

Primary Care-Specialty Care Collaborative Guidelines Level 1 Medical Neighbor

| Transition of Care | |
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| <i>Mutual Agreement</i> | |
| Maintain accurate and up-to-date clinical record. | |
| <i>Expectations</i> | |
| Primary Care | Specialty Care |
| <ul style="list-style-type: none"> <input type="checkbox"/> Transfers information as outlined in Patient Transition Record. <input type="checkbox"/> Provides patient with specialist contact information | <ul style="list-style-type: none"> <input type="checkbox"/> Provide single source contact person to coordinate services with specialist or primary care practice. <input type="checkbox"/> When PCP uncertain of appropriate laboratory or imaging diagnostics, assist PCP prior to the appointment regarding appropriate pre-referral work-up |

| Access | |
|---|---|
| <i>Mutual Agreement</i> | |
| Be readily available for urgent help to both the physician and patient via phone. Be prepared to respond to urgencies. Provide alternate back-up when unavailable for urgent matters. | |
| <i>Expectations</i> | |
| Primary Care | Specialty Care |
| <ul style="list-style-type: none"> <input type="checkbox"/> Determines reasonable time frame for specialist appointment. | <ul style="list-style-type: none"> <input type="checkbox"/> Have timely consultation appointments available to meet patient and referral source requests. Discuss special arrangements, as needed. |

| Collaborative Care Management | |
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| <i>Mutual Agreement</i> | |
| Define responsibilities between PCP, specialist and patient. Clarify who is responsible for specific elements of care (drug therapy, referral management, diagnostic testing, care teams, patient calls, patient education, monitoring, follow-up). Give and accept respectful feedback when expectations, guidelines or standard of care are not met | |
| <i>Expectations</i> | |
| Primary Care | Specialty Care |
| <ul style="list-style-type: none"> <input type="checkbox"/> Suggests type of transition of care <input type="checkbox"/> Resumes care of patient when patient returns from specialist care and acts on care plan developed by specialist. | <ul style="list-style-type: none"> <input type="checkbox"/> Reviews information sent by PCP <input type="checkbox"/> Sends timely reports to PCP to include a care plan, follow-up and test results as outlined in Specialist Transition Record. |

| Patient Communication | |
|---|---|
| <i>Mutual Agreement</i> | |
| Consider patient/family choices in care management, diagnostic testing and treatment plan. Provide to and obtain informed consent from patient according to community standards. | |
| <i>Expectations</i> | |
| Primary Care | Specialty Care |
| <ul style="list-style-type: none"> <input type="checkbox"/> Explains specialist results and treatment plan to patient, as necessary. <input type="checkbox"/> Identifies whom the patient wishes to be included in their care team. | <ul style="list-style-type: none"> <input type="checkbox"/> Informs patient of diagnosis, prognosis and follow-up recommendations. <input type="checkbox"/> Recommends appropriate follow-up with specialist and PCP. |