

# You Asked About...

## Referrals Among Providers

Dentists receive patient referrals by former and current patients and from other dentists, physicians and other healthcare providers and other dental-care providers. As part of the provision of comprehensive dental care, dentists may refer patients to other dentists, physicians and other health-care providers, and other dental-care providers. As in many aspects of dentistry affecting patient welfare, communication is critical to avoiding complications and solving patient-care issues, particularly when more than one provider is involved.

The Alberta Dental Association and College Code of Ethics embodies the principle of referral to a provider in Article A4 Competence, Consultation and Referral:

“A dentist shall provide assessment and/or treatment for a patient only when currently competent to do so by reason of his or her education and training, experience, or demonstrated continued competence; otherwise the dentist should consult with another dentist or dental specialist with the appropriate competencies and/or refer the patient to an appropriate care provider for assessment and/or treatment.”

The referring dentist is usually responsible for comprehensive dental care and maintaining long-term relationships with patients. This relationship is established when an examination is performed, a treatment plan is developed and treatment is provided. Referrals to other treatment providers, such as dental specialists or general practitioners, may be required to facilitate optimal care to a patient. The same principles and protocols for referrals apply regardless of the nature of the treatment providers.

Reasons for a referral include, but are not limited to, the following: the referring provider’s skill and comfort levels, the complexity of the case, the patient’s medical condition, the need for specialized equipment and/or testing, staff training and skill level, the progress and success of the treatment and the patient’s wishes.

The well-being of patients is the primary consideration when making referrals to other providers and all providers must strive to maintain the continuity and quality of patient care. Communication, collaboration and coordination are imperative when multiple providers are involved in managing the patient’s treatment in order to achieve optimal treatment outcomes and patient satisfaction. Each provider involved in the patient’s care should have a clear understanding of their role and each of the other treatment provider’s roles. In addition, it is essential that the patient have a clear understanding of each provider’s role and responsibilities

in providing his or her treatment. This is part of the informed consent process and is applicable to the treatment provided by each individual in the patient's treatment process.

To ensure comprehensive patient dental care in situations where multiple providers are involved and one of the providers is a non-dentist provider, the dentist provider becomes responsible as the "coordinator" of the patient's ongoing comprehensive dental care. Non-dentist providers, who are not able to provide comprehensive care by regulation, cannot act as the "coordinator". Dentists are able to provide comprehensive dental care and in this circumstance, one of the dentists involved must act as the "coordinator" of comprehensive patient care.

Communication is critical to solving problems and avoiding complications arising from treatment delivered by more than one provider. Written referrals are critical and must specify the reason for the referral along with any relevant patient history to ensure clear communication between the providers. Written reports from the treatment providers to the referring provider with the details of the treatment delivered and any follow up care that is required, help to ensure the patient's continuity of care.

Continuity of care responsibilities do not stop when the patient leaves the treatment provider's office. The responsibility continues and is addressed in the Alberta Dental Association and College Code of Ethics Article A11 Arrangements for Continuity of Care:

"A dentist having undertaken the care of a patient shall not discontinue that care without first having given sufficient notice of that intention to the patient, and shall endeavor to arrange for continuity of care with another dentist. Where there has been a breakdown in the relationship between the dentist and the patient, the dentist has an obligation to transfer appropriate records to the care provider who will be assuming the ongoing care of the patient. In the event of referrals, both referring and consulting dentists should ensure the patient understands the importance of continuity of care with either or both of the respective dentists.

A dentist who has provided dental care, especially care that is of an extensive or invasive nature, has the obligation to provide direct availability for the patient to contact the care provider "after hours". This "on call" or "after hours" obligation, if transferred to other professionals, must be done so with a formal agreement established through direct personal contact between the parties sharing this obligation. This transference must also be communicated to the patients receiving such care. Failure to do so breaches the dentist's obligations to provide continuity of care."

The treatment provider(s) must inform the patient of any general maintenance or ongoing care that is required. The patient must be informed of who will be responsible for providing this follow up care (e.g. the referring provider or the treatment provider). Communication among the providers is essential in determining how the shared responsibility for comprehensive continuity of patient care will be achieved. If the treatment provider is aware that the referring provider is unable to deliver the required follow up care, then the treatment provider can choose to provide

the care or endeavor to arrange for continuity of care with another provider capable of providing the necessary patient care.

As with all aspects of patient care, record keeping is an essential part of the referral process. Notations of referral to other providers, as well as copies of any reports or correspondence to and from these providers must be kept on file. A summary of any verbal conversations with another provider about a patient must also be noted in the chart. It is also important to record patient refusal of a referral recommendation.

It is essential that the patient have a clear understanding of the reasons for the recommended referral and expectations at the initial appointment:

- Before referring to another provider, discuss with the patient the diagnosis, treatment risks, benefits, alternatives (including no treatment), and the reason for the referral. The patient must be made aware of who they are being referred to and their qualification e.g. dental specialist or general practitioner. Document the details of this discussion;
- If the initial appointment with the other provider will be for consultation/evaluation rather than for specific treatment, advise the patient and make sure it is clear in the referral notes;
- Provide a detailed, written referral note that explains the reason for the referral, any pertinent medical/dental histories, the (tentative) treatment plan, and duplicates of relevant radiographs. Patients may occasionally forget to take the information to an appointment with the treatment provider so the referring provider may want to consider mailing a copy or sending the information electronically using services such as the Canadian Dental Association secure record sharing service “eReferral”:
  - [www.ereferralservice.com](http://www.ereferralservice.com). NOTE: E-mail is not a secure means of communication, and may be vulnerable to interception and hacking by unauthorized third parties. The Health Information Act requires dentists to use appropriate measures to safeguard information, which would include employing a secure e-mail service and a strong encryption if sending patient information by email. “Ereferral” is an example of a service that meets this requirement;
- If a patient presents without a referral note, and if there is any question about what treatment is required, it is always best to contact the referring provider in order to discuss the reason for the referral; and
- If a patient is referred for treatment that the treatment provider does not consider is in the best interests of that patient, the treatment provider should not proceed with treatment. The treatment provider should call the referring provider to discuss the treatment in question and consult with the patient about the treatment recommendations.

Clear communication and collaboration among the providers involved in the patient’s care will help to ensure that the desired treatment outcome is achieved. Patients play a significant role in ensuring the desired treatment outcome is achieved and maintained. The patient’s principle responsibility is to follow the recommended dental care advice of providers to help ensure the

desired treatment outcome is achieved and maintained. Providers should document instances where the patient fails to follow the dental-care provider's instructions and recommendations.

There are combined responsibilities of patient care that are borne by all providers, not just the one who completed the care. One of the most important combined responsibilities of all providers is the assurance of the continuity of patient care. The responsibility for continuity of patient care does not end when a provider has completed his or her direct involvement with the patient. To ensure that continuity of care is maintained, the provider may need to follow up at a future date with the patient and/or other providers of care to confirm that the patient has received the appropriate continuity of care. Patient care by multiple providers is a shared responsibility with a shared accountability.