Medical Consults – Introduction

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Today's speaker has no conflict of interest to disclose.

The University of Alabama School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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UAB Hospitalist Program

- Established in 1998 – by Dr James Lyman
- Initially cared for a smaller group of UAB Prime Care Patients but began expanding in 2005
- Now located at 2 different clinical sites (UAB and UAB-Highlands) and care for on average 50+ patients/day

UAB Hospitalist Program

- 8 + physicians and 5+ nurse practioners
- Geriatrics – ACE Unit
- Palliative Care – Inpatient Attending
- Orthopedics – Co-management
- General Medicine Consult Service
- 5th Tinsley Harrison Team

Back to consults

Objectives

- Why is consult training important
- How to properly request and give a consult (and maybe have it followed)
- What to do about curbsides
- What is co-management

Consult #1

- A general surgeon consults you for a pre-Whipple procedure medical evaluation for a 68-year-old woman with CAD and newly diagnosed pancreatic cancer. What is the best way to communicate your assessment and recommendations?
- A. Discuss the patient's cardiac risk with a cardiologist and order a preoperative cardiac stress test if indicated.
- B. Discuss the risk and benefits of the operation with the patient
- C. Discuss palliative care with the patient
- D. Discuss your risk assessment with the surgeon and ask permission to discuss it with the patient

Consult #2

- After completing your initial risk assessment of a 75-year-old man who is to undergo hemiarthroplasty after fracturing his hip, you wonder how best to communicate your recommendations to the surgeon. Which of the following strategies is MOST likely to increase the chance that the referring physician will follow your recommendations?
- A. Write the recommendations at the beginning of the consult report
- B. Discuss your recommendation with the referring provider personally
- C. Make fewer than 3 recommendations
- D. Tell the patient your recs and ask him to pass them on

Consult #3

- While having lunch with a plastic surgeon, you are informally asked whether a 45-year-old woman (from Mountain Brook) on coumadin for a history of multiple blood clots needs to be “bridged” with heparin while her coumadin is held for her breast augmentation surgery. What is the BEST way to respond to this question?
- A. Review the patient’s chart personally to learn more about the patient’s clotting history
- B. Indicate that the question can be complicated and offer to do a formal consultation
- C. Answer the question if he agrees to do some free work on you or your spouse
- D. Make a rec based on what you’ve heard and bill for the consult

Consult #4

- You are asked to perform a consult on a 86-year-old patient with bipolar disorder on the psychiatry service. She has become acutely catatonic and is febrile. The patient's family is concerned about her having ECT. The psychiatrist is demanding that the patient receive ECT and would like you to perform a preECT evaluation. What is the next BEST action?
- A. Call that patient's family and let them know that you do not agree with the psychiatrist
- B. Tell the psychiatrist that he needs ECT
- C. Evaluate the patient and discuss your findings, recommendations, and concerns with the psychiatrist
- D. Talk with the patient's PCP to better understand the patient's wishes

Defined

- Consult – request made to another physician to give his or her opinion on the diagnosis or management of a particular patient

Ideal Consult

- Referring physician asks a specific pertinent question to the consult team
- The consult team answers THAT question in a timely fashion
- Referring physician finds the advice helpful and relevant and implements the suggestions right away
- The patient does better

Importance of training

- After residency its how you'll make your living
  - Subspecialty practice >50% of time spent doing consults
  - General Medicine practice >25% of time spent doing consults
  - And you'll want more!!!

Academic vs Private Consults

- Academic
  - Formal
  - Resident 1 calls resident 2
    - Resident 2 is inconvenienced
  - Resident 2 discusses case with fellow/attending
  - Attending makes recommendations which are left in form of a note
    - Sometimes resident 2 calls resident 1 and discusses recommendations

Academic vs Private Consults

- Private
  - Talk early and often, well acquainted with each other from multiple previous consults
  - NO QUESTION is stupid
  - Co-manage
  - Service

Academic vs Private Consults

- Compliance with recommendations ranges from 50-95% depending upon the setting
  - 50-75% in academic setting
- Much higher in private setting
- Why?
- How can we improve academic consults and then use those skills in our future career?

Consult Request

- AMA – 3 Ethical Principles of Consultation that apply to the referring physician
  - 1. Consultations are indicated in doubtful or difficult cases, or when they enhance quality of patient care
  - 2. Consultations are primarily for the patient's benefit
  - 3. A case summary or verbal description should be given to the consulting physician

Consult Request

- Be polite but not apologetic
- Start with the basics
  - Name, MR #, Location
  - Brief clinical summary as it relates to the QUESTION being asked

Consult Request

- THE QUESTION
  - Where things start to breakdown
  - You should clearly state the question you want answered or the consult will likely be unhelpful
  - Questions can be too vague or the wrong question is asked

Consult Request

- Reasons for Vague Questions
  - Knee jerk
  - Referring physician does not know the case well enough to formulate a question
  - Hand holding
  - Cover your behind

Consult Request

- Reasons the wrong question is asked
  - Things change
  - New problem is diagnosed at time of consult that becomes more important than original problem
  - Lack of expertise on part of referring MD

Consult Request

- Study at Brigham & Women's
  - 156 consults
  - 14% of the time the requesting physician and the consultant completely disagreed on both the reason for the consultation and the principle clinical issue

Good Questions

- Which drug should we use for TB prophylaxis for a patient who developed jaundice on INH?
- How do I treat this patient’s uncontrolled diabetes?
- Evaluate this patient with RUQ abdominal pain for a cholecystectomy

Bad Questions

- Evaluate for transfer
- Medical management
- Surgical clearance
- Review this case to see if we are missing anything

A Good Consultant

- AMA – 6 Ethical Principles that apply to the consultant
  - 1. One physician should be in charge of the patient's care
  - 2. The attending physician has overall responsibility for the patient's treatment
  - 3. The consultant must not assume primary care of the patient without consent of the referring physician

A Good Consultant

- 4. The consultation should be done punctually
- 5. Discussions during the consult should be with the referring physician and only with the patient by prior consent from the referring physician
- 6. Conflicts of opinion should be resolved by a 2nd consult or withdrawal of consult; however the consultant has the right to give opinion to patient in the presence of the referring physician

Simplified

- The Question
- The Answer
- The Recommendations

?

- Verify the question, make sure you know what they are asking
- If they don't have a question, encourage them to develop one
- If they still don't have a question, see the consult and make one up yourself

The Answer

- THEIR Question, not the one you wanted them to ask
- Tell them what it is, not what it could be

For Real – UAB Consults

- Gen Med to Infectious Disease
  - 47 yo M with hx of recent positive PPD
  - Patient taking INH prophylaxis
  - He now has developed jaundice
  - What drug should now be used for TB prophylaxis?

UAB Consults

- ID attending's consult
  - A lengthy note on the differential diagnosis of jaundice in this patient and an appropriate work-up
  - NO mention of a drug to substitute for INH
- Pulmonary consulted to obtain answer to original question

UAB Consults

- Gen Med to GI Med
  - 38 yo M with AIDS and recent dysphagia not improving on fluconazole
  - Request EGD for further evaluation
- GI Med consult
  - Treat HIV

Compliance with Recommendations

- Retrospective chart review
- 202 patients
- General Medicine consults on surgical patients

Sears, Am J Med 1983; 74:870-76

Factors Affecting Compliance

- 1. Severity of illness
- 2. Number of recommendations
- 3. Who must carry out recommendations

Number of Recommendations

- Compliance is highest with 5 or fewer recommendations
- Even in the severely ill compliance decreased from 96% to 79% with >5 recommendations

Factors Affecting Compliance

- Prospective study
- 419 patients
- General Medicine consults on non-medicine services

Pupa, Am J Med 1986;81:508-14

Factors affecting Compliance

- 1. Contact (verbal) with referring physician within 24 hours
- 2. Labeling essential recommendations as ‘crucial’
  - 20% improvement in compliance

Compliance Summary

- Limit recommendations to 5 or less
- Identify crucial recommendations
- Don’t expect Drs to do too much
- Complete in timely fashion and communicate (verbally) with referring physician
- Use definitive language
- Specify drug dose, route, frequency, duration
- Follow-up

Ideal Consult

- Referring physician asks a specific pertinent question to the consult team
- The consult team answers THAT question in a timely fashion
- Referring physician finds the advice helpful and relevant and implements the suggestions right away
- The patient does better

Not Ideal Consult

- Question/Answer confusion
- Recommendations not followed
- Referring physician vs consulting physician
  - Probably both at fault to some degree
  - Failed consult
  - Waste of time, money, resources, etc
- The patient does better?????

The Consult for Transfer

- Define a question
  - What are the ongoing medical issues?
  - What is keeping the patient in the hospital?
- Is it a DUMP?
  - See the patient, many times the answer is obvious
  - Disposition problems vs medical problems
- Time Trial

Curbside Consult

- Occur frequently and consume considerable amounts of physician time
  - Primary Care MDs – obtain 3.2/week
  - Specialist – receive request for 3.6/week
    - Cardiology, GI, and ID
- Usually ask for assistance in selecting appropriate tests and treatment plans and to determine need for formal consultation

Kuo, JAMA 1998;280:905-9

Curbside Consult

- "In some situations delivery of optimal patient care often depends on access to the expertise of a colleague via curbside consultation"

  Manian, JAMA 1996;275:145-7

- Each individual physician should have a way of handling
  - Residents should discuss topic with attendings

Defined

- 1. Informal
- 2. Occurs between 2 physicians (neither of who is subordinate to the other)
- 3. Involves a consultant who does not have a preexisting doctor-patient relationship with the affected patient and who is not covering for someone who does
- 4. Does not involve an on-call consultant and a patient in the emergency room (EMTALA)

Defined

- 5. Does not involve ANY contact between the consultant and the patient
- 6. Does not result in generation of a written report
- 7. No payment is received

Medical Malpractice

- Hinges on the existence of a doctor-patient relationship
- Courts have repeatedly recognized that TRUE curbside consults do not result in the formation of a doctor-patient relationship
- Actually protect curbside consults
  - Extending liability to include curbside consults "would have a chilling effect upon practice of medicine. It would stifle communication, education, and professional association, all to the detriment of the patient"

Co-management

- Consultant writes orders and manages a portion of the patients care
  - Must have permission of referring physician
- Common in private hospitals
- In academics often seen with orthopedics
- Guarantees compliance
- Complicated relationship, requires experience

Review

- Consult training importance
- Requesting and giving good consults
- Curbsides
- Co-management

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Goldman's Ten Commandments for Effective Consultation

- 1. Determine the question
- 2. Establish urgency
- 3. Look for yourself
- 4. Be as brief as appropriate
- 5. Be specific
- 6. Provide contingency plans
- 7. Honor thy turf

Goldman, Arch Int Med 1983;143:1753

Ten Commandments

- 8. Teach with tact
- 9. Talk is cheap…and effective
- 10. Follow up

Questions

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