

INTERVENTION TYPES

SHORT TERM OUTCOMES

MODERATING AND

DEMAND MANAGEMENT

IMPACT

GP EDUCATION

PEER REVIEW / FEEDBACK

Guidelines + training
Issuing of guidelines
GP training

PROCESS CHANGE

SPECIALIST CONSULTATION PRIOR TO REFERRAL ELECTRONIC REFERRAL

Designated appt slots / fast track clinic
Direct access to screening
Decision support tool
Waiting list review / watchful waiting

SYSTEM CHANGE

COMMUNITY PROVISION OF SPECIALIST SERVICES BY GPs

OUTREACH: COMMUNITY PROVISION BY SPECIALISTS

Return of inappropriate referrals.
Payment system
Referral management centre / triage system
ADDITIONAL PRIMARY CARE STAFF
SYSTEM OF GATEKEEPING

PATIENT INTERVENTION

Health information/education
Patient concerns/ satisfaction

GP KNOWLEDGE

Knowledge of patient responsiveness to treatment / suitability
Knowledge of services/systems
Training in condition
Use or awareness of referral guidelines
Use or awareness of quality indicators

GP ATTITUDES/BELIEFS

CONFIDENCE IN MANAGEMENT
TOLERANCE OF UNCERTAINTY/RISK
BELIEF REGARDING PEER OPINION
PERCEPTION OF ROLE
VIEWS OF SPECIALIST SERVICE

GP REFERRAL BEHAVIOUR

OPTIMAL CONTENT OF REFERRAL
Optimal timing of referral
Use of pre-referral testing

DOCTOR-PATIENT INTERACTION

OPTIMAL RELATIONSHIP
SHARED DECISION-MAKING
APPROPRIATE RESPONSE TO PATIENT PRESSURE

PATIENT KNOWLEDGE

Patient knowledge

PATIENT ATTITUDES/BELIEFS

PATIENT WISHES / PATIENT PRESSURE
APPROPRIATE SERVICE USAGE

MEDIATING FACTORS

GP FACTORS

PREVIOUS EXPERIENCE OR FAMILIARITY WITH SERVICE
SATISFACTION WITH SPECIALISTS
EMOTIONAL RESPONSE TO PATIENT
Years in practice
Age
Ethnicity/country trained
Gender
Awareness of own referral rate

PATIENT FACTORS

CO-MORBIDITY/COMPLEXITY OF CONDITION
SUITABILITY FOR REFERRAL/LIKELY BENEFIT
CLINICAL SPECIALITY/CONDITION
SOCIAL FACTORS
Ethnicity
Age
Gender
Level of education
Self-reported health

SERVICE FACTORS

GP BURDEN/TIME PRESSURE
PERCEIVED WAITING TIME
AVAILABILITY OF SPECIALIST
Location of service (rural/urban, local/far)
Size
Fundholding/ownership

OUTCOMES

ADEQUATE INFORMATION PROVIDED BY REFERRER

WAITING TIME

Appropriate actioning of referral

REFERRER SATISFACTION

PATIENT SATISFACTION

Cost

Referral rate

Attendance rate

Appropriateness/ adequacy of referral (urgency / timing)

Appropriateness/ accuracy of referral (place / person)

Note: the arrows indicate the direction of the pathway and do not imply causality

STRONGER EVIDENCE (capital and underlined)
STRONG EVIDENCE IN OPPOSING DIRECTIONS (capital)
Weaker evidence (lower case and underlined)
Conflicting evidence (lower case and no underline)
A single study providing evidence (lighter shade)