Written feedback on referral behaviour for general practitioners.

No registrations found.

Ethical review	Not applicable
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24968

Source
Nationaal Trial Register

Brief title
N/A

Health condition

Referrals to outpatient clinics for internal medicine on a variety of common topics and reasons for referral, such as fatigue, jaundice, FUO, weight loss.

Sponsors and support

Primary sponsor: Maastricht University Medical Centre
Source(s) of monetary or material Support: Ministry of public health
Maastricht University Medical Centre

Intervention

Outcome measures

Primary outcome

The number of non-rational referrals per GP. Of each referral, the rationality is assessed by comparing the information provided by the GP in the referral letter with recommendations for rational referrals and indications for referrals as previously set by a regional expert team.

Secondary outcome

Number of referrals, quality and amount of information provided in referral letters.

Study description

Background summary

Referrals have much impact on the patient and result in relatively high health care costs. Percentages of non-rational referring varying between 25 and 45% are reported. Therefore, changing referral behaviour may be relevant. Attempts to change referral behaviour focused on reducing the number of referrals by giving insight in referral volume data, but no effects could be found. Until now, there have been no publications of studies set up to improve the rationality of referrals. We set up an individual feedback program on GP referrals to outpatient clinics for internal medicine and studied the effects in a randomised controlled trial. Main study question: does feedback lead to fewer non-rational referrals?An expert panel of internists and GPs translated existing (inter)national guidelines/recommendations into 24 regional guidelines on common reasons for referral. A nominal group technique was used to obtain consensus among the experts. The feedback procedure was introduced thereafter.Feedback is set up as structured written reports, provided at least once per year to individual GPs. The feedback reports are based on a critical appraisal of all first referrals in the 6 months preceding the feedback. To that end, clinical information in referral letters are compared with the guidelines. The feedback focuses on the rationality and volume of first referrals to internal medicine. The study is set up as a RCT in which all GPs in the Maastricht region were included. Feedback on first referrals was provided to a random half of all GPs; the rest acting as controls. The intervention should be held during at least 2 years to get sufficient change over time. All GPs are informed but no informed consent is obtained, as all GPs in the Maastricht region have –by contract- agreed to participate in (studies on) implementation strategies.

Study objective

Repeated feedback reports in which the volume and quality of referrals is discussed will lead to fewer non-rational referrals.

Study design

Assembly of guidelines and
assessment of rationality of referrals of one year before and one and two years after the start of the intervention per GP.

Intervention

Structured written posted feedback reports per GP giving an assessment of the rationality of referrals with recommendations for future changes in referral behaviour. Such reports are to be sent at least once per year. Rationality of referrals is assessed by comparing patient information with previously set guidelines.

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Eligibility criteria

Inclusion criteria

1. GP working in the Maastricht area;

2. Patients with first referrals for the health conditions for which referral guidelines were developed.

Exclusion criteria

1. GP working outside the Maastricht area;

2. GP with only few or incidental referrals to Maastricht University Hospital outpatient clinics for internal medicine;

3. Referrals to internal medicine for other clinical problems than those covered by guidelines.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Placebo

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-07-2002
Enrollment:	90
Type:	Actual

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL1528
NTR-old	NTR1598
Other	: VWS 536
ISRCTN	ISRCTN wordt niet meer aangevraagd

Study results