

Sources of Patients in the First Two Years of Solo Urban Family Practice

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Previous studies have discussed the pattern of family physician referral to other medical specialists.^{1,2} This paper presents the sources of patients entering a new family practice during the first two years. New practitioners should be able to use this information in planning their contacts in the community during the early months of practice.

Methods

When each family in my practice registers on the first visit they fill out an information form. One of the questions on the form asks for the source of referral to my practice. After two years of practice, the answers to this question have been tabulated.

Results

The sources of referral are listed in Table 1. The miscellaneous sources giving one referral each were comprised of a motel manager, Alcoholics Anonymous, the Better Business Bureau, Planned Parenthood, an attorney, and the local volunteer rescue squad. Table 2 presents a breakdown of the referrals from physicians' offices by specialty.

Table 1. Referral Sources for 1,974 Families

| Source | Number of Families | % of Families |
|---|--------------------|---------------|
| Other patients | 716 | 36.1 |
| Physicians' offices | 360 | 18.2 |
| Friends | 154 | 7.8 |
| Norfolk Academy of Medicine | 135 | 6.8 |
| Virginia Beach Medical Society | 68 | 3.5 |
| Hospital Emergency Rooms, Virginia Beach | 51 | 2.6 |
| Doctors' answering service | 49 | 2.5 |
| Telephone book | 42 | 2.1 |
| Two businesses for which I give workmen's compensation care and preemployment physicals | 29 | 1.5 |
| Office sign | 18 | 0.9 |
| Dentists' offices | 17 | 0.9 |
| Adjacent carpet store | 11 | 0.6 |
| Virginia Beach Public Health Clinics | 11 | 0.6 |
| Newspaper announcement (on opening practice) | 10 | 0.5 |
| Hospital Emergency Rooms, Norfolk | 9 | 0.5 |
| Arthritis Foundation, local chapter | 6 | 0.3 |
| A school nurse | 3 | 0.2 |
| Miscellaneous other sources | 6 | 0.3 |
| Question left blank | 279 | 14.1 |
| | | 100.0 |

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Discussion

The patterns of referral shown in Table 1 indicate that patients satisfied with a physician are his/her greatest asset in building a practice even in the early years of practice. No doubt many of the families who chose not to reveal their referral source also learned about the practice from other patients. The second most frequent referral source is other physicians' offices. During the two years before I began practice only four internists and general practitioners and no pediatricians or family physicians had begun a new practice within a 15-mile radius including parts of the cities of Norfolk and Virginia Beach, Virginia. Thus the predominance of referrals from other primary care physicians reflects referrals of new patients calling filled established practices.

Physicians in the specialties which frequently receive referrals from family physicians, such as gynecologists, orthopedic surgeons, general surgeons, and ophthalmologists (as reported previously by Metcalfe et al¹ and Geyman et al²), also frequently referred new patients seeking a family physician. Other frequent sources of referral were the two local medical societies in the immediate area.

The office is located in the western section of Virginia Beach only three expressway exits and three miles from the Norfolk city limits and thus new patients readily came from both cities when referred.

Currently, certain branches of the federal government are seeking to force physicians to advertise as businesses. However, the data here show that patients currently find this office much more frequently by contacting other patients, other physicians, the local medical societies, or the local physicians' answering service than by seeing the office sign or the initial newspaper announcement. The only advertising per se that brings many referrals is the telephone directory classified pages listing which includes the specialty and the easily accessible location.

These data suggest that new family physicians should establish contact early with their local medical society, the answering service (if available), and as many nearby physicians as possible. Furthermore, the traditional announcement cards sent to col-

Table 2. Referrals from Physicians' Offices by Specialty

| Specialty | Number of Families Referred | % of Families Referred |
|-----------------------|-----------------------------|------------------------|
| Family Physicians | 101 | 28.0 |
| Obstetricians | 85 | 24.0 |
| Pediatricians | 48 | 13.0 |
| General Practitioners | 43 | 11.9 |
| Internists | 35 | 9.7 |
| Orthopedic Surgeons | 11 | 3.1 |
| General Surgeons | 10 | 2.8 |
| Otolaryngologists | 9 | 2.5 |
| Ophthalmologists | 6 | 1.7 |
| Urologists | 4 | 1.1 |
| Allergists | 2 | 0.5 |
| Others | 6 | 1.7 |
| Total | 360 | 100.0 |

leagues' offices and a telephone book listing as soon as possible seem to be much more important than a newspaper advertisement at the start of practice. The data suggest that announcement cards also should be sent to members of the local dental society. (Dentists frequently refer to this practice patients who need pre-surgical hospital admission physicals. A few families also saw the office when taking their children to the pedodontists in the same building. Several more families asked the dentists for a referral for family medical care.) Hospital Emergency Departments, particularly those hospitals in which the new physician joins the staff, are another strong source of referral.

The large number of patients who left the question of referral source blank probably reflects patient confusion as to what was meant by "Referred by ____" on the information form. Whenever the flow of patients permitted the time, attempts were made to clarify the question on the first visit and fill in the blank. However, in the resort city in which

this practice is located, many patients have been young adults who have needed services only once to date. The staff members now ask each new patient his/her referral source and enter it on the age-sex register card so that in a future restudy of this question the survey will be more complete.

Conclusion

This study of the sources of referral for patients entering a new family practice confirms the widely accepted opinion that other patients and nearby physicians are the most frequent sources of referrals, followed by other medical and dental agencies in the locality. Patient-to-patient referrals are shown to be the most frequent type even within the first two years of practice.

References

1. Metcalfe DHH, Sischy D: Patterns of referral from family practice. *J Fam Pract* 1(2):34, 1974
2. Geyman JP, Brown TC, Rivers K: Referrals in family practice: A comparative study by geographic region and practice setting. *J Fam Pract* 3: 163, 1976