

Effective Consultations

Psychiatry and the Family Physician

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Goals

- Understand the role psychiatry consultation letters serve for both the referring family physician and other parties
- Review the unique aspects of psychiatry consults letters
- Develop approach to producing effective letters quickly

References

- CPA Position Paper Shared Mental Health Care in Canada 1996
- Keely,A. ,Dojeiji,S., & Myers., (2002) Writing effective consultation letters: 12 Tips for Teachers, *Medical Teacher*, Vol.24,No. 6,pp.585-589
- Dojeiji,s.,Marks, M. & Keely, E, (1997) Referral and consultation letters: enhancing communication between family physicians and specialists, *Clinical Investigative Journal*,20 (suppl.4),p.S49
- Coulter et al., General Practitioners' referrals to specialist outpatient clinics. II , *BMJ*,1989 July 29;299(6694):304-6
- Dojeiji Sue, Creating Effective and Efficient Consultation Letters (Workshop), University of Ottawa, November 2004
- Aminzadeh, F.,(2000) Adherence to Recommendations of Community Based Comprehensive Geriatric Assessment Programmes, *Age Aging*, Sept;29(5) 401-7 Review

The Consult Letter

- Often the only communication with the referring physician, so make it practical and helpful
- Residents should have formal training in writing consult letters, best done on ambulatory rotations
- University of Ottawa Study 1997, showed only 16% of specialists received formal training in writing consult letters as residents.
- 49% received feedback on their own letters during training

Dojeiji et al, Clinical Investigative Journal, 1997,20 (suppl.4),p.S49

What the Referring Physician Can Offer the Psychiatrist

- Clear enunciation of what is desired from the consult.
- Provide biomedical data.
- Provide family history
- Help the patient have realistic expectations, especially if it is for consultation only

What a Psychiatrist Can Offer a Family Physician

- Diagnostic clarification
- Help initiate appropriate therapy
- Evaluate failed therapy
- Co-manage if possible and indicated for a period of time
- Evaluate prognosis, help set realistic goals
- CME

Role of Consult Letter for Consultant Psychiatrist

- Your record of assessment
- Opportunity to thank the referring physician
- Can enhance the working relationship with the referring physician
- Helps you to “know your patient” if you reassess
- Fulfills legal requirements
- “Good work deserves good notes, and good notes are the cornerstone of a good defense”

Canadian Medical Protective Association Newsletter, 2001

Components of Written Consultations

- An answer to the referring physician's question
- If the question is unclear then clarify with the physician before seeing the patient *collaborator role
- Diagnosis and differential diagnosis using DSM Axis I-V
- Explanation as to how conclusions were arrived at (description of what constitutes diagnosis.)
- Prognosis (nature of the disorder)
- Probability of recurrence
- Management plan

Written Consultation – Management Plan

- Use point form for clarity
- Management plan should have where indicated bio (medication) and psychosocial strategies
- The management plan should spell out who will do what and when.
- List areas of further medical inquiry if needed
- Indicate how long follow-up will be (if any)
- Your availability for re-assessment

Medication (Bio) Management Plan

- Give reasoning behind medication choice (evidence-based)
- Give preferred medication plan and 1-2 backup plans if first choice is ineffective or not tolerated
- Be specific with drug dosing and specific re crossover or tapering off directions
- Be specific re length of treatment
- List where possible specific target symptoms for monitoring progress

Psychotherapy Management Plan

- State if the patient is a candidate for psychotherapy or not *manager role
- Be specific regarding which type of psychotherapy and why or why not
- If you will not be the provider give information re accessing therapy
- Make recommendations that are appropriate, available and affordable for the patient *manager role

Social Management Plan

- Know your local mental health community resources and recommend them where appropriate *advocacy role
- If indicated complete insurance forms or ensure consult can be used by referring physician to complete forms, include Axis I to V with GAF *advocacy role

Management Plan – Review with Patient

- Your consult can be almost useless if the patient disagrees with your recommendations
- Patients and family doctors often wait a long time for the consultation, make it useful to both
*manager role
- Avoid making comments to the patient that are overtly critical of previous mental health care received or care from the referring physician.
*professional role

Management Plan – Review with Patient

- At the beginning ask the patient what they hope to get out of consult (patient centered)
- Always leave time at the end to review your diagnosis and recommendations with the patient.
- Be prepared to negotiate.
- Encourage the patient to make an appointment with their family doctor to review

*communicator role

Educational Role of Consult Letter

- Can include CME requested by Family MD
- Information on new therapy
- New practice guidelines
- “Pearls” aiding diagnosis or management given in non-judgmental language

*scholar role

Strategies for Incorporating CME into Consultations

- Send copy of practice guidelines summary
- List reference/abstract in letter
- Incorporate educational paragraphs
- Send copy of relevant reference
- Consultant to referring physician phone call
- Remember - do not resend the same CME materials to the same physician

*collaborator and scholar roles

Common Problems in Consultation Letters

- too much information
- too little information
- lack of content planning
- don't answer the question
- inappropriate tone
- poor content organization
- lack of editing
- long sentences
- long paragraphs
- long non-technical words
- too much padding
- too much jargon
- excessive use of linking
- excessive use of passive tone
- no attention to visuals
- little use of point form

How Long Should the Letter Be?

For consultation letters, identify:

- essential content (*need to have*)
- helpful content (*nice to have*)
- excessive content (*don't bother*)

What is Excessive Content for a Psychiatry Consult Letter?

- Most consultation letters are read by referring physician when they arrive in the mail and again the day the patient is followed-up (*Dojeiji et al, 1997*)
- Studies have not found that referring physicians want details on the presenting history, past history or social history (*Keely et al, 2002*)

What is Excessive Content for a Psychiatry Consult Letter?

- Put in essential details of the presenting, developmental and social history needed to jog your memory should you reassess patient
- Social and developmental history is important for formulating the management plan but it can be summarized to a few important sentences.
- Letter may include more details than required by the referring physician provided **the letter is easy to read**

Sensitive Content in a Psychiatry Consult Letter

- For sensitive information such as childhood sexual abuse, ask the patient if they are comfortable with that information being included in the letter
- Brief statements without details can often be adequate
- Remember the consult letter may be read by more than the referring physician

Multiple Readers

- Referring MD
- Consultant Psychiatrist
- Patient
- Third party payers-insurance
- Lawyers
- Referring MD's office staff

Multiple Readers

- The letter should be written with the assumption that the patient will read it at some point
- Avoid derogatory language and comments
- Comments on the quality of care by other healthcare professionals should be avoided
- Lawyers and insurance companies want to see Axis I-V Diagnosis
- Axis V GAF is important

Timing, Timing, Timing

- Remember to facilitate continuity of care, letters must be received in a timely fashion
- Dictate as soon as possible after seeing the patient *manager role
- Practice your dictating skills so there are fewer delays second to excessive editing
- If the edits are very minor, do not send back for correction

Summary

- Consult letter is an excellent communication tool
- Can enhance professional relationships
- Recognize multiple roles
- Don't underestimate the educational role
- Always look at letters before sending
- Get feedback from referring physicians and health care clinicians
- Need time and practice