

PROMISING COLLABORATIVE MANAGEMENT APPROACHES

The promising shared management approaches described below include examples of service agreements and co-management and multidisciplinary arrangements. For each approach, we provide a description and working examples.

1. Service Agreements

Service agreements are developed in partnership between primary and specialty care to define what can be managed by the primary care provider and the process for making a prompt referral to specialty care and appropriate return to primary care. Service agreements have been used by the *Epilepsy Collaboratives of the National Institute for Children's Healthcare Quality (NICHQ)*, the Veterans Administration, and others. They consist of 1) core clinical competencies which describe the conditions that can be handled and the core services that will be provided by the primary care provider and the specialist; 2) referral agreements which include referral guidelines, work-up requirements, and preferred communication processes, including shared care plans; 3) access agreements which define waiting times for emergency and routine referrals, ongoing chronic care management, and questions, considerations, and evaluations; 4) graduation criteria for sending patients back to the referring physician; and 5) quality assurance agreements that identify standards of care, training and education processes, and measures to monitor care standards.

The process for developing a service agreement involves two meetings with an objective facilitator. In advance of the first meeting, the primary care provider and pediatric subspecialist complete a draft service agreement and the specialist considers appropriate referral guidelines. At the first meeting, which usually takes two hours, the two parties identify common ground and resolve any differences in the agreement. Following the meeting, the primary care provider and the specialist seek feedback on the draft service agreement from their office or department. The second meeting is usually quite short; any changes are reviewed, and the two parties sign off. The first six to eight months following a service agreement, when audits and adjustments are made, can be the most challenging.

Evaluation results show benefits for both primary care providers and specialists. Primary care providers are assured that their patients will be seen promptly, and specialists are assured that they will see only those patients requiring their services. Further, service agreements result in reductions in specialty demand, reduced waiting times for the PCP's patients, and more timely feedback from the referral specialist.ⁱ (For information, please contact Catherine Tantau at ctantau@gv.net.)

1. Co-Management and Multidisciplinary Approaches

Co-management and multidisciplinary team approaches are most often used for the care of children with multiple complex chronic conditions, bringing together various specialty resources available at a children's hospital or

academic medical center. In the example we selected, the *Special Needs Program (SNP)* at *Children's Hospital of Wisconsin and the Medical College of Wisconsin* functions as a tertiary care/primary care medical home partnership for medically fragile children. These are children with uncertain or multiple diagnoses, involving five or more specialties, relying on multiple community services, and with frequent hospitalizations and tertiary clinic visits. Other factors considered are distance from tertiary center, major social problems, and transitions. The SNP consists of 4 nurses, 2 part-time physicians, 1 program coordinator, and 1 part-time administrative assistant. All patients have a pediatric nurse case manager to assist with communicating between the family and providers, accessing medical and non-medical services, and assuring seamless inpatient and

outpatient care. A subset of patients also has a SNP physician responsible for coordinating with the PCP around the clock and preparing clinical care coordination summaries; providing inpatient, outpatient, and emergency room consultations; making home visits; and arbitrating among divergent specialist opinions and treatment options.

Evaluation results show fewer tertiary hospital admissions and shorter inpatient stays, increased clinic visits and specialist encounters, and increased emergency room visits due to SNP physician visits. Close to \$5 million was saved in total hospital charges in 2004 among the 46 children served. Although specialist charges increased, hospital charges decreased substantially.ⁱⁱ (For more information, contact John Gordon, MD at jgordon@mcw.edu.)

ⁱ Information based on an interview with Catherine Tantau of Tantau and Associates, August 2005; Murray M. Reducing waits and delays in the referral process. *Family Practice Management*. March 2002.

ⁱⁱ Information based on an interview with Dr. John Gordon, Medical Director of Special Needs Program and a presentation, "A Tertiary Care Center Special Needs Program Decreases Hospitalizations of Complex, Medically Fragile Children with Special Health Care Needs," presented at the Pediatric Academic Societies Meeting, May 2005.