TCPi | Transforming Clinical Practice Initiative

SCHOOL OF MEDICINE
Department of Family Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Clarifying Language Regarding PCP Communication

Milestone 10 on Specialty PAT
To score a 3: *"Practice has a reliable system in place to identify the primary care provider of each patient and to communicate with the primary care team about each visit or encounter."*
Assumptions: PCP is known, and for mental health centers, the client permits communication with PCP (current ROI).

To achieve a 3 on this milestone, the practice should have these three elements in place as evidenced by documentation, conversations and/or record audits:
 	
• A policy that articulates their commitment to communication with PCPs and outlines the parameters for this communication. An example of this could be a "care compact" that captures the information shared, and expectations of the PCP and the organization
  o Prerequisites for communication, "what" is communicated, options for how communicated, expectations for timing and documentation are often included in the specific elements of Care Compacts
 	
• For each department or program, there should be a procedure for communication.
  o The procedure would articulate how the policy is realized in each program and might differ across the organization. Most programs would have a templated communication tool and identified staff role(s) to reliably ensure communication. Documentation of communication sent is often part of the service note. Departments that choose to audit may add a templated field to track how often communication is sent. Ideally, a "close the loop" communication process is in place. [Note: we hope for communication FROM the PCP as indicated, but that is not required for them to achieve a 3.]
 	
• Evidence that these procedures are followed