



Definitions
<ul style="list-style-type: none"> <input type="checkbox"/> Co-managing Providers – Two or more providers coordinating care on behalf of a shared patient <input type="checkbox"/> Consultation – assess patient for specific need and transfer back to PCP after one or two visits <input type="checkbox"/> Co-management - provide long-term care in conjunction with the PCP for a specific illness or episode of care <input type="checkbox"/> Transfer of care – become primary giver of care due to illness and responsible for all care needs <input type="checkbox"/> Chronic care management services – delivered to patients with two or more chronic conditions, expected to last at least 12 months, place the patient at significant risk of death or exacerbation/functional decline; comprehensive care plan established and implemented

Mutual Agreement
<p>Accessibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> Same day access for peer-to-peer phone consultations <input type="checkbox"/> Provide easy phone access for other providers and provider office staff such as a phone tree option or direct number so providers bypass lengthy phone messages <input type="checkbox"/> Patients have 24/7 phone access to a clinical decision maker <input type="checkbox"/> Provide language and literacy accommodations, education materials, and resources to patients <p>Referrals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide IHP with practice information page for Referral Directory and use Referral Directory to ensure referral requirements are met <input type="checkbox"/> Use IHP Universal Referral Form or other agreed upon method for referrals such as phone or printout from EMR <input type="checkbox"/> Primary Care and Specialist staff clearly identify how patient is notified of appointment time, location, and patient preparation <input type="checkbox"/> Identify and document co-managing providers <p>Laboratory Tests, Imaging Studies, and Other Diagnostic Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify patient within 14 days of normal and 2 days of abnormal test results <input type="checkbox"/> Ensure co-managing provider receives test results for co-managed patients within 14 days or copy co-managing provider so they receive results directly (co-managing provider may also access results directly through shared lab or hospital) <input type="checkbox"/> Manage utilization, including avoidance of duplicate testing and imaging <input type="checkbox"/> Ask patient if they are seeing another provider at every visit to determine co-management status and avoid duplications <input type="checkbox"/> Track patient compliance with completion of testing <p>Clinical Care and Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow evidence-based care guidelines <input type="checkbox"/> Update and maintain accurate problem list with the condition that is being treated <input type="checkbox"/> Document after-hours telephone encounters in medical record <input type="checkbox"/> Conduct medication reconciliation at each visit and notify co-managing providers of changes <input type="checkbox"/> If developed, share patient self-management goals with co-managing providers as appropriate

<ul style="list-style-type: none"> <input type="checkbox"/> Share patient advance care planning documentation and end-of-life discussions with co-managing providers as appropriate <input type="checkbox"/> Chronic care management services <ul style="list-style-type: none"> <input type="checkbox"/> include, but are not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> development and maintenance of a plan of care <input type="checkbox"/> communication with other health professionals <input type="checkbox"/> medication management <input type="checkbox"/> Determine which provider (PCP or SCP) will be the lead provider of care management services and billing any applicable care management codes <input type="checkbox"/> Lead provider of care management services will ensure co-managing provider receives all relevant information concerning care management services
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Care Coordination Guidelines for Co-managed Patients	
Primary Care Agrees to:	Specialty Care Agrees to:
<p>Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide office hours to accommodate same day appointments <input type="checkbox"/> Urgent needs are seen within 24 hours <p>Referrals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide concise instructions including purpose, desired timeframe and type of referral to patient and specialty physician within 5 days <input type="checkbox"/> Provide appropriate documentation identified in IHP Referral Directory to specialist within 5 days of submitting the referral <input type="checkbox"/> Have open communication with SCP to determine which medical records are appropriate to send if unclear in the referral binder <input type="checkbox"/> Track patient compliance with referral <input type="checkbox"/> Contact the patient when notified of the patient's failure to keep initial consultation appointment <input type="checkbox"/> Review the consultation and follow-up care plans developed from the specialist and update the medical record as appropriate 	<p>Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accommodate patients within mutually agreeable timeframe <p>Referrals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review purpose of the referral prior to seeing patient and convey to the patient you understand reason for the referral <input type="checkbox"/> Develop patient care plans with clear instructions for patient follow-up <input type="checkbox"/> Provide concise summary of findings including care plan and test results to PCP within 5 days for referrals and co-managed patients; electronic communication is preferred <input type="checkbox"/> Develop a mutual agreement for secondary referrals to determine if PCP wants to make the secondary referral or only be notified if referral was made <input type="checkbox"/> Notify referring provider of inappropriate referrals and explain reason <input type="checkbox"/> Notify referring provider of patient no-shows and cancellations preferably within 5 days <input type="checkbox"/> Review test results and provide timely follow-up with patients as needed, particularly if a specialty specific medication or test has been ordered

Our office pledges to abide by the above guidelines to provide coordinated care for our patients. This agreement is not legally binding but is a general set of guidelines for provider interaction and patient access. Deviation from these guidelines may be necessary for unique patient care situations. This agreement will be reviewed every two years or more frequently if one party implements a substantial change to their process.

Primary Care Office (Please Print)

Specialty Care Office (Please Print)

Contact Person (Please Print)

Contact Person (Please Print)

Physician Signature / Date

Physician Signature / Date