

Phone: (336) 448-2427 • www.gapgi.com • Fax: (336) 765-2869 Providing compassionate, patient-centered gastroenterology care to the greater Triad area

Referral Agreement

GAP has been awarded recognition by the National Committee for Quality Assurance Patient-Centered Specialty Practice Program. Practices that become recognized have demonstrated commitment to patient-centered care and clinical quality through: streamlined referral processes and care coordination with referring clinicians, timely patient and caregiver-focused care management and continuous clinical quality improvement.



What to expect from us:	What we ask of you:
Access Expectations	Access Expectations
 Same day access for emergency referrals 	 Same day access for emergency referrals
 Same day to one-week access for routine referrals 	 Same day to one-week access for routine referrals
Service Expectations	Service Expectations
 Evaluation/care for constipation, diarrhea, IBS, rectal bleeding, etc. Management of GERD, Barrett's esophagus, etc. Management of IBD: Crohn's, Ulcerative Colitis, etc. via in-house clinic Management of Liver Disease: Hepatitis C, Cirrhosis, NAFLD, etc. via in-house clinic Screening colonoscopy and subsequent recalls Management of Orbera gastric balloon weight loss program Management of Interstim Peripheral Nerve Evaluation Therapy Hemorrhoid banding Diagnostic gastroenterological procedures: upper GI endoscopy (EGD) with or without dilation, colonoscopy, flexible sigmoidoscopy, small bowel enteroscopy, endoscopic ultrasound (EUS), endoscopic retrograde cholangiopancreatography (ERCP), percutaneous endoscopic gastrostomy (PEG), percutaneous liver biopsy, FibroScan, and capsule endoscopy 	 Co-management of GERD, IBS, colorectal cancer screenings, diverticulitis, gallbladder disease, celiac disease, anemia, etc. Follow-up care for constipation, diarrhea, IBS, etc. Follow-up care for any new identified diagnosis not related to gastroenterology Evaluation of acute problems not related to cirrhosis
Communication between GAP and your practice:	

- Communication between GAP and your practice:
 For Epic users, GAP and the PCP/referring provider will communicate electronically via the Epic referral regarding appointment details.
- If the PCP/referring provider is not an Epic user, GAP will utilize its Referral Request form as the form of communication for appointment requests, responses, and details.
- If the PCP/referring provider is not an Epic user, they should send any notes, labs, radiology, procedures, and current and past treatments related to the reason for the referral to ensure there will be no duplication in the plan of care.
- At the end of each visit, the patient will receive an after-visit summary (AVS) to serve as a documented plan of care. It includes the diagnoses, vital signs, new or changing medications and directions, orders, other instructions, follow-up appointments, etc. GAP will communicate the results of any tests or labs along with subsequent changes to the treatment plan to the patient within 10 business days.
- Any test results, treatment plans, or secondary referrals initiated by GAP will be communicated to the PCP/referring provider via Epic within 10 business days. If the PCP/referring provider is not an Epic user, GAP will use electronic fax as the primary means of communication, followed by mail only if a valid fax number is not readily available.
- Quality assurance and educational methods are established and monitored using the standards of care created by GAP based on recommendations of the American College of Gastroenterology and American Society for Gastrointestinal Endoscopy.

Referring Office:			Date:
Signature of Representative:			
Signature of GAP President: _			Revised 05.03.2021
GAP Physicians:	Christopher Connolley, MD	Ryan McKimmie, MD	Randy Peters, MD
William Austin, MD	Scott Cornella, MD	Henry Mixon, MD	Blake Scott, MD
David Barry, MD	Sean Harris, MD	Daniel Murphy, MD	Brian Smith, MD

Laura Patwa, MD

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