



Cost Efficient/Clinically Effective Specialist Selection Quick Reference Guide

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SPECIALIST SELECTION IN VALUE-BASED CARE

This QRG provides a practical selection model for PCPs, care coordinators, medical groups, ACOs, and Medicare Advantage teams. Its purpose is to **align specialty referrals with better outcomes, lower total cost, reliable communication**, and an acceptable **patient experience**. Selection begins **only after** the clinical need for referral has been established.



AAVBC PERSPECTIVE

Move from habit- or relationship-based referral patterns to **transparent, data-informed specialist selection**. **Clinical effectiveness** is the entry requirement; cost efficiency, access, coordination, network status, and patient preference then **determine the best available match**.

Core Clinical Standards When Choosing a Specialist

STANDARD	OPERATIONAL MEANING ¹⁻³	VALUE PROTECTED ⁴⁻⁶
Match acuity	Pair clinical risk, diagnostic uncertainty, procedure complexity, and comorbidity burden with the appropriate level of specialty expertise	Timely expertise without unnecessary escalation
Review performance	Use: risk-adjusted outcomes, complications, readmissions, evidence-based care, access, communication, and episode cost	Objective selection beyond reputation alone
Promote value	Prioritize specialists who use appropriate tests, treatments, sites, products, medications and follow-up intensity	Lower utilization and patient financial burden
Track results	Monitor: referral completion, note return, outcomes, downstream utilization, and total cost over time	Accountability and continuous improvement

Value Based Operational Goals

- **Reduce avoidable leakage while maintaining:** patient choice, network adequacy, and clinically necessary exceptions^{7,8}
- Send complete, clinically relevant records **before** the first specialist interaction^{9,10}
- **Prevent duplicate testing** by transferring usable prior laboratory, imaging, and treatment information⁸

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