

HEALTH POLICY CORNER: PART I

High-value Care Coordination

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The American College of Physicians (ACP) and Council of Subspecialty Societies (CSS)—including SGIM—recently announced and published online the High Value Care Coordination (HVCC) Project Toolkit (hvc.acponline.org). ACP's High Value Care (HVC) initiative is a comprehensive program that connects two important priorities: helping physicians provide the best possible care to their patients and reducing unnecessary costs. SGIM was represented by Laura Sessums, Eric Bass, Jim Richter, Manisha Bhide, Aziz Ansari, Larissa Nekhlyudov, and Richard Gitomer in a multidisciplinary effort to develop consensus guidelines with tools to facilitate more effective patient-centered coordination between primary care and subspecialty/specialty practices. SGIM was central to the deliberations because generalists initiate a large proportion of referrals and, as specialists in internal medicine, also receive referrals and consultations. The project was launched during the CSS Leadership Summit held in April 2013 and was chaired by Carol Greenlee, MD, FACP. The overarching goal is to help physicians provide excellent care to their patients while simultaneously reducing unnecessary costs to the health care system. The HVCC Toolkit's resources and recommendations were informed by the 2010 ACP policy paper, "The Patient-Centered Medical Home Neighbor: The Interface of the Patient-Centered Medical Home with Specialty/Subspecialty Practices."

General communication guidelines and a checklist were proposed for all referrals, including demographic information, expectations for the consultation, and co-management or transfer of care. Additional guidelines were developed for the content and format for the specialist/subspecialist response to the referral/consultation. Each participating medical society, including general internal medicine, identified three to five specific and common reasons for ambulatory referral. Each society proposed indications, criteria for urgent consultation, and pertinent clinical data sets (PDS) to accompany the referral. Important references and patient education materials on each specific indication for referral were included in the tool kit. Frequently ordered but optional tests prior to the referral were noted as information to be included in the PDS only if already available. The common reasons for referral to general internal medicine included preoperative evaluation, hypertension, type 2 diabetes mellitus, and hypercholesterolemia. All of the elements in the toolkit were established through a consensus process following a review of the literature. The recommendations from each participating medical society were discussed by the committee as a whole and often revised for clarity, simplicity, and clinical relevance. Issues of office efficiency and the time requirements for the referring physician were explicitly considered in development of the recommenda-

tions. Also recognizing the importance of careful and clear coordination between inpatient and outpatient care transitions, model care coordination agreement templates between primary care and hospitalist practices were developed and are included.

Primary care practices and specialty partners in their clinical communities may adopt these tools or modify them to meet local needs and practice patterns. They can be used in a paper text form or incorporated into a shared or interoperable electronic health record. The tool kit is now available online (http://hvc.acponline.org/physres_hvcc_project.html) and includes:

- A checklist of information to include in a generic referral to a subspecialist/specialist practice,
- A checklist of information to include in a subspecialist/specialist's response after responding to a referral request,
- PDS consisting of patient information not typically included in a generic referral and linked to a specific common clinical condition,
- Model care coordination agreement templates between primary care and subspecialty/specialty practices and between primary care and hospitalist practices, and
- An outline of recommendations to physicians on preparing a patient for a referral in a patient-centered manner.