

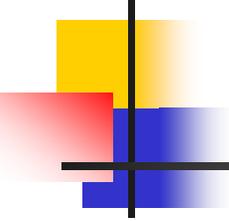
# Shared Care

## What are we talking about?

---

Neil Baker M.D.

October 6, 2006

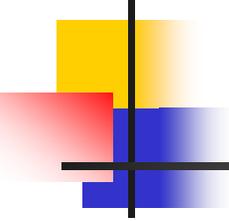


# Definition of shared care

---

- “An arrangement where family doctors, specialists and other health care providers (such as dietitians, community nurses and social workers) work together to treat a patient.”

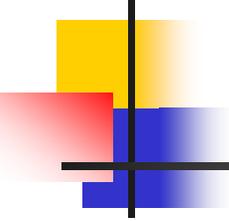
Poulos, Antonsen BC Medical Journal, 2005



# Status quo in chronic illness care

---

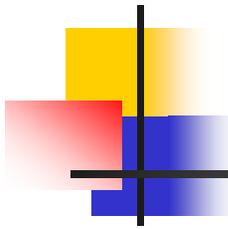
- **Sharing of care occurs frequently....**
  - 25% of referrals from primary care to specialists involve shared management
- **...in a stressed system...**
  - overburdened primary care; inundated specialists with long waiting times



# Status quo in chronic illness care

---

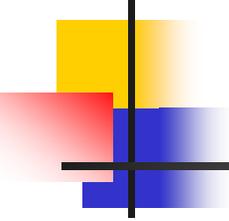
- **...with significant gaps in quality....**
  - 50% of patients overall do not receive evidence based care
- **...and problematic coordination.**
  - 45– 60% of medicare patients seeing multiple providers report conflicting advice



# Changing the status quo in shared care...Service Agreements

---

- Documented agreements developed in partnership between providers to make explicit their responsibilities in the process of care, for coordination of care, and assuring quality of care and service.



# The advantage of service agreements in shared care

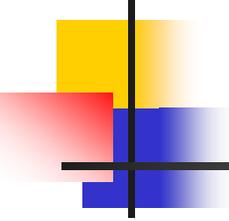
---

- Defines the work: who?, what?, when?
- Sender – sends right work packaged the right way
- Receiver – does right work right, when needed, and informs the sender the right way
- Consistent support of the patient enhances self management

# Service agreement basics

## The "Yellow Card" (Bellin Medical Group)

<b>Primary care provider</b>	<b>Specialty care provider</b>
<ul style="list-style-type: none"><li>■ State you are requesting a consult</li><li>■ State reason for consult</li><li>■ List current and past pertinent medications</li><li>■ List work-up and results</li><li>■ Describe your thought process in deciding to request a consult</li><li>■ What would you like the specialist to do?</li></ul>	<ul style="list-style-type: none"><li>■ State you are returning patient to PCP for follow-up post-consult</li><li>■ State what you have done for the patient and any results and findings</li><li>■ Answer PCP questions in referral</li><li>■ Describe your thought process in arriving at your conclusions</li><li>■ Make recommendations for the PCP and educational notes</li><li>■ Describe circumstances to refer patient back to specialists</li></ul>

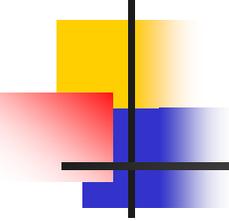


# Service agreements components

---

- Competencies/Scope of Work
- Referral agreements
  - Work-up expectations
  - Referral criteria
- Access agreements
- Communication agreement
- Quality assurance agreement

from Tantau and Associates

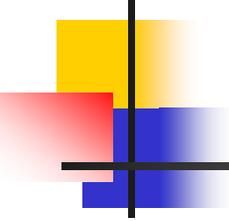


# Service agreements process

---

- Stress a Collaborative Approach
- Use a Facilitator
- Parties Participate as Equals
- Maintain Focus
- Agreement templates
- Sign off
- Implementation and follow through

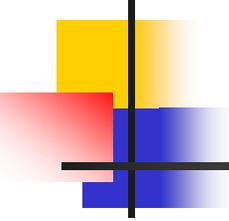
from Tantau and Associates



# Service agreement steps

---

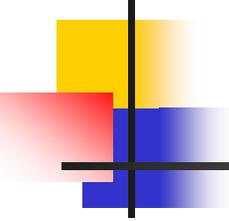
- Pre-work
- Negotiation meeting(s)
- Draft agreement
- Signatures
- Follow-up plans for quality assurance, revision of agreement as needed



# Service agreement pre-work

---

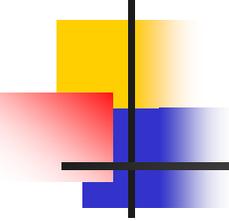
- Select materials
  - Guidelines; example agreements; template for service agreement
- Identify representatives
  - Primary care, nephrology, internal medicine, CKD clinic staff



# Tips: integrating service agreements at the point of care

---

- Copies of agreements and guidelines are in exam rooms or available electronically
- Work-up requirements are integrated into a patient examination form which includes a section to state the referral question

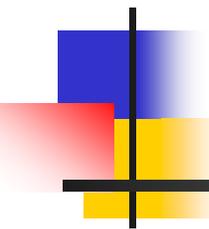


# The promise of shared care

Levin, Nephrol Dial Transplant (2001) 16 S7, 57-60

---

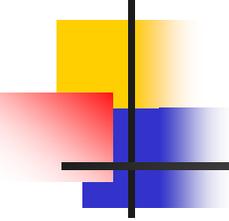
- Patients with earlier referral to nephrology and attendance at CKD clinic had....
  - Lowest mortality
  - Longest time to renal replacement therapy



# Service Agreements: examples

---

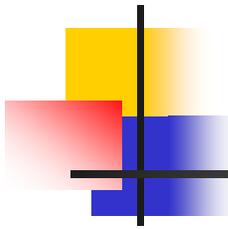
Based on Poulos and Antonsen and 'Shared  
Care Agreement Between East Kootenay  
Internists and The Kootenay Boundary  
Nephrologist'



# Competencies/scope of work

---

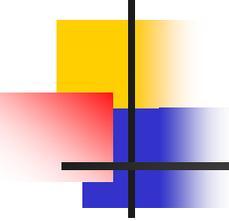
- Family practitioners
  - Screening and primary care for CKD in stable patients according to CKD guidelines
  - Support and reinforce teaching and advice from nephrologist and CKD team
- Nephrologists
  - Consultation service to FPs and internists
  - Supervise initiation of dialysis for unstable patients
- CKD Clinic; ancillary renal services
  - Education/orientation to living with renal disease
  - Diet instruction
  - Lifestyle modification information
  - Preparation for dialysis



# Referral agreement

---

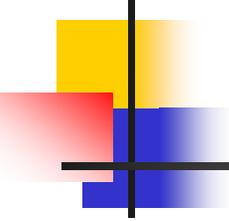
- Specific work-up requirements for FPs
- Referral guidelines/criteria
  - e.g. Refer to nephrologist for rapidly declining GFR or GFR < 30 ml/min
  - e.g. Refer to nephrologist or internist if hypertension cannot be controlled to target according to CKD guideline



# Access agreement

---

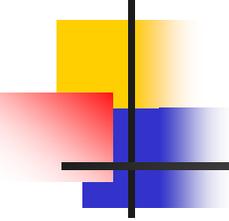
- FP sees urgent CKD patient in 2 days and non-urgent in 5 days
- Internists and nephrologist see non-urgent referral in 2 – 4 weeks; urgent in 2 days



# Communication agreement

---

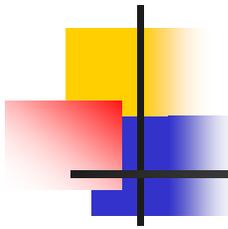
- “Yellow Card”
- Agreement to use specific tools or forms



# Quality assurance agreement

---

- Nephrologist and KB renal team develop training and education
- PROMIS data used to form reports of use to clinicians and facilitate high quality of care



# References

---

- Catherine Tantau, Tantau and Associates
- Poulos, Antonsen, BC Medical Journal, July/Aug 2005, 300
- Levin, Nephrol Dial Transplant, 2001, S7, 57 - 60
- Starfield, Brit J Gen Practice, Sept, 2003, 723
- Public Health Reports, May – June 2004, Vol 19, [www.publichealthreports.org](http://www.publichealthreports.org)
- McGlynn et al, NEJM, June 26, 2003, 2635