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This Co-Management Agreement is between Asheville Medicine & Pediatrics and Specialists and outlines mutual expectations in providing care for our patients. We entered into this agreement to promote clear communication, appropriate utilization of resources, to reduce variations in care and to provide high quality care.

*Contribution of Primary Care Providers (PCP):*

1. Communication to Specialists;
  - a. Provide pertinent clinical information relevant to the target condition (including clinical history, laboratory test results and other reports.
  - b. Demographic information (including contact information and insurance information.
  - c. Reason for referral and relative urgency (consult/recommend, consult/take over care of a condition, or consult/co-manage a condition). Consider this language in your referral; The clinical question or concern is being asked with this referral is { }.
  - d. Where possible use electronic referral communication mechanisms i.e direct messaging.
  - e. Provide information by telephone or secure messaging when requested or as appropriate to assist the Specialty Provider in the diagnostic and/or treatment process within three business days.
2. Continue to provide to the patient:
  - a. Primary care to this patient including health maintenance, urgent or acute care and management of any other chronic disease.
  - b. Self-management support.
  - c. Care coordination if the patient is hospitalized or placed in a group home or nursing home as appropriate for your community and diagnosis with a focus on transitions of care.
  - d. Communication of expectations of the referral with the patient-timing, scope and follow up.
3. Referral Tracking
  - a. Track and follow up on the status of the referral in conjunction with referring provider.

*Contribution of Specialists Providers:*

1. Communication to Primary Care
  - a. Send status, including time frame or date and time of the appointment back to primary care.
  - b. Provide care based on reason for referral and communicate to primary care if a change in care plan is required (consult/recommend, consult/take over care of a condition, or consult/co-manage a condition).

- c. Provide a copy of the progress note and any laboratory and diagnostic testing when the initial consult is complete with a goal of 3 business days.
  - d. Communicate directly with the referring providers about any concerns.
  - e. Where possible use electronic referral communication mechanisms, i.e., direct messaging.
2. Referral Tracking and Return to PCP
    - a. Assist in tracking and follow up of a referral in conjunction with primary care practice, including notifying primary care if patient does not show up for any appointments or cancels any appointments without re-scheduling the appointment.
    - b. Refer the patient back to primary care when the condition is under control or no longer requires the care of the specialists if the patient wishes.
    - c. Communicate expectations of this referral with the patient-timing, scope and follow up.

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Physician Name/Practice Manager Agreement

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Date

#### Elements of a referral template from Primary care to Specialists Providers (minimum requirements)

- Patient Name
- Patient Phone Number
- Insurance Information
- Diagnosis
- Time frame desired based on clinical need
- Clinical details to clarify the clinical question being asked
- Expectations of referral (consult/recommend, consult/take over care of a condition, or consult/co-manage a condition).
- Please include relevant labs, imaging and office notes

#### Elements of a Consult Note

- Diagnosis or Differential
- Planned workup and direction as to who is responsible for the workup
- Expectations for follow up with Consultant and/or primary care
  - E.g. "Follow up with me in 3 weeks for...", "no follow up planned here but should follow up with primary care in 4 weeks for..."
  - E.g. "We have ordered a CT of the abdomen and plan a follow up here in 3 weeks to review results."