

PRIMARY CARE REFERRALS TO HOSPITAL SPECIALISTS

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BACKGROUND

1

In Spain, patients need a referral from their GPs in order to gain access to non-urgent hospital specialist visits

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Therefore, one of the main features of our primary care is gatekeeping


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Our team aims for a high patient resolution, employing various technical procedures and common diagnostic tests, to avoid certain referrals or to refer patients for treatment only after they have been properly diagnosed.

4

Despite a low number of referrals, we observed large variations in referral rates among our family physicians.

METHODS (I)

- Primary care team, urban setting, 12 family physicians, 28,000 assigned citizens
 - We gathered, from the electronic database, all referrals made during five months in 2013.
 - We sorted out the seven most frequently referred specialties.
 - The referrals to be reviewed were equally distributed, as Access files, to eleven physicians that participated in the study.
 - Evaluation included reason for referral, presence patients' medical history in the referral and reviewing doctor' subjective agreement on referral idoneity
 - Each referral was evaluated by two doctors.
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METHODS (II)


• Reason for referral

- Treatment
- Diagnosis
- Follow-up
- Clerical work
- Missing information

• Specialities

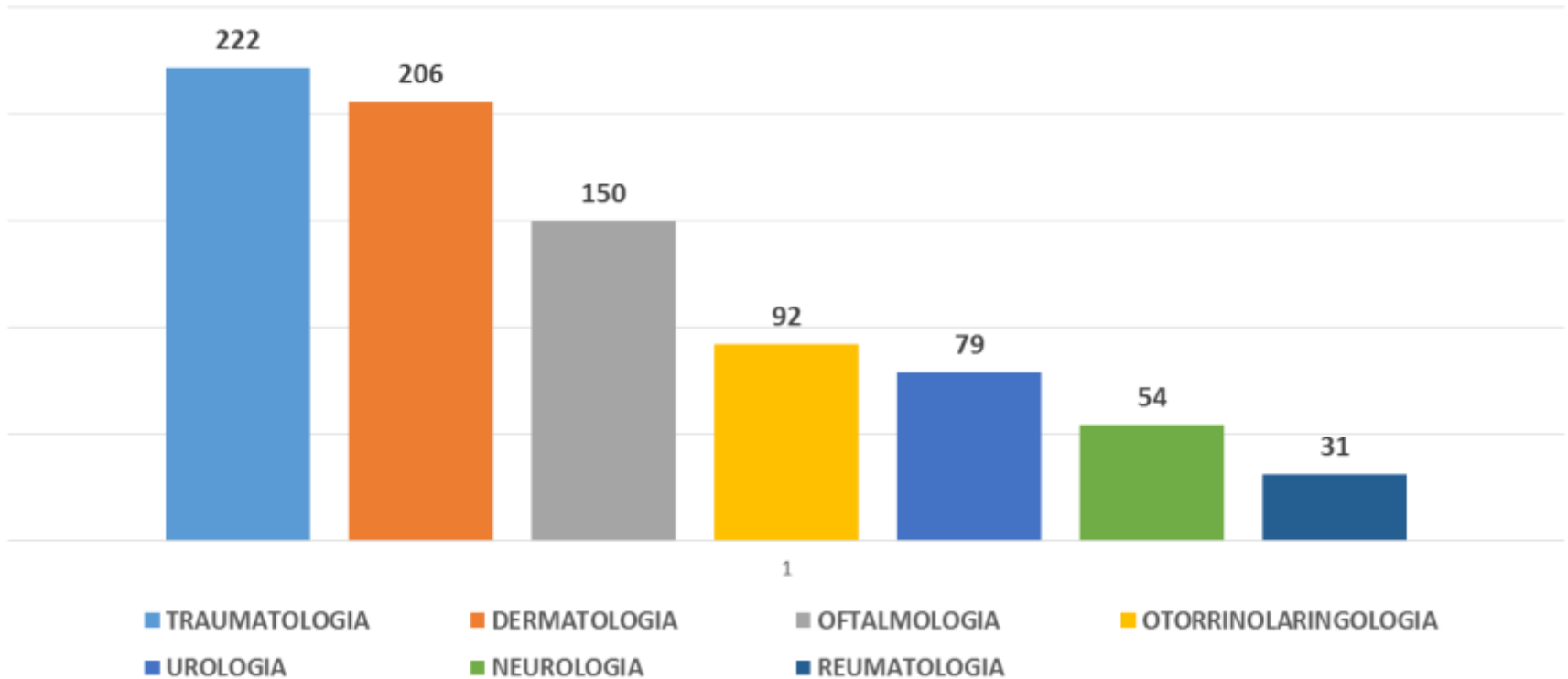
- Traumatology
- Dermatology
- Ophthalmology
- ENT
- Urology
- Neurology
- Rheumatology

RESULTS (I)

- A total of 834 referrals corresponding to 13 doctors were evaluated.
 - A wide variation in referrals number among doctors was noted, from 46 to 96.
 - We analyzed the adequacy of referrals.
 - We looked for the agreement between the two evaluators, which was reached in 621 (74,46%) cases.
 - 80 (12,88%) were considerate as improper by both reviewers.
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Results (II)

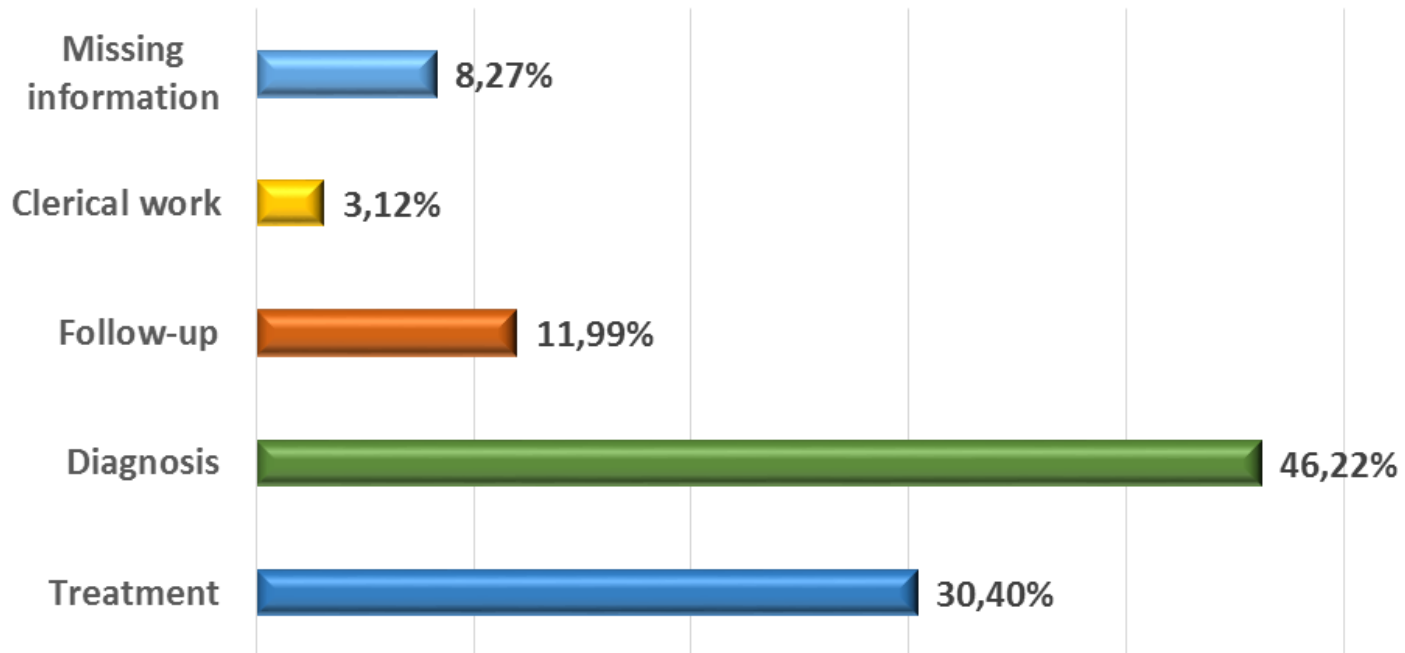
Referrals for each specialty



834 referrals

Results (III)

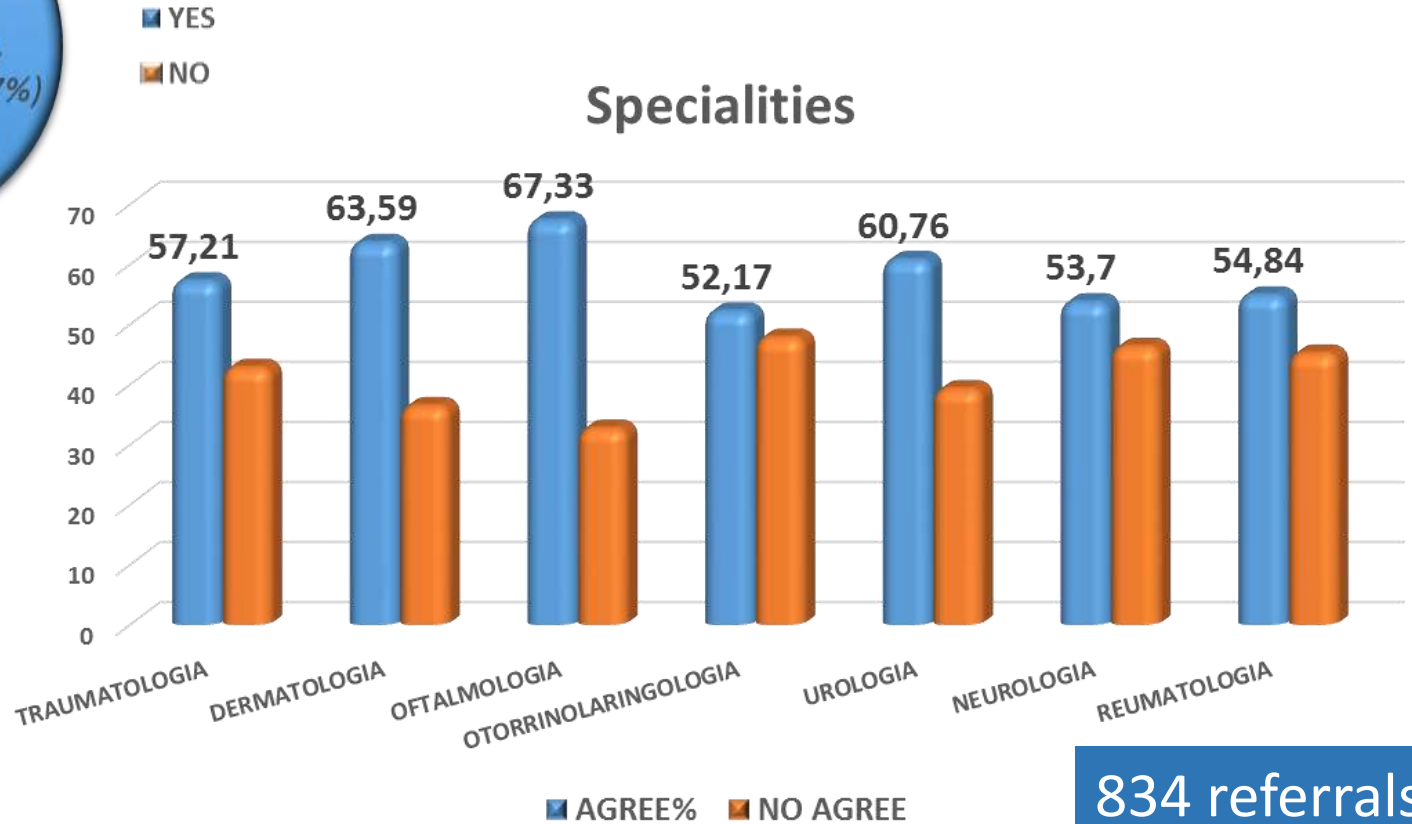
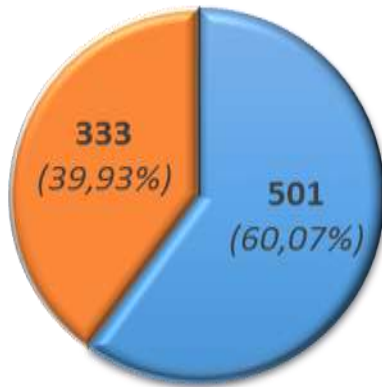
Reason for referral



834 referrals

Results (IV)

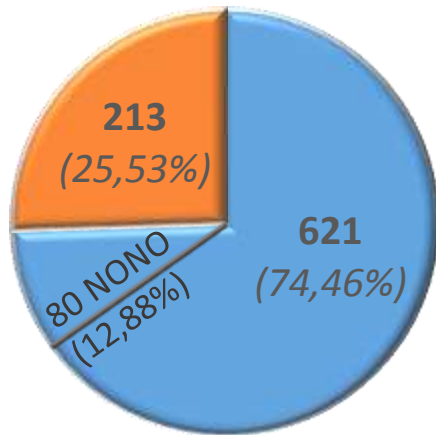
Reason for referral's agreement



834 referrals

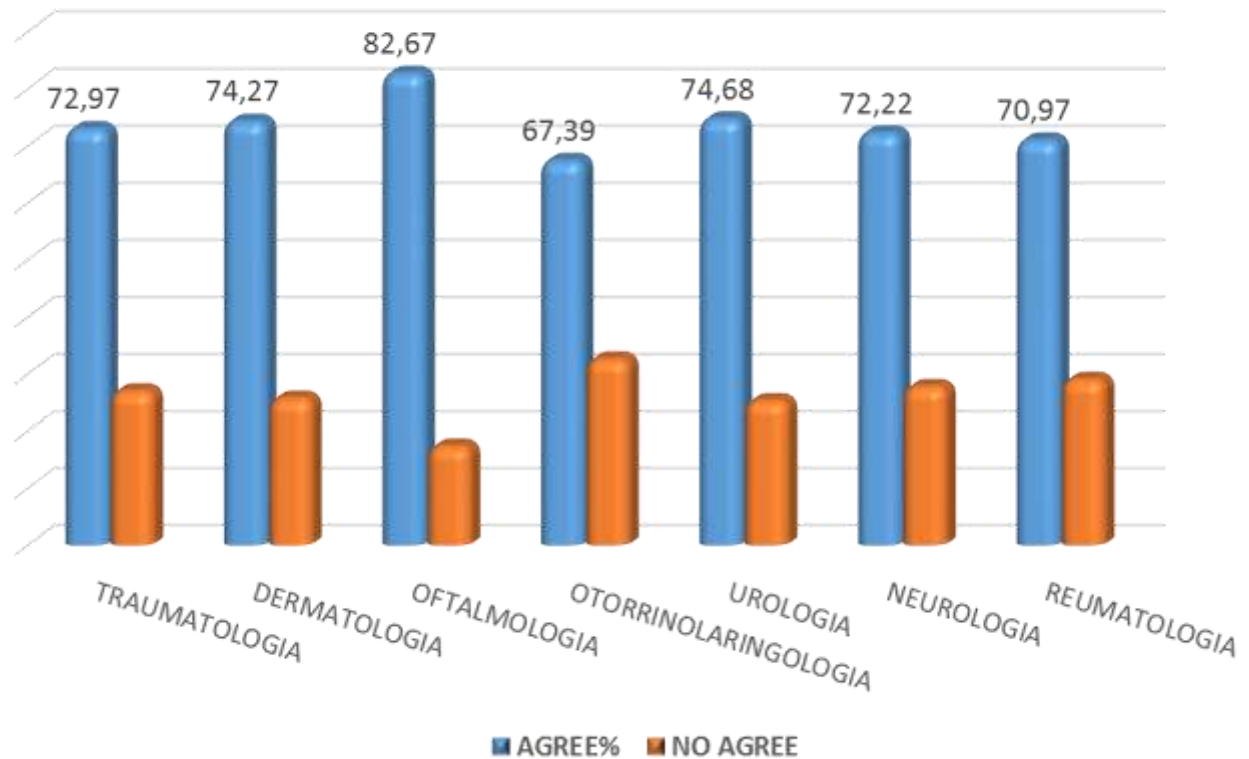
Results (V)

Decision for referral's agreement



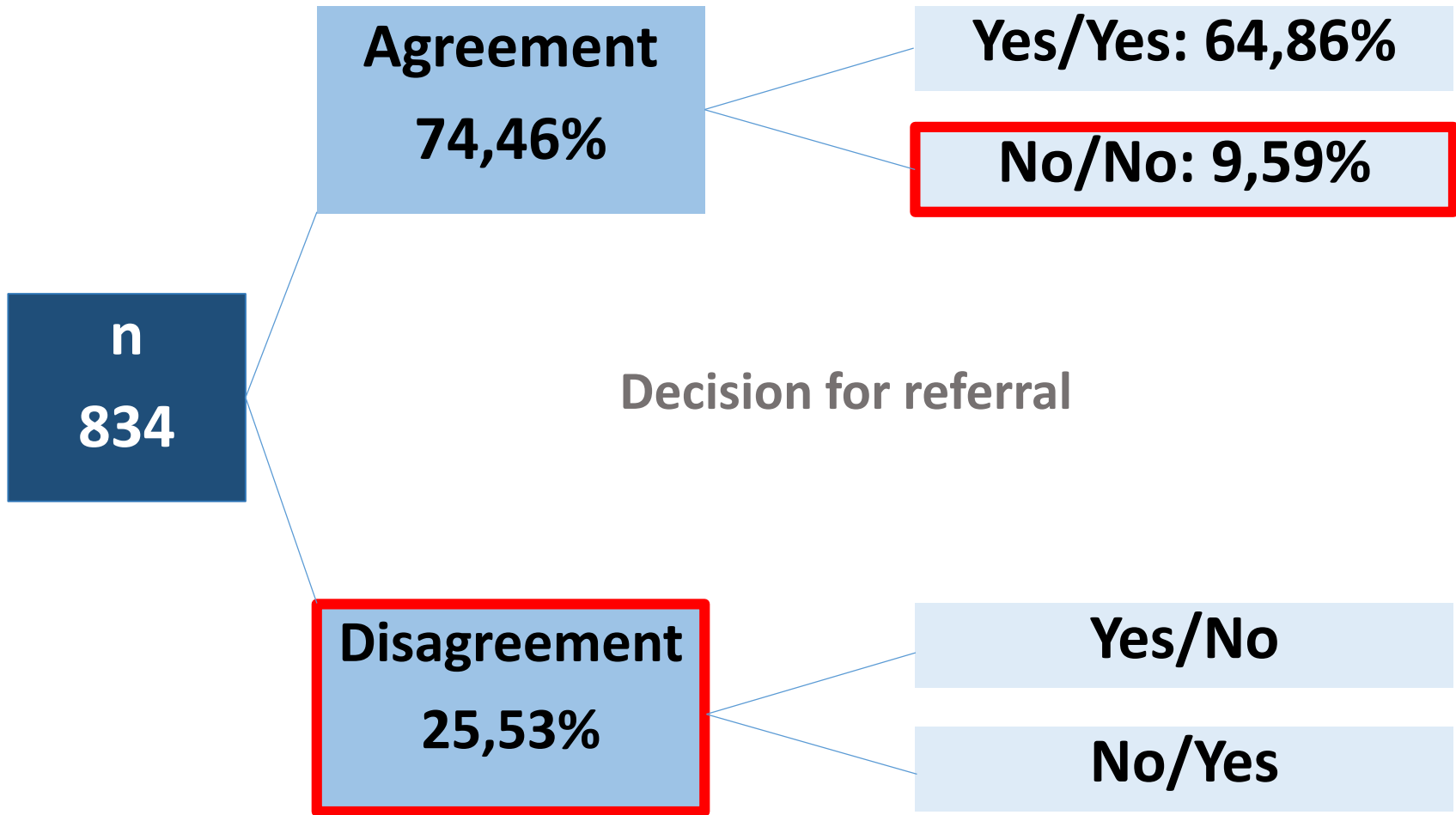
■ Agreement ■ No agreement

Decision for referral's agreement on each specialty



834 referrals

DISCUSSION



DISCUSSION

Referral rates can be lowered

We should harmonize referral criteria

We should provide more information to the hospital specialists.

Less agreement for ear-throat-nose referrals





Thank you!

