

# ACP COMPACT DEVELOPMENT

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on PCMH-Neighbor



*OR* The Process of Becoming  
Neighborly



# Specialists' Reaction to PCMH

- Hoarding (“I’ll make my practice a PCMH so I can get all that money for myself”)
- Dumping (“so if they are going to get paid for coordination of care, I’ll just send everyone back to them (PCMH) to do all the work”)
- Fear of being dumped on (“they will just send us all the hard patients and they will keep all the money and get all the credit”)
- Fear of loss of territory (“this is a plan to decrease referrals to specialists”)



# First Steps Forward

- Recognition of the value of role differentiation
  - Appreciation of primary care issues
  - Specialty skill sets required for some care coordination and management
- Acknowledgement of a flawed system
- Longing for more “professionalism”
  - Better communication, respect and consideration, cooperation and integration



# Gone Missing

- Communication
  - Information sharing
- Coordination
  - Referral process
- Cost effectiveness
  - Duplication of services
- Continuity of care
  - Acute vs. Chronic Care Model



# The Evolutionary Process

from “Care Coordination Codes”  
.....to “Neighbor”



# Coming to Agreement

*– How do we make it happen ?*

Concept of *SERVICE AGREEMENTS*



# The Journey

- Background of specialty patient vignettes
  - How is this situation handled now and how would it be handled under PCMH model
- Formation of PCMH-N workgroup and steering committee with weekly meetings for 5 months
  - Practicing subspecialty physicians
  - Much deliberation, reading, observing
    - What is missing
    - What works and does not work now
    - What is ideal and what is feasible



# Coming to Terms

*PRINCIPAL* Care

–Is not *PRIMARY* Care



# The Principle of the Thing

- The TOP of the Mesa : what is optimal ?
  - **PRINCIPLES OF SERVICE AGREEMENTS**
- Where do we start ?
  - What is feasible
  - What is crucial



# Highlights of What is Optimal

A service agreement will define the types of referral and co-management agreements available.

– ***Pre-consultation exchange*** – intended to expedite/prioritize care.

- **Avoids unnecessary specialty visit**
  - Answer clinical question
  - Identify inappropriate referral
- **Expedites care**
  - Urgent cases



# What is Optimal ?

The Service agreement will specify the content of a *patient transition record/core data set* which is to go with the patient in all care transitions.



# Highlights of What is Crucial

The service agreement will define *expectations regarding the information content requirements*, as well as, the frequency and timeliness of *information flow* within the referral process. This is a *bidirectional* process ...



# What is Crucial ?

The service agreement will specify who is ***accountable*** for which processes and outcomes of care within (any of) the consultation or co-management arrangements.



# What is Crucial ?

The service agreement will maintain a ***patient centered approach*** including consideration of patient/family choices and ensuring explanation/clarification of reasons for referral, the subsequent diagnostic or treatment plan and ***responsibilities of each party, including the patient/family***



# What is Feasible ?

- Feasible is where we start
- It is all about the Care of the Patient
  - Information requirements for referral process
  - Communication expectations – SHARING
  - Define responsibilities for elements of care
  - Paradigm shift to Chronic Care Model
    - Continuous Care
    - Integrated Care

