

## 1.5.2 Establish Medical Neighborhood Roles

### Video link

<https://vimeo.com/200739862>

### Questions

1. What roles (types of referrals) are provided by your practice?
2. Is the type of referral/ desired role usually communicated in the referrals you receive or not?
3. How can having defined roles help with care coordination?
4. How do you explain your role to the patient?
5. For those specialties that do comanagement; are there conditions in your specialty that lend themselves to being graduated back to shared care comanagement or to management by primary care?
6. How do you let the primary care clinician / practice know when you are graduating a patient back to their management?
7. Do you specify your role in your referral response note?
8. Do you currently do pre-visit review or pre-consultation on referred cases?
9. Do you see any added value in doing pre-visit review or pre-consultation? What are your barriers?
10. How can your practice staff help with the process of pre-visit review?
11. How do you handle patients who have no primary care practice and who have needs beyond your specialty?

### Resources

- ACP; The Patient-Centered Medical Home Neighbor policy paper and examples  
[https://www.acponline.org/system/files/documents/advocacy/current\\_policy\\_papers/assets/pcmh\\_neighbors.pdf](https://www.acponline.org/system/files/documents/advocacy/current_policy_papers/assets/pcmh_neighbors.pdf)
- High value care coordination tool kit with check lists for referral request & referral response and template of care coordination agreement (compact):  
<https://www.acponline.org/clinical-information/high-value-care>
- Coordinating Care in the Medical Neighborhood  
[http://pcmh.ahrq.gov/portal/server.pt/community/pcmh\\_home/1483/what\\_is\\_pcmh](http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/what_is_pcmh)