Collaborative Care Curriculum: Module 5

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Table of Contents: Collaborative Care Fundamentals

Module 5: Collaborative Care Consultation : Making Recommendations and Treating to Target	
Objectives - At the conclusion of this module, the resident will be able to:	
Knowledge	Make recommendations for common primary care presentations.
Skills	Assess and make a treatment plan for a patient that has not responded to initial treatment plan.
Attitudes	Apply a stepped-care approach to determine appropriate level of care.
Brief Introduction	This module will review principles of goal setting and the development of care plans for common primary care presentations. Developing a treatment plan includes making medication recommendations to primary care providers, supporting the care coordinator use of appropriate brief behavioral and psychotherapeutic interventions (Behavioral Activation Distress Tolerance, Problem Solving Therapy, Motivational Interviewing; Health Behavior Change: Exercise, Tobacco, Diet), working with difficult patients and assessing patient for appropriate level of care.
Reading	1. Rush, A. J. (2007). STAR*D: what have we learned? *Am J Psychiatry* 164(2): 201-204. http://www.ncbi.nlm.nih.gov/pubmed/17267779 2. Stephens KA et al. Evidence- Based Behavioral Interventions for the Collaborative Care Team. Integrated Care creating Effective Mental and Primary Health Care Teams. Book Chapter, 10. 3. Harrison D.A et al. Evidence- Based Psychopharmacology for the Collaborative Care Team. Integrated Care creating Effective Mental and Primary Health Care Teams. Book Chapter, 11.
Synopsis of Reading	1. STAR*D: what have we learned? This article is a practical review of the STAR*D trial that highlights some key treatment recommendations for depression in outpatient settings. All patients were initially offered treatment with citalopram. Highlights include observations of remission or response times occurring up to 6-10 weeks (at adequate doses) which suggest that as long as it remains tolerable, a medication should be continued for this trial period before

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	switching or augmentation. If additional treatment is needed, patients with no response should likely switch medications while those having good tolerance and partial response to a medication are generally better candidates for augmentation. Second step options include within-class switch (another SSRI), out-of -class switch (to bupropion-SR or venlafaxine-XR) or augmentation (bupropion-SR or buspirone). There was no difference between cognitive therapy as a switch or as augmentation strategy versus medication as a switch or augmentation strategy, however this option was not picked by many patients (perhaps due to cost and other barriers). Third and fourth medication steps with markedly diminishing remission rates are also reviewed. Finally, this article validates the importance of remission as a goal for treatment. 2. <u>Evidence- Based Behavioral Interventions for the Collaborative Care Team:</u> This book chapter gives an overview of how behavioral interventions play a key role in CC teams. Authors describe engagement strategies to build strong therapeutic alliance including building bond between patient and provider, having shared goals and shared tasks. Strong therapeutic alliance results in good treatment outcomes. In the later part of the chapter, the authors discuss how to manage crisis before patient is engaged in the care and provide list of distress tolerance strategies. Table 10.4 lists evidence based behavioral treatments for common mental health disorders. 3. <u>Evidence- Based Psychopharmacology for the Collaborative Care Team:</u> This chapter of the book has quick reference guide and brief medication prescribing protocols for commonly prescribed psychotropic medications. The medication protocols are developed from the drug's FDA label information and information gathered from published literature. Protocol for each medication is divided into three sections: dosing information, monitoring and general information.
Discussion and Reflection Questions	1. What experiences have you had making recommendations on consultation services? How is this similar and different to treating patients directly? 2. How do you keep current about evidence based treatments? How do you plan to do this in your career? 3. What are your experiences with brief behavioral and psychotherapeutic interventions? What do you think will be challenging and rewarding in coaching care mangers about these types of treatments?
Slide Set	Module 5: Collaborative Care Consultation - Making Recommendations and Treating to Target
Additional Resources	• APA Guidelines: http://psychiatryonline.org/guidelines.aspx • Stable Toolkit (Bipolar Disorder):

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	http://www.cqaimh.org/stable_toolkit.html • Helping Patients Who Drink Too Much: A Clinician's Guide: http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
Additional References	• Dinsio K et al. Challenging Clinical Situations. Integrated Care creating Effective Mental and Primary Health Care Teams. Book Chapter, 9 • Arroll, B., C. R. Elley, et al. (2009). Antidepressants versus placebo for depression in primary care. Cochrane Database *Syst Rev*(3): CD007954. http://www.ncbi.nlm.nih.gov/pubmed/19588448 • Viron, M., T. Baggett, et al. (2012). Schizophrenia for primary care providers: how to contribute to the care of a vulnerable patient population. *Am J Med* 125(3): 223-230. http://www.ncbi.nlm.nih.gov/pubmed/22340915 • Roy-Byrne, P., M. G. Craske, et al. (2010). Delivery of Evidence-Based Treatment for Multiple Anxiety Disorders in Primary Care: A Randomized Controlled Trial. *JAMA* 303(19): 1921-1928. http://www.ncbi.nlm.nih.gov/pubmed/20483968

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