**CC 04, 06, 07, 08, 09, 11, 12**

**Practice Name**

**Practice Address**

**Practice City, State, ZIP**

**Practice Phone**

# 8. Policy: Outbound Referrals – Consult, Mental Health, Substance Abuse

**Purpose: To establish a policy and procedure relating to referrals to specialists and other services not provided by the practice**

**CC 07, 08, 09**

## A. Co-Management with Specialists and Mental Health Providers

1. The determination to enter into co-management agreements with specialists in the referral network is made by the Medical Director for condition or service specific agreements.
2. Prior to initiating co-management agreements with specialist, the Medical Director will consider the following information:
	1. Any publicly available quality and performance data for the considered consultant
	2. Willingness of consultant to enter into co-management agreements with primary care
	3. Practice’s previous experience with the consultant (per Section D,2.i-j)
	4. Insurance plans accepted by consultant as compared to the practice patient population
3. Providers will use standard co-management agreements established with specialist partners if appropriate for a particular patient and based on patient and family preferences.
4. The determination to enter into an ad-hoc co-management agreement with a consultant for a particular patient is made by the provider following a shared decision making process with patients and family.
	1. Providers are responsible for reviewing public performance data for consultant
	2. Providers are responsible for ascertaining that selected consultant is accepting the patient’s insurance plan, or that the patient is aware that consultant is out of network.
	3. Providers are responsible for contacting specialists and arranging for the initiation of co-management agreements using standard practice format

**CC 12**

* 1. Copies of signed and dated co-management agreements will be filed in the medical record
1. Following a determination of co-management initiation
	1. Provider will note in the patient medical record all co-management decisions
	2. Provider will contact specialist to discuss management plans
	3. Provider will monitor that co-management agreements are followed by specialist and notify the Medical Director in the event they are not
2. In cases where the patient has an established relationship with a consultant not willing to enter into co-management agreements with the practice, or the patient requests referral to such consultant
	1. Providers will advise the patient and family that no agreements could be instituted with selected consultant
	2. Providers will note absence of co-management agreements and reason for such absence in the medical record
3. Providers may delegate any and all portions of this process to other team members. However, the ultimate responsibility for consultant selection for each patient rests with the provider of record and all referrals to outside consult must be initiated by the provider.

## B. Specialty Consults

1. The determination to refer a patient for specialty consult is made by the provider following a shared decision making process with patients and family and in consideration of existing and possible co-management agreements per **Section A**.
2. Telephone requests for referrals from patients and family are relayed to the patient’s personal clinician for decision.
3. Providers will notify the referral coordinator of a referral order (verbal, written or electronic) containing at a minimum the following information for each referral:

**CC 04**

* 1. Reason for referral
	2. Preferred consultant name (alternates if not available)
	3. List of documentation to be included in referral package (e.g. provider letter/instructions, clinical summary, visit notes, lab results, histories)
	4. Urgency of referral
	5. Requested time frame for consult appointment
1. The referral coordinator will obtain any necessary pre-authorization and precertification for the consult and attach insurance documentation to the referral package
2. Urgent referrals:
	1. The referral coordinator will arrange for a consult appointment before the patient leaves and hand the patient written information on the consult date/time, place of appointment, consultant name and phone number and pre-consult special instructions as applicable.
	2. The referral coordinator will fax the referral package as ordered by the provider to the consultant prior to the appointment date and/or give the patient a copy to bring to the appointment
3. Non urgent referrals:
	1. For patients unable to make their own consult appointments, such as elderly patients, patients with disabilities, patients with low health literacy levels, or per provider instructions, the referral coordinator will follow the process for Urgent referrals above
	2. For all other patients, the referral coordinator will provide the patient with the name, address and phone number of consultant and any forms required by the patient’s insurance plan
	3. The referral coordinator will fax the referral package to the consultant upon request or prior to the scheduled appointment, and/or give the patient a copy to bring to the appointment

## C. Mental Health and Substance Abuse Referrals

**CC 09**

1. The practice does not provide mental health and substance abuse treatment. Patients and families requiring treatment will be referred to other providers and/or community resources per provider recommendation following a shared-decision making process with patients and family, and considering co-management agreements per **Section A**.
2. Patients with serious, chronic or severe mental illness (SMI) and/or addictive disorders will be referred to appropriate community agencies with specialized treatment services.
3. Patients diagnosed with common behavioral health conditions will be referred to an appropriate psychiatric service for consultation and treatment.
4. For emergencies the Crisis Team Unit XXX-XXX-XXXX or **9-1-1** should be contacted for immediate evaluation
5. Referrals for behavioral health will follow policy guidelines in **Sections A and B** above and will be recorded and monitored per **Section D** below to ensure quality transition of care, tracking of results and appropriate follow up.

## D. Referral Tracking

**CC 04**

1. The referral coordinator will maintain a tracking log for all outbound referrals
2. All provider referral orders are logged and followed up by the referral coordinator as follows:
	1. Urgent and non- urgent referrals are documented in the tracking log on the day they are ordered and include at least: date of referral, patient identity, ordering provider, consulting provider, reason for referral, urgency of referral
	2. Urgent referrals will be dealt with first
	3. Referral coordinator will follow up with consultant on monthly basis to verify that appointments were made and to provide consultant with referral package
	4. Referral coordinator will update tracking log with appointment dates as soon as they become available
	5. Referral coordinator will follow up with consultant two weeks after appointment date if consult report was not received by the practice, in which case consent will be obtained from the patient and faxed to consultant to obtain consult report
	6. Consult reports will be placed in the medical record and flagged for provider review, sign off and follow-up as necessary. Tracking log will be updated accordingly.
	7. Any difficulties in obtaining consult reports will be promptly reported to the patient’s provider and brought to the attention of the Medical Director in a timely fashion
	8. Referral coordinator will review the consult note or any other specialist response for usefulness and completeness and note that in the tracking log

**CC 11, 06**

* 1. Referral coordinator will calculate specialist response time adequacy for urgent and regular referrals
	2. Every 6 months, referral coordinator will compile a ***Referrals Assessment*** list of specialists with at least 10 referrals during the sampled reporting period, showing average response time and average completeness score for each specialist, and present the lists to providers
1. Spot checks, conducted for a one week interval, will be performed every six months to ensure the practice is following this policy 80% of the time.

E. Self-Referrals

1. During each encounter, the MA will ask patients and/or family member/care giver if patient has seen a specialist, or was provided other clinical services since his/her last visit at the practice.
2. MA will document all self-referrals and sub-specialty referrals in the patient’s medical record and notify providers
3. If consult notes from self-referred or specialist-referred visits cannot be found in the patient’s medical record
	1. MA will obtain signed consent for release of information from the patient/family
	2. MA will notify referral coordinator of the need to track and obtain consult notes and provide referral coordinator with patient name, name of consultant or service accessed by patient, date of service (approximate if not known) and signed consent form
	3. Referral coordinator will add the reported self-referral/specialty-referral to the practice referral-log to track and monitor per the process outlined in **Section D**.

**Approved By:**

**Effective:** 4/15/2017

**Revised:**