**Background:** With growing pressure to improve the quality and coordination of care, physicians feel a need to streamline their relationships with other practitioners around shared care for patients. Some physicians have developed written agreements that articulate the respective responsibilities of 2 or more parties for coordination of patient care, i.e., care coordination agreements (CCAs).

**Objectives:** To describe how CCAs are formed and explore facilitators and barriers to adoption of effective CCAs, the extent to which CCAs may be replicable in different market contexts, and the implications for policies and programs that aim to improve the coordination of care.

**Study Design:** Qualitative study of primary care physicians participating in CCAs and representatives of their specialist, hospital, or community-based partners.

**Methods:** Semi-structured interviews with participating providers and national thought leaders in care coordination were reviewed to develop key themes.

**Results:** Agreements that address referral and access processes were considered useful by all practices that had implemented them. Practices that implemented agreements including guidance on shared management of specific clinical conditions (comanagement) also found them useful. CCAs were most successful in settings where both parties to the agreement already had stable communication pathways (such as an electronic health record [EHR], designated staff) and strong working relationships.

**Conclusion:** Policy changes (such as shifts in reimbursement to favor collaborative care or clarification of laws governing such collaborations) can help to support the development and implementation of CCAs, and can address factors that currently make some markets less supportive of coordination.

Link to full article: [http://www.ajmc.com/articles/Care-Coordination-Agreements-Barriers-Facilitators-and-Lessons-Learned](http://www.ajmc.com/articles/Care-Coordination-Agreements-Barriers-Facilitators-and-Lessons-Learned)