

What is an “Appropriate Referral” To the TMF? (Part 1)



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This article was submitted by TMA member Michael J. Baron, MD

Since the pandemic we have seen a 51% increase in referrals involving mental or behavioral health, including distressed behavior, physician burnout syndrome, and primary psychiatric disorders. These come

in various ways—by an employer, colleague, friend or family member, health professional school or training program, or even the troubled individual themselves. Referrals are always welcome if the licensee, student, or trainee is under our charge: an MD or DO, physician assistant, veterinarian, chiropractor, optometrist, x-ray technologist, clinical perfusionist, or surgical assistant.

Most TMF referrals are appropriate and professionally handled. However, we do receive a good number of problematic referrals—leading me to conclude that our function may not be as understood as I would like. In Part 1 of this two-part series, we explore these types of referrals.

PROBLEM REFERRALS

Undocumented

Calls from healthcare professionals who were told to contact the TMF but say they have no idea why—no letter, documentation, or meeting explaining the referral. We often learn the referring source was trying to protect the provider by not putting anything in writing.

Anonymous

- An unknown individual calls with concerns about a named provider; they are too frightened or worried about

consequences to identify themselves. Usually made by medical staff supervised by the offending HCP, but sometimes can be friends or colleagues.

- A Medical Executive Committee or Medical Staff Office calls with specifics about a problem provider but declines to give the name. At that point we ask the MEC to instruct the referred provider to give us a call; we always need to speak directly with the person being referred.

- Or calls asking about the process to refer for a certain problem; we provide information but never hear back. Upon follow-up we are told the situation was “handled internally.” We typically receive another call several months later about a new incident involving the same individual, putting everyone at risk.

The Retraction

Small practices contact us with a behavior they are not sure how to handle—they do not want to create conflict or let the provider know they called. We then get a second call, sometimes the same day, retracting the first call. Over the course of a few months, we will accumulate multiple calls regarding the same physician or provider—none of them generating any detail or official referral.

The “Report”

An employer or other supervisor inappropriately states that a problem provider will be “reported” to the TMF. At this point we stop the referral and explain that while we accept referrals, we are not a reporting entity, we are separate and unaffiliated with state health regulatory boards, and we are not punitive.

In Part 2 of this series, Dr. Baron will discuss appropriate referrals and aim to alleviate fears associated with contacting the TMF. If you have questions, contact the TMF at 615-467-6411 or visit e-tmf.org.

IN MEMORIAM

We offer our prayers and deep gratitude for all passing members. Their positive impact on their patients and profession will last forever.

Joe David Cox, MD, age 89, of the Sumner County Medical Society on March 15, 2023.

Ted Lawrence Flickinger, MD, age 95, of the Blount County Medical Society on March 12, 2023.

Daniel Eugene Griffin, MD, age 76, of The Memphis Medical Society on Jan. 1, 2023.

Russell A. Jones, MD, age 86, of the Chattanooga-Hamilton County Medical Society.

Fred B. Looper, MD, age 86, of the Northwest Tennessee Academy of Medicine on Feb. 14, 2023.

H. Stanford Sanders, MD, age 82, of the Nashville Academy of Medicine on March 30, 2023.

Vincent Lee Solomito, MD, age 84, of The Memphis Medical Society on Feb. 16, 2023.

Paulus Zee, MD, age 94, on Feb. 12, 2023.