



FACT SHEET: 2009 Physician Group Incentive Program Specialist Referral Process PCMH Initiative New for 2009

Initiative Overview

The purpose of the initiative is to create a well-coordinated process where patients from primary care are referred to specialty care in an efficient manner; and both providers receive timely access to the information they need to provide optimal care to the patient.

Objectives

Primary Care Physicians will develop policies and processes aimed at:

- Avoiding redundancy/duplication of testing and prescribing across settings of care
- Avoiding redundancy/duplication between primary care and specialist physicians, to improve timeliness, efficiency, and safety of care

The PCP will also receive timely post-appointment follow-up from the specialist indicating results and/or recommendations from the visit, including:

- Additional specialist referrals
- Next steps for the patient and/or PCP
- Prescription changes
- Additional noteworthy items

Initiative Criteria

- It is expected that all initiative tasks be completed within **four years**
- Physician Organizations should fully coordinate care using a gradual approach
- Practice Units may implement tasks in any sequence they choose

Incentive Design

All PCMH (Patient Centered Medical Home) Initiatives will have three phases that correspond to incentive payment periods:

Year I

- **PO Planning Phase:**
First incentive payment:
PO to provide self-assessment and an implementation plan
- **Initial Performance Phase:**
Second incentive payment:
Each Practice Unit will implement one task

Year II and thereafter

- **Ongoing Performance Phase:**
 - Two incentive payments per year for subsequent years of PO participation
 - Practice Units will implement 3 tasks per year, minimum one task per payment period

Initiative Tasks

- 14.1 Policies and processes are in place to guide each phase of the specialist referral process – including desired timeframes for information exchange – for specialists *within* the physician organization
- 14.2 Policies and processes are in place to guide each phase of the specialist referral process – including desired timeframes for information exchange - for specialists outside the physician organization
- 14.3 Database is maintained of specialists to whom patients are referred, and Practice Unit evaluates patient satisfaction with those specialists at least annually, to ensure physicians refer patients to specialists that meet their standards for patient-centered care
- 14.4 PO or Practice Unit has developed patient- and condition-specific standardized specialist referral materials
- 14.5 Capability is in place for Practice Unit to make specialist appointments on behalf of patients
- 14.6 Capability is in place to automate each facet of the specialist referral process at the Practice Unit level by using electronically-based tools or changing processes, to avoid duplication of testing and prescribing across multiple care settings
- 14.7 Capability is in place to track whether or not patients completed the specialist referral in a timely manner - including whether or not they saw the specific specialist to whom they were referred - and reasons they did not seek care if applicable
- 14.8 Relevant Practice Unit staff are adequately trained on all aspects of the specialist referral process

Metrics

TBD

Results

TBD

Initiative Launched: 2009 Ref# CCP-010 Version 1.0