

# What is an “Appropriate Referral” to the TMF? (Part 2)



Michael J. Baron, MD

This article was submitted by Tennessee Medical Foundation Medical Director and TMA member Michael Baron, MD.

The TMF typically receives more than 100 calls a year asking for our help with a troubled health professional. Part 1 of this series touched on the problematic referrals we receive; in Part 2,

I want to discuss what an appropriate referral to the TMF looks like.

Appropriate referrals can come from any source including the HCP themselves, a significant other, employer, practice partner, family member, attorney, concerned colleague or friend, but they always need to involve the person being referred.

Our most appropriate cases involve a physician or health-care provider who has been directly referred by a Chief Wellness Officer or Chief Medical Officer who understands our process and our mission. They know what information we need and what boxes should be checked off on their end before an official TMF referral is made. Best practice steps include the following.

## Documentation

We think it’s best practice if a referred provider has a hospital or employer letter stating the reasons for the referral and including an expected timeframe to make contact. If there are concerns of impairment, the healthcare provider should be removed from clinical responsibility immediately. If there are no concerns of patient harm or quality care issues, a slower approach can be utilized.

The documentation should include the name of the physician, the reasons for the referral with some details that exclude patient information, and what the third party hopes

to accomplish with the referral. In cases involving patients, they should not be identified but instead referred to as male patient 1, male patient 2, female patient 1, etc. The letter should also include the contact person and contact information for the referring facility.

Release of Information forms are required for us to be able to gather information and provide updates; those should be filled out at the time of the referral and can be found on the TMF website under the “Forms & Resources” tab. After initial contact, for clarity reasons the HCP should always be instructed to call us themselves.

## Understanding

The TMF is not a regulatory body, we do not investigate. We do not do in-house evaluations or treatment; rather, the TMF does intake and triage assessments, referring to outside entities for formal evaluation or treatment as indicated. We are considered a Quality Improvement Committee (QIC) under state statute; as such we do not release our records or re-release outside records. This ensures participant confidentiality.

## Cases & Contact

Appropriate referral cases include distressed behavior, burnout, depression, or other mental health disorders, including substance use disorders. For conditions we are unable to monitor, we often refer to alternate resources such as CME courses, therapy, coaching, or other solutions. Please always plan to have the healthcare provider themselves contact us directly.

If you are still not sure whether or how to make an appropriate referral, you can always call our office for clarification and assistance at 615-467-6411.

*For more information about the TMF Physician’s Health Program, visit [e-tmf.org](http://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.

**Frederick Finke, MD**, age 78, of the Nashville Academy of Medicine on April 26, 2023.

**James Galyon, MD**, age 93, of The Memphis Medical Society on April 28, 2023.

**David Hall, MD**, age 98, of the Chattanooga-Hamilton County Medical Society on May 10, 2023.

**Bill Thompson, MD**, age 72, of the Upper Cumberland Medical Society on Aug. 23, 1950.

**Jesse Woodall, Jr., MD**, age 87, of The Memphis Medical Society on May 8, 2023.