

# Collaborative Care Compact

<b>Transition of Care</b>	
<i>Mutual Agreement</i>	
<ul style="list-style-type: none"> <li>Maintain accurate and up-to-date clinical record.</li> <li>Agree to standardized demographic and clinical information format such as the Continuity of Care Record [CCR] or Continuity of Care Document [CCD]</li> <li>Ensure safe and timely transfer of care of a prepared patient</li> </ul>	
<i>Expectations</i>	
Primary Care	Specialty Care
<ul style="list-style-type: none"> <li><input type="checkbox"/> PCP maintains complete and up-to-date clinical record including demographics.</li> <li><input type="checkbox"/> Transfers information as outlined in Patient Transition Record.</li> <li><input type="checkbox"/> Orders appropriate studies that would facilitate the specialty visit.</li> <li><input type="checkbox"/> Informs patient of need, purpose (specific question), expectations and goals of the specialty visit</li> <li><input type="checkbox"/> Provides patient with specialist contact information and expected timeframe for appointment.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Determines and/or confirms insurance eligibility</li> <li><input type="checkbox"/> Identifies a single referral contact person to communicate with the PCMH</li> <li><input type="checkbox"/> When PCP is uncertain of appropriate laboratory or imaging diagnostics, assist PCP prior to the appointment regarding appropriate pre-referral workup</li> </ul>

<b>Access</b>	
<i>Mutual Agreement</i>	
<ul style="list-style-type: none"> <li>Be readily available for urgent help to both the physician and patient via phone or e-mail.</li> <li>Provide visit availability according to patient needs.</li> <li>Be prepared to respond to urgencies.</li> <li>Offer reasonably convenient office facilities and hours of operation.</li> <li>Provide alternate back-up when unavailable for urgent matters</li> </ul>	
<i>Expectations</i>	
Primary Care	Specialty Care
<ul style="list-style-type: none"> <li><input type="checkbox"/> Determines reasonable time frame for specialist appointment</li> <li><input type="checkbox"/> Communicate with patients who “no-show” to specialists.</li> <li><input type="checkbox"/> Determines reasonable time frame for specialist appointment.</li> <li><input type="checkbox"/> Provide a secure email option for communication with patient and specialist..</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notifies PCP of first visit ‘no-shows’ or other actions that place patient in jeopardy.</li> <li><input type="checkbox"/> Provides visit availability according to patient needs.</li> <li><input type="checkbox"/> Be available to the patient for questions to discuss the consultation.</li> <li><input type="checkbox"/> Schedule patient’s first appointment with requested physician.</li> <li><input type="checkbox"/> Be available to PCP for pre-consultation exchange by phone and/or secure email.</li> <li><input type="checkbox"/> When available and clinical practical, provide a secure email option for communication with established patients and provider.</li> <li><input type="checkbox"/> Provides PCP with list of practice physicians who agree to compact principles.</li> </ul>

<b>Mutual Agreement</b>	
<ul style="list-style-type: none"> <li>• Define responsibilities between PCP, specialist and patient.</li> <li>• Clarify who is responsible for specific elements of care (drug therapy, referral management, diagnostic testing, care teams, patient calls, patient education, monitoring, follow-up).</li> <li>• Maintain competency and skills within scope of work and standard of care.</li> <li>• Give and accept respectful feedback when expectations, guidelines or standard of care are not met</li> <li>• Agree on type of specialty care that best fits the patient's needs</li> </ul>	
<b>Expectations</b>	
Primary Care	Specialty Care
<ul style="list-style-type: none"> <li><input type="checkbox"/> Follows the principles of the Patient Centered Medical Home</li> <li><input type="checkbox"/> Manages the medical problem to the extent of the PCP's scope of practice, abilities and skills</li> <li><input type="checkbox"/> Follows standard practice guidelines or performs therapeutic trial of therapy prior to referral, when appropriate, following evidence based guidelines.</li> <li><input type="checkbox"/> Reviews and acts on care plan developed by specialist. ♦ Resumes care of patient when patient returns from specialist care. ♦ Explains and clarifies results of consultation, as needed, with the patient. Makes agreement with patient on long-term treatment plan and follow-up.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reviews information sent by PCP</li> <li><input type="checkbox"/> Addresses referring provider and patient concerns.</li> <li><input type="checkbox"/> Confers with PCP or establishes other protocol before orders additional services outside practice guidelines. Obtains proper prior authorization.</li> <li><input type="checkbox"/> Confers with PCP before refers to secondary/tertiary specialists for problems within the PCP scope of care and uses a preferred list to refer when problems are outside PCP scope of care. Obtains proper prior authorization when needed.</li> <li><input type="checkbox"/> Sends timely reports to PCP to include a care plan, follow-up and results of diagnostic studies or therapeutic interventions.</li> <li><input type="checkbox"/> Notifies the PCP office or designated personnel of major interventions, emergency care or hospitalizations.</li> <li><input type="checkbox"/> Prescribes pharmaceutical therapy in line with insurance formulary with preference to generics when available and if appropriate to patient needs.</li> <li><input type="checkbox"/> Provides useful and necessary education/ guidelines/protocols to PCP, as needed</li> </ul>

<b>Patient Communication</b>	
<b>Mutual Agreement</b>	
<ul style="list-style-type: none"> <li>• Engage and utilize a secure electronic communications platform</li> <li>• Prepare the patient for transition of care.</li> <li>• Consider patient/family choices in care management, diagnostic testing and treatment plan.</li> <li>• Provide to and obtain informed consent from patient according to community standards. Explores patient issues on quality of life in regards to their specific medical condition and shares this information with the care team</li> </ul>	
<b>Expectations</b>	
Primary Care	Specialty Care
<ul style="list-style-type: none"> <li><input type="checkbox"/> Explains specialist results and treatment plan to patient, as necessary.</li> <li><input type="checkbox"/> Engages patient in MH concept and identifies whom the patient wishes to be included in their care team.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Informs patient of diagnosis, prognosis and follow-up recommendations.</li> <li><input type="checkbox"/> Provides educational material and resources to patient.</li> <li><input type="checkbox"/> Recommends appropriate follow-up with PCP.</li> <li><input type="checkbox"/> Will be accountable to address patient phone calls/concerns regarding their</li> </ul>