



Creating Medical Home Communities

Keeping up with Mr. Jones

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As physicians we know that care coordination is a cornerstone of quality, efficient patient care and we know it hinges on good communication. We know when it works and we know when it falls short. So why do scenarios like the one below continue to play out in practices across Colorado?

A day in the life

Let's say that today you are seeing Mr. Jones in your primary care office for worsening hypertension and occasional shortness of breath. You want to refer him to a cardiologist for a more extensive evaluation. It's another busy day with a waiting room full of patients, so after explaining the plan you scribble the cardiologist's number on a slip of paper, hand it to Mr. Jones and instruct him to make an appointment. You meant to send along previous blood pressure readings and recent lab data, but another patient is more acute; you hope the patient can remember to bring this information to his appointment. As you close the chart, you're confident the cardiologist can help Mr. Jones.

Several weeks later you realize that you haven't seen a follow up report. What happened to Mr. Jones? He may have stayed at home because he couldn't get a timely appointment. Or perhaps he lost the cardiologist's number, as you will learn the next time he presents with chest pains. Maybe Mr. Jones saw the cardiologist who:

- Sent you a letter detailing her workup and results that were filed into his chart without your knowledge.
- Concluded that no further workup was indicated because Mr. Jones couldn't remember everything and the cardi-

ologist didn't have your pertinent data. (Or, she repeated the test you had already done!)

- Performed exercise studies, a cardiac cath and referred him for surgical intervention, but did not contact you because she assumed you had "handed him off" to her care.
 - Sent no follow-up note because a primary care doctor was not identified for Mr. Jones at her visit.
- You get the picture.

Communication breakdowns

In this age of electronic medical records, faxes and e-mails, good doctor-to-doctor communication should be easier—but it often is not. Sometimes it seems the system couldn't be more Byzantine with busy practices and complex patients requiring care from multiple doctors in various settings. We just don't run into each other in the halls of our local hospital anymore, or if we do, we don't have time to talk about Mr. Jones.

While there is no "one" solution to these problems, there are some steps that physicians can take to prevent care coordination breakdowns, starting with a simple communication protocol called a care compact. CMS/Specialty Society Systems of Care/Patient-centered Medical Home (SOC/PCMH) Initiative Medical Director Scott Hammond, MD, has developed and is testing an evidence-based construct for physicians to use for better communication and safer care transitions between primary care and specialty care providers.

The Primary Care–Specialist Physician Compact seeks to improve care and sustain trusted medical neighborhoods by

making the implicit details of good patient care explicit through a defined communication protocol. It specifies key areas of a mutual care management agreement like care transitions, access, collaborative care management and patient communication.

Steps for tomorrow

We know that there is no one-size-fits-all approach for starting to use the compact. So we have developed three choices: the full compact with all of its important details, a "light" version for getting started quickly, and a more basic referral cover letter.

Whether you are an internist, cardiologist or some other type of specialist and you're questioning why you should use this compact, just ask yourself about your last Mr. Jones experience. We believe there is a better way to care for patients. If we take a collective stand on the right way to coordinate care, then we can improve care and increase patient and doctor satisfaction.

Visit the SOC/PCMH Web site today at www.cms.org and check out the compact. Click the feedback link and send us your thoughts (refinement continues over the summer). Use the compact to spark conversations with your colleagues and help recapture some of the joy of medicine that comes with the camaraderie of jointly caring for patients. ■

Funding provided by the Colorado Health Foundation (TCHF). TCHF works to make Colorado the healthiest state in the nation by investing in grants and initiatives to health-related non profits that focus on increasing the number of Coloradans with health insurance; ensuring they have access to quality, coordinated care; and encouraging healthy living. For more information please visit www.ColoradoHealth.org.