

MANAGING RELATIONSHIPS WITH OTHER CLINICIANS

Even if you are not specifically involved in some kind of integrated care where your relationship to other clinicians is clearly defined, at some point in time you will be required to work with another provider in caring for a patient. These ad hoc interactions can take a variety of forms.

CLINICIAN REFERRALS

One source of patients sometimes overlooked by psychiatrists is referrals from other clinicians. Generalists, such as internists and family practitioners, as well as other specialists, frequently come in contact with patients in need of a psychiatric evaluation and possibly treatment. In addition, allied mental health professionals may refer patients to psychiatrists when they want confirmation of a diagnosis or assistance in evaluating the need for medication. Developing and maintaining a positive relationship with these referral sources can help your practice in a number of ways.

Benefits of Working With Referring Clinicians

- Open communication between treating clinicians is better for the patient;
- Ongoing referrals can help maintain a stable patient base; and
- Such relationships can help establish a niche for your practice.

One of the key benefits of developing ongoing, collaborative relationships with referring clinicians is that they help you provide better care to your patients. When another clinician refers a patient to you, you can obtain information from her about the patient's current medical conditions and medications, past treatment, and whether there are any other physicians currently involved. Obtaining this information at the beginning of your contact with the patient can help you design a treatment plan that takes into account all of his needs, even if he is unable or unwilling to communicate these needs to you.

From a financial standpoint, developing relationships with referring clinicians can help you maintain a steady flow of new patients. Once a referring clinician has had a good experience working with you, he is much more likely to refer other patients to you. In addition, establishing relationships with multiple clinicians can help you establish a market niche for your practice.

Many psychiatrists understand the importance of working with referring clinicians, but fewer know how to do it well. The key is to keep in touch. Remember, be sure to get the patient's written consent before discussing his or her case with anyone else (see the sample release of information form provided in Appendix N).

The following steps will help you to establish and maintain good working relationships with your referral sources.

1. Call or email the referring clinician as soon as possible after you learn of the referral and/or see the patient. This not only lets the clinician know that the patient followed through on the referral, it also lets you, as the specialist, find out what the referring clinician is expecting from you; whether it's just confirmation of a diagnosis or a complete takeover of the patient's care. This is also an excellent time to obtain information on the patient's medical history.
2. If the referring clinician is not the patient's primary care physician (PCP), you should also call the PCP to let her know that you are involved in the patient's care and to get any additional medical information that's appropriate.
3. Send a written thank you letter or email to the referring clinician within a week of the patient's visit. A sample thank you letter is provided in Appendix M.
4. Let the referring clinician know if you think a consultation with another specialist is necessary.
5. Provide timely follow-up information to keep the referring clinician informed of the patient's treatment. This can be a simple email letting her know: a) that you are beginning therapy with the patient; b) the expected length of therapy; and c) that you would be happy to discuss the treatment plan if the clinician has any questions.
6. Inform the referring clinician in writing when the patient has completed treatment with you.
7. Return the favor. If your patients need referrals to generalists or physical specialists, remember your referral sources as potential clinicians to whom to refer them.
8. If a referring clinician ignores your recommendations, advise him to seek another consultant and sign off on the case in writing. Keep a copy of this

letter in your files as protection against a malpractice suit should anything go wrong with the patient's care.

The key to successful relationships with referring clinicians is to remember to communicate openly and regularly and to treat their patients the way you would want your patients to be treated.

SUPERVISION OF OTHER CLINICIANS

In working with treatment teams, the psychiatrist often has more education and training than the other members of the team. Despite this inherent status, it is important to remember that the other clinicians on the treatment team are trained professionals who have something to contribute to the delivery of care.

In most circumstances, the psychiatrist bears the responsibility for the patient's care and can be held liable in a malpractice suit. It is extremely important that you take an active role in overseeing the work performed by other clinicians under your direction, rather than simply signing off on treatment forms.

The APA's Resource Document "Guidelines for Psychiatrists in Consultative, Supervisory, or Collaborative Relationships with Nonmedical Therapists" provides the following guidance for psychiatrists who supervise other clinicians:

In a supervisory relationship, the psychiatrist retains direct responsibility for patient care and gives professional direction and active guidance to the therapist. In this relationship the nonmedical therapist may be an employee of an organized healthcare setting or of the psychiatrist. The psychiatrist is clinically responsible for the initial workup, diagnosis, and prescription of a treatment plan, as well as for assuring that adequate and timely attention is paid to the patient's physical status and that such information is integrated into the overall evaluation, diagnosis, and planning. The psychiatrist remains ethically and medically responsible for the patient's care as long as the treatment continues under his or her supervision. The patient should be fully informed of the existence and nature of, and any changes in, the supervisory relationship.

COLLABORATION WITH OTHER CLINICIANS

There are many situations where psychiatrists are required to work directly with other mental health professionals in the treatment of patients. In many cases, this results in the patient seeing the psychiatrist for medication and the allied professional for psychotherapy. While the clinical- and cost-effectiveness of "splitting treatment" continues to be debated, it is essential to good patient care that psychiatrists work collaboratively with these clinicians when they accept patients under these terms.

Sometimes, and ideally, the other clinician involved will be someone on your staff or someone with whom you have worked before. In these cases, both you and the other caregiver will have already established a professional relationship and level of comfort in working with each other. In other cases, the allied mental health professional providing therapy may be a stranger to you. When this is the case, and you have agreed to treat the patient under these terms, you should schedule some time to meet with the clinician to introduce yourself, discuss areas of specialization, and set up ground rules for exchanging status reports and other relevant information about the patient. It is important to remember that, should problems arise in terms of malpractice, the psychiatrist will retain the greatest responsibility, even if only tangentially involved in the provision of service.

The APA's "Guidelines for Psychiatrists in Consultative, Supervisory, or Collaborative Relationships with Nonmedical Therapists" also addresses this situation:

Implicit in this relationship is mutually shared responsibility for the patient's care, in accordance with each clinician's discipline and activities. The patient must be informed of the respective responsibilities of each nonphysician clinician's discipline and abilities. In support of patient-centered services, a patient has the right and responsibility to seek his/her own healthcare. If a patient autonomously and independently seeks nonphysician services, the psychiatrist does not have supervisory responsibility over the nonphysician clinician. The psychiatrist has the option to pursue a collaborative relationship.