



Value-Based Care Specialist Management Quick Reference Guide

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VALUE-BASED CARE SPECIALIST MANAGEMENT

This QRG provides a practical framework for PCPs, care coordinators, medical groups, ACOs, and Medicare Advantage teams to **manage specialty involvement across the full referral episode**. Its purpose is to align specialist engagement with **better outcomes, lower total cost, reliable two-way communication, and coordinated care that returns to the PCP** once the referral question is answered. Management begins after a referral is initiated and continues through episode completion, loop closure, and any ongoing co-management agreement.



AAVBC PERSPECTIVE

AAVBC advocates for effective specialist management in which the PCP curates high-performing referral networks, establishes shared clinical pathways, and enforces reliable two-way data exchange. The goal is to **reduce avoidable downstream costs, duplicate testing, conflicting treatment, and specialist visits that no longer add value** while preserving timely specialty access when expertise, procedure, or high-acuity management is needed.^{1,2}

The PCP remains the central leader of the longitudinal care plan.³ Specialty involvement is a defined episode or partnership, **not an automatic transfer of accountability.**^{2,4} Once the question that triggered referral is answered and the patient is stabilized, routine monitoring and management **should return to the PCP** unless an explicit co-management or principal-care agreement remains necessary.^{2,4}

Core Objectives

OBJECTIVE	MANAGEMENT APPROACH ⁵⁻⁷	VALUE PROTECTED ^{5,6,8}
Improve quality	Use: shared pathways, timely specialty expertise, evidence-based treatment, and specialty-specific outcome measures	Better chronic disease control , safer procedures, fewer complications , and goal-concordant care
Lower total cost	Reduce: redundant tests, low-value repeat visits, preventable emergency care, avoidable readmissions, and out-of-network leakage	Lower episode and per-member-per-month spending without suppressing necessary care
Enhance coordination	Define roles before the visit; transmit complete information; reconcile recommendations; track return of care	One medication list, one care plan, and fewer contradictory instructions

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