**Model Care Coordination Agreement Outpatient Primary Care-Specialty Care**

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| **Primary Care Practice**  **The PCP agrees to:** | **Sub/Specialty Neighbor**  **The HCT agrees to:** |
| * **Prepare Patient**   + Use referral guidelines where available   + Patient/family made aware of and in agreement with reason for referral, type of referral, and selection of subspecialist/specialist   + Patient provided with expectations for events and outcomes of referral * **Provide appropriate and adequate information** *(Optimally adopt mutually agreed upon referral form with neighbor\*)*   + Demographic and insurance information   + Reason for referral, details   + Core medical data on patient   + Clinical data pertinent to reason for referral   + Any special needs of patient * **Indicate type of referral requested**   + Pre-visit preparation/assistance   + Consultation (evaluate and advise)   + Procedure   + Co-management with shared care   + Co-management with principal care   + Full responsibility for all patient care * **Indication of urgency**   + Make direct contact with subspecialist/specialist for all urgent cases * **Provide subspecialty/specialty practice with number for direct contact for additional information or urgent matters**   + Needs to go directly to responsible contact * **Review secondary diagnoses** or suggested referrals identified by subspecialist/ specialist. * **If co-managing with subspecialty/ specialty practice**, provide them with any changes in patient's clinical status relevant to the condition being address by the subspecialty/specialty practice. * **Contact the patient**, if deemed appropriate, when notified by subspecialty/specialty practice of failure to keep appointment. | * **Review referral requests and triage according to urgency**   + Reserve spaces in schedule to allow for urgent care   + Notify referring primary care practice of recognized referral guidelines and inappropriate referrals   + Work with referring primary care practice to expedite care in urgent cases   + Anticipate special needs of patient/family   + Agree to engage in pre-referral consult if requested   + Provide primary care practice with number for direct contact for urgent/immediate matters * **Provide appropriate and adequate information in a timely manner** *(Optimally adopt mutually agreed upon referral response form with primary care practice\*)*   + To include specific response to referral question and any provision of or changes in type of recommended interaction; diagnosis; medication; equipment; testing; procedures; education; referrals; follow up recommendations or needed actions * **Indicate acceptance** of referral category or suggest alternate option and reasoning for change. * **Refer follow-up** of any secondary diagnoses (additional disorders identified or suspected) back to the primary care practice for handling unless directly related to the referred problem.   + If secondary diagnosis is followed up by subspecialty/specialty practice, notify primary care practice. * **Information regarding any secondary referrals** made by subspecialty/specialty needs to be communicated to primary care practice. * **Notify referring primary care practice** of no-shows and cancellations.   **If patient is self-referred** or referred by another subspecialist/ specialist, their primary care practice needs to be copied on the referral response upon obtaining appropriate patient permission. |

\* See model checklists of suggested areas to address in referral and referral responses, developed through the American College of Physicians’ High Value Care Coordination Project and available at <http://hvc.acponline.org/physres_care_coordination.html>