

Collaborative Care Curriculum: Module 3

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Table of Contents: Collaborative Care Fundamentals

Module 1: Introduction to Collaborative Care

Module 2: Introduction to Mental Health Integration program and Behavioral Health Integration Program

Module 3: Collaborative Care Teams

Module 4: Assessment as part of Collaborative Care Consultation

Module 5: Collaborative Care Consultation - Making Recommendations and Treating to Target

Module 6: Building Collaborative Care

Module 3: Collaborative Care Teams	
Objectives - At the conclusion of this module, the resident will be able to:	
Knowledge	Understand in more depth the typical role responsibilities for PCP's, care managers, and psychiatrists in Collaborative Care.
Skills	Use telephone/telepsychiatry /in-person to perform psychiatric consultation. Demonstrate increased comfort in communications with both care managers and primary care providers.
Attitudes	Consider personally implanting strategies for improving communication with care managers and PCPs .
Brief Introduction	This module will describe in further depth the roles and practice environment of Collaborative Care teams in primary care clinics and further illustrate the process of caseload consultation.
Reading	<ol style="list-style-type: none"> Ratzliff A et al. Working as team to provide Collaborative Care (CC). Book, Integrated Care Creating Effective Mental and Primary Health Care teams. Book Chpt: 1 Levine S; Unutzer J; Yip, J. Physician's satisfaction with a collaborative disease management program for late-life depression in primary care. Gen Hosp Psychiatry 2005; 27:383-391
Synopsis of Reading	<ol style="list-style-type: none"> <u>Working as team to provide Collaborative Care:</u> In this book chapter, the authors review roles of CC team (patient, PCP, behavioral health provider (BHP) and psychiatric consultant (PC)), a model of shared clinical workflow and core CC skills and tools. In the second half of the chapter, the authors give a case example and describe PCP, BHP and PC roles in assessment, differential diagnosis (and provisional diagnosis), 3 phases of CC treatment(follow-up to adjust treatment to target and relapse prevention after treatment is completed). Table 1.1 describes key questions and team goals helpful in generating differential diagnosis. <u>Physicians satisfaction with a collaborative disease management program for late-life depression in primary care:</u>

	<p>This study reports on a satisfaction survey of 450 primary care physicians at 18 participating clinics in the IMPACT Collaborative Care trial. Before intervention, about half (54%) of the physicians were satisfied with existing resources to treat depression. Afterwards, 90% reported the Collaborative Care intervention as helpful for treating patients with depression, and 82% felt that the intervention improved patients' clinical outcomes. Physicians identified close patient follow-up and patient education as the most helpful components of the IMPACT model. Significantly more resident than nonresident physicians indicated that an on-site consultation model would influence whether they would be more likely to diagnose and treat depressed patients. This further supports arguments for exposing general physicians to Collaborative Care processes during their training.</p>
<p>Discussion and Reflection Questions</p>	<ol style="list-style-type: none"> 1. What have been your experiences working as a psychiatrist in multidisciplinary care teams? 2. Has sharing patient care, communication, teaching been enjoyable or frustrating? 3. To date, have you had any experience (e.g. telepsychiatry, 'curbside consultations' with medical colleagues or non-medical acquaintances) with providing indirect consulting in psychiatry? 4. How do you feel about a psychiatry consulting process that stresses iterative and longitudinal approaches to patient diagnosis and treatment?
<p>Slide Set</p>	<p>Module 3_Collaborative Care Teams</p>
<p>Additional Resources</p>	<ul style="list-style-type: none"> • MHIP Website: http://integratedcare-nw.org/ • TEAMcare Website: http://aims.uw.edu/teamcare • Norfleet KR et al. The Role of the Integrated Care Psychiatrist in Community Settings: A Survey of Psychiatrists' Perspectives. Psychiatr Serv. 2015 Dec 15. http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201400592/

