

ABSTRACT

Background: Perception that referrals may not be appropriate.

Purpose: Address specific questions regarding Referrals, patients' expectations and specialists' Advice.

Methods: Prospective assessment.

Results: Spectrum of patient issues, mismatch With guidelines and expectations. Ultrasound Requisitions better than referrals.

Conclusions: Mismatch demonstrated.

BACKGROUND

- Primary care providers (PCP) direct referrals to vascular specialists (VS) for management of the spectrum of vascular disease processes presenting in their patient population. Their referral patterns are based on their practice environment, education, peer advice and guidelines. Vascular specialists frequently identify 'inappropriate' or 'delayed' referrals.

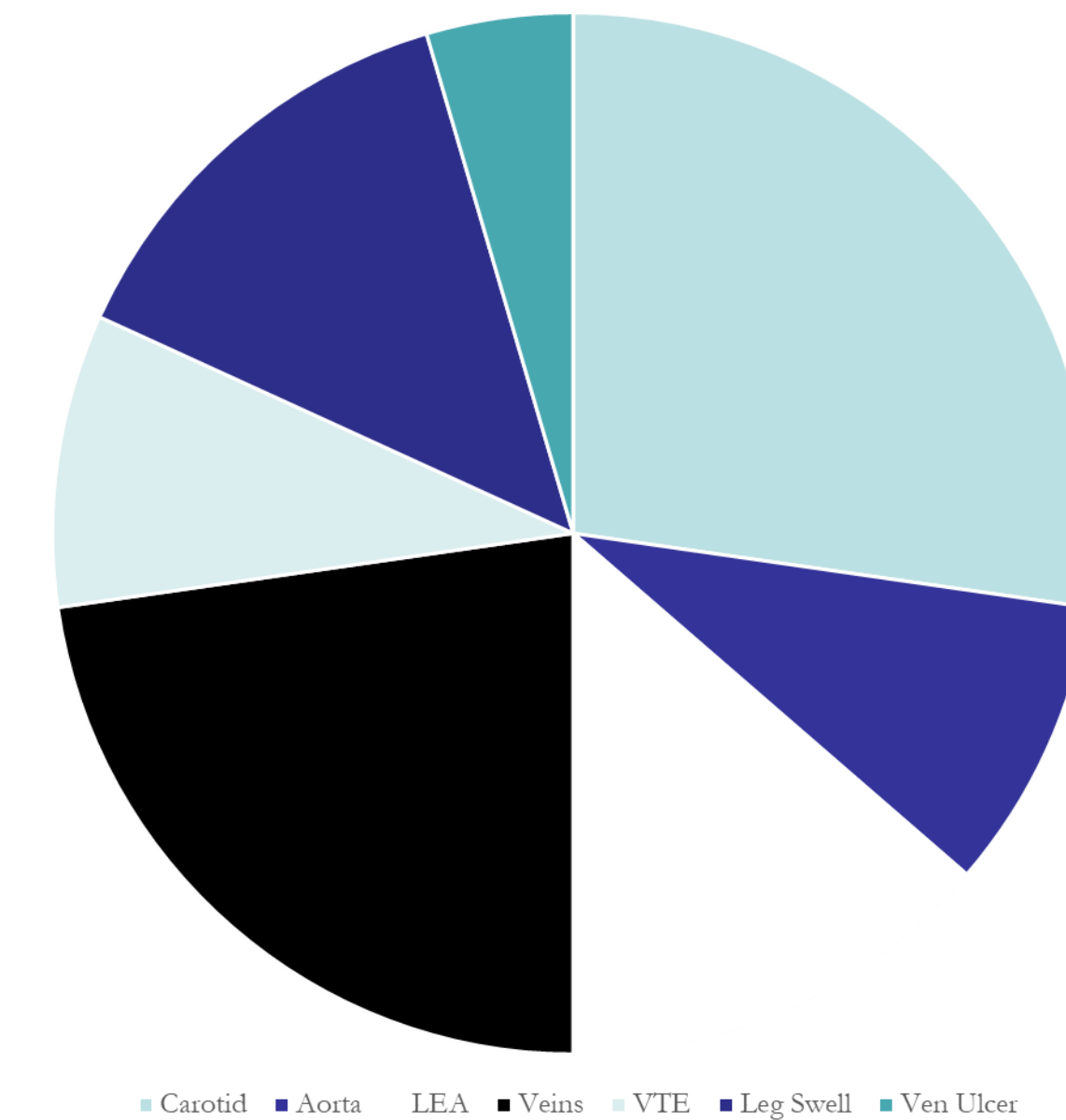
PURPOSE

What are the patterns of referrals made to VS by PCP? Are they consistent with standards and guidelines? How do PCP expectations in referral relate to VS advice?

METHODS

A prospective assessment of consecutive patients referred to a community-based clinic. 9 categories: risk factor management, carotid, aortic and lower extremity arterial disease and varicose veins, venous thrombosis, leg swelling, venous ulcer and non-specific leg pain was conducted. Data was entered in an Excel™ spreadsheet regarding reason for referral, PCP expectations, patient expectations, adherence to guidelines and standards and VS findings and advice. PCP access to educational updates or teaching in consultation notes was noted.

RESULTS



RESULTS

ULTRASOUND

	PCP %	Specialist %
Carotid	76	88
Aortic	80	92
U E Arterial	77	85
L E Arterial	80	92
DVT	92	94
Venous CVI	88	96

CONCLUSIONS

1. PCP referrals frequently do not follow guidelines.
2. Patients expectations are discordant.
3. Referrals for carotid disease are most consistent.
4. Referrals for venous disease are least consistent.
5. Informal education has impacted on ultrasound.

DISCLOSURES

No disclosures.

