Mayfair Internal Medicine, P.C. Larry Plunkett, M.D. Edith Lovegren, M.D., Ph.D. David Bolshoun, M.D. Molly Pickett, AGPCNP-BC





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Care Compact	Mayfair Internal Medicine	Maria Droste Counseling
·	-	Center
Referral Process	STEP 1 (at initial office visit)  ☐ At the office visit, PCP will discuss reason for referral to Specialist with patient/family  ☐ If visit is urgent, PCP office will call Maria Droste office intake line to notify of need for a more expedited appointment and outreach to the patient  ☐ Maria Droste Counseling Center contact information is provided to patient in printed care plan and follow-up plan	STEP 1 (within 24 - 48 hours of visit)  ☐ Maria Droste Counseling intake office receives fax and intake office will contact patient to schedule visit and complete intake assessment  ☐ Insurance eligibility/benefits are reviewed when appointment is scheduled  ☐ The patient will be placed with a therapist/counselor that is deemed a 'good fit' for the patient based on psychological assessed needs and insurance coverage.
	STEP 2 (within 24-48 hours of visit)  All referrals will be sent via fax through our electronic health record (EHR) to Maria Droste Counseling Center intake department. The referral will include the patient's face sheet, most recent progress note, and the signed 'authorization to release PHI' form.  Referral/Care Coordinator verifies insurance coverage referral requirements  Pertinent records and information will be included with referral	STEP 2 (within 7-10 days of initial visit)  ☐ The specialist office documents in SBAR format or another consultation report of the therapists choosing, for bidirectional communication regarding the patient's plan of care, up-dated diagnosis, and medication recommendations.  ☐ This report will be sent to the PCP office within 7-10 business days of appointment (f/u recommendations and other pertinent medical information)
	STEP 3 (1 to 3 months after referral)  Mayfair Internal Medicine Care Coordinators will run reports & perform outreach to anyone who has not complete appropriate follow-up with the current referral follow up process	STEP 3 (on-going management)  ☐ If patient does not schedule or is a 'no-show' (after 3 outreach phone calls from Maria Droste Intake office), notification will be sent to PCP office within 30 days.  ☐ If there is ongoing visits with the patient, the therapist/counselor will send monthly progress notes via fax to the PCP  ☐ Upon termination of care with the patient, the therapist/counselor will notify the PCP that counseling has been ceased.
Patient Access	STEP 1 (within 24 hours of visit)  ☐ If visit is urgent, PCP office will call Maria Droste office intake line to	STEP 1 (during patient PCP visit)  ☐ If visit is urgent, PCP office will call Specialist office to notify of need for

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Transitions	notify of need for a more expedited appointment and outreach to the patient  STEP 2 (within 24-48 hours of visit)  Patient will be scheduled within 2-3 weeks of call to Specialist office unless urgent visit indicated  STEP 3 (on-going management)  If patient does not schedule or is a 'no-show', notification from Specialist office will be sent to PCP office within 30 days via fax or telephone encounter  Mayfair Internal Medicine Care Coordinators run reports & perform outreach to anyone who has not complete appropriate follow-up	expedited appointment  STEP 2 (within 24-48 hours of visit)  Referred patient will be scheduled within 2-3 weeks of call to Specialist office unless urgent visit  STEP 3 (at visit)  If patient needs to be seen for follow up visit – patient will schedule directly with Specialist office
Transitions of Care	STEP 1 (at visit)  ☐ Informs patient of need, purpose, expectations and goals of the specialty visit ☐ Patient/family in agreement with referral, type of referral and selection of Specialist ☐ Unless urgent, PCP office provides patient with Specialist contact information and patient calls to schedule appointment  STEP 2 (within 24 hours of visit) ☐ PCP office documents appropriate orders on referral form within the EHR that would facilitate the Specialty visit	STEP 1 (at visit)  ☐ Reviews reason for visit with patient/family ☐ If patient needs to be seen in ED or Mental Health Facility, arrangements will be made then Specialist office will notify PCP office within 24 hours  STEP 2 (within 7-10 days of initial visit) ☐ Specialist office documents in SBAR format, or another consultation report of the therapists choosing, for bidirectional communication regarding the patient's plan of care, up-dated diagnosis, and medication recommendations. ☐ If there is ongoing visits with the patient, the therapist/counselor will send monthly progress notes to the PCP ☐ Upon termination of care with the patient, the therapist/counselor will notify the PCP that counseling has been ceased.

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Patient	STEP 1 (within 48 hours of visit)	STEP 1 (after visit)
Co-Management	☐ If ED/Hospitalization occurs that would affect Specialty care, PCP office will notify Specialist office within 48 business hours	<ul> <li>If indicated, Specialist can refer to an additional Specialist without PCP consent unless indicated otherwise in referral</li> </ul>
	STEP 2 (On-going management)  ☐ Refills will be handled by Provider managing patient unless Specialist indicates variation on consult  ☐ Resumes care of patient, outlined by Specialist, assumes responsibility and incorporates care plan recommendations into the overall care of patient  ☐ Shares data/pertinent additional consultations from other care providers with Specialist	STEP 2 (within 48 hours of visit)  ☐ If ED/Hospitalization occurs that would affect PCP care, Specialist will notify PCP office within 48 business hours  STEP 3 (On-going Management)  ☐ Refills will be handled by Provider managing patient unless variation indicated on consult  ☐ Secondary/tertiary Specialty referrals will be documented in consult  ☐ Specialist office documents in SBAR format, or another consultation report of the therapists choosing, for bidirectional communication regarding the patient's plan of care, up-dated diagnosis, and medication recommendations.  ☐ If there is ongoing visits with the patient, the therapist/counselor will send monthly progress notes to the PCP  ☐ Upon termination of care with the patient, the therapist/counselor will notify the PCP that counseling has
Primary Care Provider Signat	ture / Date Special	been ceased.  ist Signature / Date
Practice Name	Practic	ce Name