Referral of patients with thrombocytopenia from primary care clinicians to hematologists

Deirdra R. Terrell, Laura A. Beebe, James N. George, Sara K. Vesely and James W. Mold
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To the editor:

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Immune thrombocytopenic purpura (ITP) is an uncommon disorder, with an annual incidence of 2.7 adults/10^5 per year. To estimate the prevalence of ITP with a focus on patients who may require treatment, we planned to survey all hematologists in the state of Oklahoma. To determine the validity of contacting only hematologists, we assessed primary care clinicians’ self-reported conditions seen during 34,519 office visits.4

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Referral patterns among physicians have been extensively studied because they affect both the quality and cost of health care. However, there are no previous data on referral of patients with isolated thrombocytopenia from primary care clinicians to hematologists, perhaps reflecting the low incidence of ITP. A 17-month study of the referral decisions of 141 family physicians documented no patients with isolated thrombocytopenia among 184 conditions seen during 34,519 office visits.

Previous studies have validated the use of patient vignettes to measure the quality of clinical practice. Although some aspects of the practice of the clinicians who participated in the OKPRN survey may not be representative of all US primary care clinicians, the overall referral practices of family physicians in practice-based research networks are similar to a national sample of primary care physicians.

Figure 1. Clinicians’ self-reported likelihood of referral to a hematologist of patients presenting with various severities of thrombocytopenia and bleeding symptoms. The bars represent responses of 84 primary care clinicians who responded to questions describing a 35-year-old woman with thrombocytopenia and either no bleeding or bruising symptoms, mild bleeding symptoms (minor bruising and prolonged menstrual periods; mild petechiae on her ankles and legs), or moderate bleeding (blood blisters in her mouth and gum bleeding). For each patient scenario, the clinicians were asked, “How likely are you to send her to a hematologist?” and given 4 possible answers from which to choose: very likely, likely, unlikely, and very unlikely. For this figure, very likely and likely were combined; unlikely and very unlikely were also combined.
This survey documents that patients who present to primary care clinicians with a new occurrence of moderate to severe thrombocytopenia are appropriately referred to a hematologist, but it also identified potential barriers to the referral of patients with benign disorders to a hematologist.

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