Effective Consultations
Psychiatry and the Family Physician

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Goals

- Understand the role psychiatry consultation letters serve for both the referring family physician and other parties
- Review the unique aspects of psychiatry consults letters
- Develop approach to producing effective letters quickly
References

- CPA Position Paper Shared Mental Health Care in Canada 1996
- Coulter et al., General Practitioners’ referrals to specialist outpatient clinics. II, BMJ, 1989 July 29;299(6694):304-6
- Dojeiji Sue, Creating Effective and Efficient Consultation Letters (Workshop), University of Ottawa, November 2004
The Consult Letter

- Often the only communication with the referring physician, so make it practical and helpful.
- Residents should have formal training in writing consult letters, best done on ambulatory rotations.
- University of Ottawa Study 1997, showed only 16% of specialists received formal training in writing consult letters as residents.
- 49% received feedback on their own letters during training.

What the Referring Physician Can Offer the Psychiatrist

- Clear enunciation of what is desired from the consult.
- Provide biomedical data.
- Provide family history
- Help the patient have realistic expectations, especially if it is for consultation only
What a Psychiatrist Can Offer a Family Physician

- Diagnostic clarification
- Help initiate appropriate therapy
- Evaluate failed therapy
- Co-manage if possible and indicated for a period of time
- Evaluate prognosis, help set realistic goals
- CME
Role of Consult Letter for Consultant Psychiatrist

- Your record of assessment
- Opportunity to thank the referring physician
- Can enhance the working relationship with the referring physician
- Helps you to “know your patient” if you reassess
- Fulfills legal requirements
- “Good work deserves good notes, and good notes are the cornerstone of a good defense”

*Canadian Medical Protective Association Newsletter, 2001*
Components of Written Consultations

- An answer to the referring physician’s question
- If the question is unclear then clarify with the physician before seeing the patient *collaborator role
- Diagnosis and differential diagnosis using DSM Axis I-V
- Explanation as to how conclusions were arrived at (description of what constitutes diagnosis.)
- Prognosis (nature of the disorder)
- Probability of recurrence
- Management plan
Written Consultation – Management Plan

- Use point form for clarity
- Management plan should have where indicated bio (medication) and psychosocial strategies
- The management plan should spell out who will do what and when.
- List areas of further medical inquiry if needed
- Indicate how long follow-up will be (if any)
- Your availability for re-assessment
Medication (Bio) Management Plan

- Give reasoning behind medication choice (evidence-based)
- Give preferred medication plan and 1-2 backup plans if first choice in ineffective or not tolerated
- Be specific with drug dosing and specific re crossover or tapering off directions
- Be specific re length of treatment
- List where possible specific target symptoms for monitoring progress
Psychotherapy Management Plan

- State if the patient is a candidate for psychotherapy or not  *manager role
- Be specific regarding which type of psychotherapy and why or why not
- If you will not be the provider give information re accessing therapy
- Make recommendations that are appropriate, available and affordable for the patient  *manager role
Social Management Plan

- Know your local mental health community resources and recommend them where appropriate *advocacy role

- If indicated complete insurance forms or ensure consult can be used by referring physician to complete forms, include Axis I to V with GAF *advocacy role
Management Plan – Review with Patient

- Your consult can be almost useless if the patient disagrees with your recommendations.

- Patients and family doctors often wait a long time for the consultation, make it useful to both
  *manager role

- Avoid making comments to the patient that are overtly critical of previous mental health care received or care from the referring physician.
  *professional role
Management Plan – Review with Patient

- At the beginning ask the patient what they hope to get out of consult (patient centered)

- Always leave time at the end to review your diagnosis and recommendations with the patient.

- Be prepared to negotiate.

- Encourage the patient to make an appointment with their family doctor to review

*communicator role
Educational Role of Consult Letter

- Can include CME requested by Family MD
- Information on new therapy
- New practice guidelines
- “Pearls” aiding diagnosis or management given in non-judgmental language

*scholar role
Strategies for Incorporating CME into Consultations

- Send copy of practice guidelines summary
- List reference/abstract in letter
- Incorporate educational paragraphs
- Send copy of relevant reference
- Consultant to referring physician phone call
- Remember - do not resend the same CME materials to the same physician

*collaborator and scholar roles
Common Problems in Consultation Letters

- too much information
- too little information
- lack of content planning
- don’t answer the question
- inappropriate tone
- poor content organization
- lack of editing
- long sentences
- long paragraphs

- long non-technical words
- too much padding
- too much jargon
- excessive use of linking
- excessive use of passive tone
- no attention to visuals
- little use of point form
How Long Should the Letter Be?

For consultation letters, identify:

- essential content (*need to have*)
- helpful content (*nice to have*)
- excessive content (*don’t bother*)
What is Excessive Content for a Psychiatry Consult Letter?

Most consultation letters are read by referring physician when they arrive in the mail and again the day the patient is followed-up (Dojeiji et al, 1997).

Studies have not found that referring physicians want details on the presenting history, past history or social history (Keely et al, 2002).
What is Excessive Content for a Psychiatry Consult Letter?

- Put in essential details of the presenting, developmental and social history needed to jog your memory should you reassess patient.

- Social and developmental history is important for formulating the management plan but it can be summarized to a few important sentences.

- Letter may include more details than required by the referring physician provided the letter is easy to read.
Sensitive Content in a Psychiatry Consult Letter

- For sensitive information such as childhood sexual abuse, ask the patient if they are comfortable with that information being included in the letter.

- Brief statements without details can often be adequate.

- Remember the consult letter may be read by more than the referring physician.
Multiple Readers

- Referring MD
- Consultant Psychiatrist
- Patient
- Third party payers-insurance
- Lawyers
- Referring MD’s office staff
Multiple Readers

- The letter should be written with the assumption that the patient will read it at some point.
- Avoid derogatory language and comments.
- Comments on the quality of care by other healthcare professionals should be avoided.
- Lawyers and insurance companies want to see Axis I-V Diagnosis.
- Axis V GAF is important.
Timing, Timing, Timing

- Remember to facilitate continuity of care, letters must be received in a timely fashion.
- Dictate as soon as possible after seeing the patient.*manager role
- Practice your dictating skills so there are fewer delays second to excessive editing.
- If the edits are very minor, do not send back for correction.
Summary

Consult letter is an excellent communication tool
Can enhance professional relationships
Recognize multiple roles
Don’t underestimate the educational role
Always look at letters before sending
Get feedback from referring physicians and health care clinicians
Need time and practice