of their findings. Reliance upon others for patient notification is, however, risky as the ordering physician retains the responsibility for test result tracking and follow-up.

CONCLUSION

The busy but prudent practitioner should not lose sight of the fact that the following allegations are not uncommonly lodged:

- Lack of/failure in patient follow-up systems
- Failure/delay in reporting findings
- Failure/delay in scheduling or performing test(s)
- Failure in patient care system

Readers may wonder where the patient’s responsibility for ensuring their own follow-up care lies. While juries have acknowledged such patient responsibilities, verdicts are generally based upon the belief that it is the physician, not the patient who possesses the expertise to fully comprehend the vital nature of a diagnostic test or other care. Thus, the courts have ruled that physicians do, indeed, have a duty to follow-up with the patient. Not doing so in a “reasonable” manner renders the physician vulnerable to an adverse judgment.

Many variations in tracking follow-up systems are utilized in office practices. The format used should be one that works best for the practice. The follow-up system must, however, be comprehensive, incorporate the elements discussed and ensure that closure is brought to the physician-patient care continuum.