Collaborative Care Curriculum: Module 1
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Module 6: Building Collaborative Care

Module 1: Introduction to Collaborative Care

Objectives - At the conclusion of this module, the resident will be able to:

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<th>Knowledge</th>
<th>Understand the case for Collaborative Care and be familiar with the growing evidence base for collaborative care.</th>
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<td>Skills</td>
<td>Recognize the basic elements and principles of Collaborative Care and be ready to further explore both in later modules.</td>
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<td>Attitudes</td>
<td>Examine their own experiences and opinions of existing outpatient mental health systems while considering Collaborative Care psychiatry’s potential for delivering more integrated and population based care.</td>
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Brief Introduction
This module will introduce a trainee to the reason for adding mental health treatment capacity using Collaborative Care, evidence base for Collaborative Care, Collaborative Care team, as well as the elements of effective Collaborative Care.

Reading

Synopsis of Reading
1. The Role of the Psychiatrist in the Collaborative Care (CC) Model: This paper is a good introduction to CC model and roles of CC team members especially psychiatrists. In the introduction, the author reviews the history of CC model and briefly summarizes IMPACT and TEAMcare trials. In the next part, the author gives an example of a patient receiving CC treatment for HTN and depression in primary care settings. This is followed by brief description of PCP and behavioral health provider’s role.
In the last part, the author has elaborated on psychiatrist’s roles in this model including consultation, education and leadership opportunities. The psychiatric consultation includes indirect (including curbside and case reviews) consultation which is more frequent in the CC model and direct consultation only of patients who are not improving. Author also briefly goes over the liability concerns for the patients which were not directly evaluated.

2. **Essential Articles on Collaborative Care (CC)Model for the Treatment of Psychiatric Disorders in Medical Settings:**

This article has list of key publications related to collaborative care model published between 1970 to 2013. The key articles identified are listed under 8 categories including 1. Seminal studies of CC for depression in general medical populations, 2 Major reviews and Editorials, 3. Studies of integrated care for depression in specific medical conditions, 4. Studies for integrated-Care models for other psychiatric conditions, 5. Underserved, undertreated or underrepresented populations, 6. Integrated-Care programs for medical care of patients with serious mental illness, 7. Implementation studies, 8. Cost-effectiveness studies and reviews and in the end there is list of websites for more information on CC. Each article under the above mentioned categories is summarized with its essential features and findings.

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<th>Discussion and Reflection Questions</th>
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<td><strong>1)</strong> In your previous medical training, what have you observed around primary care delivery of mental health care services?</td>
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<td><strong>2)</strong> What have been your experiences in finding effective dispositions for patients from acute mental health settings?</td>
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<td><strong>3)</strong> Are there unmet needs in your community or clinic that could be addressed with a more effectively integrated behavioral health program</td>
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**Slide Set**

**Module 1  Introduction to Collaborative Care**

**Additional Resources**

- AIMS Center: [http://aims.uw.edu/](http://aims.uw.edu/)
- APA Integrated Care  
  [https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care](https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care)