

Important Information about Coordinating Care

It is essential for practitioners and providers to communicate relevant treatment information and coordinate treatment with other practitioners and providers, including primary care physicians (PCPs), behavioral health providers, specialists and other practitioners involved in a member's care.

WHY?

Coordination of care improves patients' quality of care by:

- Avoiding potential adverse medication interactions
- Providing better management of treatment and follow-up for patients

Coordination of care among all treating providers benefits your practice because it:

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

WHEN?

Coordination of care may be most effective:

- After the initial assessment
- At the start or change of medication
- When significant changes occur (diagnosis, symptoms, compliance with treatment)
- Upon transfer to another provider or level of care
- Upon discharge or completion of treatment

RESOURCES FOR COORDINATING CARE

Providerexpress.com includes tools and resources to support you in coordinating care.

- Select the “*Clinical Resources*” tab at the top of the main page, select “*Behavioral Health Toolkit for Medical Providers*”, then “*Coordination of Care*”.

<https://www.providerexpress.com/content/ope-provexpr/us/en/about-us/coordination-of-care.html>

- Use the “**Exchange of Information Form**” to communicate relevant treatment information with other treating providers.
- Use the “**Coordination of Care Checklist**” to document your efforts to coordinate care with patients' other providers.

Nothing herein is intended to modify the Provider Agreement or otherwise dictate MH/SA services provided by a provider or otherwise diminish a provider's obligation to provide services to members in accordance with the applicable standard of care.

GUIDELINES TO FACILITATE EFFECTIVE COMMUNICATION

When scheduling appointments for new patients, request that they bring names and contact information (address, phone number, etc.) for their other treating providers.

Within a week of your initial assessment and annually thereafter provide other treating providers with the following information:

- A brief summary of the patient's assessment and treatment plan recommendations
- Diagnosis (medical and behavioral)
- Medications prescribed (brand or generic name, strength and dosage)
- Your contact information (name, telephone, fax number, and the best time you may be reached by phone, if needed)

This information is provided by Optum Quality Management Department. If you have any questions or feedback please contact us at: qmi_emailblast_mail@optum.com.