

Collaborative Care Behavioral Health Care Manager Training Program

Description of Activity

The online training course for care managers provides an overview of the Collaborative Care approach to integrated physical and mental health care. This includes its evidence base, guiding principles, team roles, and clinical workflow. Also included is an in-depth review of the care manager role on a Collaborative Care team, with an emphasis on the care manager's responsibilities around identifying and engaging patients, providing measurement-based treatment to target, managing an active caseload of patients, and communicating with the team of providers, including PCPs and psychiatric consultants.

Modules

- 1. Collaborative Care Fundamentals**
 - a. Evidence Base (17 minutes)
 - b. Principles and Team Roles (14 minutes)
 - c. Workflow (28 minutes)
 - d. Registry (12 minutes)
- 2. Patient Identification**
 - a. Behavioral Health Measures (23 minutes)
 - b. Patient Identification (7 minutes)
- 3. Patient Engagement**
 - a. Patient Engagement (21 minutes)
 - b. Introducing Collaborative Care to Patients (5 minutes)
- 4. Assessment and Diagnosis**
 - a. The Initial Assessment (15 minutes)
 - b. The Differential Diagnosis (14 minutes)
 - c. Presenting Assessment Information to Your Psychiatric Consultant (9 minutes)
 - d. Practice Cases (9 minutes)
- 5. Engaging and Communicating with Your Team**
 - a. Primary Care Team Engagement (14 minutes)
- 6. Treatment**
 - a. Initiate Treatment (13 minutes)
 - b. Introduction to Brief Behavioral Interventions
 - i. Basic Skills (80 minutes)
 - ii. Common Elements (32 minutes)
 - c. Behavioral Activation Skills (40 minutes)
 - d. Psychiatric Medication Support (20 minutes)
 - e. Caseload Management (14 minutes)
 - f. Registry Practice: AIMS Caseload Tracker (45 minutes)
 - g. Caseload Review with the Psychiatric Consultant (5 minutes)
 - h. Case Presentation Skills (7 minutes)
 - i. Intensify Treatment (8 minutes)
 - j. Relapse Prevention and Completing Treatment (17 minutes)

7. Special Topics

- a. How and When to Refer to Specialty Care (11 minutes)
- b. Suicide Prevention in Collaborative Care (34 minutes)

Learning Objectives

By the end of this training program, participants will be able to:

Collaborative Care Fundamentals: Evidence Base

1. Describe the Collaborative Care approach, including its evidence base.

Collaborative Care Fundamentals: Core Principles & Team Roles

1. Describe the Collaborative Care approach, including its guiding principles and team structure.
2. Describe the main tasks of each member of the team.

Collaborative Care Fundamentals: Workflow

1. Identify the key steps of the clinical workflow.

Collaborative Care Fundamentals: Registry

1. Recognize what a registry is and how it is used to support the CoCM workflow.
2. Describe how the registry reflects the principles of CoCM.

Behavioral Health Measures

1. List common measures used in behavioral health care and for which conditions they are intended to be used.
2. Explain the purpose of systematic use of behavioral health measures.
3. Recognize the characteristics of an appropriate measure (e.g., validated, affordable, easy to use).
4. List appropriate uses for the PHQ-9.
5. Apply knowledge to interpret PHQ-9 screeners for common presentations.
6. Describe appropriate response for patient reporting scores > 0 on Question 9.
7. Recognize the utility of the registry in tracking PHQ-9 score.

Patient Identification

1. Describe the goals of a screening process.
2. Describe your role in delivering care at the population level.
3. Describe your clinic's protocol for screening patients and your role in that process.
4. List strategies for what you can do as a care manager if you notice less patients are being identified in the screening process.

Patient Engagement

1. Recognize the evidence base for early engagement and improved patient outcomes.
2. Develop comfort with talking to patients about evidence-based treatment options.
3. Build a checklist of engagement best practices to use back in their clinic.

Assessment & Diagnosis

1. Recognize that the provisional diagnosis is a team decision and that the psychiatric consultant confirms the diagnosis.
2. Recognize the biopsychosocial framework in establishing a diagnosis.
3. Recognize the care manager's role in arriving at a provisional diagnosis.
4. Name the five major diagnostic domains (mood disorders, anxiety disorders, psychotic disorders, substance use disorders, and organic presentations).
5. Recognize that the psychiatric consultant may review screeners and ask the Care Manager questions as part of caseload review to assess each of the five domains of the differential diagnosis.
6. Recognize what possible diagnoses there are and collect appropriate info to bring back to the psychiatric consultant to make a diagnosis.

Engaging and Communicating with Your Team

1. Understand your role in PCP engagement, including: The importance of strong PCP involvement; The culture of primary care; Strategies for engaging PCPs.

Initiate Treatment

1. Recognize the care manager's role in initiating the treatment plan - introduce treatment options to patients.
2. Describe the role of shared-decision making in the treatment planning process.
3. Describe weekly tasks of a care manager.

Brief Behavioral Interventions: Basic Skills & Common Elements

1. Define brief treatment.
2. Compare/contrast brief treatment vs. long-term treatment.
3. Describe the three, overarching stages of brief treatment.
4. Identify the necessary structure of a session to set an agenda for a brief meeting.
5. Describe requirements of a well-defined, achievable goal – both for long and short-term goals.
6. Describe requirements of an action plan.
7. Discuss how to assign and review homework.
8. Describe psychoeducation.
9. Identify examples of cognitive restructuring, positive self-talk, a graded exposure hierarchy.

Psychiatric Medication Support

1. Understand how to take a medication history and use supportive tools to access medication information.
2. Recognize common medication monitoring challenges and appropriate response.

Caseload Management

1. Look at a registry and identify patients who are/aren't improving.
2. Determine next steps for patients on a caseload.
1. Name the types of patients that should be prioritized for psychiatric consultation.

Caseload Review with the Psychiatric Consultant

1. Apply agenda setting strategies to proactively plan for case reviews with psychiatric consultant
2. Apply the concepts from preparing for case review or weekly task list to identify patients that need attention or intensification of treatment.

Case Presentation Skills

1. List the core components of a concise patient presentation.
2. Practice writing up a concise note using an example case to facilitate an efficient case review

Intensify Treatment

1. Plan for proactive treatment adjustments.

Relapse Prevention & Completing Treatment

1. Recognize timing the relapse prevention plan.
2. Apply concepts of relapse prevention to develop a basic relapse prevention plan.

Referring Patients to Specialty Care

1. Differentiate between patients that need urgent/emergent care from those who can continue to receive care in the primary care setting.
2. Know resources in the area for patients in crisis.

Suicide Prevention in the Collaborative Care Model

1. Know and integrate brief screens for suicide risk into clinical sessions.

