

**ANMC Department Service Agreement
General Internal Medicine and Family Medicine Departments**

The following is a collaborative service agreement between the General Internal Medicine and Family Medicine departments. The departments agree on the following scope of practice for the provision of primary & specialty care.

Core Competencies:

Internal Medicine will provide the following core services:

- Consultation for complex adult (16 years and older) medical issues and second opinions
- Inpatient care for FMC patients needing hospitalization
- Discharge planning including the initiation of Home Based Services
- Telephone or email consultative service
- Basic treadmill testing unable to be accomplished in FMC
- Procedures such as thoracentesis, paracentesis, bone marrow biopsy, EGD that would be done as outpatient or same day surgery
- Manage complications or concerns around transfusions or infusions in Day Surgery
- Preoperative assessment on high risk patients (pulmonary, cardiac, diabetics)
- Case Management while the patient is an inpatient at ANMC

Family Medicine will provide the following core services:

- Outpatient medical management of all adult patients in the Anchorage Service Unit.
- Initiate transfusions orders for day surgery. Notify IM on-call consult for back-up.
- Appropriate referrals after initial evaluation
- Appropriate follow through on the treatment plan, discharge recommendations and procedure results
- Pick up the case management on discharge back to the PCP
- Follow-up on Home Based Services for discharged patients
- Primary Care Provider and/or Case Manager will make social rounds to admitted patients at least once during admission for admissions greater than 24 hours. PCP and/or Case Manager will make social rounds within 24 hours of notification.

Access Agreements

Internal Medicine will provide the following access:

- All patients will be offered an appointment within one day for any problem
- Immediate access for urgent and emergent conditions

Family Medicine will provide the following access:

- Same day access offered for all Family Medicine enpanelled patients who can schedule by 4:00 p.m. and arrive in the clinic by 4:30 p.m. Monday - Friday
- Evenings between 5:00 p.m. – 8:00 p.m. and Saturdays between 8:30 a.m. and 4:30 p.m. the clinic is staffed with 2-3 providers who cover the practice for customer convenience and urgent needs for customers who can schedule by 7:00 p.m. and arrive by 7:30 p.m. in the evenings and customers who can schedule by 4:00 p.m. and arrive by 4:30 on Saturdays
- Appropriate follow-up within the prescribed timeframes listed on the DC summary

Referral Process

- *In order to avoid delays referring clinic agrees to use the standard ANMC evaluation and consultation process*
- 8:30 a.m. – 4:30 p.m. use standard ANMC evaluation and consultation process (see flowchart)
- 4:30 p.m. – 8:30 a.m. fax /scan evaluation and consultation form to Internal Medicine

Communication Process

- Dictated summary of clinic consults with specific recommendations to PCP for ongoing management and follow up
- Dictated inpatient discharge summaries outlining specific recommendations to PCP for ongoing management and follow up including Home Based Services.
- Home Based Services (HBS): in the event a post-discharge patient requires Home Based Services, IM personnel will be responsible for referring the patient to the HBS team. This includes completing the necessary paperwork for prescriptions, equipment and nursing orders. IM will authorize the transfer of care to the PCP in accordance with MCD/MCR guidelines.
- All dictations should annotate what role consultant will play in ongoing care
- PCP notification of patient admissions to hospital within 48-72 hours

Treatment / Consultation Guidelines (for each treatment/consultation guideline include graduation criteria)

- The process for approving guidelines:
 - Guidelines developed at department (or other) level
 - Department presents guideline to appropriate Clinical Core Business Group (CCBG)
 - After CCBG approval guideline goes to PIC for final approval
 - After PIC approval guideline is posted on ANMC intranet
- Internal Medicine has pathways for:
 - Diabetes screening
 - Myocardial infarction
 - Community acquired phenomena
 - GERD
- Internal Medicine will be responsible for developing treatment / consultation guidelines as appropriate

Quality Assurance Agreements

- Service agreements will be reviewed, updated and approved bi-annually with final approval by the SCF VP of the Medical Services Division and the ANMC Administrator.
- Training and education needs can be requested by either service. Each service is responsible for responding in a timely manner.
- Quality review of the system will occur on a regular basis. Metrics to include:
 - % of time guidelines are met
 - % of time processes are followed
 - % of time adequate information is provided to consultant clinic
 - % of time adequate information is provided to referring clinic
 - % of time appointment is booked using the phone process
 - % of dictation consultation summary received

John Harvey, MD

Signature of Internal Medicine Medical Director

Allen Smith, MD

Signature of Family Medicine Medical Director

Douglas Eby, MD MPH

Signature of SCF Vice President Medical Services

Dee Hutchison, RN

Signature of ANMC Administrator