



October 26, 2021

Dear Tanner Clinic Specialist,

When a patient is admitted for Home Health/Hospice (HH/H) care a physician signs a form known as the Plan of Care, also called the "485." The 485 specifies the patient's diagnoses, disciplines providing services (i.e., SN, PT, OT, SW, ST, HHA), med recs and other health conditions of the patient. The Provider who signs the 485 is responsible for all care being delivered. This creates a crossroads when Specialists hesitate to sign the 485 because they don't particularly want to oversee the general health of the patient, and PCPs hesitate to sign because they don't want to oversee the surgical follow-up. In either situation, PCPs and Specialists must communicate with one another.

Tanner Clinic PCPs are united in proposing that PCPs take the responsibility of signing the Plan of Care/485, regardless of reason for admission to HH/H. Specialists will continue to be involved with the surgical follow-up care of the patient, staying informed by CONNECT, HH/H direct communications or via the PCP. This proposal relieves the Specialists of Care Plan Oversight (CPO) and provides the patient a complete HH/H experience.

With this proposal, PCPs ask two things:

**One.** Urge the patient, pre-operatively and post-operatively, to schedule an appointment with their PCP within two weeks of facility discharge and, when possible, facilitate setting up the appointment. Facilitating the appointment can be done by notifying CONNECT of the upcoming procedure, via a task in the patient's EMR, or directly assisting the patient in making the appointment. These visits (known as TCM) do not take the place of post-op care visits but, rather, enhance them by providing holistic care to the patient. Pop Health annual revenue, in which the Specialists share, is increased when we are successful with TCM visits.

**Two.** If the patient does not have a PCP, encourage them to obtain one and assist in setting up an appointment. This can also be done by notifying CONNECT via a task or directly assisting the patient.

We would anticipate this recommendation meeting favorably with Specialists, creating a win-win for providers and patients.

Specialty department chairs have already been approached with this. If you have individual concerns, please visit with your department chair.

Thanks for working together in caring for our mutual patients.

Critt Aardema, Family Medicine Chair  
Darin Checketts, Internal Medicine Chair