

Factors effecting satisfaction of specialist physicians with referrals from physician assistants: a pilot study

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Abstract. *Introduction:* As primary care providers, physician assistants (PA) refer patients to specialist physicians for complex care beyond the realm of primary care providers. Referral of a patient to a specialist for consultation is an important link in the continuum of patient care, and efforts to improve the referral system may enhance the satisfaction of the primary care provider, specialist, and patient. *Methods:* A survey was mailed to a random sample of specialist physicians in Johnson and Sedgwick counties in Kansas. *Results:* A significant majority of respondents are generally satisfied with appropriateness (94%), timing (80%) and communication (85%) of referrals from PAs. Of the small number expressing dissatisfaction, the most frequent reason for dissatisfaction stated was misdiagnosis of the patient's condition. In addition, a majority of specialists (73%) agreed that referrals received from PAs were of the same quality as referrals received from physicians. *Conclusion:* Specialist physicians are highly satisfied with referrals from PAs, however there are specific areas in the referral process that may be improved to increase the satisfaction of specialist physicians with referrals from physician assistants. In addition, an important finding not previously noted in the literature is that the majority of specialist physician respondents in this pilot study perceived no significant differences between the quality of referrals received from PAs compared to nurse practitioners and primary care physicians.

1. Introduction

The Physician Assistant (PA) profession has experienced significant growth in the past[1], and will grow in the future. As primary care providers, part of the role of PAs is to refer patients to specialist physicians [12]. A small study performed by Dehn and Hooker (1999) found that referring patients directly to a specialist was one of the most common activities undertaken by PAs[1].

Because appropriate and timely referrals are crucial to the provision of quality patient care, there is increasing scrutiny of the referral process [2]. The decision to refer a patient requires significant commitment by the patient in terms of cost and time, and providers are under pressure to minimize the amount of referrals by insurance companies and other managed care organizations to reduce costs[8,9]. Therefore, to facilitate the referral process, providers must make knowledgeable assessments about when patients need to be referred. Although review of the literature has revealed referral practices of primary care physicians, there is limited research on the referral practice of physician assistants.

A study performed by Enns et al. (2000) found that 71% of the responding PAs reported that there were barriers in the referral process that affected their referral practice[10]. Of those findings, 17% reported "refusal or reluctance of specialists to accept a referral from a PA"[10]. Maybe specialist physicians are not satisfied with the quality of referrals from PAs.

A follow-up study by Enns et al. (2003) suggested that specialists are generally satisfied with referrals received from physician assistants [11]. However, of the respondents dissatisfied with past PA referrals the most common reasons for dissatisfaction was either "patient had been misdiagnosed" (13.9%), or "no need for a referral" (13.8%). Other reasons for dissatisfaction include "the patient had received an inadequate evaluation" (12.3%) and "the patient was referred too late"[11].

In addition to looking at the appropriateness and timeliness of referrals, another important area to consider is the communication between the PA and specialist. Although communication from PAs to specialists has not been well researched, communication from primary care physicians to specialist physicians has been examined. In a study by Ghandi et al. (2000) it was found that 43% of specialists were dissatisfied with the information received from the primary care physician. The specialist reported they did not receive enough information 23% of the time to appropriately address the patient's problem [12]. As shown in the study discussed earlier by Enns et al., specialist physicians are generally satisfied with referrals from physician assistants. However, of those who have experienced dissatisfaction, the purpose of this study is to further investigate these findings in terms of timeliness, appropriateness, and

communication. We also wanted to determine specialist's perception of the quality of the PA referral as compared to the nurse practitioner and primary care physician referral.

2. Methodology

Design: This descriptive, cross-sectional study was administered between June 2007 and August 2007. An 18 item survey tool was developed which was designed to assess factors influencing specialists' satisfaction with referrals from PAs. The survey tool was reviewed by local physicians and PAs in an effort to improve face and content validity. Approval was obtained from the Wichita State University Institutional Review Board. *Participants:* The survey tool was mailed to specialist physicians from Johnson, Sedgwick, and Wyandotte Counties in Kansas. These counties were selected because they had the highest number of licensed PAs in Kansas. The study population was identified from membership listings of specialist physicians which were obtained from medical societies in each of the previously stated counties. *Data Analysis:* The data were analyzed utilizing standard statistical measures (SPSS) for nominal and ordinal data.

3. Results

A total of 285 surveys were mailed and 98 were returned for a response rate of 34%. Analysis revealed that the majority of respondents (93.7%) are generally satisfied with the appropriateness of direct referrals they receive from primary care PAs. When it comes to the timeliness of the referral, 80.2% of specialists agree that the timing of the referral from a primary care PA has never seriously affected their treatment of a patient. The majority of respondents (85.4%) agree that communication between the primary care PA and the specialist physician contains all the necessary information to facilitate the proper treatment for the patient. However, the three main reasons responding specialist physicians have dissatisfaction with PA referrals are: the patient's condition had been misdiagnosed (15.6%); communication of information regarding the patient referral was inadequate (14.6%); and the patient had received an inadequate evaluation prior to referral (13.5%). The most common reason attributed to a patient having an inadequate evaluation prior to the referral, was an adequate history and physical examination had not been performed (15.6%). Another interesting finding was the majority of specialist physicians agree they receive the same quality of referrals from PAs as they do nurse practitioners and primary care physicians.

4. Discussion and Conclusion

The purpose of this study was to examine the factors effecting satisfaction of specialist physicians with referrals from primary care PAs. Overall, results of this pilot study confirm earlier studies which have found that specialist physicians are generally satisfied with referrals received from PAs. In addition, an important finding not previously noted is that specialist physicians are generally as satisfied with referrals from PAs as they are with referrals from nurse practitioners and primary care physicians.

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