

Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a quarterly journal where continuity of comment and redress is difficult to achieve. When the redress appears 3 months after the comment, 6 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Outpatient Consultation

To the Editor: I am writing in response to the article by Dr. William J. Crump and Ms. Patricia Massengill in the July-September 1988 issue. The authors note only two reports from family medicine residency programs, with the maximum length of data collection from any site reported as 12 months. Although the report does contain one of the largest and longest series of referrals, there is a serious difficulty with the study. The authors have overlooked a substantial number of relevant articles on the subject of referral,¹⁻⁷ both overall and within the context of residency programs.

The Glenn study,¹ in particular, addresses a time period (36 months) longer than the 12-month length cited by Crump and Massengill. The studies by Glenn et al.,¹ Hines and Curry,³ Dolezal et al.,² and Lawler⁷ report data from residency training programs. The omitted studies also report a broader range of referral rates, from 1.04² to 5.30,³ albeit the latter in a Canadian program.

Although the Crump and Massengill report is a valuable and unique addition to the current literature on referrals, the impact may not be as great as it first appears. Certainly, referrals and consultations are fertile areas for family medicine research.

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References

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2. Dolezal JM, Amundson LH, Sinning NJ, Hoody HJ. PriCare and ambulatory referrals. *Cont Educ* 1980; 12:84-94.

3. Hines RM, Curry DJ. The consultation process and physician satisfaction: review of referral patterns in three urban family practice units. *Can Med Assoc J* 1978; 118:1065-73.
4. Moscovice I, Schwartz CW, Shortell SM. Referral patterns of family physicians in an underserved area. *J Fam Pract* 1979; 9:677-82.
5. Mayer TR. Family practice referral patterns in a health maintenance organization. *J Fam Pract* 1982; 14:315-9.
6. Pagel J, Wood T. Transport patterns and complications in an isolated Alaska practice. *J Fam Pract* 1983; 16:957-62.
7. Lawler FH. Referral rates of senior family practice residents in an ambulatory care clinic. *J Med Educ* 1987; 62:177-82.

The above letter was referred to the authors of the article in question, who offer the following reply:

To the Editor: We sincerely appreciate Dr. Lawler's thoughtful critique of our selection of referenced articles on the subject of referral. Some of these were known to us but excluded, and others were not discovered during our literature review. The latter is a valuable lesson in library science. The Glenn study¹ does in fact include 36 months of data. The Glenn report was based on a residency training site in rural Fulton, Missouri, and excluded information consultations between residents and faculty in various specialties who served as clinic attending physicians. Despite this significant difference from our study, the finding of 1.65 percent was very similar to our consultation rate of 1.4 percent.

The work by Dolezal et al.² was entirely missed by us, pointing out the problem in searching publications not referenced in *Index Medicus*, such as the truly outstanding but now defunct *Continuing Education for the Family Physician*. This report was based on a residency training program in Sioux Falls and summarized 12 months of data. Their focus was the PriCare coding system, and their referral rate of 1 percent was again very similar to ours. We excluded Hines and Curry's work³ because it was based in and near Toronto General Hospital, a large tertiary care teaching hospital, and most of the data was generated by practicing physicians acting as occasional preceptors. It included 12 months of data. Moscovice, et al.⁴ based their study in rural Washington state and focused on the differences in referral among 2 general practitioners, 1 general surgeon, and 1 National Health Service Corps physician for a 4-month period in 1978.

Mayer's report⁵ was excluded by us because the staff at the site, the Plymouth Clinic near Minneapolis, included an obstetrician and a pediatrician,