Sample Care Coordination Agreement
Referrals, Consults, Co-management
General: for all patients

Primary Care Practice 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
  - Use referral guidelines
  - 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

- 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 urgent cases

- Provide subspecialty/specialty practice with number for direct contact for additional information or urgent matters
  - Needs to go directly to responsible contact

Subspecialty/Specialty (Neighbor) Practice Agrees to:

- 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
  - 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
Primary Care Practice Agrees to:

- **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 addressed by the subspecialty/specialty practice.
- **Contact the patient,** if deemed appropriate, when notified by subspecialty/specialty practice of failure to keep appointment.

Subspecialty/Specialty Practice Agrees to:

- **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](http://hvc.acponline.org/physres_care_coordination.html)*