Shared Care
What are we talking about?

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Definition of shared care

- “An arrangement where family doctors, specialists and other health care providers (such as dieticians, 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)

Primary care provider	Specialty care provider
▪State you are requesting a consult ▪State reason for consult ▪List current and past pertinent medications ▪List work-up and results ▪Describe your thought process in deciding to request a consult ▪What would you like the specialist to do?	▪State you are returning patient to PCP for follow-up post-consult ▪State what you have done for the patient and any results and findings ▪Answer PCP questions in referral ▪Describe your thought process in arriving at your conclusions ▪Make recommendations for the PCP and educational notes ▪Describe circumstances to refer patient back to specialists

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

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