



## Monroe County Medical Society Quality Collaborative

### Improving Physician Communications

Communication among physicians has long been recognized as an essential component of good patient care. Good communication between primary care physicians and specialists to whom patients are referred, between emergency rooms and primary care offices, between inpatient staff ready to discharge a patient and the primary care office that will be providing the ongoing care of that patient are all important to ensure high quality care. Of course there are also transitions within institutions, from the emergency room to the inpatient units, from inpatient units to ICUs that also demand good communication. Managing patient flow across these “transition points” and ensuring good communication among physicians and other staff is crucial for optimal patient care.

Unfortunately, in part because of the increased complexity of health care systems, maintaining good communication has become more challenging. Physicians who have been in practice for many years bemoan the passing of the “Doctors’ Lounge” where a significant amount of direct physician-to-physician communication occurred (although some point out that the amount of clinical information that was included varied considerably.) Also, the increasing use of hospitalists has increased the importance of communication between hospital staff and primary care physicians. While there are many advantages to the expanding use of hospitalists (including improved communication within the hospital,) continuity of care

is more of a challenge when the primary care physician who has an ongoing relationship with the patient, often for many years, is not as directly involved in the hospital care. There has also been a significant increase in the number of specialists involved in the care of the patient in all loci of care. On the positive side of aiding communication, the maturation of the Electronic Health Record is a significant step forward. However, as clinicians are well aware, while the EHR has tremendous potential to improve the quality and timeliness of clinical information being shared, there continue to be a number of technical and logistical challenges that are impairing its optimal use.

Increasingly, all stakeholders are aware of the tremendous importance of improving communication related to patient care. The Joint Commission reporting on sentinel adverse events has identified communication errors in more than half of all adverse events. Failures in transitions of care, resulting in readmissions and other adverse outcomes are estimated to cost billions of dollars. In an attempt to increase attention to one of these issues, the transition from the hospital to outpatient care, the Center for Medicaid and Medicare Services has implemented penalties for hospitals that have higher than expected rates of readmission of Medicare patients.

In an attempt to deal with these problems, and in an effort to standardize these transitions, the Monroe County Medical Society has established, under the Monroe County Medical Society's Quality Collaborative, a Physician Communication Committee comprised of representation from private practice physicians, Monroe County Health Department, Greater Rochester Independent Practice Association, Rochester General Health System, Unity Health System, the University of Rochester Medical Center, Rochester Regional Health Information System, Rochester Business Alliance Health Care Initiative, Excellus and MVP. The goal of this committee is to develop standards for optimal transitions, identify tools that will help achieve these standards, and measure outcomes across specific transitions.

The Committee is focusing on the following four transitions: (1) the transition from outpatient care to the Emergency Department/Inpatient care, (2) transition from the Emergency Department to outpatient care, (3) transition from inpatient care to outpatient care and (4) transition from the primary care office to specialty evaluation and/or care.

Although the Committee's work is ongoing at the time this article is being written, the current product being developed includes specific elements of what should be included in the information that is transmitted across the transition event. For example, in the transition from outpatient to ED, the communication from the primary care physician to the individual/team caring for the patient in the Emergency Department should include:

- (a) Current patient problem list
- (b) Current medication list and immunizations
- (c) Brief clinical history of patient and current state of patient

- (d) Family or social issues that may be pertinent
- (e) Relevant past medical history of hospital admissions/observation stays/ED – related conditions
- (f) MOLST information and health proxy information (if known)

For each of the other three transition events identified above, a similar list of elements that should be included in optimal communication is being developed.

An important issue that has been identified is the accurate identification of the primary care physician of the patient in the ED/ inpatient unit. Currently, this information is often incorrect, obviously impairing good communication. The Committee is developing recommendations for this attribution process that hopefully, if followed, will significantly increase the percentage of accurate attributions.

The Committee is also eliciting the current policies for the flow of patient specific care transition information at each of the three major systems in the community. The Committee, with the involvement of representatives from each of the three systems, will explore the impact of these policies on optimal communications.

A draft of the Committee's recommendations should be available within the next few months. It will then be available electronically for comments by the MCMS membership before the final document is published. We hope that this effort leads to better physician-to-physician communication which will have a very positive impact on the quality of care received by our patients.

*This article was authored by Jack McIntyre, MD, chair of the Monroe County Medical Society Quality Collaborative.*