

## CARE COORDINATION AGREEMENT:

### GASTROENTEROLOGY

*Version 1.0 - April 5, 2023*

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## 1. Care Coordination Agreement Introduction and Principles

A care coordination agreement (CCA) is a formal document or arrangement between health providers about the activities, interventions and responsibilities involved in a patient's care.

A CCA reflects the agreement between partners that will deliver safe high quality care, without unnecessary delays, and prevents patients falling through the cracks. The components of the agreement are based on the following 5 principles:

1. Sender (family practice physician) - sends the right work packaged the right way,
2. Receiver (physician consultant) - does the right work, right away,
3. Each parties needs are Identified and met,
4. Waits and delays for/at appointments are avoided/eliminated, and
5. The agreement is monitored for effectiveness.

## 2. Care Coordination Agreement Name and Clinical Conditions: Gastroenterology

**The Clinical Conditions Referenced include:** Two common GI conditions: Iron Deficiency Anemia and Rectal bleeding.

## 3. Care Coordination Agreement: Providers Involved

**This agreement represents the work of :** Family Practice Physicians, Dr. Rebecca Lethbridge and Dr. Pinos Mpiana and Dr. James Quinlan- Gastroenterologist

## 4. Key Contacts/Champions

### Team Members - Primary Care

Dr. Rebecca Lethbridge  
Primary Care Physician,  
Wellness Family Clinic  
Western Health

Dr. Pinos Mpiana  
Primary Care Physician  
The Good Shepherd Clinic  
Eastern Health

Cindy Watton  
The Good Shepherd Clinic  
Eastern Health

### Team Members - Gastroenterology (Eastern Health)

Dr. James Quinlan  
Gastroenterology  
Consultants

Christine Piercy  
Office Administrator

Gloria Chancey  
Administrative Assistant

Joann Lockyer  
Secretary

## 5. Referral Processes

The below process map picture outlines the current steps as determined by the partners in the referral process for the identified clinical conditions. It outlines the steps primary care takes: make a referral, support the patient while waiting for the consultation and share follow-up interactions with the Physician Consultant. As well as the steps to review, sort, respond and proceed with the consultation, including documentation back to the primary care provider. The process map is intended to be refined and updated over time. The current process map can be found in [Appendix A](#) and is available to edit as an attachment.

## 6. Referral Documentation Forms

Initiating a referral to Gastroenterology involves:

- Basic patient demographic information,
- Describing a clear reason for referral,
- Providing a relevant patient summary,
- Completing necessary laboratory studies and diagnostics, and
- Sharing patient goals and expectations regarding the outcome of the referral.

The **Iron Deficiency Anemia and Rectal Bleeding** referral forms pictured below describe the necessary referral information for efficient processing of a patient referral. The referral forms are intended to be

refined and updated by the referral partners if necessary. The referral forms are provided as editable attachments in Word document form.

**Iron Deficiency (IDA) Patient Referral**

Date:

Patient Referred To: <input type="checkbox"/> Any physician in the group <input type="checkbox"/> To Dr.: _____
<b>REQUIRED FOR REFERRAL</b> - High risk IDA <u>must</u> be accompanied by presence of urgent or semi-urgent symptoms as outlined below to proceed with referral.
Signs of Iron Deficiency Anemia (IDA) – BOTH must be present to meet criteria for High Risk IDA and no obvious cause for anemia (e.g. heavy menstruation) <input type="checkbox"/> Hb <130g/L (male) or <120g/L (Women of menstruating age and no obvious cause for anemia). <b>AND</b> <input type="checkbox"/> Serum Ferritin below lower limit of normal
<b>REQUIRED FOR URGENT REFERRAL</b> – Should be evaluated within 2 weeks by colonoscopy
<input type="checkbox"/> Hb <110 g/L (Men) / <100 g/L (Women of menstruating age and no obvious cause for anemia), <b>OR</b> <b>IDA with at least one of the following alarm symptoms not previously investigated by complete colonoscopy in the last 2 years (check all that apply):</b> <input type="checkbox"/> Significant diarrhea, as can occur in inflammatory bowel disease (IBD) <input type="checkbox"/> Unintentional weight loss (≥ 5-10% of body weight over 6 months) <input type="checkbox"/> Significant and progressive change in bowel habit
<b>REQUIRED FOR SEMI-URGENT REFERRAL</b> – Should be evaluated < 8 weeks by colonoscopy
<input type="checkbox"/> Hb between 110-130 g/L (Men) <b>OR</b> <input type="checkbox"/> Hb between 100-120 g/L (Women) <input type="checkbox"/> Significant abdominal pain with very high suspicion of colon cancer
<b>INVESTIGATIONS THAT WILL ASSIST WITH BOOKING</b>
<b>Health History</b> <input type="checkbox"/> Other patient considerations, e.g. impact on life and work (please provide details) <input type="checkbox"/> Results of physical exam (rectal exam strongly advised if change in bowel habit, or lower abdominal pain). <input type="checkbox"/> Anti-platelet agents and/or anti-coagulants including indication (please attach medication list) <input type="checkbox"/> Additional information
Investigations within 8 weeks of referral: <input type="checkbox"/> Results attached <input type="checkbox"/> Results pending <input type="checkbox"/> CBC (required) <input type="checkbox"/> Transferrin Saturation <input type="checkbox"/> ALT
<b>REFERRAL CONTACT INFORMATION</b>
Referred By (Name): _____ Family Physician Name (if different): _____ Contact Number: _____ Clinic Number: _____ Clinic Fax Number: _____
<input type="checkbox"/> Family Physician <input type="checkbox"/> Walk-In Clinic <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Other

**Rectal Bleeding Patient Referral**

Date:

Patient Referred To: <input type="checkbox"/> Any physician in the group <input type="checkbox"/> Dr.: _____	
<b>PATIENT INFORMATION</b>	
Name	Date of Birth
MCP:	
Address:	
Phone (Primary):	Phone (Secondary):
Email:	
Is your patient aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>REQUIRED FOR REFERRAL</b> – High risk rectal bleeding <u>must</u> be accompanied by presence of urgent or semi-urgent symptoms below to proceed with referral using the high-risk rectal bleeding pathway	
Symptoms of high-risk rectal bleeding (ALL must be present to meet criteria for high-risk rectal bleeding): <input type="checkbox"/> Blood visibly present in/on stool OR in the toilet AND not just on the tissue paper <input type="checkbox"/> New onset or worsening AND persistent rectal bleeding (not just a single episode; present most days of the week for ≥2 weeks) <input type="checkbox"/> Bleeding is unexplained (i.e., absence of complete colonoscopy within last 2 years)	
<b>REQUIRED FOR URGENT REFERRAL</b> – Rectal Bleeding as described above, AND	<b>REQUIRED FOR SEMI-URGENT REFERRAL</b> – Rectal bleeding as described above, AND
<input type="checkbox"/> Palpable abdominal or rectal mass, <b>OR</b> <input type="checkbox"/> ≥10% weight loss over 3 months <b>OR</b> <input type="checkbox"/> Suspected colorectal lesion or evidence of metastases seen on imaging, <b>OR</b> <input type="checkbox"/> New or worsening anemia (Hb <130 g/L in men, <100 g/L in women) AND iron deficiency (serum ferritin below lower limit of normal)	<b>At least one of the following alarm features (check all that apply)</b> <input type="checkbox"/> New or worsening anemia (Hb <130 g/L in men, Hb <120 g/L in women) <input type="checkbox"/> Iron deficiency (serum ferritin below lower limit of normal) <input type="checkbox"/> New onset, persistent or worsening abdominal pain (≥45 years of age) <input type="checkbox"/> New onset or progressive unintentional weight loss (≥5-10% of body weight over 6 months) <input type="checkbox"/> Concerning change in bowel habits (≥45 years of age) <input type="checkbox"/> Imaging shows irregularity or thickening of the bowel
<b>INVESTIGATIONS THAT WILL ASSIST WITH BOOKING</b>	
<b>Health History</b> Personal/Family history of colorectal cancer or inflammatory bowel disease (please provide details): Other patient considerations, e.g., impact on life and work (please provide details): Additional information:	
<input type="checkbox"/> Results of most recent lower endoscopic examination (please attach) <input type="checkbox"/> Antiplatelet agents and/or anticoagulants including indication (please attach medication list) <input type="checkbox"/> Pacemaker <input type="checkbox"/> Implantable Cardioverter Defibrillator	
Investigations within 8 weeks of referral: <input type="checkbox"/> Results attached <input type="checkbox"/> Results pending <input type="checkbox"/> CBC (Required) <input type="checkbox"/> Serum Iron <input type="checkbox"/> TIBC <input type="checkbox"/> Creatinine <input type="checkbox"/> Serum Ferritin	
<b>REFERRAL CONTACT INFORMATION</b>	
Referred By (Name):	Family Physician Name (if different):
Contact Number:	Clinic Number:
Clinic Fax Number:	
<input type="checkbox"/> Family Physician <input type="checkbox"/> Walk-In Clinic <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Other: _____	

## 7. Interim Primary Care Management

The following statements outline activities that are intended to improve care management in the interim period between PCP referral and the Physician Consultant's first visit with a patient:

- PCP will continue to monitor the patient for new or worsening symptoms including obtaining, reviewing and updating lab and diagnostic tests (e.g. Hb, Ferritin, etc.)
- PCP will access emergent advise through E-consults and GI on-call while waiting for the consultation to provide timely clinical advice and may be reached through:
- PCP will send relevant patient visit summaries, including updated lab work and status changes to the Physician Consultant for primary care patient visits occurring in the interim primary care management period

## 8. Referral Receipt/Referral Response

The structured referral response from the Physician Consultant to the PCP provides confirmation that a referral has been received, accepted and describes the information that has been provided to the patient about their upcoming consultation appointment. The below form describes the required information to be communicated to the PCP clinic. The referral response form and the processes to send to primary care using electronic mechanisms is intended to be refined and updated by the referral partners if necessary. The referral forms are provided as editable attachments in Word document form.

REASON FOR REFERRAL:		Date:	
Referral Response			
<b>PATIENT INFORMATION</b>			
Name		Date of Birth:	HCN:
Address:			
Phone (Primary):		Phone (Secondary):	Email:
Preferred method of Communication		<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<b>REFERRAL APPOINTMENT INFORMATION</b>			
Your patient has been notified their appointment has been booked:			
Date:			
Physician Name:			
Facility/location			
<b>PROCEDURE/PRE-VISIT INSTRUCTIONS PROVIDED TO PATIENT</b>			
Add checkboxes for common instructions?			
Attach disease/procedure specific pt instruction sheet?			
Add a link to instruction booklets and forms shared with the patient?			
<b>ADDITIONAL INFORMATION</b>			
The following clinical pathway ( <a href="#">insert link</a> ) or insert comments (XX) may offer additional suggestions until such time I have seen them.			
Physician Name:			
Contact Number:			

## 9. Consultation Summary

The Physician Consultant shares relevant information about the outcome of the patient referral to improve the ability of the PCP to support the patient. Important information for ongoing care management is shared includes:

- Patient identifiers and focus of referral
- Visit Summary
  - Physical assessments and observations
  - Investigations
  - Care management (what, when and whom)
    - Specific to clinical issue
    - Impact on other body systems
  - Follow up tasks and who is responsible
  - Patient and family considerations and role in care
  - Patient education provided
  - Contingency planning

The Physician Consultant will provide this information, through a consultation summary, to the PCP following their consultation with the patient and will provide updates following followup appointments.

## 10. Shared Care Criteria

For complex patients, ongoing support from the consultant team may be required. Additionally, the patient needs to maintain their care management relationship with their primary care team to manage their condition between Physician Consultant appointments, treatment interventions, and receive continued offers of comprehensive primary care. Highlighting the shared care responsibilities and sharing information about interactions from primary care to the Physician Consultant and from the Physician Consultant back to primary care during follow-up visits is essential. The agreement between the providers included the following:

- Identify shared care arrangements in consultation summaries, including who is responsible for what management tasks.
- Ensure summaries of follow-up visits, including medication changes, patient education provided and updated blood work and diagnostics from primary care to Physician Consultant and from Physician Consultant to primary care.

## 11. Discharge Criteria

The Physician Consultant's greatest impact is consulting for new patient referrals. Therefore the ratio of new and return patient visits needs to be specifically considered.

The discussions between primary care and GI providers highlighted the need to reevaluate discharge criteria over time.

**Current barriers** to increase comfort in identifying discharge criteria included:

- Lack of system capacity resulting in extensive waits and delays to Physician Consultants and to primary care team supports
- Lack of shared documentation, shared electronic messaging, electronic notifications and processes to ensure steps in care provision are not missed. For example, patients notified of abnormal DI and labs.
- Regulation, accountability and responsibility supports .
- Lack of interdisciplinary team supports in both primary and specialty care

**Opportunities included:**

- CME focused on questions and supports needed by primary care to support ongoing care management of certain conditions
- Early re-referral options
- Accessible e-consults
- Patient self management education and supports

These are some early criteria that have been agreed upon.

## 12. Preferred Patient Resources

Common patient resources that are used by both the PCP and the Physician Consultant reduce confusion and mixed messages that patients receive about managing their condition. The PCP and Physician Consultant have identified the Canadian Society for Intestinal Research as a quality source of information for patients.

The <https://badgut.org> provides access to:

- Patient education print materials (electronic or pamphlet),
- Short videos,
- Patient journey's,
- Product information, and
- Healthcare provider information.

## 13. Monitoring and Measures

### Notes

- Dr. Mpiana - attaching investigations to the referral form (right info), are the referral forms providing all the right info;
- Dr. Q - how often the referrals are coming in, appropriate, wait times; is the correct referral form being used; useful to include lab values; every 3-6 months reflect on the CCA; only accepting urgent referrals right now;
- Dr. L - monitor to ensure only the right referrals are being sent; tracking the referrals are sent, when the pt is seen
- Admin champions for each practice? Admin staff (Dr. Q)

We will meet as a team every **3 to 6 months** to review the CCA.

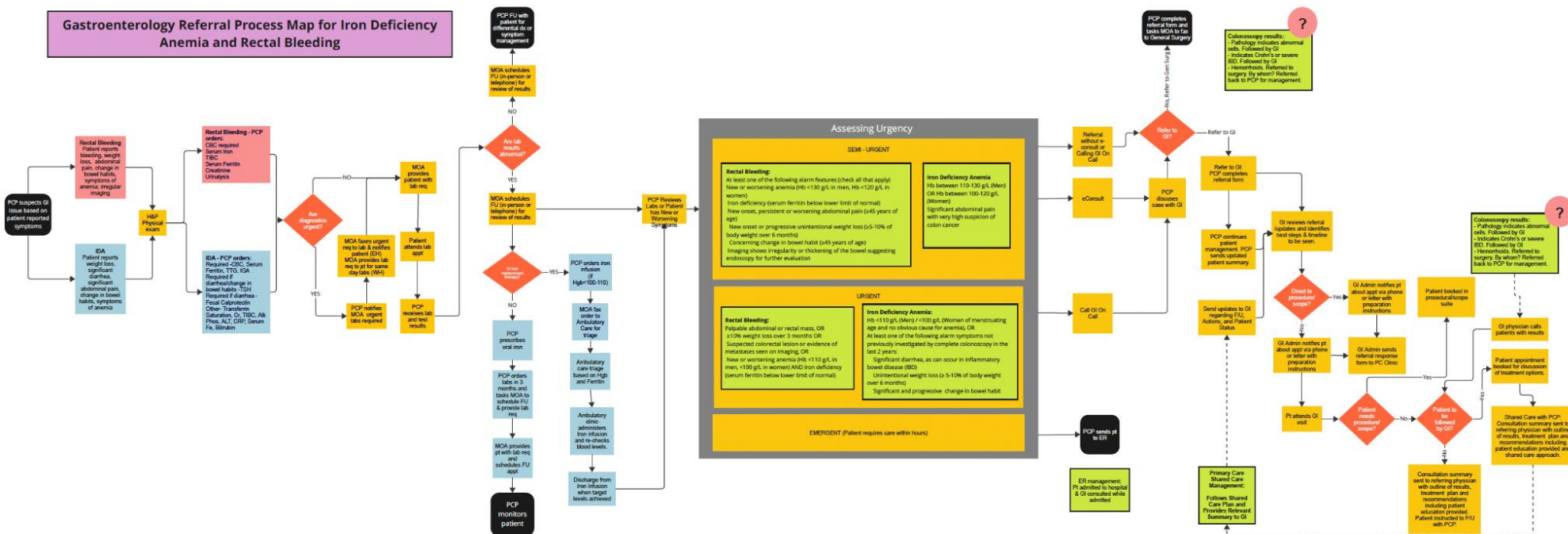
We will reach out to team members as needed to address issues as they arise.

Team Champion (primary contact; coordinate meetings; communicate updates/changes)	Who will do it
Dr. Lethbridge	Dr. Lethbridge
Dr. Mpiana	Cindy
Dr. Quinlan	Christine



Measures	Who will do it
Is the correct referral form being used? (# of incorrect forms/total # of referrals)	Christine
Are the referrals appropriate? (# of misdirected/inappropriate referrals/total # of referrals)	Dr. Quinlan
Do the referral forms contain the right information? (# of forms with incorrect/missing info/total #of forms)	Dr. Quinlan
Track referrals sent and when the patient is seen	Laura

## 14. Appendices



**Appendix A:** Gastroenterology Referral Process Map for Iron Deficiency Anemia and Rectal Bleeding (see attachment)

This is available as an editable attachment in PowerPoint format.

### Care Coordination Agreement: Gastroenterology

