

Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual	
Policy Name: Coordination of Care With Primary Care Physician	Utilization Management
Date: 12-98 Reviewed by QI Committee: 9-06, 9-07 Revised by QI Committee: 3-06	Page: 1 of 2 Policy Number: UM-11

Purpose: The purpose of this guideline is to ensure appropriate patient care through the coordination of Comprehensive Behavioral Health Management/College Health IPA (CBHM/CHIPA) behavioral health providers (psychiatrist and/or therapists) and the primary care physician.

Policy:

1.0 All Patients

- 1.1 The CBHM/CHIPA Intake Specialist will ask each patient if they know the name and telephone number for their primary care physician. Intake Specialists will record information in the demographic screen or in the presenting problem note.
- 1.2 If recorded the name and telephone number of the patient's primary care physician will be printed on all authorizations for treatment issued by CBHM/CHIPA.

2.0 Patients Referred by Primary Care Physician

- 2.1 The patient's consent for collaboration between the CBHM/CHIPA provider and the primary care physician should be obtained in writing at the first session and should be noted in the chart with the provider's signature. A patient's refusal to give consent should be noted in the chart with the provider's signature. CBHM/CHIPA recommends that providers use the *Health Care Coordination Form (HCCF)*, which includes patient consent and can be faxed.
- 2.2 The provider immediately following the first session should forward a copy of the Initial Treatment Plan or HCCF to the primary care physician. The date forwarded should be noted in the chart with the provider's signature.
- 2.3 The HCCF, or a copy of the progress notes, or a brief report should be forwarded to the primary care physician immediately following any session when a major change in the treatment plan is initiated, when a medication is added, or when a significant change in medication dosage is initiated. Any correspondence to or from the primary care physician should be noted in the chart with the provider's signature.
- 2.4 The HCCF, or a copy of the discharge summary, or a brief report should be forwarded to the primary care physician immediately following the last treatment session or immediately after the provider determines the case to be closed.

3.0 Patients Without Primary Care Physician Contact

- 3.1 If a patient has not had a physical examination by a physician within the last year, they should be directed to make an appointment with a physician for an examination. This recommendation should be noted in the chart with the provider's signature.

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- 3.2 An attempt to obtain permission and consent to coordinate behavioral health care with the primary care physician should be made by the provider and should be noted in the chart with the provider's signature. A patient's refusal to give consent should be noted in the chart with the provider's signature. CBHM/CHIPA recommends that providers use the *Health Care Coordination Form (HCCF)*, which includes patient consent and can be faxed.
- 3.3 If the patient gives consent for collaboration with their physician, the procedures outlined in 2.1 through 2.4 should be followed.

4.0 Patients in Hospital Programs

- 4.1 When a patient is admitted to the hospital, CBHM/CHIPA UM Coordinator should notify the hospital's Utilization Review Department regarding the name and phone number of the patient's primary care physician. The UM Coordinator should note in the chart the date that the information was given and who received the information.
- 4.2 The hospital's Utilization Review Department should then notify the primary care physician of the admission after the patient or his/her agent gives consent.
- 4.3 A patient's refusal to give consent should be noted in the patient's hospital chart by the hospital's Utilization Review Department and CBHM/CHIPA UM Coordinator should be notified.
- 4.4 A copy of the discharge summary should be forwarded to the primary care physician immediately upon discharge by the hospital's Utilization Review Department. The date forwarded should be noted in the chart.

5.0 Compliance

Compliance with the above guidelines will be monitored by internal and external medical record audits conducted per Quality Improvement guidelines. Reference policy TR-3, Audits.