

Providing regular feedback to primary referral sources is more likely to result in sustained referrals

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Research on primary referral source referrals to specialty care points to the things early intervention and preschool special education practitioners can do to promote and sustain referrals. Helpful hints and strategies are described in this *Endpoints*.

Researchers at the Tracking, Referral and Assessment Center for Excellence (TRACE) examined 29 studies including 6,400 primary care physicians to identify patterns of referrals that could inform improvements in child find. Carl Dunst and Ellen Gorman examined the studies to identify what mattered most in terms of physicians making referrals to specialty care and what factors maintained referrals.



The focus of review and synthesis of the studies examined by Dunst and Gorman was to whom referrals were made, for what reasons, the feedback desired and received from specialty care practitioners, and the condition that maintained positive communication and exchanges between primary referral sources and specialty care practitioners. Special attention was paid to the primary/secondary care interface to learn if certain practices were more likely to be effective in promoting referrals to specialty care practitioners.

Findings pointed to a number of things that mattered most in terms of physician referrals:

- A child's presenting condition was highly predictive of where a referral was made. Behavioral and developmental concerns more often resulted in referrals to early childhood intervention or therapy, whereas medical concerns most often resulted in referrals to other physicians.
- Medical conditions generally took precedence over behavioral or developmental concerns and lessened the likelihood of a referral to early childhood intervention.
- Physicians wanted and expected feedback from secondary care specialists but more often than not did not receive desired feedback.
- Satisfaction with referrals was highly related to feedback in a form desired by physicians. Feedback was so important that, if it was not provided, physicians indicated they would cease referrals to the specialty care providers. What does this mean for promoting and sustaining referrals to early intervention and preschool special education?

**Provide regular feedback
to primary referral sources.**

Improving Primary Referral Source Referrals

Promoting and sustaining primary referral source referrals to early intervention and preschool special education is more likely to occur if certain things are done as part of child find. The table includes a checklist of the things that matter most in terms of establishing effective primary/secondary care specialist communication.

Promoting Referrals

- ✓ **Communicate clearly who is eligible for your services.** Many physicians still say they are not sure who is eligible for early intervention or preschool special education.
- ✓ **Prepare a brochure or another kind of document listing who is eligible for your services.** The descriptions of the conditions that make a child eligible for early intervention or preschool special education should be written in terminology used by primary referral sources for diagnosing or classifying children.
- ✓ **Distribute the eligibility list to primary referral sources.** A cover letter should accompany the eligibility list and be tailored to a specific audience (e.g., pediatricians). The letter should explain what benefits accrue from early intervention or preschool special education to the primary referral source.

Feedback

- ✓ **Acknowledge all referrals.** All referrals should be acknowledged immediately and include information about what steps will be taken by yourself or your program.
- ✓ **Provide feedback in a desired manner.** Take the time to identify the manner in which feedback is desired. Does the primary referral source want you to call, e-mail, write, or fax the acknowledgment?
- ✓ **Provide regular feedback and especially feedback when a child's status changes.** Put into place a system where "status reports" are provided on a regular basis to primary referral sources. Physicians, for example, tell us that they want to be informed about what services a child is receiving and what progress is being made.
- ✓ **Provide ongoing feedback in a desired format.** Too little information is not helpful and too much information is likely not to be read.

Take the time to learn the format, amount, and mechanism that primary referral sources find most helpful.

Follow-up

- ✓ **Make contact with primary referral sources as appropriate.** If a primary referral source requests specific information that he or she needs for their own purposes, provide the requested information and make contact to be sure you provided what was wanted or needed.
- ✓ **Establish ongoing lines of communication with primary referral sources.** Take the time and find ways to ensure feedback continues to be useful. Ask if there is anything you can do to better inform a primary referral source about children referred to your program.

Findings from the research synthesis that were used to develop these guidelines as well as results from other reviews indicate that brief but informative feedback can be especially effective in terms of promoting and sustaining referrals.

Table

Key Elements for Promoting and Sustaining Referrals to Early Intervention and Preschool Special Education

Promoting Referrals

- ✓ Communicate who is eligible for early childhood services
- ✓ Prepare a list of eligible conditions
- ✓ Distribute the eligibility list to primary referral sources

Feedback

- ✓ Acknowledge all referrals
- ✓ Provide feedback in the desired format
- ✓ Provide feedback on a regular basis

Follow-up

- ✓ Maintain contacts with primary referral sources
 - ✓ Establish ongoing lines of communication
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This research summary is based on findings reported in C. J. Dunst and E. Gorman (2006), Physician referrals of young children with disabilities: Implications for improving child find. *Cornerstones*, 2(1), 1-9.