

FOLLOW-UP SYSTEMS FOR THE PHYSICIAN OFFICE: OVERVIEW

“Failure to diagnose” claims are among the most common and more serious types of medical malpractice allegations. Frequently claims arise as a result of a detrimental delay in following a patient’s medical condition. More often than not, the physician is completely unaware that the patient failed to have the prescribed treatment, diagnostic evaluation, or recommended referral or consult, as the medical condition worsens.

The patient then sues the doctor, alleging that he/she either failed to recommend the treatment or the evaluation, or didn’t explain the risks of non adherence to the treatment recommendations. If, however, the physician can offer chart documentation that demonstrates attempts made to contact the patient and encourage compliance with the recommended follow-up and diagnostic studies, the physician’s ability to defend against such claims will be materially strengthened.

Therein lies the importance in developing and utilizing follow-up systems in the physician office. Many medical office computer programs have excellent recall and follow-up capabilities. If the system you currently utilize does not, or if the office still maintains paper records, forms such as the [Diagnostic Test Tracking Log](#) and the [Follow-up Appointment Log](#) represent some effective and efficient manual systems you may wish to investigate. One is not more reliable than the other, as each system works well. It is purely a matter of preference. All that is necessary is that you HAVE a system in place for your patient’s protection as well as your own.

Systems in your practice can benefit from careful tracking, by computer or manually. As noted above, situations often seen in claims are those which involve ordered tests and consults or referrals. Another issue which benefits from careful tracking is patients on high risk medications. The medications themselves (prescription renewals and dosage levels) and the lab tests required to monitor blood levels for certain drugs should be tracked to prevent over or under treatment. You will find more information on this type of tracking in the [Medication Safety section](#) of this toolkit.

As you evaluate your practice you will be able to identify those systems which are, in effect, lynch pins in your patient’s care; those are the processes which require tracking.

Tracking Systems

Components of an effective tracking system include the following:

- built-in redundancies such as separating charts with pending reports and keeping a log of all orders and referrals that includes the expected date that the report should be received in your office
- a mechanism to ensure that recommended referrals for tests and consults are scheduled or done in a timely manner
- a process for review of all test reports by the ordering clinician or other designated staff member such as an MA or RN
- written protocols requiring that all positive or borderline results be promptly communicated to the ordering physician or other clinician if non-physician staff review reports
- determination of critical or “panic” values that require immediate physician attention and making sure that all clinical staff are aware of the values

- reminders to patients who have not had recommended tests or consults
- patient notification of test results (abnormal and normal) by clinical staff
- instructions to patients to contact your office if they have not been notified of test results after a certain period of time following a test
- patient reminders about routine and preventive care

How to Develop Manual Tickler System

1. Obtain a card file (3.5" x 5", 4" x 6", or 5" x 7") with monthly dividers.
2. When the physician indicates that a patient must follow up with diagnostic studies, be seen in consultation with a specialist, or return to the office in a specific time frame, fill out a card with the patient's name, medical record number, telephone number and address, the type and reason for follow-up, and the year and month that the follow-up by your office is due.
3. Place this card in the file box in the slot for the month the patient needs follow-up.
4. There are two ways to complete the process: a Pre and/or a Post Initial Contact:
 - a. **Pre Contact** – If you wish to remind the patient prior to the date, then pull all cards in the month before the patients are due to return. Call or send a reminder card to them. It is important to keep the cards until the end of the month in which the patient was to return. You need to recheck these at the end of the month and notify the patients who failed to comply.
 - b. **Post Contact** – You may wish to eliminate the double-check system above and simply pull all the cards at the end of the month and check charts to verify if patients complied.
5. Follow-up attempts should include, at the very least, one phone call; if that is not successful, one letter.

All attempts should be documented in the chart. If the condition is serious (a potential cancer patient), send a certified letter with return receipt requested. This receipt is then filed in the chart with a copy of the letter for documentation purposes.

Documentation Which Supports Your Tracking System

It is important that the actions your office takes with regard to patient referrals and follow-up be documented in the patient charts. This documentation should include the following:

- discussions with patients regarding the need for a consult
- communication with a referring or consulting clinician, including written correspondence
- follow-up with patients regarding test results including the caller's name, date, time, and the person contacted
- patient decisions not to have recommended tests or consultations, with documentation that the patient was advised of the potential consequences
- date and signature or initials of the reviewing clinician recorded on reports
- reminders to patients about recommended tests, consults, or follow-up
- missed and canceled appointments
- copies of any written correspondence regarding a referral or follow-up

Princeton's Risk Services has written a brief [article on tracking tests, consults and referrals](#). Another Risk Review article on the [risks of walk-in hours and urgi-care centers](#) focuses on tracking patients, as well as their tests and consults, in these special circumstances.

Patients Who Require Special Tracking

In some situations a practice may develop a process which would identify all patients of the practice who require routine testing or follow up, and a system to track those necessary tests from order to results. Patients who are on medications which require routine lab tests to monitor blood levels, such as anticoagulants, are an example of this type of system. In this situation the practice may:

- identify all practice patients who are on the monitored medication
- keep an [anticoagulation log](#) of all tests, their results, medication doses, and any comments