

Your Direct Link to Better Risk Management Practices

Patient Self-Referrals

By Donna Knight, Princeton Insurance Healthcare Risk Consultant and Amy Slufik, Princeton Insurance Physician Risk Representative

Tracking and follow-up of screening results following patient self-referred testing is a risk issue for physicians and imaging centers. Feedback from imaging centers and physician practices indicate that the following scenarios are all too familiar.

- The home address provided by the patient is incorrect and there is no primary / specialty physician (here-in referred to as "physician") documented on the imaging center intake form to whom results should be sent.
- The patient provides a physician name on the intake form and the physician receives a copy of the test result; however, the physician may not have seen the patient in years.

In this article we address the potential patient safety, quality of care and liability issues associated with follow-up of patient self-referred imaging results.

With a national focus on disease prevention, there are several screening techniques for which patients may self-refer at imaging centers. Examples include the full-body health scan, a comprehensive series of CT scans that can detect certain abnormalities of the lungs and organs of the abdomen and pelvis, and the coronary heart scan screens for coronary atherosclerosis. In addition, the Mammography Quality Standards Reauthorization Act of 1998 allows women over the age of 40 to self-refer for a screening mammography without the need for a physician referral and/or prescription.

A major risk issue in the utilization of self-referred screenings is the public's lack of perception of the limitations of the techniques in providing a comprehensive assessment of a patient's risk for major diseases. For example, standards of care recognize that a mammography used alone may be inappropriate for breast cancer screening. Breast self-exams, breast examinations by a clinician, patient/family history and other imaging techniques are needed to provide a clearer picture of a patient's

individual risks. The question then is who is responsible for follow-up to assure a comprehensive assessment of the patient's risk — the radiologist or the patient's physician? The answer is both.

Radiologist's Considerations

When a radiologist provides a service to a self-referred patient, they establish a physician-patient relationship. Once the relationship has been established, the radiologist is responsible for communicating the results directly to the patient and informing the patient's physician.

To ensure proper care and follow-up, the radiologist should obtain the current address, phone number, name of the physician to whom the patient would like the report sent and the date the last time

the patient was seen by that physician. This information should be updated at every visit. In addition, an informed decision-making and consent discussion should be held with the patient, making sure the patient understands the test, stressing the limitations, risks, benefits, and uncertainties of the procedure, including the uncertain clinical benefits and potential hazards of indiscriminate testing of low-risk patients, screenings without appropriate pretest clinical evaluations, irradiation against lifetime allowance and false positives. At the time of the procedure, patients should also be informed that they will receive the results directly and a copy will be forwarded to their designated physician. It is important to stress to the patient that if they do not receive the results, they should contact the imaging center. The informed decision-making process described above should be documented in the patient's medical record.

Once the procedure has been completed, the imaging report should then be forwarded to the identified physician for follow-up. A report in lay terms should be sent directly to the patient. When clinically indicated (positive results, strong suspicion or change since last screening), the physician and patient should also be contacted as soon as possible via telephone and sent the information by certified mail.

If the patient does not have a physician to refer the results to, the official



Patient Self-Referrals

Vice President of Healthcare Risk Services

Tom Snyder x852

Manager, Healthcare Risk Services

Phyllis DeCola x897

Phone: 609.452.9404

www.RiskReviewOnline.com

We welcome your feedback, comments and suggestions. Please feel free to contact us if you have a question or to send us your ideas for improving this site.



report as well as the simplified report should be sent directly to the patient. The radiologist could be viewed as the physician of record for patients who do not have a physician to refer results to and would have a responsibility to follow-up with the patient. Although radiologists may elect to give self-referred patients a list of physicians in the area to contact, there is no guarantee that patients will follow-up. The radiologist should stress to the patient the need for further consultation with a physician, if necessary, and follow-up with the patient and/or physician 3-4 weeks later to ensure compliance with follow-up care. The patient's record and/or tracking logs should document this process.

Though it is permitted in the state of New Jersey to accept self-referred patients, with the exception of mammography, it is not required. Radiologists may want to consider requiring patients to have and provide proof of a physical examination and/or pretest clinical evaluation prior to any scans, screens, or ultrasounds, to aid in diagnostic imaging interpretation and to enhance continuum of care. This will ensure that there is a physician that can be made aware of the procedure results and may limit the radiologist's liability for follow-up care.

Primary/Specialist Considerations

The physician, once the report is received, should call the patient and send a letter, along with a copy of the report, to the patient. The letter should indicate the importance of a comprehensive assessment, including a physical examination (i.e. breast exam) and clinical evaluation, as well as a review of the results, especially if an abnormality is discovered. It should also stress the need for proper follow-up care, if necessary, including the need to call the office to make a follow-up appointment to further discuss the results. If the patient does not respond within an allotted time frame given the result of the test, a certified letter should then be sent. A physician who receives results will need to follow through on the findings, including making appropriate referrals for the patient, managing and monitoring care. It is essential that the physician document in the medical record any discussions with the patient, the radiologist and other specialists.

Resources

Study Identifies Trends in Self-Referred Imaging. *Radiology*. 2003. July 29. Available at www2.rsna.org/pr/target.cfm?ID=142. Accessed March 21, 2007.

ACR Practice Guideline for Communication of Diagnostic Imaging Findings American College of Radiology Practice Guideline. Pages 3-7.

ACR Practice Guideline for the Performance of Screening Mammography. American College of Radiology Practice Guideline. Pages 393-404.

Standard: Performance of Screening Mammography. Maine Board of Licensure in Medicine. Medical Board Rules. Available at www.docboard.org/me/rules/allch092.htm. Accessed March 16, 2007.

Fenton, MD, Joshua J. and Deyo, MD, MPH, Richard A. Patient Self-Referral for Radiologic Screening Tests: Clinical and Ethical Concerns. *Journal American Board Family Practice*. 2003. November-December. Vol. 16 No. 6. Pages 494-501.

Additional Risk Considerations

The issue often arises that patients do not return phone calls and/or accept regular or certified mail. What is reasonable in terms of follow-up

on patients that do not respond? Claims experience indicates that a consistent follow-up process and supporting documentation are key elements in the defense of a claim. The documentation, rather than a specific number of times communication is made - although, more than one attempt should be made - provides supporting evidence that reasonable efforts were made to communicate with the patient. Both radiologists and physicians should document in the medical record every telephone communication, made to, and received from, patients, including the date, time, caller's name, and information given/discussed. Copies of all regular and certified letters, including attachments and corresponding receipts, should be placed in the patient's medical record as well. Radiologists and physicians should also consider establishing a policy and procedure for their office practice staff to adhere to with regards to tracking and follow up of test results to ensure there is a consistent process.

Summary

Communication, follow-up, and documentation are essential elements in order to provide safe, quality patient care and minimize liability for the radiologist and physician, especially with regards to self-referrals. The informed decision-making and consent discussion between radiologists and self-referred patients are also important to ensure the patient understands what a comprehensive assessment entails and the need for accurate information to assist with follow-up care and compliance. Princeton's Physician Office Practice Tool Kit, which is available to our insureds, contains guidelines and sample forms for "Tracking Test Results, Consultative Referrals, and Follow-Up" and "Informed Consent." The guidelines and forms are applicable to the physician office and imaging center settings.

This article is not intended as legal advice. Readers should consult professional counsel, who is familiar with federal and state laws, for guidance with specific legal, clinical or ethical questions.

Resources

Study Identifies Trends in Self-Referred Imaging. *Radiology*. 2003. July 29. Available at www2.rsna.org/pr/target.cfm?ID=142. Accessed March 21, 2007.

ACR Practice Guideline for Communication of Diagnostic Imaging Findings American College of Radiology Practice Guideline. Pages 3-7.

ACR Practice Guideline for the Performance of Screening Mammography. American College of Radiology Practice Guideline. Pages 393-404.

Standard: Performance of Screening Mammography. Maine Board of Licensure in Medicine. Medical Board Rules. Available at www.docboard.org/me/rules/allch092.htm. Accessed March 16, 2007.

Fenton, MD, Joshua J. and Deyo, MD, MPH, Richard A. Patient Self-Referral for Radiologic Screening Tests: Clinical and Ethical Concerns. *Journal American Board Family Practice*. 2003. November-December. Vol. 16 No. 6. Pages 494-501. ❖