Collaborative Care Curriculum: Module 4
Ramanpreet Toor, MD and Anna Ratzliff, MD, PhD

Table of Contents: Collaborative Care Fundamentals
Module 1: Introduction to Collaborative Care
Module 2: Introduction to Mental Health Integration program and Behavioral Health Integration Program
Module 3: Collaborative Care Teams
Module 4: Assessment as part of Collaborative Care Consultation
Module 5: Collaborative Care Consultation - Making Recommendations and Treating to Target
Module 6: Building Collaborative Care

Module 4: Assessment as part of Collaborative Care Consultation

Brief Introduction
This module will introduce the fundamentals of diagnosis in a Collaborative Care program. This module will focus on how Collaborative Care assessment differs from an individual psychiatric consultation, as well as the use of screeners to aid in diagnosis and case formulation. This module will also review common diagnostic quandaries, working with care coordinators to clarify diagnoses and identifying relevant biopsychosocial factors, and when to consider direct assessment of a patient.

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

Knowledge
Recognize common diagnostic dilemmas in primary care settings.

Skills
Use screeners effectively to aid in diagnostic evaluation.

Attitudes
Be flexible about making a diagnosis in the absence of a direct assessment. Integrate the patient’s own and other providers’ perspectives into a common understanding of the patient problems and presentation.

Reading

Synopsis of Reading
1. The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review
   The PHQ-9 has good sensitivity and specificity* for detecting depressive disorders. Likewise, the GAD-7 can aid in detecting generalized anxiety, panic, social anxiety and post-traumatic stress disorder. The optimal cutpoint is > or = 10 on the parent scales (PHQ-9 and GAD-7). Cutpoints of 5, 10 and 15 represent mild, moderate and severe symptom levels on all three scales.
Sensitivity to change is well-established for the PHQ-9 and emerging albeit not yet definitive for the GAD-7 and PHQ-15. The PHQ-9, GAD-7 and PHQ-15 are brief well-validated measures for detecting and monitoring depression, anxiety and somatization.

2. **Bipolar Disorder**
   Prevalence of Bipolar disorder in primary care setting is 0.5-4% in general and 10 % of patients with psychiatric complaint. Suicidal rate in this population is very high, 17% in bipolar I and 24 % in bipolar 2. Different clinical presentations of bipolar disorder in primary care are discussed including common physical/somatic symptoms. Role of each CC team members is described step-wise, starting with assessment, differential diagnosis and treatment. This chapter also has useful tables, table 3.1 how to differentiate bipolar disorder from other psychiatric disorder, table 3.4 has list of medications used for treatment of bipolar disorder.

3. **Anxiety and Trauma Disorders**
   Prevalence of anxiety disorders is 28% higher than mood disorders. Author describes common psychological, physical/somatic symptoms for each anxiety disorder, PTSD and OCD. Similar to Bipolar disorder chapter, role of each CC team member is described step wise with a case example, starting with assessment, identifying provisional diagnosis, differential diagnoses and treatment. Page 81 has a list of common medical diagnoses and substance/drug related conditions which can cause anxiety. Table 4.1 is very useful to generate differential for anxiety disorder. It includes key questions for each disorder, differential symptoms and behavioral health measures for each.

| Discussion and Reflection Questions | 1 What experience do you have using screeners as diagnostic aids and to measure treatment response? What are the advantages and challenges using screeners? How can you integrate the use of screeners into your practice?  
2 After observing a care coordinator and consulting psychiatrist working together to make a diagnosis, what do you think will be challenging for you about indirect assessment?  
3 What will be the “must haves” pieces of information for you to have to feel confident in a bipolar diagnosis? How can we help support more accurate diagnosis of bipolar disorder? |

**Slide Set**  
Assessment as part of Collaborative Care Consultation

**Additional Resources**

**Additional References**


