The Care Compact
There are several change package ideas provided in this tool kit and none were more important than the Care Compact during the pilot project. It will be your starting point.

So, what is a Care Compact? They are formal written documents that enhance relationships and communication between primary care and specialist physicians. They are essential elements of advocacy for high quality, safe, effective and coordinated patient-centered care. Care Compacts clarify the role and responsibilities and mutual expectations of providers and make “heroic” efforts unnecessary. It should be noted that effective care coordination requires primary care and specialist physicians’

- Recognition of personal and system interdependence
- Willingness to formalize their mutual expectations
- Collective commitment to timely, bi-directional, meaningful information exchange
- Collaborative engagement in shared decision-making with patients

A sample Care Compact is included in the Appendix.
Appendix: Sample Collaborative Care Compact

The primary care practice of Dr. ________ and the cardiology practice of Dr. ________ have developed a Collaborative Care Agreement. This agreement is based on the following agreed upon collaborative care guidelines.

Collaborative Guidelines

Aim Statement

Our aim is to improve the coordination of patient care between our offices. Specifically, we aim to ensure: 1) patients are seen in an appropriate time frame; 2) clinical questions and responses are clearly stated and effectively communicated from one office to another; and 3) patients understand the reason for their referral and are satisfied with the referral process.

Principles

- Safe, effective and timely patient care is our central goal.
- Effective communication between primary care and specialty is key to providing optimal patient care and to elimination of waste and excess costs related to health care.
- Mutual respect is essential to building and sustaining a professional relationship and working collaboration.
- A high functioning medical system of care provides patients with access to the ‘right care at the right time in the right place at the right cost’.

Definitions

- **Primary Care Physician (PCP)** – a generalist whose broad medical knowledge provides first contact, comprehensive, and continuous medical care to patients.
- **Cardiologist** – a physician with advanced, focused knowledge and skills who provides care for patients with complex problems of the heart and vessels.
- **Referral** - A new patient is referred by the PCP to a Cardiologist to answer a PCP’s clinical question or a new clinical question is posed by the PCP for a patient currently being managed by the PCP and the Cardiologist (this does not include questions in the normal course of treatment for a previous clinical question(s) being managed over a 12-month period of time.)
- **Time Stratified Referrals**
  - **Urgent Referral** – referrals that require the patient to be seen immediately (the verbal or written handoff is the referral and once completed the referral is considered to be closed).
  - **Priority Referral** – referrals that require the patient to be seen by the Cardiologist within 14 days.
  - **Priority Patient Preference Referrals** – referrals with appointments that are not in the specified time period due to patient preference.
  - **Routine Referral** – referrals that require the patient to be seen by the Cardiologist within 28 days.
  - **Routine Patient Preference Referrals** – referrals with appointments that are not in the specified time period due to patient preference.
• **Prepared Patient** – an informed and activated patient who has an adequate understanding of their present health condition in order to participate in medical decision-making and self-management.

• **Cardiology Referral Specialist** – a team member in the office who is responsible for receiving the referral request from the PCP, overseeing the referral process in the office, and sending the referral document with the clinical question to the Cardiologist.

• **Clinical Question** – the question asked by the PCP to the Cardiologist; determined by PCP with the patient after discussion of the diagnosis, prognosis, and treatment options, and expectations taking into consideration the patient’s personal needs.

• **Patient-Centered Medical Home** – a community-based and culturally sensitive model of primary care that ensures every patient has a personal physician who guides a team of health professionals to provide the patient with accessible, coordinated, comprehensive and continuous health care across all stages of life.

• **Medical Neighborhood** – a system of care that integrates the PCMH with the medical community through enhanced, bidirectional communication and collaboration on behalf of the patient.

**Primary Care – Specialty Care Compact**

**Referral**

- Referral - A new patient is referred by a PCP to the Cardiologist. A clinical question is posed by the PCP for a patient currently being co-managed by the PCP and the Cardiologist (this does not include questions asked in the normal course of treatment for previous clinical question(s) being co-managed over a 12-month period of time). PCP sends Summary of Care Record with Referral to Cardiologist that includes:
  - Plan of Care field (goals and instructions)
  - Care team (other providers)
  - Reason for Referral – Clinical Question
  - Current problem list
  - Current medication list
  - Current allergy list

- Referral Type - Based on urgency of care required, PCP marks the referral as:
  - Urgent Referral – immediate referral per phone.
  - Priority Referral – Referrals that require the patient to be seen by the Cardiologist within 3-14 days (from referral sent to patient seen)
  - Routine Referral – Referrals that require the patient to be seen by the Cardiologist within 28 days (from referral sent to patient seen).

- Appointment Scheduling – The patient is scheduled for an appointment with the Cardiologist office schedules per type of referral and patient preference.
  - Closing the Loop – Once the patient is seen by the Cardiologist, the Cardiologist sends the visit note to the PCP with the clinical question answered within one week of the appointment.
  - No Shows – If the patient doesn’t show up as per the scheduled appointment, the Cardiologist marks it as one of the following and sends it back to the PCP:
    - No Show – Priority Referral
    - No Show – Routine Referral
  - Delayed referral timing due to:
    - Delayed Priority Referral – Patient Preference
    - Delayed Routine Referral – Patient Preference
Referral Flow:

**REFERRAL LOOP PROCESS**

- **PCP sees Patient**
  - Clinical question for cardiology arises
  - CardiologyReferral placed – timeframe specified
  - No appointment available in time frame, so Cardiology AA notified
  - Before Patient leaves PCP office, Patient knows date/time of Cardiology appointment
  - Cardiology AA calls patient and reschedules; notifies PCP of no show and rescheduled date

- **Cardiology sees Patient**
  - Initial letter with plan sent to PCP; additional letter sent after studies complete and plan updated
  - Cardiology AA adds patient to schedule to meet timeframe, notifies PCP PSR
  - Patient keeps appointment
  - Patient no shows for visit

- **PCP PSR views the Cardiology schedule**
  - Appointment available and PCP schedules patient PSR

**Primary Care – Specialty Care Compact**

**Mutual Agreement for Referral Management**

- Review tables and determine which services you can provide.
- The Mutual Agreement section of the tables reflects the core element of the PCMH and Medical Neighborhood and outline expectations from both primary care and specialty care providers.
- The Expectations section of the tables provides flexibility to choose what services can be provided depending on the nature of your practice and working arrangement with PCP or Cardiologist.
- The Additional Agreements/Edits section provides an area to add, delete, or modify expectations.
- After appropriate discussion, the representative provider checks each box that applies to the commitment of their practice.
- When patients self-refer to Cardiologist, processes should be in place to determine the patient’s overall needs and reintegrate further care with the PCMH, as appropriate.
- The agreement is waived during emergency care or other circumstances that preclude following these elements necessary to provide timely and necessary medical care to the patient.
- Each provider should agree to open dialogue to discuss and correct real or perceived breaches of this agreement, as well as, on the format and venue of this discussion.
- Optimally, this agreement should be reviewed every year.
### Transition of Care (Referral Management)

#### Mutual Agreement
- Maintain accurate and up-to-date clinical record.
- 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

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Cardiologist Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PCP maintains complete and up-to-date record including demographics</td>
<td>• Identifies a specific referral contact person to communicate with in the PCP office</td>
</tr>
<tr>
<td>• Transfers information as outlined in Patient Transition Record</td>
<td>• Assist PCP scheduler in adding an appointment time when no appointments with cardiologist are available per the referral timeline or patient preference.</td>
</tr>
<tr>
<td>• Orders appropriate studies that would facilitate the Cardiologist visit.</td>
<td>• Communicates with the patient prior to the appointment regarding appropriate pre-referral work-up</td>
</tr>
<tr>
<td>• Provides patient Cardiologist contact information &amp; expected time frame for appointment</td>
<td>• Informs patient of need, purpose, expectations and goals of transfer</td>
</tr>
<tr>
<td>• PCP referral Cardiologist facilitates the Transition of Care by communicating directly with the Cardiologist office.</td>
<td></td>
</tr>
<tr>
<td>• Patient and/or family are in agreement with the referral, type of referral, and selection of Cardiologist</td>
<td></td>
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<tr>
<td>• Determines and/or confirms insurance eligibility</td>
<td></td>
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<tr>
<td>• Works with patient to select and schedule an appointment with the Cardiologist within the cardiology schedule.</td>
<td></td>
</tr>
</tbody>
</table>

#### Addendum

**Additional Agreement/Edits**
Primary Care – Cardiologist Care Compact

**Access**

**Mutual Agreement**

- Be readily available for urgent referrals 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**

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Cardiology Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communicate with patients who miss more than 2 appointments with Cardiologist or as needed</td>
<td></td>
</tr>
<tr>
<td>• Determines reasonable time frame for Cardiologist appointment</td>
<td>• Notifies PCP of missed appointments</td>
</tr>
<tr>
<td></td>
<td>• Reschedules the patient’s missed appointment with the requested provider</td>
</tr>
<tr>
<td></td>
<td>• Provide PCP with a list of practice physicians who agree to agreement principles</td>
</tr>
</tbody>
</table>

**Addendum**

**Additional Agreement/Edits**

Primary Care – Cardiology Care Compact

**Patient Communication**

**Mutual Agreement**

- Consider patient/family choices in care management, diagnostic testing & treatment plan
- Provide to & obtain consent from patient according to community standards
- Explore patient issues on quality of life in relationship to their specific medical condition and shares this information with the care team
### Expectations

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Cardiology Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explains, clarifies, and secures mutual agreement with patient on recommended care plan</td>
<td>• Informs patient of diagnosis, prognosis, and follow-up recommendations</td>
</tr>
<tr>
<td>• Assists patient in identifying their treatment goals</td>
<td>• Provides educational material &amp; resources to patient when appropriate</td>
</tr>
<tr>
<td>• Engages patient in the PCMH concept and identifies whom the patient wishes to be included in their care team</td>
<td>• Recommends appropriate follow-up with PCP</td>
</tr>
<tr>
<td></td>
<td>• Be available to the patient to discuss questions or concerns regarding the consultation of their care management</td>
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<tr>
<td></td>
<td>• Participates with patient care team</td>
</tr>
</tbody>
</table>

### Addendum

### Additional Agreement/Edits

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### Primary Care – Cardiologist Care Compact

#### Collaborative Care Management

##### Mutual Agreement

- Define responsibilities between PCP, Cardiologist, and patient
- Clarify who is responsible for specific elements of care (drug therapy, referral management, diagnostic testing, care teams, patient calls, patient education, monitoring, and follow-up)
- Maintain competency and skills within scope of work & standard of care
- Give & accept respectful feedback when expectations, guidelines or standards of care are not met
- Agree on type of care that best fits the patient’s needs

##### Expectations

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Specialty Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Follows principles of PCMH</td>
<td>• Review information sent by PCP; address provider and patient concerns</td>
</tr>
<tr>
<td>• Manages Cardiologist problem to the extent of the PCP’s scope of practice, abilities &amp; skills</td>
<td>• Confer with PCP &amp; establish protocol before ordering additional services outside of practice guidelines</td>
</tr>
<tr>
<td>• Follows standard practice guidelines related to evidence-based guidelines</td>
<td></td>
</tr>
<tr>
<td>• Resumes care of the patient as outlined by Cardiologist and incorporates care plan recommendations into overall care of the patient</td>
<td>• Confers with PCP before referring to other Specialists; uses preferred provider list</td>
</tr>
<tr>
<td>• Shares data with Cardiologist in a timely manner including data from other providers</td>
<td>• Sends timely reports to PCP; shares data with care team</td>
</tr>
<tr>
<td></td>
<td>• Notifies PCP of major interventions, emergency care, &amp; hospitalizations</td>
</tr>
</tbody>
</table>

**Addendum**

*Additional Agreement/Edits*