PATIENT REFERRAL PACKET

# Pediatric Complex Care Program (PCCP)

***Pediatric Complex Care Program (PCCP) at Tufts Children's Hospital*** *partners with families and their providers to offer comprehensive and coordinated care for infants, children, and adolescents with complex medical conditions. In an effort to better support our providers and families, the program has instituted a* ***Referral Form*** *that providers can complete and submit directly to us when your office has determined that a patient may benefit from the family-centered health care services we offer.*

**Send completed forms by email TuftsMCPCCP@tuftsmedicalcenter.org or fax (617)-636-4499.**

## The Tufts Children's Hospital Pediatric Complex Care Team will provide consultation and co-management for patients identified as children (up to 18 years old) with:*

### Complex Chronic Disease (C-CD):

***Patients meet at least one of the condition descriptions***

**Condition Description**

› Significant complex conditions followed by 3 or more specialists

***Examples:***
- *Genetic disorders*
- *Congenital heart disease*
- *Neurological Disorders*

› Dependence on medical technology

- *Tracheostomy ± ventilator assistance*
- *Gastrostomy tube*
- *Central venous access*

## Definitions of Care Needs

| | Level 1 | Level 2 | Level 3 |
|---|---|---|---|
| **Subspecialty Medical Care** | Family well-coordinated and/ or outside agency already working with family (i.e. ACO team from outside PCP, State agency) | Intermittent care coordination needed historically, has had intermittent no shows/cancelled appointments with specialist(s) | Requires continuous care coordination and support, unable to schedule specialist appointments independently (i.e. Family not returning calls from clinic outreach attempts) |
| **Acute Care and Transitions** | Lives at home, or outside of hospital, with no admissions/ER visits in past year | Has had 2 admissions over past year, or 3 ER visits | Has had >2 admission to acute care facility, or >3 ER visits in past year, and/or has had inpatient admission to post-acute care facility |
| **Psycho-Social** | Family has basic needs met, strong home and community support, good understanding of patients medical needs | Family has some basic needs met, some home and community support, and some education of complex care | Family has challenges meeting basic needs, little or no home or community support, and lack of understanding of complex care |
| **Home Care Coordination** | Care management not required (DME, home services, VNA) | Intermittently requires care management for home services, DME (requires twice month check in) | Medical technology dependent OR continuous care management needs (needs weekly check in) |

* *For management team for medical and social needs.* ***Pediatric oncology patients,*** *the oncology multidisciplinary team at Tufts Children's Hospital will continue to serve as their main care coordination and*

*Referrals will not be accepted for the sole purpose of appointment coordination.*

*Criteria for the identification of children with complex disease were adapted from The Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN, 2014)*

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CLEAR FORM

PATIENT REFERRAL PACKET

# Pediatric Complex Care (PCCP) Form

**Providers can email or fax this form to: TuftsMCPCCP@tuftsmedicalcenter.org or (fax) 617-636-4499.**

Patient Name: _____ DOB: _____

Patient MRN: _____ Date of referral:_____

Parent/Guardian Name: _____ Primary Language:

Referring Provider: _____

Referring Provider Phone: _____

PCP/Practice: _____

**Have you notified the family that the Complex Care team would reach out to them?**

◯ **YES** ◯ **NO**

## Referral

**Check off any of the following that apply:**

- ☐ Significant complex conditions followed by 3 or more specialists
- ☐ Dependence on medical technology

*Please provide a medical and social summary, why you are referring patient to Tufts Children's Pediatric Complex Care Program, and what supports you are looking for (i.e. primary and other concerns):*

## Care Needs:

For each category check off the level of care coordination needed:

| | **Level 1** Care coordination NOT required; Family coordinated well | **Level 2** Intermittently requires care management and guidance | **Level 3** Continuous care management and support required |
|---|---|---|---|
| **Subspecialty Medical Care**<br>• Coordination of subspecialty care<br>• Management of diagnosis | ◯ | ◯ | ◯ |
| **Acute Care & Transitions**<br>• Hospitalizations/Readmissions<br>• ED Visits | ◯ | ◯ | ◯ |
| **Psycho-Social**<br>• Home and community support<br>• Family understanding of complex care | ◯ | ◯ | ◯ |
| **Home Care Coordination**<br>• Durable Medical Equipment (DME)<br>• Medication<br>• VNA/Home nursing | ◯ | ◯ | ◯ |

**PCCP Team Only**

Date Reviewed: _____ PCCP Reviewer: _____

Total Score: _____ **Level 1** (4–5) Level **2** (6–8) Level **3** (9–12) Approved: ◯ YES ◯ NO