AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Resident Rotation:

Collaborative Care Consultation Psychiatry

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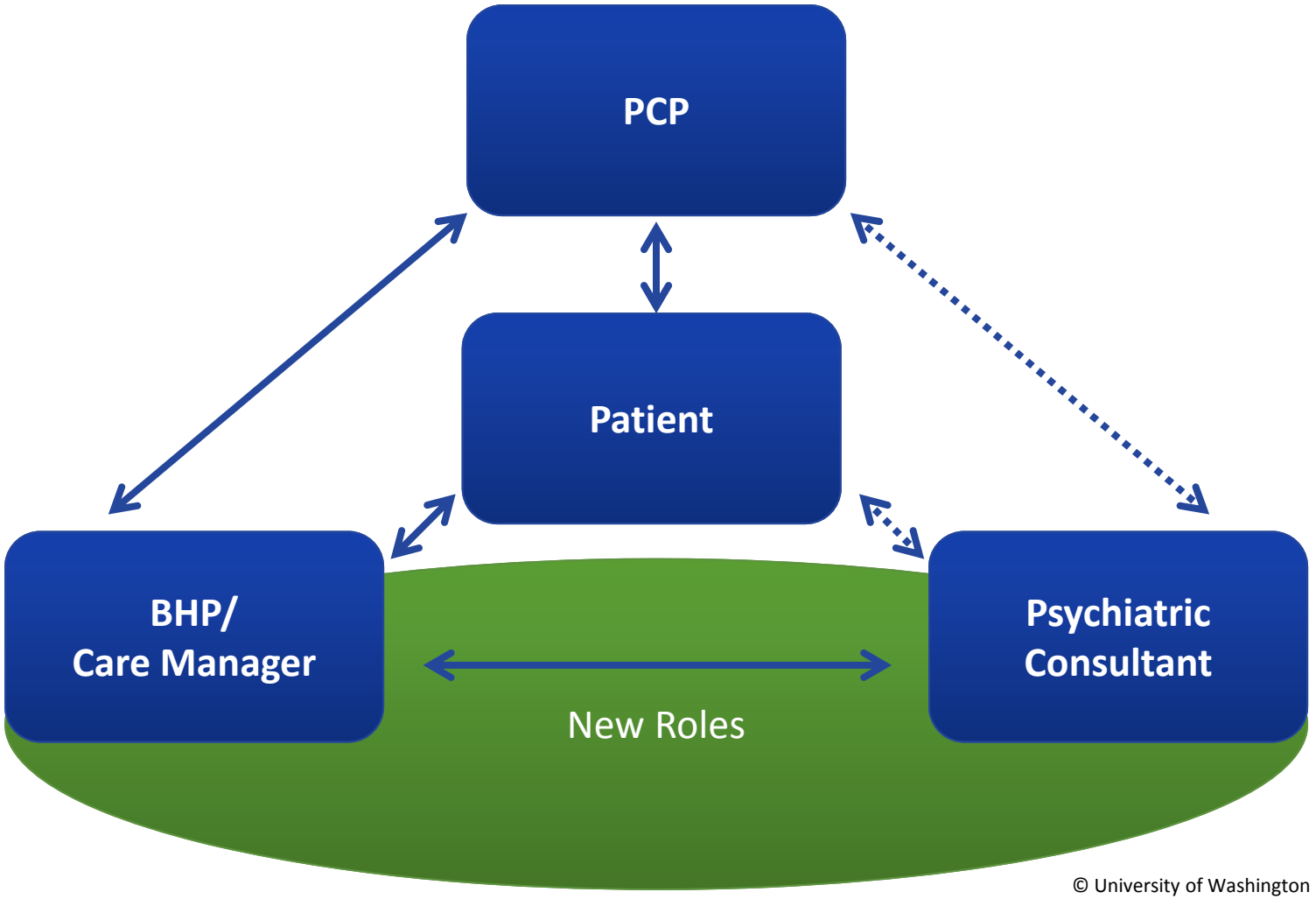
Module 3:
Collaborative Care Teams

Learning Objectives

- **By the end of this module, the participant will be able to:**
  - **Understand in more depth the typical role responsibilities for PCPs, care managers, and psychiatrists in Collaborative Care.**
  - **Relate Collaborative Care processes and roles to a typical primary care work flow and practice environment.**
  - **Demonstrate increased comfort in communications with both care managers and primary care providers.**
  - **Consider personally implanting strategies for improving communication with care managers and PCPs.**

Collaborative Care Team



PCP

Life of a Busy PCP

Challenges:

- Large patient panels (1,500 – 2,500)
- Fast paced: 20-30 encounters / day
- Huge range of problems / responsibilities
  - Full range of medical, behavioral, social problems
  - Acute care, chronic care, prevention

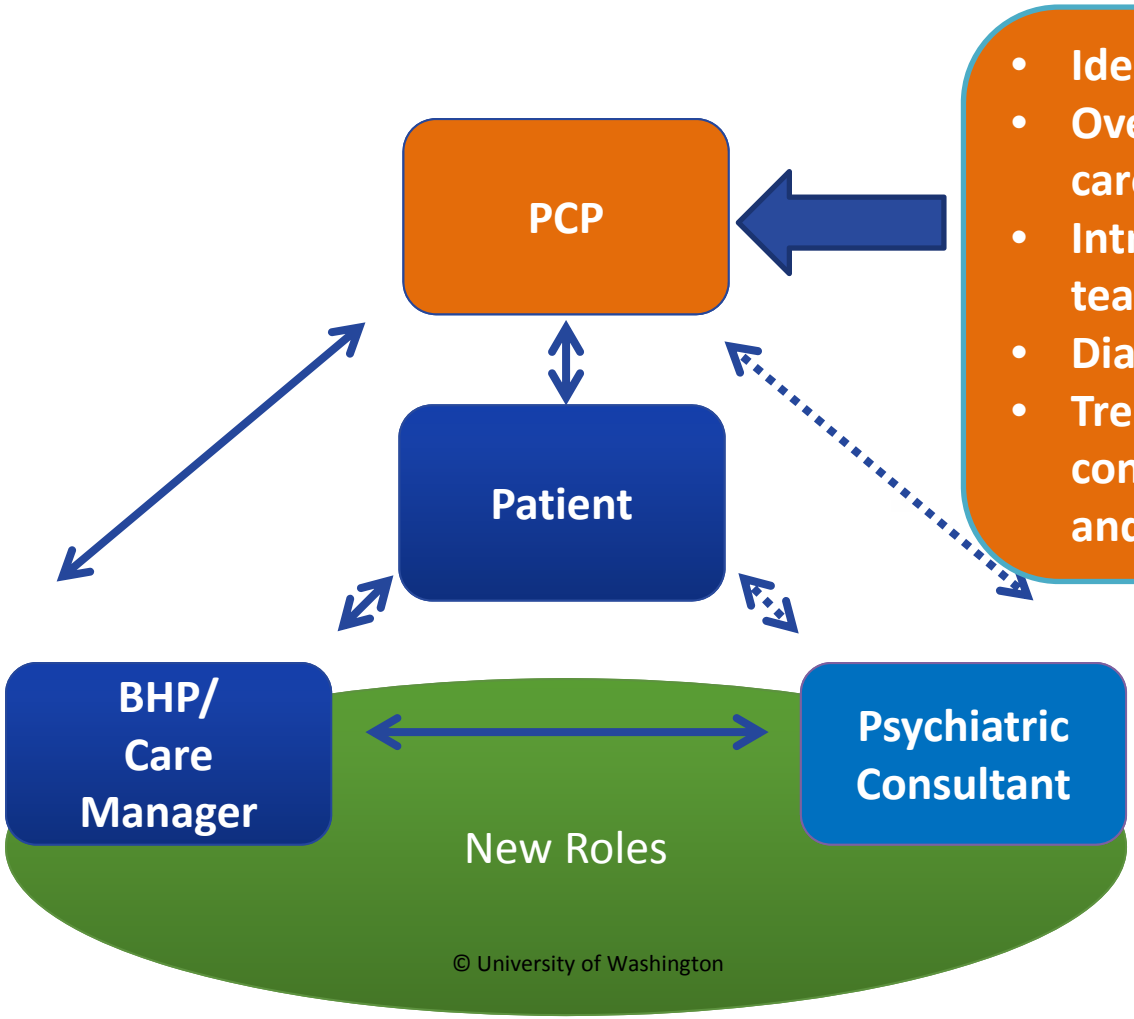
"Everything comes at me and I bat at the problem before me" → hard to keep track of what happens once treatments started

Ways to cope:

- Focus:
  - What is the most serious?
  - What is practical to accomplish today?
- Diagnose and treat 'over time'
- Get help → TEAMWORK

Need practical solutions & effective communication → COLLABORATIVE CARE

PCPs



- Identify the patients
- Oversees all aspect of patient care
- Introduces Collaborative Care team
- Diagnoses and prescribing
- Treatment adjustments in consults with CM, psychiatrist and other BHPs

Behavioral Health Providers (BHPs)/Care Managers (CM)

BHP/Care Manager (CM)

- **Who are BHP/care manager (CM)?**
- **Typically MSW, LCSW, MA, RN, PhD, PsyD**
- **Variable clinical experience**

BHP/Care Manager Skills

Clinical Skills

- Basic assessment skills with use of common screening tools
- Concise, organized written and oral presentations

Behavioral Medicine & Brief Psychotherapy

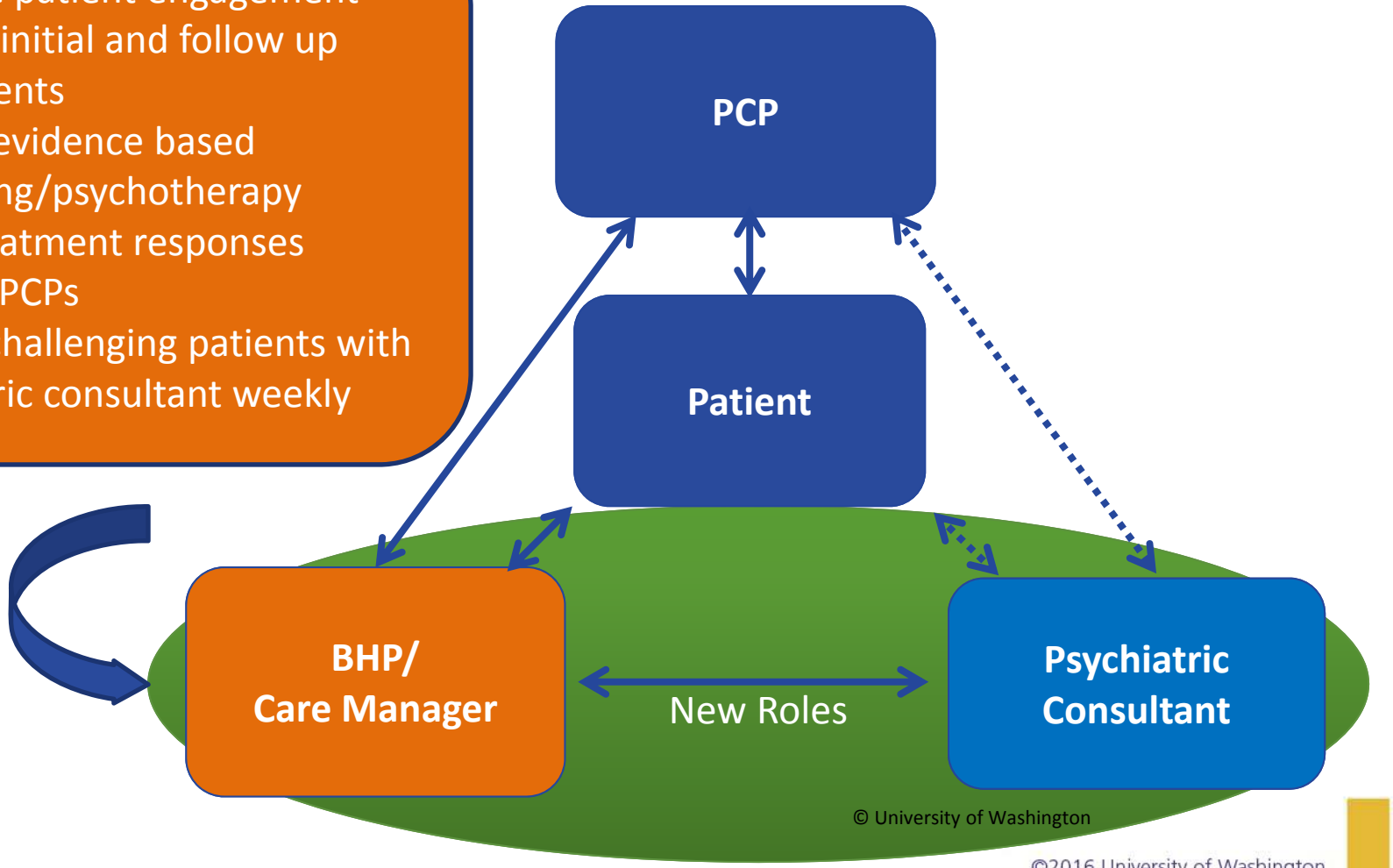
- Engage patient in developing a therapeutic alliance around mutually agreed goals and expectations of the treatment plan
- Support medication management by PCP
- Provide brief evidence-based psychotherapies (described later)

Other Skills

- Referrals to other behavioral health providers and community Resources
- Social work services
- Excellent communication skills in their key liaison role

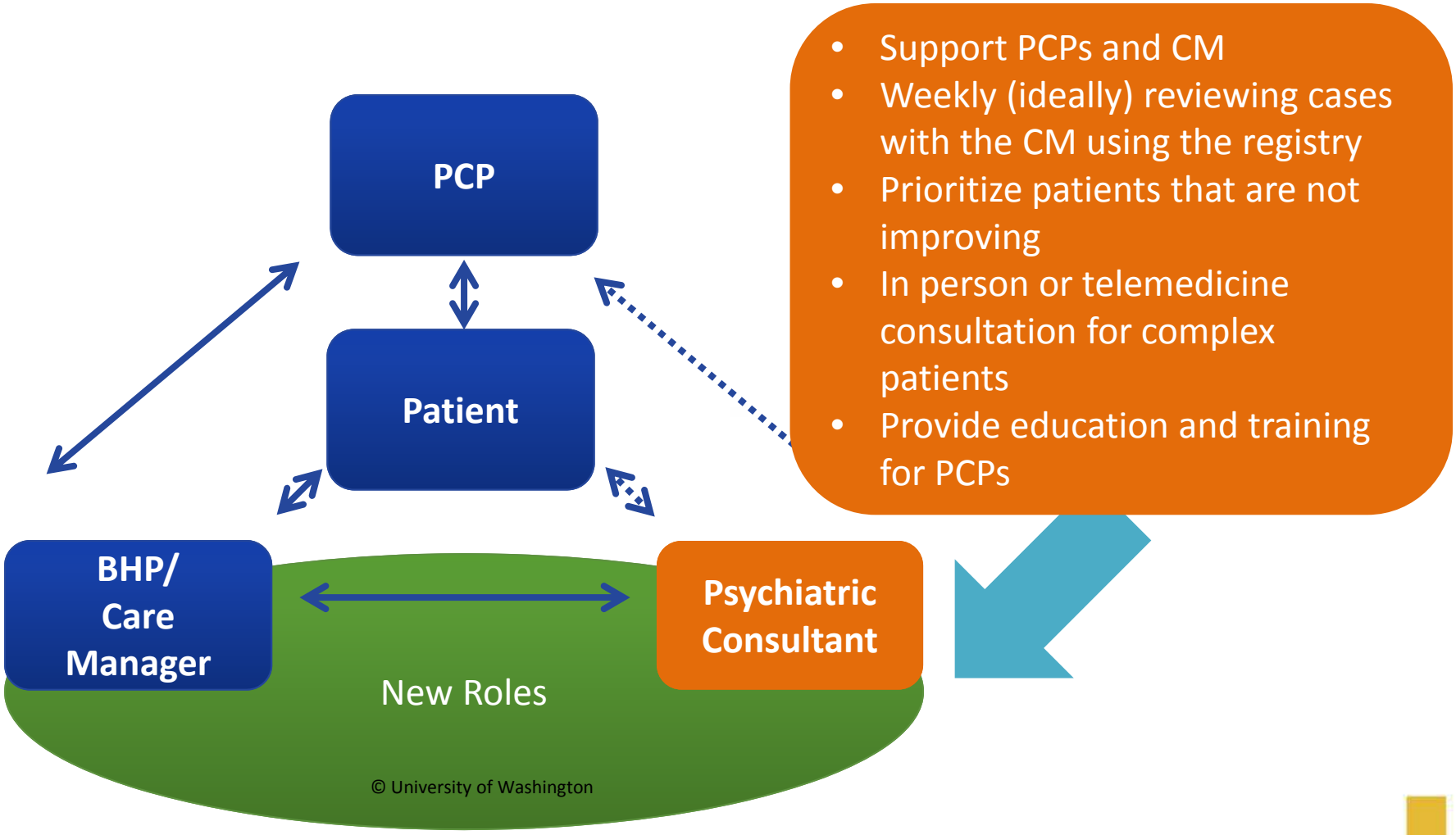
BHP/CM role

- Facilitate patient engagement
- Perform initial and follow up assessments
- Provide evidence based counseling/psychotherapy
- Track treatment responses
- Support PCPs
- Review challenging patients with psychiatric consultant weekly



Psychiatric Consultants

Psychiatric Consultant Role



- Support PCPs and CM
- Weekly (ideally) reviewing cases with the CM using the registry
- Prioritize patients that are not improving
- In person or telemedicine consultation for complex patients
- Provide education and training for PCPs

‘Other Partners’

‘Other’ Partners

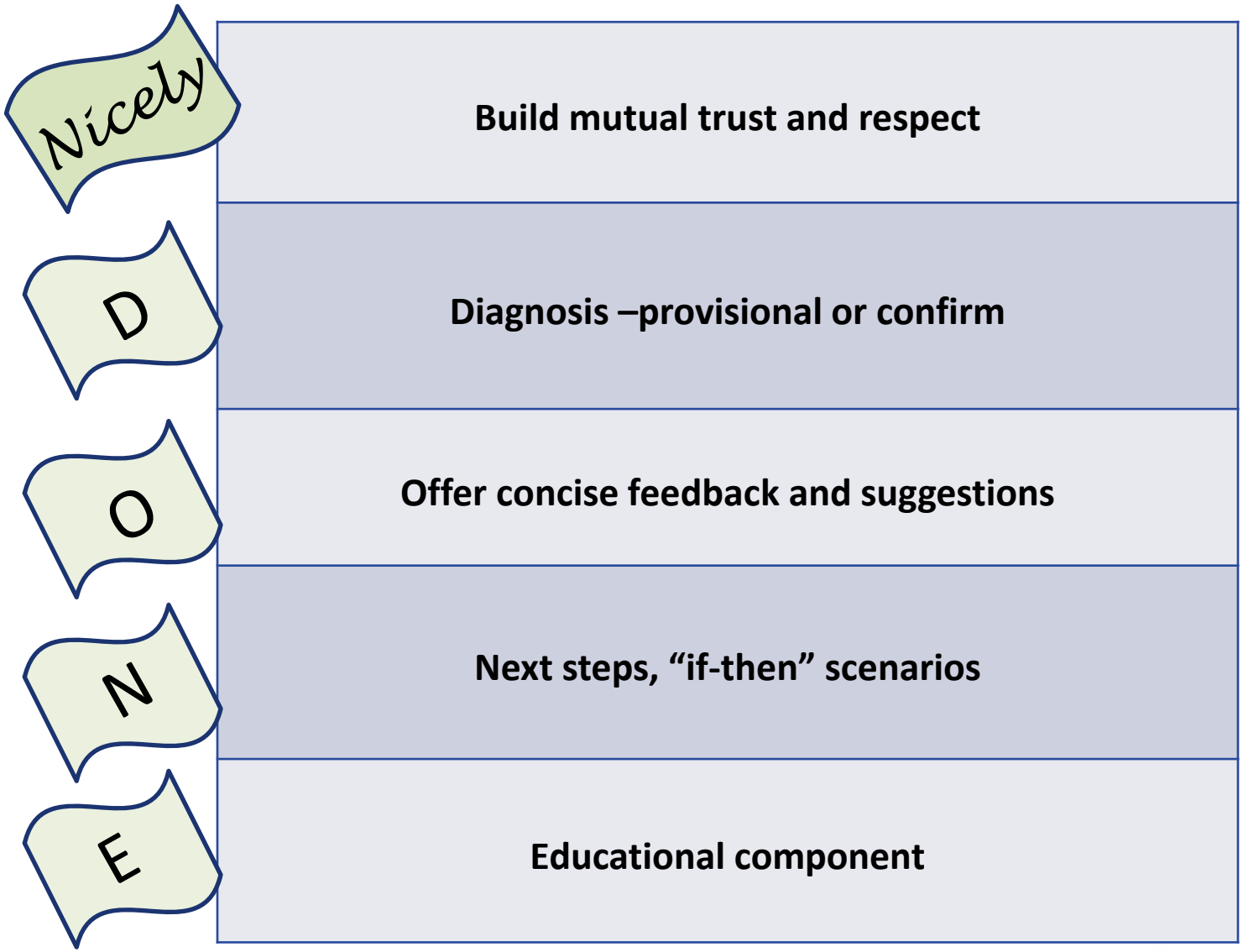
- **Who are they?**
  - **Health Navigator**
  - **Receptionists/Front Desk Staff**
  - **Medical Assistants**
  - **CEOs, Administrators, medical directors, clinic managers**
- **Can be crucial in supporting the integrated care effort**
- **Important to ‘nurture champions’ here too!**

Working as a Team

Tips for Working with BHPs/Care Managers

- **Ask about training**
- **Knowing their strengths and limitations**
  - **Helpful to learn (and rely) on existing training and strengths of BHP/CM**
  - **Be ready to build on limitations for consultation hour as well as local and centralized resources or work around with systemic aids ,e.g. structured symptoms rating scale for psychiatric symptoms reviews.**
- **Monitor for various sources of 'Burnout'**
  - **Local clinical issues, patient populations, etc.**
  - **Provider support**

Nicely DONE



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Liability

Consultation ranges from informal to formal

INFORMAL

CONSULTATIVE

Curbsides, advice to PCP and BHP, no charting, not paid and not supervisor of BHP

COMBINED

COLLABORATIVE

Curbside with BHP, document recommendations in chart and paid

FORMAL

Direct with patient after other steps unsuccessful, written opinion and paid

SUPERVISORY

Psychiatric provider administrative and clinical supervisor of BHP → ultimately responsible

Collaborative Care should reduce risk:

-Care manager supports the PCP
-Use of evidence-based tools
-Systematic, measurement-based follow-up
-Psychiatric consultant

Olick et al, Fam Med 2003
Sederer, et al, 1998
Sterling v Johns Hopkins Hospital., 2002

Reflection Questions

1) What have been your experiences working as a psychiatrist in multidisciplinary care teams? Has sharing patient care, communication, teaching been enjoyable and frustrating?
2) To date, have you had any experience (e.g. telepsychiatry, 'curbside consultations' with medical colleagues or non-medical acquaintances) with providing indirect consulting in psychiatry?
3) How do you feel about a psychiatry consulting process that stresses iterative and longitudinal approaches to patient diagnosis and treatment?