Referrals and the Importance of Communication

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Within the Patient Safety and Risk Management Department of OMSNIC and at our live seminars, we routinely emphasize the importance of communication. A notable study from Rochester University found 71% of liability cases are initiated because of a communication failure between the doctor and the patient.

Communication is equally important with referring doctors. The ability to have and maintain open communication with referrals is essential to managing risk and ensuring the best possible care for our patients. Whether it relates to the most basic service we provide, or the most complicated treatment plan, communication helps to ensure the correct treatment is delivered. This is the proverbial “two-way street.”

The referring dentist ought to provide proper radiographs (when applicable), and accurate, clear written referrals to specialists. It is the responsibility of the OMS to confirm the requested procedure and its appropriateness. It is also our responsibility to discuss the treatment plan with the referring doctor if our findings suggest a different diagnosis, or if we feel a different treatment plan might be worthy of consideration. The OMS should have such a discussion with the referring doctor before expressing a difference in opinion to the patient. You want the patient to understand that their well-being and safety is your top priority and that you are communicating with their dentist to ensure that you are both “on the same page.”

Communication with referrals is especially important in collaboration on complicated treatment plans. Examples include, but are not limited to, serial extractions for orthodontists, plans where prosthetics may be involved, orthognathic surgeries, and implants.

Regarding implants, the patient should be informed of the need for collaboration between the dentist and the OMS in determining proper implant placement. Likewise, the restorative dentist needs to be aware that they have a voice in the overall management of the case.

Often, this will require meeting with the dentist to review models, X-rays, and computer simulated implant positioning. This communication may enhance outcomes for the patient, and will give you the ability to explain to the dentist why grafting may be necessary prior to, or concurrently with, implant placement; or why a certain implant may be more suitable; or why implants may not be a feasible option.

Your interaction and communication with referring doctors does not end with establishing a treatment plan, or completing treatment. Postoperative communication with the referring doctor is also important. If there were any issues with the procedure, or divergence from the plan, this communication should be done early on, both in writing and with a personal call.
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This type of communication can often mitigate a potentially negative situation between you and the referring dentist, and may afford the opportunity for the dentist to support your treatment decisions in subsequent conversations with the patient.

Communication also involves keeping your referrals informed about patient appointments, no-shows, or failures to keep follow-up appointments. This communication will support needed continuity of care and customer service efforts, while also supporting your relationship with your referring dentists.

Developing good communication with your referrals makes it easier to have frequent, frank and open discussions with them. It affords the OMS the opportunity to discuss the necessity of clear and accurate referral requests, as well as suitable radiographs or other supporting materials.

In the end, this “two way street” is all about enhancing the care and safety of our patients.