



Catholic Medical Partners Referral Agreement

This agreement outlines the referral agreement between _____ and _____ for pre-consultation exchange, formal consultation, and co-management of chronic disease or illness. The purpose of this agreement is to provide a framework for better communication, coordination of care and the safe transition of care between primary care and specialty care providers to eliminate waste and excess costs of health care, as well as optimizing patient health.

The Primary Care Provider (PCP) and the Specialty Care Provider (SCP) agree to collaborate in the care and treatment of patients as set forth below.

The PCP agrees to send referrals that include a reason for the referral, any thought process that might have come with that reason, clinical information including diagnosis (problem list), pertinent diagnostic test results, medication list, allergy list, and time frame within which the referral is requested.

The SCP agrees to respond to immediate requests within 24 hours, priority requests in 2-3 days, and routine requests within 2-3 weeks. The SCP also agrees to send all new clinical information back to the PCP along with care recommendations.

Below the PCP and SCP choose which type of Referral Transitions they agree upon. Check all that apply.

Types of Care Management Transition

- ☐ 1. **Pre-consultation exchange** – Communication between PCP and SCP to:
 - Answer a clinical question and/or determine the necessity of a formal consultation with the SCP
 - Facilitate timely access and determine the urgency of referral to SCP
 - Facilitate the diagnostic evaluation of the patient prior to a SCP assessment

- ☐ 2. **Formal Consultation (Referral for Advice):** A request for an opinion and or advice on a discrete question regarding a patient's diagnosis, diagnostic test results, procedure, treatment or prognosis with the intention that the care of the patient will be transferred back to the PCP after one or a few visits. The SCP would provide a detailed report on the Dx and care recommendations and NOT manage the condition. This report may include an opinion on the appropriateness of co-management. The SCP is responsible for communicating with the patient on any diagnostic test results until the SCP transitions the patient back to the PCP.

- ☐ 3. **Co-Management for Chronic Disease/Illness**– Where both the PCP and SCP providers actively contribute to the patient care for a medical condition and are responsible for defining their responsibilities for communication with patient, drug therapy, referral management, diagnostic testing, and patient follow-up . The PCP continues to receive consultation reports and provides input on secondary referrals and quality of life and treatment decisions issues. The PCP continues care for all other aspects of patient care and new or other unrelated health problems and remains the patient’s first contact.

This agreement outlines expectations between the PCP and the SCP. It does not, in any way, limit the patient’s freedom to select his/her physician of choice or make a self-referral to a provider of the patient’s selection.

Pertinent Diagnostic and Referral Information:_____

Approvals

Primary Care Physician/Practice

Authorized Name: _____

Title: _____

Signature: _____

Date: _____

Specialist Care Physician/Practice

Authorized Name: _____

Title: _____

Signature: _____

Date: _____