

Minnesota Academy of Family Physicians

Position Statement: Communication Between *Inpatient Care Physicians and Primary Care Physicians*

Evidence supports the role that continuity of care plays in optimizing the safety and accuracy of care, the cost-effectiveness of care, and patient trust in the care they receive. The MAFP strongly encourages safeguarding continuity of care for hospitalized patients through adequate physician-to-physician communication. The following guidelines are intended to support quality care to hospitalized patients and their families, and to clarify expectations for communication between physicians involved in the care of shared patients.

1. The overarching objective for all in providing hospital-based care should be the best possible care for patients.
2. When an Emergency Department doctor or other consulting physician is considering admitting a patient to the hospital, that physician should contact the patient's primary care physician (or proxy) to discuss the admission, and whether close outpatient follow-up might also be appropriate.
3. In non-emergent circumstances, the patient's Primary Care physician should then help the admitting physician decide who will manage the patient's care in the hospital.
4. If consulted, an Inpatient Care physician should admit and coordinate the care of all patients regardless of the admitting diagnosis or type of insurance coverage.
5. As soon as the Inpatient Care physician is identified, the Primary Care physician should communicate information about the patient to them regarding pre-hospital diagnostic work-up and treatment, current medications, co-morbidities and ongoing specialty consultations, family and social issues, advanced directives, etc.
6. The Inpatient Care physician will assess the patient at admission and then determine the best course of treatment. This may include a decision to treat-and-release, admit for general medical management, or admit for medical or surgical subspecialty care while providing general medical oversight.
7. During the period of hospitalization, decisions regarding care, consultation, and disposition should be the responsibility of the Inpatient Care physician in consultation with the patient and, as appropriate, the patient's Primary Care physician and/or family.
8. The Inpatient Care physician should be readily available to discuss the patient's medical problems and hospital course with the family, and should provide timely updates to the Primary Care physician designated by the patient. Direct communication with the Primary Care physician is extremely important at the time of any changes in the patient's status, for example when the patient experiences a complication, develops a deterioration of status, or receives a new diagnosis (e.g. cancer).

9. The Inpatient Care physician should communicate the treatment plan and follow-up recommendations to the patient's Primary Care physician (or their proxy) on the day of discharge. This communication would be aided by a written discharge summary that is provided as soon as possible via fax or email.

10. When Primary Care physicians refer the care of their hospitalized patients to Inpatient Care physicians, the MAFP strongly advocates for ongoing communication between those physicians throughout the patient's hospitalization. The MAFP also encourages Primary Care physicians to maintain communication with the patient and their family during this period of care.

Modified from: AAFP Guidelines for Interaction in "Hospitalist" Models – 2003

Additional References:

National Guideline Clearinghouse, "Physicians' roles in coordinating care of hospitalized children," American Academy of Pediatrics

National Guideline Clearinghouse, "Discharge planning for the older adult", Geriatric nursing protocols for best practice

"Continuity is associated with lower health care costs" (De. Maeseneer, et al, Ann Fam Med 2003;3:144-148)

"The impact of patient-centered care on outcomes" (Stewart, J Fam Pract. 2000; 49:796-804.)