**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>