

AGA and ACP launch toolkit to improve communication between primary care doctors, GIs

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The American College of Physicians (ACP) today unveiled a High Value Care Coordination Toolkit designed to enable more effective and patient-centered communication between primary care and subspecialist doctors. The American Gastroenterological Association (AGA) coordinated with ACP to identify pertinent data sets for several conditions for which primary care physicians typically refer patients to gastroenterologists and hepatologists.

"The American Gastroenterological Association is participating in this program with ACP to provide guidance to [primary care](#) physicians about the type of preparation needed to enable a more effective referral," said Joel V. Brill, MD, AGAF, the AGA representative to the High Value Care Coordination Workgroup. "The data that accompanies patients for referrals can expedite the process and reduce inappropriate referrals, duplicative testing or delays in care, which will improve patient care."

The conditions chosen by the AGA and ACP to include as part of the High Value Care Coordination Toolkit are gastroesophageal reflux disease, chronic diarrhea, rectal bleeding, abdominal pain, hepatitis C and abnormal liver function tests; the latter two were developed in cooperation with the American Association for the Study of Liver Diseases. AGA's data sets for these conditions can be found online at <http://www.gastro.org>.

"Physicians need specific information to do their jobs effectively," said Molly Cooke, MD, MACP, who is completing her one-year term as ACP's president. "The High Value Care Coordination Toolkit facilitates clear communication between primary care and subspecialist practices so that doctors can provide seamless, coordinated, and quality care to their patients."

The toolkit was developed collaboratively through ACP's Council of Subspecialty Societies (CSS), of which AGA is a member, and patient advocacy groups. CSS acts as a forum for the exchange of ideas between ACP and subspecialty organizations on matters affecting medicine in general and subspecialty societies in particular. The High Value Care Coordination Toolkit includes five components:

- A checklist of information to include in a generic referral to a subspecialist practice.
- A checklist of information to include in a subspecialist's response to a referral request.
- Pertinent data sets reflecting specific information in addition to that found on a generic referral request to include in a referral for a number of specific common conditions to help ensure an effective and high value engagement.
- Model care coordination agreement templates between primary care and subspecialty practices, and between a primary care practice and hospital care team.
- An outline of recommendations to physicians on preparing a patient for a referral in a patient- and family-centered manner.

These resources are the latest components in ACP's High Value Care initiative, which is designed to help doctors and patients understand the benefits, harms, and costs of tests and treatment options for common clinical issues so they can pursue care together that improves health, avoids harms and eliminates wasteful practices.

Health-care expenditures are currently 17 percent of the US GDP and many economists consider this spending unsustainable. Up to 30 percent, or \$765 billion, of health-care costs were identified as potentially avoidable—with many of these costs attributed to unnecessary services.

Provided by American Gastroenterological Association

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