

Introducing Collaborative Care Guided Practice

A strong introduction to Collaborative Care (CoCM) is key to effectively engaging patients in care. This packet contains the instructions and materials needed for a behavioral health care manager (BHCM) to practice introducing CoCM to a patient through a role play and follow-up activities.

The following sources can be used for reviewing CoCM care team and strategies for introducing CoCM:

1. LMS Assignments:
 - a. Collaborative Care Fundamentals: Principles and Team Roles
 - b. Engagement
2. “Scripts for Behavioral Health Care Managers” (pg. 4-5)



Introducing Collaborative Care Role Play

Overview

During this activity, you will create a script (or revise your current one) for introducing CoCM to patients. Then you will practice it with a role play partner playing as a patient. To complete this portion of your training, work with another BHCM/BH clinical team member at your site who is trained in CoCM, or schedule a time to meet with the AIMS Center clinical trainer to complete the role plays. When a role play is completed, you and your role play partner will debrief and discuss any questions that arose. Once two role plays and debriefs are completed, you will watch an excerpt from a live training session (linked on your activity checklist) to hear important questions and discussions related to brief introductions to CoCM. Finally, if you are able, find a time to observe your PCP Champion introducing CoCM to a patient.

Role plays: 20 minutes

Debrief video: 10 minutes

Preparation

1. Print two copies of each of the following documents:
 - a. Role Play Patient Cases (pg. 3)
 - b. Scripts for Behavioral Health Care Managers (pg. 4-5)
2. Read “Role Play Patient Cases”.
3. Use the spaces provided on “Scripts for Behavioral Health Care Managers” (pg. 4-5) to draft a script for introducing CoCM to each patient (Sue and Dave). Tailor your introduction to fit the situation. A strong introduction includes the following components:
 - a. Discuss the key components of CoCM
 - b. Introduce the care team and outline the BHCM’s role in CoCM
 - c. Introduce brief evidence-based behavioral interventions
 - d. Ask if patient is interested in proceeding
 - e. Discuss next steps based on discussion
4. Practice delivering your introduction to your BH clinical supervisor. If you are unable to practice with your supervisor, your role play partner should be your AIMS clinical trainer (during a follow-up call)

Instructions

Role Play 1 – Sue & BHCM:

1. Give a copy of “Role Play Patient Cases” to your role play partner.
2. Both role play partners read the case for “Patient 1: Sue”.
3. Using your scripts, introduce CoCM to Sue to engage her in treatment.
4. Debrief with your role play partner about how this activity went. Consider discussing:
 - a. What questions came up about introducing CoCM to Sue and engaging her in treatment?
 - b. How could you make your introduction to CoCM more concise?

Role Play 2 – Dave & BHCM:

5. Repeat Steps 2-4 with “Patient 2: Dave”.

Next Steps

6. Arrange time with your PCP Champion to observe how they introduce CoCM to patients.

Role Play Patient Cases

Instructions: Print two copies and give one copy to your role play partner. Your partner will role play as each of the patients below while you introduce CoCM for each.

Patient 1: Sue

Sue is a 38-year-old female who is relatively new to the clinic. She has had two primary care visits at the clinic over the past 1.5 years. When she called the clinic for an appointment, she told the scheduler that she is experiencing depression and wants to talk with the doctor about it. She completed a PHQ-9 in the waiting room and has a score of 15. When the PCP joins her in the room, Sue tells the provider she is depressed and heard from a friend that the clinic is offering psychotherapy. She engaged in psychotherapy for about three years in her mid-twenties and found it very helpful. She wants to re-enter this kind of treatment at the clinic. The PCP briefly introduces CoCM as an option for Sue, who is eager to try it. The PCP then asks the BHCM to join the visit.

Patient 2: Dave

Dave is a 63-year-old man who has been a patient at the clinic for over 10 years. His wife died two years ago from cancer. He came into the clinic today for a check-up related to type 2 diabetes at the request of his son. He has not been to the clinic since his wife died. He completed a PHQ-9 in the waiting room and has a score of 12. The PCP addresses this with Dave, who is reluctant to accept that he may have depression but is willing to hear more about treatment options. The PCP then asks the BHCM to join the visit to explain treatment options available to Dave.

Scripts for Behavioral Health Care Managers

Ideas for Introducing Collaborative Care and your Role on the Team

Below are some possible scripts for introducing Collaborative Care (CoCM) and your role on the team to a patient. A strong introduction includes all five components. Use the options to practice with a colleague and determine what feels most comfortable for you. See what fits the situation and try your own!

1. Opening the dialogue about CoCM (warm connection or appointment)

- “It’s nice to meet you. My name is _____ and I’m a (title or license). Here at (clinic name), we find that patients with your symptoms get better faster when we work together as a team with you and your medical provider. Are you interested in hearing more about how that works?”
- “Hi, my name is _____ and I’m so glad you came in. It takes courage to ask for help with the kind of symptoms you’re experiencing right now, so thanks for showing confidence that our team here at (clinic name) can help you. Let me tell you more about what to expect.”

Your Script:

2. Introducing the care team and your role in it

- “My role on the team is to help you learn more about depression and work on strategies to turn things around. I’ll be working closely with your medical provider and also a psychiatrist who helps us make an accurate diagnosis and recommends medications, if you want to try that option.”
- “Our team members all bring different strengths and experience, and we’ll offer you a variety of options for managing these symptoms. My role is to work closely with you until you feel a lot better, and I’ll be communicating regularly with your medical provider and our consulting psychiatrist to make that happen as soon as possible.”

Your Script:

3. Talking with your patient about brief evidence-based behavioral interventions as part of treatment

- “We find that many people can feel a lot better by participating in counselling, and that it often works as well as medications. Providing that kind of help is part of my role on the team.”
- “I’m trained to teach you skills for coping with life’s inevitable challenges, and you can choose which of these skills might work best for you to practice. Two of the most effective methods I use to help people are called Behavioral Activation and Problem-Solving Treatment.”

Your Script:

4. Checking if your patient is interested in engaging further

- “I’d love to help you feel more positive about the future. Does all this sound like something you’d be willing to try?”
- “I’m confident that you can feel better. Are you willing to give our team a chance to help you?”

Your Script:

5. Planning for next steps

- “Do you have time to meet for another 30 minutes today? We can get started with some first steps now if that works for you, and then make a future appointment to spend more time.”
- “I need to see other patients right now, but we can make an appointment for some time in the next week that works for you. We’ll meet for about 50 – 60 minutes to find out more about your symptoms and your history and make an initial plan.”

Your Script: