

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 primary care provider (PCP) champion to practice introducing CoCM to a patient through a role play and follow up activities.

You are advised to complete all of the online learning modules for PCP Champions (including those linked for review below) before beginning this guided practice.

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

1. [Applying the Integrated Care Approach: Skills for the PCP \(APA\)](#)



Introducing Collaborative Care Role Play

Overview

During this activity, you will create a script (or revise your current one) for introducing CoCM to patients and staff. Then you will practice it with a role play partner playing as a patient. You should complete this role play activity with your AIMS Center clinical trainer. If that is not possible, work with another provider at your site who is trained in CoCM to complete the role play activity. When the role play is completed, you and your role play partner will debrief and address any questions that arose. Finally, if you are able, ask other PCPs in your clinic to share their introductions to CoCM with you.

Role plays: 20 minutes

Preparation

1. Schedule a follow-up call with your AIMS Center clinical trainer. This will be part of your one-hour follow-up call, as listed in your training checklist.
2. Print each of the following documents:
 - a. x1 “Role Play Patient Cases” (pg. 4)
 - b. x2 “Scripts for PCPs: Introducing Collaborative Care to Patients and Staff” (p. 5)
 - c. x1 “One-Liners for PCPs” (pg. 6-7)
3. Read “Role Play Patient Cases”.
4. Read the scenario on “Script for PCPs.” Using “One-Liners for PCPs” as guidance, create scripts for briefly introducing CoCM to each patient on the Role Play Patient Cases document (Sue and Dave). You may use the space provided on “Script for PCPs” to write your scripts. Tailor the scripts to fit the situations.
5. Practice delivering your introduction to your AIMS Center clinical trainer during your follow-up call. Using your scripts, introduce CoCM to Sue and Dave to engage them in treatment. If you are unable to practice with your AIMS trainer, your role play partner should be another provider at your site who is trained in CoCM.

Instructions

Role Play 1 – Sue & PCP

6. Ensure your role play partner has a copy of “Role Play Patient Cases.”
7. Both role play partners read the case for “Patient 1: Sue”.
8. The role play partner plays as the patient while the PCP Champion:
 - Identifies the patient’s need for treatment
 - Describes the key components of CoCM
 - Introduces the BHCM and Psychiatric Consultant roles
 - Obtains verbal consent for treatment (later documented in chart)

- Discusses next steps

9. Debrief with your role play partner about how this activity went. Consider discussing:
 - a. What questions came up when introducing CoCM to Sue and engaging her in treatment?
 - b. As a PCP Champion, how will you train other PCPs to introduce care to patients?

Role Play 2 – Dave & PCP

10. Repeat Steps 7-9 with “Patient 2: Dave”.
11. If possible, arrange time with other PCPs to hear how they introduce CoCM to patients.



Role Play Patient Cases

Instructions: Print one copy, and ensure your role play partner also has a copy. Your partner will role play as the patients below while the PCP Champion plays themselves and introduces CoCM.

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.

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.

Scripts for PCPs: Introducing Collaborative Care to Patients and Staff

During this activity, you will create a script (or revise your current one) for introducing Collaborative Care to patients and staff. Your role play partner will use the “Role Play Patient Cases” handout to role play as Sue and Dave. Then, you will practice delivering that speech with your AIMS Center clinical trainer and receive feedback on your script.

Activity Instructions

Scenario: You have identified a mental health problem in one of your patients (Sue; Dave) and you would like to connect them to the Behavioral Health Care Manager (BHCM) in a way that will enhance the chance of a successful engagement.

1. Write a script or “elevator speech” with the goal of engaging your patient in your Collaborative Care program.

Consider:

- What does the team look like?
- What is your role on the team?
- Setting expectations (brief, structured care to address current symptoms)
- How can you convey what is uniquely offered in Collaborative Care to your patient? (What is different about Collaborative Care from co-located care or referral to specialty BH care.)
- When introducing the BHCM, explain how they can help the patient with current symptoms.



“One-Liners” for Primary Care Providers

Ideas for Introducing Your CoCM Behavioral Health Team

A key responsibility of the primary care provider on a CoCM behavioral health team is to introduce patients to both the program and care team. This is a menu of ways to introduce the idea of the care team to a patient. It is critical to role play various scenarios and determine the best fit for you. Mix and match!

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.”

Introduce the idea of a care team

- “Sara could 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.”

Encourage your patient to consider psychotherapy as part of treatment

- “Sara can also provide psychotherapy if you decide that should be part of your treatment plan.”
- “We find that many people can feel a lot better by participating in psychotherapy, 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.”

Encourage your patient to consider help with medication

- “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.”

Check if your patient is interested in engaging

- “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?”

Wrap 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>