

The Base of the Spine “Consultation Chain” – Primary Care Physicians

By Patrick Vega

According to national surveys, Primary Care Physicians (PCPs) are the leading source for spine referrals, followed by word-of-mouth referrals and advertising, respectively.

The reasons can be manifold, but most often the PCP does not have the time to make a formal diagnosis based on pain or other patient complaints, and can only triage for symptoms and ensure that pathologies are identified if present before referring to a specialist.

PCPs are often left to find and juggle resources for patients with back and neck pain, and consulting firm Corazon's experience across the country reveals that PCPs overwhelmingly refer to a surgeon.

But, with more than 90% of back and neck pain patients needing initial nonsurgical care, this trend can be problematic. For instance, if a patient is referred to a spine surgeon, the patient typically experiences wait times of various lengths and then, after evaluation, is told non-surgical interventions are needed.

This ineffective process causes frustration for both the patient and referring PCP, and serves as just one of the common challenges with spine referrals. Corazon believes that considering even minor changes to improve the referral process could lead to opportunities for cultivating better relationships with primary care physicians and even better patient satisfaction overall.

If there is ready access to specialists and spine programs, PCPs can immediately and confidently refer patients. One PCP with readily available spine resources commented, “If I am uncertain about what to do for the patient, I just refer them.” In her case, she also appreciates the availability of comprehensive services that include not only more traditional back pain interventions but also offer other treatment, such as integrative medicine, psychological support, and in some cases occupational medicine.

Effectively building and nurturing a PCP referral base, though, requires not only spine care excellence (in terms of quality and outcomes, certainly), but also a well-designed marketing and educational campaign directed to both patients and physicians, along with a reliable system of rapid access.

Marketing and Education for Primary Care

One frequent recommendation for building strong relationships with PCPs is to consider them as “customers” of the spine program, with strategic initiatives such as spine-specific education, delivered by marketing staff, surgeons, physiatrists, and other spine specialists.

Communicating the breadth of spine services to other physicians is not principally a marketing activity in the traditional sense; rather, it is one of establishing/re-establishing trust and credibility with medical professional “customers,” whose satisfaction with the referral process is equally important as that of the patients.

The advent of hospitalists has distanced the spine specialist from PCPs, as they have become a bridge between them, resulting in less frequent interaction between the two. This highlights the need for the spine expert to connect with the primary care doctor *and* hospitalist in order to establish a personal relationship, demonstrate their knowledge and comfort with a range of patient presentations, and share contemporary treatment options.

“The PCP has a difficult task in evaluation and triage of this patient population,” observes Reginald Knight, MD, MHA, Vice President of Medical Affairs at AO Fox Memorial Hospital and Director of the Bassett Spine Care Institute Imogene Bassett Medical Center. “As a spine specialist, I find communication the most important factor when securing referrals from old and new PCP sources. One thing that has changed is the interjection of hospitalists within the system. While the PCP referral is typically a routine one, the hospitalist referral is more often urgent. As spine consultants we cannot forget communication with the PCP even when the hospitalist initiates the in-house referral.”

“Our group gives quarterly seminars to the PCPs and frequent grand rounds for the hospitalists and community physicians.”

Belly to Belly

Direct contact puts the specialist “belly to belly” with their existing and prospective referral sources, and in some cases with physicians who have discontinued referring, thus enabling a potential for service recovery. Effective educational/marketing venues can include:

- 1:1 visits
- Group presentation(s)
- Grand rounds
- PCP office hours offering regularly scheduled “satellite” consultation
- Community educational events for the general public

Corazon advocates for physician-involved and physician-led education and marketing focused on respective specialties and unique capabilities, and recommends including evidence of demonstrable quality and functional outcomes.

Spine specialists and their clinical programs must demonstrate an appreciation and support for the primary care physician, which includes designing and executing a plan to engage, educate, and service PCPs, as they are the foundation of the “consultation chain.”

- Rapid and easy access
- Clinical competence
- Advanced/fellowship training
- Real-time communication about treatment and progress for referred patients
- Specialists’ support for PCP’s clinics (information, rapid informal consults, etc.)
- Referral reciprocity
- Satisfying patient experience
- Realistic options for chronic pain management

Navigation

Capturing PCP referrals will require addressing and enhancing the referral factors cited above. The PCP is often directing a referral coordinator or nurse to manage the consult for back and neck pain.

Both hospitals and physician practices have begun to turn to phone- and web-based intake, triage, and navigation platforms that support the primary care physician, patient, and other care providers. Such patient navigation systems can offer coordination of care, reduce duplication of services, and expedite referral to providers that most closely match patient’s needs.

Once the referral relationship has been established, it is critical to support the transition of care and ongoing treatment for back and neck pain with surgical care if indicated.

Fostering Loyalty

For the surgical and non-surgical specialist, creating and sustaining a predictable and satisfying patient and referring physician experience is central to building and fostering loyalty with primary care practices.

Understanding the clinical and referral needs of PCPs is critical in supporting them with ready access and patient evaluation, along with expert consultation. However, this process must be well-designed and executed, which is seldom an easy task. Expediting access, guiding the patient

through evaluation and treatment, routinely communicating with the PCP, and other foundational elements of a successful referral chain can be daunting to build or time-consuming to repair, depending on a hospital’s unique situation.

Corazon brings the perspective of building and sustaining successful referral processes with multiple hospitals, health systems and physician practices, understanding that each situation is unique and requires specific solutions.

Summary

In closing, spine specialists are wise to go beyond just treating the referred patient. This includes intentionally developing and maintaining a professional relationship with the primary care physician and hospitalist—one that is characterized by excellent care, support for referring practices, and real-time communication regarding treatment options and care.

Key Questions for Spine Specialists

- **Does the practice track referrals by volume, date, and source?** This information can serve as a guide to understanding where referrals come from, as well as indicate where educational and marketing efforts would be most effective.
- **What is the average wait time for a new patient? (i.e., routine, urgent, emergent?)** Long wait times for spine specialists are frequently an inaccurate gauge of a successful practice (i.e., “I am sought-after so my wait times are long”), as they will more likely lead to referrals going to more accessible practices. In general, wait times should be short, with rapid access to mid-level professionals.
- **How frequently do you educate and market with your top eight referral sources?**
- **Have you surveyed the primary care physicians’ clinical needs and satisfaction levels?** A brief survey can reveal gaps in the referral process and/or lead to gaining a better understanding of specific needs of PCPs.



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