

## Clinical Team Communication – Scenarios Activity

In this activity, we will consider scenarios frequently encountered in the process of implementing Collaborative Care. First, we'll review a scenario together, and then you will divide into clinic teams to review an assigned scenario.

As a group, let's all consider Scenario 1.

**Scenario 1:** Six months after the initial launch of your Collaborative Care program, your team's caseload numbers are below the target; they had expected a caseload of 50 patients, but the caseload continues to have 25 to 30 patients at most.

**Discuss:** What are your initial thoughts at this point? What are follow-up questions you would ask, or other pieces of information you would like to have?

**Scenario 1, Continued:** On further review, you find that only 27% of your patients are being screened for depression or anxiety.

**Discuss:** What are your next steps now? What is the role of the PCP champion in this scenario? The psychiatric consultant? The behavioral health care manager? The CIT lead? Other staff?

**Scenario 1, Continued:** Let's imagine that your investigation into the cause for the low number of patients enrolled in Collaborative Care revealed not that screening was a problem, but instead that patients were being referred to a co-located behavioral health service with a social worker that already works in the clinic seeing patients for long term therapy.

**Discuss:** What would be your next steps in approaching this different underlying cause for the low caseload? How would your approach to this issue differ from the steps you took to address screening as the problem?

**Stop**

## Instructions

For this portion of the activity, you and your clinical team members will be in a breakout room to discuss Scenario 2. Please designate one of your team members to report out to the larger group during the activity debrief that will follow.

**Scenario 2:** A patient enrolled in the Collaborative Care program the past ten months for moderate depression and anxiety secondary to social stressors has engaged regularly with the BH care manager and responded well to cognitive behavioral therapy and behavioral activation. The patient's PHQ-9 and GAD-7 have decreased from 15 and 13 to 9 and 5 respectively for the last two months.

**Discuss:** What are your initial thoughts at this point? What are follow-up questions you would ask, or other pieces of information you would like to have?

**Scenario 2, Continued:** In caseload review with the BH care manager, the psychiatric consultant learns from the BH care manager that the patient is doing well with no other concerns. They discuss that though the patient is appropriate for relapse prevention, she has been resistant to decreasing her time with the BH care manager due to their good rapport and wanting to obtain long term talk therapy from the BH care manager.

**Discuss:** PC and BH care manager lead discussion:

- What are some important considerations here, both for this patient specifically and for the Collaborative Care program as a whole?
- How would you address the patient's reluctance?

**Scenario 2, Continued:** Let's imagine instead that the psychiatric consultant's discussion with the BH care manager reveals that the BH care manager is reluctant to transfer the patient out of the program due to recent worsening of PTSD that was uncovered during treatment (these symptoms were not captured by the PHQ-9 and GAD-7). Both the psychiatric consultant and BH care manager agree that the patient continues to require treatment, but is nearing a year on the panel and appears to need trauma-focused therapy.

**Discuss:** Each team member:

- Considering the goals and scope of your Collaborative Care program, how would you approach managing patients such as this?
- How does the availability of specialty and long-term behavioral health resources in your area impact this decision-making process?

**Stop**

*Last updated: 01/25/21*