

Primary Care Physicians' Preferences Regarding Communication from Orthopaedic Surgeons

Christopher P Chiodo¹, Brendan Michael Striano, Emily Belle Parker, Jeremy T Smith, Eric Michael Bluman, Elizabeth A Martin, Julia M Greco, Michael Healey²

¹Orthopaedics, Brigham Orthopedic Associates, ²Internal Medicine

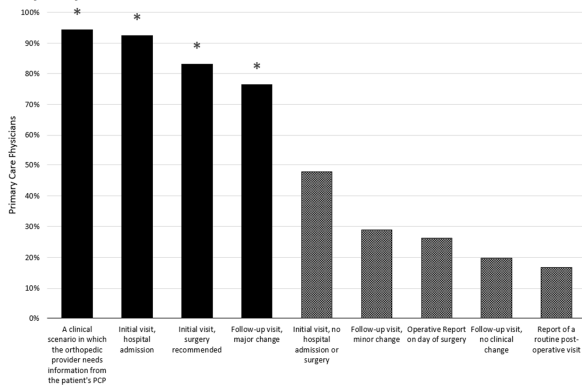
INTRODUCTION: Musculoskeletal consultations constitute a growing portion of primary care physician (PCP) referrals. Optimization of communication between PCPs and orthopaedists can potentially reduce the time PCPs spend in the electronic medical record (EMR). This, in turn, may help reduce burnout. Little is known about the preferences of PCPs regarding communication from orthopaedic surgeons. The current study therefore investigated the preferences of PCPs across a large health network regarding communication from orthopaedists.

METHODS: One-hundred-seventy-five PCPs across 15 practices within our health network were surveyed. These providers universally used the same EMR. Likert scales and top-box scores were used to assess the PCPs' perceived importance of communication from orthopaedists in specific clinical scenarios. PCPs were further asked to report their preferred method of communication in each scenario and overall interest in communication from orthopaedists. Regression analyses were performed to determine if any PCP characteristics are associated with communication preferences and overall PCP interest in communication from orthopaedists.

RESULTS: A total of 107 (61%) PCPs completed the survey. PCPs most commonly rated communication from orthopaedists as highly important when the orthopaedist needed information from the PCP. In this scenario, PCPs preferred to receive an Epic MR Staff Message. Other scenarios rated as important included: the decision for surgery, hospitalization, and a major clinical change. In these scenarios, a CC'd Chart rather than Staff Message was preferred. Increased EMR use after-hours was associated with diminished odds of having high interest in communication from orthopaedists (odds ratio=0.65, 95% confidence interval: 0.48-0.88, $P=0.005$). Ninety-three PCPs (86.9%) reported spending at least 1 hour a day in EMR after normal clinical hours. Twenty-seven (25.2%) spent more than 3 hours. Forty-six PCPs (42.9%) reported experiencing at least one symptom of burnout.

DISCUSSION AND CONCLUSION:

In the current study, there were distinct preferences among PCPs regarding clinical communication from orthopaedic surgeons. In addition, there was evidence of substantial burnout and after-hours work effort by PCPs. Our results may help optimize communication between PCPs and orthopaedists, while also reducing time spent in the EMR by PCPs.



Percentage of primary care physicians (PCPs) who rated communication from orthopaedists as '4 - Important' or '5 - Very Important' on a 5-point Likert scale by clinical scenario. Clinical scenarios were deemed high importance if significantly more than 50% of respondents reported that communication from orthopaedists was 'Important' or 'Very Important.' Solid black bars with an asterisk denote high importance scenarios.

