

Cardiology Referral Preparedness Tool

This template is offered as a tool that can evolve over time as providers build upon existing coordination processes and identify new opportunities for improvement. It is available for use by the Represented Specialty Care Physician and Primary Care Physician for coordination of care referrals and activities. Use of this Referral Preparedness Tool is not required and is optional. It is designed to be a resource and is not a program requirement.

Condition		PCP PRE-REFERRAL
Chest Pain	New Onset	<ol style="list-style-type: none"> 1. Summary and dates of any: <ol style="list-style-type: none"> a. Diagnostics and results b. Patient communication regarding options/interventions 2. Listing of requested diagnostic testing/studies that PCP wants Specialist to conduct 3. Reason for referral (testing indications for intervention, additional/in-depth testing for options)
	Chronic or Post Event	<ol style="list-style-type: none"> 1. Summary and dates of any: <ol style="list-style-type: none"> a. Treatments b. Interventions c. Hospitalizations d. Surgeries e. Caregiver/Support Listing 2. Reason for referral (post-hospitalization discharge care, expert consultation, co-management) 3. If Post-Discharge, furnish comprehensive hospital records to Specialist upon presentation at referral visit 4. If Post-Event management, is Specialist referral request for: <ol style="list-style-type: none"> a. Follow up testing b. Cardiac rehab c. Other 5. If Co-Management, is referral for management of: <ol style="list-style-type: none"> a. Medications b. Lipids c. Blood Pressure d. Anticoagulation e. Other

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Arrhythmia	<i>New Onset</i>	<ol style="list-style-type: none"> 1. Regarding follow-up or serial EKG for surveillance after a finding of trace valvular regurgitation on an initial EKG <ol style="list-style-type: none"> a. Refer to ASE guidelines(Choosing Wisely Measure, ASE/American Society of Echocardiography;http://www.asecho.org/clinical-information/guidelines-standards/) b. Coordinate with the Specialist 2. Regarding repeat EKGs in stable, asymptomatic patients with a murmur/click, where a previous exam revealed no significant pathology <ol style="list-style-type: none"> a. Refer to ASE guidelines (Choosing Wisely Measure, ASE) b. Coordinate with the Specialist 3. Diagnostic modality (EKG, Holter) and results 4. Summary of symptoms (if any) 5. Summary of studies/testing/medical therapies such as: <ol style="list-style-type: none"> a. Stress test b. Echocardiogram c. CT Scan 6. Listing of requested diagnostic testing/studies that PCP wants Specialist to conduct, including concerns regarding anticoagulation 7. Summary of patient communication
	<i>Chronic / Device Management</i>	<ol style="list-style-type: none"> 1. Summary of: <ol style="list-style-type: none"> a. Arrhythmia type b. Current treatments c. Medications d. Devices e. Past interventions (i.e. cardioversion, ablation) f. Any additional diagnostics/testing that PCP wants Specialist to conduct 2. Past history, as applicable of: <ol style="list-style-type: none"> a. Anticoagulation b. Bleeding problems 3. Indication for referral/nature of management request <ol style="list-style-type: none"> a. Medications b. Anticoagulation c. Device Monitoring d. Associated Conditions (CHF, Pulmonary Hypertension) e. Other

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Heart Failure	<i>New Onset</i>	<ol style="list-style-type: none"> 1. Regarding coronary artery calcium scoring for screening purposes on low-risk asymptomatic individuals except for those with a family history of premature coronary artery disease <ol style="list-style-type: none"> a. refer to the Society of Cardiovascular CT guidelines (Choosing Wisely Measure, Soc of Cardiovascular CT; http://www.choosingwisely.org/doctor-patient-lists/society-of-cardiovascular-computed-tomography/) b. coordinate with the Specialist 2. Diagnostic modality summary and results for heart failure diagnosis 3. Summary of: <ol style="list-style-type: none"> a. Initial therapies (diuretics, ACE inhibitor) b. Co-morbidities (known CAD, DM, renal failure) c. Patient communication 4. Nature of referral - diagnosis and treatment plan or request to co-manage 5. Requests for diagnostics/testing that PCP wants Specialist to conduct such as: <ol style="list-style-type: none"> a. Echocardiogram b. Stress test c. CT Scan d. MRI
	<i>Chronic / Post-Hospital</i>	<ol style="list-style-type: none"> 1. Summary of: <ol style="list-style-type: none"> a. Diagnostics and results b. Therapeutic interventions c. Devices/implants as known d. Hospitalization e. Outpatient heart failure program participation f. Identification of co-morbid condition management (i.e. renal failure) g. Patient and Caregiver/Support Communication h. Caregiver Support/Resources i. Patient's long-term wishes, if known 2. Nature of referral for Specialist to identify or maximize: <ol style="list-style-type: none"> a. Recommended interventions b. Recommended device therapy c. Existing therapy plan d. Other