

## Collaborative Care Curriculum: Module 6

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### Module 6: Building Collaborative Care

<b>Module 6: Collaborative Care Consultation III - Team Building, Work Flow and Quality Improvement</b>	
<b>Brief Introduction</b>	This module will review implementation, ongoing team building and workflow task development process in Collaborative Care.
<b>Objectives</b> - At the conclusion of this module, the resident will be able to:	
Knowledge	Identify administrative and clinical leadership roles for psychiatrists in Collaborative Care practices Understand the team building process tool including assessing staff and training needs
Skills	Address common Collaborative Care process challenges and problem solve simple work flow issues in a specific clinic
Attitudes	Appreciate the necessity of other clinic staff including program managers and 'primary care champions' in building and maintaining Collaborative Care teams Consider themselves a leader with regard to quality assessment and improvement efforts. Appreciate the need for flexibility and dynamism in creating and continuously improving Collaborative Care teams and their workflows
Reading	<ol style="list-style-type: none"> <li>Ratzliff A, et al. Practical Approaches for Achieving Integrated Behavioral Health Care in Primary Care Settings. American Journal of Medical Quality. 2015</li> <li>AMA Steps Forward - <a href="https://www.stepsforward.org/modules/integrated-behavioral-health">https://www.stepsforward.org/modules/integrated-behavioral-health</a></li> </ol>
Synopsis of Reading	<ol style="list-style-type: none"> <li><u>Practical Approaches for Achieving Integrated Behavioral Health Care in Primary Care Settings</u> Patient centered medical home (PCMH) recognition and certification programs have increasingly emphasized the behavioral health integration. This article describes development of resources to help primary care practices in selecting and implementing approaches to behavioral health integration. The project team gathered input from stakeholders including</li> </ol>

	<p>safety net and community providers, subject matter experts in primary care and behavioral health, behavioral health pt and peer specialist, state and national policy makers. From their input, the behavioral health integration implement guide and GROW pathway planning tool was developed which are briefly described in the article. Authors believe that these tools are useful in implementing integrating care nationwide.</p> <p>2. <u>AMA step forward</u>  This is a great website which describes in detail five steps for integrating behavioral health model into ambulatory care including: 1. Assess current needs and resources, 2. Design a team based care model,3. Train members of primary care team, 4 implement the team based behavioral health model and 5. Monitor and improve process. It also gives examples of integrated care in different clinical systems.</p>
<b>Discussion and Reflection Questions</b>	<ol style="list-style-type: none"> <li>1. What challenges have you observed with workflow in your first few weeks of consultation? How has the consulting psychiatrist taken a leadership role around these issues?</li> <li>2. What Collaborative Care tasks or roles may be easier or harder to create in primary care clinics where you have worked?</li> <li>3. What would be my strengths and challenges as a clinical or administrative leader in a primary care?</li> </ol>
<b>Slide Set</b>	<b>Module 6: Building Collaborative Care</b>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>• MHIP Website: <a href="http://integratedcare-nw.org/index.html">http://integratedcare-nw.org/index.html</a></li> <li>• Grypma, L; Haverkamp, R; Little, S. <i>Taking an evidence-based model of depression care from research to practice: making lemonade out of depression.</i> Gen Hosp Psychiatry 2006; 28:101-107</li> <li>• AIMS Center: <a href="http://aims.uw.edu/collaborative-care/implementation-guide">http://aims.uw.edu/collaborative-care/implementation-guide</a></li> <li>• Qualis Behavioral Health Integration <a href="http://www.safetynetmedicalhome.org/change-concepts/organized-evidence-based-care">http://www.safetynetmedicalhome.org/change-concepts/organized-evidence-based-care</a></li> <li>• Bao Y et al. Unpacking Collaborative Care for Depression: Examining Two Essential Tasks for Implementation. <i>Psychiatr Serv.</i> 2015 Nov 16:appips201400577.</li> <li>• Katzelnick D J et al. Large-Scale Dissemination of Collaborative Care and Implications for Psychiatry. <a href="http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400529">http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400529</a></li> <li>• Whitebird et al. Factors most important for successful implementation of collaborative care for depression differ for patient activation versus achieving remission; both are critical to program success. See more at: <a href="http://www.ajmc.com/journals/issue/2014/2014-vol20-n9/effective-">http://www.ajmc.com/journals/issue/2014/2014-vol20-n9/effective-</a></li> </ul>



[implementation-of-collaborative-care-for-depression-what-is-needed#sthash.0m6ztvWP.dpuf](#)

- AHRQ Playbook: <https://integrationacademy.ahrq.gov/playbook/about-playbook>

