CCPCI

Colorado Center for Primary Care Innovation

Primary Care – Behavioral Health Collaborative Compact

Transition of Care

Mutual Agreement

- Maintain accurate and up-to-date clinical records.
- When available and clinically practical, agree to standardized demographic and clinical information format such as the Continuity of Care Record [CCR] or Continuity of Care Document [CCD]
- **Ensure safe and timely transfer of care of a prepared patient*.**

Expectations

Primary Care	Behavioral Health Care
☐ PCP maintains complete and up-to-date and complete clinical records. ☐ Transfers information as outlined in Patient Transition Record in a timely fashion. ☐ Orders appropriate studies that would facilitate the specialty visit. ☐ Provides patient with specialist contact information and expected timeframe for appointment. ☐ Informs patient of need, purpose (specific question), expectations and goals of the BHP visit ☐ **Obtains confidentiality release from patient to discuss care with BHP in accordance with Federal and State privacy laws***. ☐ Ensures that patient/family in agreement with referral, type of referral and selection of specialist	☐ Appropriate staff determine and/or confirm insurance eligibility ☐ **Identifies a specific referral contact person to communicate with the PCMH/PCP*.** ☐ When PCP is uncertain of appropriate laboratory testing, advise PCP prior to the BHP/CP appointment regarding appropriate pre-referral work-up. ☐ Informs patient of need, purpose, expectations and goals of hospitalization or other transfers. ☐ Notifies referring provider of inappropriate referrals and explains rationale.

This compact has been developed for general distribution with the support of the Colorado Center for Primary Care Innovation, the Westminster Medical Clinic and Advancing Care Together. Please reference these organizations in any reprints or revisions. 9.14.12

Additional agreements/edits: _____

_____

_____

_____

Access

Mutual Agreement

- **Be readily available for urgent help to both the physician and patient*.**
- **Provide adequate visit availability***.
- Be prepared to respond to urgencies.
- Offer reasonably convenient office facilities and hours of operation.
- Provide alternate back-up when unavailable for urgent matters.
- When available and clinically practical, provide a secure email option for communication with established patients and/or providers.

Expectations

Primary Care	Behavioral Health Care
☐ Communicate with patients who "no-show" to BHPs and address issues. ☐ **Determines reasonable time frame for BHP appointment*.** ☐ Establishes policy and protocol to facilitate direct communication by phone, email and in-person with the BHP and patient.	☐ Notifies PCP of first visit 'no-shows' or other actions that place patient in jeopardy. ☐ Schedule patient's first routine appointment with requested provider. ☐ Provides PCP with list of BHPs who agree to compact principles. ☐ Establishes policy and protocol to facilitate direct communication by phone, email and in-person with the PCP.

Additional agreements/edits: _____

_____

_____

Collaborative Care Management

Mutual Agreement

- **Define responsibilities between PCP, BHP and patient and identify care team*.**
- **Define PCP and BHP scope of practice*.**
- Clarify who is responsible for specific elements of care (drug therapy, referral management, diagnostic testing, care teams, patient calls, patient education, monitoring, follow-up).
- Maintain competency and skills within scope of work and standard of care.
- Give and accept respectful feedback when expectations, guidelines or standard of care are not met
- Openly discuss and agree on type of care that best fits the patient's needs.

Expectations

Primary Care	Behavioral Health Care
☐ Follows the principles of the Patient Centered Medical Home or Medical Home Index. ☐ **Manages the medical or behavioral problem to the extent of the PCP's scope of practice, abilities and skills***. ☐ Provides designated care coordinator to work with care team, as well as, the designated care manager. ☐ Follows standard practice guidelines or performs therapeutic trial of therapy prior to referral, when appropriate, following evidence-based guidelines. ☐ Resumes care of patient as outlined by the BHP, assumes responsibility and incorporates care plan recommendations into the overall care of the patient. ☐ **Shares data with the BHP in timely manner including pertinent consultations or care plans from other care providers***.	☐ Reviews information sent by PCP and addresses provider and patient concerns. ☐ Confers with PCP or establishes other protocol before orders additional services outside practice guidelines. Obtains proper prior authorization. ☐ Confers with PCP before refers to secondary/tertiary specialists and, when appropriate, uses a preferred list to refer when problems are outside PCP scope of care. Obtains proper prior authorization. ☐ **Sends periodic written, electronic or verbal reports to PCP as outlined in the Transition of Care Record*.** ☐ Notifies the PCP office or designated personnel of major interventions, emergency care or hospitalizations. ☐ Prescribes pharmaceutical therapy in line with scope of license and insurance formulary with preference to generics, if appropriate to patient needs. ☐ Provides useful and necessary education/guidelines/protocols to PCP.

Additional agreements/edits: _____

_____

Patient Communication

Mutual Agreement

- Consider patient/family choices in care management, diagnostic testing and treatment plan.
- Provide to and obtain confidentiality release from patient according to community standards (see Transition of Care).
- Explores patient issues on quality of life in regards to their specific condition and shares this information with the care team.

Expectations

Primary Care	Behavioral Health Care
☐ Explains, clarifies, and secures mutual agreement with patient on recommended care plan. ☐ Assists patient in identifying their treatment goals. ☐ Engages patient in the Medical Home concept. Identifies whom the patient wishes to be included in their care team and participates with team. ☐ **Be available to discuss patient questions or concerns regarding the consultation or their care management***.	☐ Informs patient of diagnosis, prognosis and follow-up recommendations. ☐ Provides educational material and resources to patient when appropriate. ☐ Recommends appropriate follow-up with PCP. ☐ Be available to discuss patient questions or concerns regarding the consultation or their care management. ☐ **Participates with patient care team*.**

Additional agreements/edits: _____

_____

_____

_____

_____