

## Care Co-Management Among Patient/Family, Pediatric Medical Home and Specialists

Enhanced communication and sharing of care and knowledge among families and professionals necessitates explicit planning. Chronic condition management tools support these communications.

**Co-Management Letters and Care Sharing Agreements** are intended to help define communications and coordinate the work and roles among primary care providers, specialists, and children/youth (patients) and their families.

These communications specify a child's diagnosis, tests or studies needed, and the explicit responsibilities of each clinician and of their shared pediatric patients and their families. These agreements also spell out the parameters and details of how timely consultative information and feedback will be provided.

Co-management agreements make clear what activities will occur at the level of primary care and specialty care as well as the duration or period of time that *co-management* is desired or requested (short term, long term, indefinitely). Finally, these tools help to set up explicit processes for exchanges among family approved/named communicating partners.

See the next page for:

A **letter template** to engage a specialist in co-management for a specific child

A **co-management agreement** template for primary care to specialty group collaboration



Dear

We are referring our patient \_\_\_\_\_ to you for a consultation visit. It is our plan (the family and our medical home team) to obtain your expert opinion on the following aspects of their health and gain your guidance helping our community-based support of this child and family.

Child's Condition

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Particular Questions/Concerns

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Needed Recommendations

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Other Tests or Referrals

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Recommended Specialty Visit Intervals

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Needed Chronic Condition Management Parameters for Primary Care

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Would it be possible for you to address the above checked concerns or issues and/or provide answers to the questions below (by phone, fax, email or other means) within one week?

1)

2)

Our care team is available to you for communication, transfer of information and sharing of care responsibilities. Our lead clinician and/or care coordinator can be reached at

We appreciate your working with us to strengthen the care of children and families.

Sincerely,





# Co-Management Agreement

(Clinician/Practice Name) \_\_\_\_\_

is initiating this Co-Management Agreement with \_\_\_\_\_  
to clarify aspects of the provision of comprehensive care for

General Agreement – Children and youth with the following conditions or  
\_\_\_\_\_

Specific Agreement – Name child/youth and their condition  
\_\_\_\_\_

**We would like to establish a set of explicit co-management roles and clarify who will take the lead with each one.**

Core knowledge and services your practice/department will provide.  
\_\_\_\_\_

Timely access, communication, and methods of reporting findings to one another  
\_\_\_\_\_

Periodicity of visits to specialty care/primary care (e.g. one time, period of time, indefinite, etc)  
\_\_\_\_\_

Establish methods to evaluate effectiveness together and with family  
\_\_\_\_\_

Other  
\_\_\_\_\_

**This Co-Management Agreement is between the following primary care and specialty clinicians (include signatures):**

\_\_\_\_\_  
Primary Care Clinician

\_\_\_\_\_  
Practice

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specialist

\_\_\_\_\_  
Practice/Department

\_\_\_\_\_  
Date

