

Title:	Physician Consultation Requirements	Page 1 of 2
Policy No:	1 MS 013	Effective Date: 02/24/2017

I. SCOPE

Physicians working at the DMC.

II. OBJECTIVE

To establish a satisfactory relationship between the primary physician of patients seen at the DMC and the staff of the DMC which is mutually beneficial. To attain and maintain a satisfactory relationship requires delineation, acceptance, communication and monitoring of agreed upon requirements and the implementation of corrective actions when indicated.

III. POLICY

Every reasonable attempt should be made to clearly establish if a prior relationship exists between patients seen at the DMC either as outpatient or inpatient and a primary physician. The primary physician should be contacted in the event of admission, consultations regarding additional services or consultants or Emergency Department discharge requiring immediate follow up.

IV. PROVISIONS

1. The referring physician will receive a written report from the consultant in a timely manner.
2. The referring physicians will indicate the purpose of the referral, i.e., diagnosis, opinion, management or both.
3. Patients of the referring physician shall not become the consultant's future patient unless agreed upon by the referring physician and/or by request of the patient.
4. When patients are seen in the Emergency Department and require consultation, admission or immediate follow up after discharge the staff must ascertain whether patient has a primary physician. The primary physician must then be notified.
5. When patients are referred to a consultant and during the course of management a secondary procedure needs to be performed the consultant will ascertain whether the referring physician wishes to perform the procedure if it is within the scope of his/her privileges.
6. If the consultant decides additional consultants are needed for diagnosis or management the primary physician should be notified and given an opportunity to participate in the selection of the secondary consultants.
7. Abridgements or violations of agreed upon requirements must be reported to the President or the Chief of Staff who will investigate the violation, take necessary corrective action and report back to the violatee and to the Medical Executive Committee.

V. ADMINISTRATIVE RESPONSIBILITY

The Executive Vice President/CMO and President of the Medical Staff have responsibility and authorization for enforcement, interpretation of, or exception to this policy.

APPROVAL

This policy has been approved and is duly authorized by Detroit Medical Center, Children's Hospital of Michigan, Detroit Receiving Hospital, Harper/Hutzel Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital. The posting of the policy on the DMC intranet signifies that is in full force and effect.

KEY Search Words private, staff, primary, referral, consultant

THIS POLICY: is/has been: (check one)

<input type="checkbox"/> NEW	<input checked="" type="checkbox"/>	<input type="checkbox"/> REVIEWED	<input type="checkbox"/> REVISED*
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CHANGES/REVISIONS: List Changes Here

Supersedes	December 2014	Next Review Date	February 2019
Origination Date	May 1999	History - Review/Revision Dates	May 1999, January 2001, Jan 2003, March 2005, November 2008, January 2009, Dec 2014

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Related Tenet Policy (ies) #'s	
Name of Committee / Title of person(s) responsible for this policy's review and approval process	<i>Corporate Director, CVO/Corporate Medical Affairs</i>