

**Our practice routinely assesses the value of our care and the care of our specialist colleagues. To help make specialty care as good as it can be for you and other patients in our practice, we ask you to read this form and answer these questions. Thank You.**

A. You are being referred to see:

- |  |  |
|--|--|
| <input type="checkbox"/> (1) Orthopedist (bone/joint)              | <input type="checkbox"/> (6) Mental Health             |
| <input type="checkbox"/> (2) Cardiologist (heart)                  | <input type="checkbox"/> (7) Women's health specialist |
| <input type="checkbox"/> (3) Dermatologist (skin)                  | <input type="checkbox"/> (8) Other: (Please Specify)   |
| <input type="checkbox"/> (4) Endocrinologist (Diabetes)            | _____  |
| <input type="checkbox"/> (5) Gastroenterologist (stomach & bowels) | _____  |

B. This is a:  (1) First time consultation  (2) Follow-up consultation

C. Reason(s) for referral: \_\_\_\_\_  
\_\_\_\_\_

D. **WHAT DO YOU EXPECT** from this consultation/visits with a specialist?  
\_\_\_\_\_  
\_\_\_\_\_

E. For the Patient	F. For the Referring Clinician
<p>Thinking ahead, how much value would you expect to come from this consultation (circle one number)?</p> <p>Low value <span style="float: right;">High value</span></p> <p>1 2 3 4 5 6 7 8 9 10</p>	<p>Thinking ahead, how much value would you expect to come from this consultation (circle one number)?</p> <p>Low value <span style="float: right;">High value</span></p> <p>1 2 3 4 5 6 7 8 9 10</p>

To increase the value of specialist consultations and to make sure that we respond well to the specialist, we would like permission to have a phone coach call you after your visit with the specialist. S/he will ask:

1. How did the visit go?  (1) Very well  (2) Well  (3) Poorly
  2. Were your expectations met?  (1) Yes  (2) No  (3) Not sure
  3. How much value came from the consultation? Low Value 1 2 3 4 5 6 7 8 9 10 High value
  4. Were any medicines started and/or stopped?  (1) Yes  (2) No  (3) Not sure
  5. Are there follow up visits and/or procedures set for the future?  (1) Yes  (2) No  (3) Not sure
- If so, is this something you want/need to do?  (1) Yes  (2) No  (3) Not sure

**The phone coach will then send the information to the clinician.**

*Please continue on reverse* →

**Please write your name and sign below giving me permission to have a phone coach follow up with you.**

Patient's Name (please print): \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Give best time and day for phone contact, include time zone:

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of appointment with specialist:

\_\_\_\_\_

If your appointment is arranged before you leave our office today, the phone coach will try to contact you within a week or two of that appointment.

If you will be arranging the appointment yourself after you leave today, contact the specialist within the next two weeks, so that when the phone coach contacts you, you can provide the date and a follow up call will be arranged for after that appointment.

**CONTACT INFORMATION FOR PHONE COACH**

Clinician's Name:

Address:

Phone:

Fax:

E-mail address:

Additional comments from Phone Coach to clinician after follow-up telephone call.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ideal micro practices**

DIFFERENT DOCTORS. BETTER CARE.

### WHAT

This is the cover sheet to go with the IMP Specialty Referral form (8-23-07) with information you need to use the specialty referral form effectively. Learning from our pilot, this revised form should give us a deeper understanding of this process.

### WHY

We are looking to develop the ability to support a patient population with an extra-mural resource. We know from our pilot and the literature that some referrals result in little or no value to the patient and are seeking simple ways to identify this up front. We want to do this in a way that minimizes practice work and results in improved care and thus lower cost of care. It may be possible to negotiate improved payment for doing this type of work.

### WHO

Please focus initially on NEW patient referrals for patients between 50 and 69 years of age (high probability of referrals, and a cohort for whom we have a lot of data).

### HOW

With a likely patient, discuss the process and fill out the form with the next ten patients who meet the criteria noted above.

**Fill out A thru F together. Review questions 1-5, but leave them blank, the phone coach will be asking the patient these questions after the patient has seen the specialist.**

**Obtain patient permission** for phone coach to contact them.  
Have patient sign under their name on page 2.

If the specialty appointment is scheduled at the time the form is filled out, the date is included and phone coach makes **one** follow up call.

If the patient will be making their own appt after they leave your office, advise them to do this as soon as possible. The phone coach will make **two** calls – the first to verify appointment date and second to gather the post – visit info. You may give a copy of page one to the patient so they have the questions that the phone coach will be asking them.



## ideal micro practices

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If you are making a referral when the patient is not in the office (phone, email, etc), you may complete the form yourself as you discuss the referral with them and then obtain a verbal consent to have the coach contact them.

**Send both pages to your phone coach** via email attachment or fax.

The coach will capture the data and send it back to you.

Study data without patient name will be sent by the coach to Dartmouth for analysis.

### **Contact information for phone coaches:**

Our phone coaches do have secure email.

Please use the contact info that works for you and your workflow.

#### **IMP1**

Cathy Reda-Chleplowitz  
idealmicropractice@onebox.com  
fax 877-712-2197

#### **IMP 2/IMP3/IMP MO1**

Mary Kinton  
marykinton@onebox.com  
fax 866-532-4204

## Who Is In Charge? Even Affluent Patients Suffer Consequences of Fragmented Care.

If you don't know who is in charge, whom do you hold accountable? That is question raised by in a recent article and the accompanying editorial about the adverse effects of fragmented care.(1,2) But neither the article nor the editorial explicitly considers the patient perspective.

At the same time these articles about fragmented care appeared, a national business newspaper in a front-page story suggested that its web subscribers complete a health assessment.(3) Of the 600 affluent respondents aged 18-69, a quarter with no chronic disease and more than 50% with 2 or more common chronic diseases reported that they were receiving care from two or more physicians. When two or more physicians were involved in their care about a quarter of these well-heeled subscribers were not sure which doctor was in charge. The associated impacts of not knowing versus knowing who was in charge are shown in the following table.

### When Well-Heeled Patients are Asked “Is One Doctor in Charge of Your Care?”

	Yes (n=142)	No/Not sure (n=46)
<b>Measures of Care Structure</b>		
<i>How easy is it for you to get medical care when you need it?</i> Very Easy	58%	26%
<i>When you visit your doctor's office, how often is it well organized, efficient, and does not waste your time?</i> Most of the time	71%	39%
<i>Do you have one person you think of as your personal doctor or nurse?</i> Yes	98%	57%
<i>Are there things about your medical care that could be better?</i> No, my care is perfect	44%	22%
<b>Measures of Collaborative Care</b>		
<i>How confident are you that you can control and manage most of your health problems?</i> Very confident	63%	42%
You checked that you have high blood pressure, heart trouble, diabetes, or breathing problems. <i>In general, how would you rate the information the doctors or nurses gave you for these problems?</i> Excellent, Very Good	83%	54%

All differences are significant at  $p < 0.01$  after adjustment for age, gender and number of diseases. None of these respondents have insufficient money to buy the things they need versus 20% of respondents to the same health survey nationwide.(4)

Asking patients a question about fragmented care is more “patient-centered” and arguable as accurate and efficient as trying to attribute accountability for care using retrospective administrative data.

Among industrialized nations the United States is unique in promoting and paying for fragmented care. (5) When they have more than one doctor, even our well-to-do citizens often don't know who's in charge. Don't we as a nation need to ask if a patient does not know who is in charge, why should there be any payment at all?

1. Pham H), Schrag D, OMalley AS, Wu B, Bach PB. Care Patterns in Medicare and Their Implications for Pay for Performance. *NEJM* 2007;356:1130-1139
2. Davis K. Paying for Care Episodes and Care Coordination. *NEJM* 2007;356:1166-1167
3. Naik G. Micro Management: Faltering Family MDs Get Technology Lifeline. *Wall Street Journal*. 2/23/07 Page 1.
4. Wasson JH, Johnson DJ, Benjamin R, Phillips J, et al. Patients Report Positive Impacts of Collaborative Care. *J Ambulatory Care Manage*. 2006; 29(3): 199-206. (Survey available at [www.HowsYourHealth.org](http://www.HowsYourHealth.org))
5. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q* 2005;83: 457-502