CPCPracticeSpotlight19

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Forming Successful Care Compacts with a High-Volume Specialist and a Behavioral Health Provider

Mayfair Internal Medicine, Denver, Colorado — Independent; 3 physicians, 1 NP; 3,000 patients

Aug. 29, 2014

This strategy addresses CPC Milestone 6.

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Tips from Mayfair:

- Have patience with the process.
- Advocate for what you need from your fellow referral practices.
- Be a good partner. Take suggestions for your own practice's improvement seriously.
- Make the best of what resources you have to build great working relationships in your medical neighborhood.

Situation: Care compacts with other providers in the medical neighborhood improve patients' transitions by standardizing communication and collaborative care management. Effective compacts can help bridge seams of care for patients, providing the potential to improve care while reducing harm and costs.

Strategy: Mayfair Internal Medicine sought care compacts with two specialists to address the following: patient needs, high utilization, and the need to establish consistent providers and communications for specific referrals. Mayfair sent more referrals to **Denver Digestive Health Specialists** (DDHS) than other specialists, and so had an existing affinity with this group. The practice created a second care compact with **Maria Droste Counseling Center** (MDCC) for behavioral health referrals. Mayfair reached out to MDCC with a cold call and was fortunate to connect with a staff person interested in integrating behavioral health with primary care. Care compacts with both providers were finalized in June 2014.

While Mayfair had a good rapport with DDHS, the care compact standardized how the practices exchanged information, specifically bi-directional pathology notes on colonoscopies. The care compact defines that reports should be submitted with 72 hours.

Smoothing out processes with MDCC was more complicated as neither practice had an established communication process for behavioral health referrals. MDCC developed new forms for release of information, plan of care and communication between the practices and then Mayfair established workflows to integrate them. Navigating insurance issues and ensuring provider availability still pose some concerns, but both groups are committed to continue to work through these processes.

Want to learn more about Mayfair's success with care compacts? Join the Sept. 23 Milestone 6 Action Group. See the CPC curriculum for details.

Mayfair's Referral Tracking Process:

1. Patients are referred to specialist and an "open referral" is flagged on the record.
2. After 30 days, if the referral remains open, the practice messages the patient through the portal or calls the patient to follow up on these possible statuses:
   - If the issue has resolved and the consult isn't needed, the referral is closed.
   - The consultation is pending a future appointment.
   - The consultation is complete and communication to the PCP is pending.
     If this is the status:
     - Mayfair faxes a medical records request to the specialty practice and allows two weeks for response.
     - If no response within two weeks, Mayfair repeats the fax request or telephones the specialist.
     - Practice continues outreach to patient in 30-day increments as needed for completion of follow up.
3. If a referral exceeds 90 days, it is deferred to the PCP to determine further action.

Collaboration site resources: Sample care compact agreements and Mayfair's care compacts

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