



CNA HealthPro

Reducing Referral Risks

The referral of patients is a daily event in dentistry. Whether the referral is for specific treatment or a second opinion, to a specialist or another general dentist, referrals permit you to offer patients the best possible care.

The question of when to refer need not be difficult. Patients should be referred when

- their treatment needs are beyond your experience or expertise
- a second opinion is desired
- warranted by patient management issues

Referral-related Claims

Even with the best efforts of dentists and their staff, professional liability claims may arise from referral situations. Of these, allegations of failure to refer are the most common. In failure to refer cases, it is alleged that the adverse consequences could have been avoided if the dentist had referred the patient to a specialist with additional training and experience in a timely manner, either for further evaluation or to perform necessary treatment.

Most failure to refer claims therefore involve procedures commonly performed by specialists, including

- endodontics
- extractions
- periodontics
- oral surgery
- implant placement and/or restoration

While general dentists are not required to refer all cases involving treatment commonly performed by specialists, the informed consent discussion provides the best opportunity to advise patients whenever specialty care is an available treatment option.

Many failure to refer claims involve the occurrence of an adverse event during treatment by a general dentist. The dentist then attempts to manage the problem autonomously rather than refer, and is generally unsuccessful. Examples include

- root perforations
- separated endodontic files
- incomplete extractions
- post-operative infections
- iatrogenic injuries

Claims involving referrals also have arisen from treatment of the wrong tooth or area due to communication errors.

Referral Communication Tips

Successful referral requires effective dentist-patient and dentist-to-dentist communication. Don't assume your patient understands the need for referral. Explain clearly and simply why you feel it is indicated. Often, patients think their dentist is capable of performing all of the required diagnostic services and treatment. It is prudent to explain to patients at the outset why and when you refer to various specialists. Early communication will reduce the chance that a patient in need of emergent referral care beyond your skill will refuse to be referred.

Select a referral dentist based on the specific needs of the patient and give the patient the specialist's name, address and phone number. Some dentists assist their patients by facilitating appointment scheduling at the referral dentist's office. Before doing so, check with the specialists to whom you intend to refer and find out their preferred protocols. Advise the patient what to expect from the specialist and clearly explain that you will continue providing treatment for problems outside this referred procedure.

Occasionally, a patient will implore you to attempt the referred treatment yourself. It is never a good idea to provide treatment that is beyond your skills, regardless of the patient's insistence. Instead, reiterate the importance of the referral and how the patient will benefit from it. (See "Info-byte," p. X.)

It is also important to establish a procedure to track patients and ensure that they actually see the specialist. Follow-up calls to both the patient and the referral dentist may be needed in some cases.

Whenever a referral is made, both providers are responsible for ensuring that appropriate treatment is performed. Never send a patient for referral care without proper communication to the specialist. Don't rely on the patient to serve as the conduit of information to the referral dentist, as patients are generally unqualified to provide the required technical information. If communication is inadequate, the referral dentist may inadvertently repeat diagnostic tests or may give the patient information that contradicts, or at least fails to support, the information you have already provided. Communication breakdowns may even result in duplicative treatment.

A written referral is the best way to avoid problems. Written communication between dentists promotes the necessary exchange of referral information and serves as a foundation for dialogue between dentists should a question arise. A referral letter should include the following information:

- patient information (name, length of time in the practice)
- diagnostics available and date collected (to reduce the chance of miscommunication, consider circling with a wax pencil the tooth to be treated on the copy of the radiograph sent to the referral dentist)
- treatment completed to date
- your diagnosis and prognosis for success
- description of the treatment you expect the specialist to complete
- your treatment plan for the patient after specialty care is complete, including alternatives
- a request for status and post-operative reports, and a description of follow-up procedures

Confirm that the referral information is accurate prior to sending the letter and follow up with the specialist to verify that communication is complete.

When emergency mid-treatment referrals are necessary, such as when a root tip remains after an extraction, it is advisable to make a written referral that the patient can take to the specialist. If a telephone referral is made, a comprehensive note should be made in the record documenting the

treatment rendered and the reason for referral. In either case, request the specialist to send a written treatment summary and include it in the patient file.

Documentation Issues

Documentation is an important part of the referral process. In addition to placing a copy of the referral letter in the patient's record, make an entry in the progress notes indicating why, when and to whom the referral was made. Other communications – including phone conversations, records release and follow-up care – also should be recorded.

If the patient refuses the referral or decides not to follow through, document that fact as well. Make a detailed note of the discussion and the patient's informed refusal. When a patient refuses a referral, he or she must be informed of the potential consequences. If you elect to proceed with treatment after the patient has refused the referral, you will ordinarily be held to the standard of care of the dentist to whom you intended to refer. If you can't treat to this standard, it would be prudent not to begin treatment. Refusing to undertake the treatment may be awkward and uncomfortable, but it ultimately reduces the patient's risk and limits yours as well.

Even with written referrals, mistakes can happen. Both providers should be diligent in ensuring that appropriate treatment is performed on the correct tooth or area.

Many referral problems can be avoided by assessing and correcting referral methods and improving communication with both the patient and the referral dentist. Keep in mind that by referring to a specialist, you offer patients the best care possible. Think of a timely referral as a preventive measure that protects your patients and places a barrier between you and a potential malpractice claim.

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