

## 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** *(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 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** *(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

Referrals, Consults, Co-management  
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**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)