

PHRI Linkage Classification/Characterization Scheme: To be used to classify linkage between Primary Care Provider (PCP) practice and each type of community service/provider (e.g. behavioral risk factor programs, screening, treatment and management services/providers), including medical specialists. Based on practice routine (may not be done in every case).

Numeric Score / Descriptive	PCP ⇒ Community Service/Providers/Medical Specialists
(0) None	0 (No linkage)—PCP does not routinely refer or communicate with service/provider regarding patients (no information on services in office).
(1-3) Minimal	<p>PCP Practice routinely recommends/refers patients to a service provider:</p> <p>1—PCP recommends/refers patients to service/provider 2—1 + keeps a formal list of community services/providers 3—2 + follows-up with patient at next visit (records information in patient medical record)</p>
(4-6) Some (w/ follow up)	<p>PCP Practice refers patients to a service provider and routinely contacts service provider regarding patient:</p> <p>4—PCP refers patients to community services/providers and makes contact with service/provider regarding patient referral 5—4 + PCP makes (or offers to make) appointment for patient 6—5 + has a process for following up with patient on outcome by phone or at next visit</p>
(7-9) Uni-directional Information Exchange	<p>PCP practice makes written patient referral (script), makes appointment, and exchanges patient information with referred community service provider:</p> <p>7—PCP completes a written referral (script), makes appointment, and transmits patient information to referred service/provider (via formal mechanism) 8—7 + has a designated staff member or process for following up with referred service/provider on outcome 9—8 + PCP receives some information regarding patient visit (or non-visit) with service/provider</p>
(10) Bi-directional Information Exchange	10 (Integrated Care)—PCP refers, makes appointments, and follows up (information flow back and forth); practice routinely makes contact with community services/providers regarding patient care.

Linkage Classification/Characterization Scheme: To be used to classify linkage between Community Services/Providers (including medical specialists) and Primary Care Provider practices. Based on practice routine (may not be done in every case).

Numeric Score / Descriptive	Community Service/Providers ⇒ PCP
(0) None	0 (No linkage)—Community/Service Provider (CSP) has no routine communication with PCPs regarding patient/client’s care or as a condition to providing services.
(1) Minimal	CSP linkage through patient: 1—CSP accepts all patients/clients (self-referral, family/friend recommendation, etc.), and as a policy, recommends that patient/client discuss services obtained with PCP.
(2) Some (w/ follow up)	CSP linkage through patient w/some feedback from provider: 2—CSP accepts all patients/clients for initial assessment or visit, and obtains information from provider through referral or some other protocol.
(3) Uni-directional Information Exchange	CSP linkage through patient w/some information exchange from provider: 3—CSP requires PCP referral by all patients/clients and obtains patient/client medical diagnoses and related information from PCP to tailor services provided (via a formal mechanism).
(4) Bi-directional Information Exchange	4 (Integrated Care)—CSP routinely contacts and follows up with PCP (information flow back and forth) regarding patient/client’s medical and community service/provider associated care; referral required.