



## **“One-Liners” for Primary Care Providers**

### **Ideas for Introducing Your Program & Behavioral Health Team**

A key responsibility of the primary care provider on an integrated behavioral health team is to introduce patients to both the program and care team. You will tailor the introduction to meet the needs of the patient in the moment. It is critical to roleplay various scenarios and determine the best fit. Below are some “one liner” scripts to guide you.

#### **1. Open the dialog about treatment**

- “I think you’re experiencing depression and I really want to get you some help with that.”
- “I care about your health and depression/anxiety can take a toll on every aspect of your health.”
- “In my experience patients with your symptoms get better faster when I bring in other team members to help me.”
- “We’ve got a really skilled team here at the clinic to help people with the kind of challenges you’re experiencing right now.”
- “I’d like to ask you to meet with someone on my team here who can work with you on a regular basis to help you get your energy back.”

#### **2. Introduce the idea of a care team**

- “Sara can help you understand more about depression and help you find some strategies to turn things around.”
- “Sara, our care manager, could meet with you on the phone or in person, to find out more about your situation and offer you some options for tackling this.”
- “We’d all work with you to turn this thing around as quickly as possible, so you can get on with your life and start feeling more positive about the future.”
- “Our team members all bring different strengths, and we all want you to be healthy physically and mentally.”

#### **3. Encourage your patient to consider psychotherapy as part of treatment**

- “Sara can also provide brief counseling if you decide that should be part of your treatment plan.”
- “We find that many people can feel a lot better by participating in brief counseling, and that it often works as well as medications.”



- “Sara can help you learn new skills for coping with life’s inevitable challenges, and you can choose what feels right for you.”
- “Sara can work with you around stress in your life and other things that may be contributing to your symptoms.”

#### **4. Encourage your patient to consider medication as part of treatment**

- “If we get stuck, we have a specialist who works with us who can make recommendations and help get things moving in a better direction.”
- “We also have a team psychiatrist to make sure we’re doing everything possible to help medication work most effectively for you.”
- “I’ll bring in our consulting psychiatrist to help me prescribe the best medication if you decide to try that option.”

#### **5. Check if your patient is interested**

- “I’d love to help you feel more positive about the future. Does all this sound like something you’d be willing to try?”
- “Sara can tell you more about how this all works. Are you interested in hearing more?”
- “I’m confident that you can feel better. Are you willing to give us a chance to help?”

#### **6. Wrapping up with a plan for next steps**

- “Do you have time to meet Sara today? I can see if she’s available right now.”
- “Sara’s not available right now. Would it be OK if she called you later today?”
- “Would you like to think it over and I’ll ask Sara to call you sometime in the next couple days?”
- “Would you like to make an appointment now to come back and meet with Sara in person?”

#### **Guidance on Verbal Patient Consent**

If you intend to bill the Collaborative Care codes, verbal patient consent is required. The below additional resource provides guidance on obtaining verbal consent from patients including how you might fold it into your introduction. <https://aims.uw.edu/patient-consent-cocm>