

Transferring medical records:

Improving the exchange

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The transfer of medical records is a task all physicians must deal with constantly in daily practice. How often do physicians request medical information from their new patient's former physician and receive a pile of illegible, poorly organized progress notes along with copies of hospital, emergency, or laboratory records that they do not need? The answer to this question is *often*. Further, because of College of Physicians and Surgeons' standards, requesting physicians must now review and store all of this information.

Do physicians and their staff request or process requests for transfer of medical records effectively and efficiently? No. Why? Most physicians have not taken the time to evaluate the content and preferred format of the information they need from former physicians.

To address whether a record has been transferred effectively, we have to evaluate the objectives of the initial request. What exactly have requesting physicians asked for? Have they specified the content and format of information they require to assist them in ongoing care and evaluation of a patient? Who will receive and process this request? What method of preparation and transfer will they use? Does the time and cost required to review and prepare the record transfer, by both physicians and their staff, influence the quality of this process?

Existing behaviour

Currently physicians respond to a request for information in one of the following ways: send everything, send a summary, send a customized Cumulative Patient Profile (CPP), or send material to be copied.

- In response to a generic request for all medical information, responding physicians, or their staff, send an unedited copy of the whole chart.
- Despite a generic request, a few responding physicians unilaterally decide to summarize their response or use prepared forms, such as those standardized by the College of Family Physicians of Canada (Patient Information or Transfer Form)¹ and Canadian Pediatric Association, with or without supporting documentation.

The information received in this format is concise and very user friendly (if legible). Responding physicians usually do most of the work. Staff involvement is limited, and the volume of information transferred is minimized. This format is of limited value, however, if responding physicians do not take the time to complete the form legibly in detail and include relevant supporting documentation.

- Other responders send their customized CPP, along with supporting records. This format is, in our opinion, the most effective and efficient for both parties assuming that the CPP is comprehensive, up-to-date, and typed. An ideal example of this is a physician using a comprehensive Electronic Medical Record that includes information formatted to follow existing guidelines, such as those in the Patient Information or Transfer Form.
- Finally, a very few physicians still naïvely ignore Canadian Medical Protective Association and College of Physicians and Surgeons' guidelines and send requesting physicians the original chart with a request that the chart be returned after the needed information is copied. *Don't ever do this!* You might never get it back.

Improving the process

Making a request. It takes a clear question to obtain a clear answer! To receive useful and concise information, Dr Requesting must clarify what information is required. Receipt of redundant information is avoided only if physicians interview patients before the request for further information to decide what information is lacking. Dr Requesting can then specify what information he or she needs and, as is often the case, does not need or want. A formatted request form can easily be prepared to customize each request and thus save time (**Figure 1**).

Compiling a response. When a request is specific, the response should also be specific. The chart should be reviewed and only requested information be sent. Staff could be trained to prepare the specific information requested for the physician's review and approval.

Figure 1. Request for medical information

**Dr Requesting's name, address, phone number, fax number,
(e-mail address if appropriate)**

REQUEST FOR MEDICAL INFORMATION

Date _____

Dear Dr Responder

I would appreciate receipt of the following medical information regarding the undersigned patient(s) who has (have) recently joined my practice.

Patient's name: _____ Date of birth _____

Current address: Street _____ Unit _____

City _____ Province _____ Postal code _____

Phone number: Home _____ Work _____

Former address: Street _____ Unit _____

City _____ Province _____ Postal code _____

Medical information requested (please send only the following):

- ☐ If available, your Electronic Medical Record's Summary Profiles
- ☐ A summary of all significant medical history (ie, Cumulative Patient Profile)
- ☐ A summary of your last periodic health examination
- ☐ A summary of all immunizations received
- ☐ All current ongoing medications
- ☐ A list of any medication trials that were unsuccessful and reasons for discontinuation
- ☐ All allergies
- ☐ All consultation and discharge summaries
- ☐ Only the most recent laboratory reports
- ☐ Copy of all records
- ☐ Specific information required:

Patient consent

I, [Patient Name], give Dr Responder permission to send all requested information to:

Dr Requesting's name, address, phone number, fax number, (e-mail address if appropriate)

I am aware that this service is not an insured service. I will be responsible for paying fees for this service according to approved guidelines.

Signature of patient(s) _____ **Date** _____

Witness _____

Figure 2. Patient-requested transfer of medical records

Dr Responder's name, address, phone number, fax number,
(e-mail address if appropriate)

PATIENT-REQUESTED TRANSFER OF MEDICAL RECORDS

Dear [Patient Name] _____ Date: _____

I have received your request to transfer a copy of your medical records to [Dr Requesting's name].

I will be happy to comply with your request. Please be advised that the cost of this service is not covered by your provincial health insurance. Therefore, you will be responsible for the cost of the physician chart review, duplication, and transfer of your records. Please note that, by law, your original record must be kept in this, office for at least 10 years after your last professional visit. To assist your new physician, I suggest that you choose one of two options.

Please circle the number of the option you choose.

1. I will be happy to prepare a summary of your medical history and include your most recent and significant laboratory results as well as all applicable consultation and hospital reports. This summary is, in my opinion, the most useful to your new doctor. Please notify us, in writing, if you want us to exclude any information.

The charge for this service is \$ _____

2. Alternatively, we can also photocopy the complete chart. The charge for this is based on the following *Provincial Medical Association Recommended Charges*:

- Individual chart (1-5 pages): \$ _____
- Family's charts (1-5 pages): \$ _____
- Each additional page (up to 50 pages): \$ _____
- Each additional page (over 50 pages): \$ _____

Your chart has [number of] pages. The charge will be \$ _____

Please indicate your choice of payment option with a check mark and return this form to our office.

Your preferred phone number for contact is (000) 000-0000.

- ☐ Cheque included with this consent form. Your chart will be sent directly on to your new doctor.
- ☐ Cheque not included with consent form. Our office will notify you when the records are ready. You will send payment and we will forward the record on.
- ☐ When your chart is ready, we will notify you and you will come to the office to pick up your record and settle your account.
- ☐ Our office will notify you when we have sent the record to your new doctor so you can send in payment.
- ☐ Cancel the chart transfer.

Signature of patient _____ **Date** _____

Yours truly [signature of Dr Responder] _____

If the request was not specific, Dr Responder could request clarification from Dr Requesting by sending a copy of a form he or she would prefer to receive (**Figure 1**). If Dr Requesting does not comply, then Dr Responder should always consider requesting clarification from the patient before formatting a response (**Figure 2**). There are many potential advantages to this policy. Dr Responder can verify the patient's consent and offer the patient a choice as to the detail, format, and cost of the response. This would also potentially save his or her staff the often tedious task of photocopying the whole chart.

Patients could also be advised of their option to direct Dr Responder to avoid transferring information that is irrelevant or sensitive unless full disclosure is mandated, as in the case of many insurance evaluations. With well organized charts, Dr Responder could dictate a medical summary or send an updated CPP. Relevant and current supporting documentation should be copied for transfer. Dr Requesting would then receive a concise and valuable addition to patient charts.

Ideally, physicians should avoid transferring outdated or redundant information of no value to requesting physicians. This information will still be available to Dr Requesting because of Dr Responder's obligation to maintain this record for at least 10 years after a former patient's last visit.²⁴ Using this protocol the time required of Dr Responder is 5 to 10 minutes if charts are well organized.

Charging a fee. The cost and time required by both physicians and their staff to prepare and transfer requested information should never influence the quality of the response. Physicians should not devalue their time and effort, however. An appropriate fee should be charged. Both Dr Requesting and Dr Responder can assist each other by educating patients in advance that there is a charge for this service. Dr Requesting should advise patients that the cost for transfer of their medical information is their responsibility. Most provincial medical associations have guidelines for billing uninsured services. Posting these guidelines in the waiting room, in examination rooms, and in patient information sheets can go a long way to educating patients

about their financial responsibility. Dr Responder's medical record transfer clarification form will also educate patients that they are responsible for the cost of this service, which will vary with the complexity and time involved (**Figure 2**).

Conclusion

Physicians have a vested interest in assisting each other and their patients when requesting and transferring medical information. A concise request encourages a clear and useful response that saves both parties time and, potentially, saves patients needless expense. Development of useful forms to request medical information and chart transfer can help both requesting and responding physicians.

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For further reading

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