AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Vendor Checklist for Collaborative Care Implementation

This is a list of key components to consider for a Collaborative Care Program when a health system is working with a virtual Collaborative Care vendor. These components are based on research and the AIMS Center's implementation experience working with vendors and health systems around the country. The list can be used from when a health system initiates conversations with vendors for services to when the program gets implemented and sustained. The green (Yes) is if a vendor currently has it in place, yellow (Partial) is if it partly in place and red (No) is if the vendor currently does not meet the item.

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
Core Principle: Patient Centered Team				
Behavioral Health Care Manager (BHCM) Role				
• The vendor can provide the healthcare system with a job description for the BHCM that conforms to accepted definitions of the BHCM role. See an example of a job description here: https://aims.uw.edu/resource-library/care-manager-role-and-job-description	○	○	○	
• The vendor can provide a detailed description of the training they provide to their BHCMs and their supervisors, including training in CoCM (in addition to brief evidence-based interventions/counseling). Training examples can be found here: http://aims.uw.edu/collaborative-care/implementation-guide/build-your-clinical-skills	○	○	○	
• A BHCM is provided by the vendor that works at least 50% FTE in the BHCM role.	○	○	○	

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
• One BHCM treats the patient for their entire episode of care. A patient is engaged in treatment for an episode of care rather than long term ongoing treatment.	○	○	○	
• If BHCM duties are shared between two roles (e.g., care management by one and brief evidence-based behavioral treatments by another) there are clear role definitions and qualifications provided by the vendor to the healthcare system.	○	○	○	
• The vendor can provide policies for how staff turnover of the BHCM role is handled to ensure that care is not interrupted.	○	○	○	
• PCPs at the healthcare organization know who the vendor BHCM is for any given patient and how to communicate about patient care with the BHCM.	○	○	○	
• The BHCM has a caseload size appropriate for CoCM. See guidance here: https://aims.uw.edu/resource-library/caseload-size-guidance-behavioral-health-care-managers	○	○	○	
Psychiatric Consultant Role				
• The psychiatric consultant is a psychiatrist or psychiatric nurse practitioner and the vendor can provide a job description of their role. See an example of a job description here: https://aims.uw.edu/resource-library/psychiatric-consultant-role-and-job-description	○	○	○	
• The vendor demonstrates that the psychiatric consultant has the proper liability insurance and licensure. If a psychiatric nurse practitioner is in the role, there is proper oversight for this role based on regulatory requirements (varies by State).	○	○	○	

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
• The vendor can provide details about how the psychiatric consultant is trained in CoCM (which is different from other consultation models).	○	○	○	
• The psychiatric consultant devotes 2-4 hours per week per 1.0 FTE BHCM.	○	○	○	
• There is a consistent psychiatric consultant (as opposed to a group of rotating psychiatric consultants) working with the BHCM and communicating with the PCP.	○	○	○	
• The psychiatric consultant provides active oversight of the BHCM caseload. This includes reviewing the registry/caseload of BHCM patients in advance of the Systematic Caseload Review meeting and identifying patients for caseload review who are not improving or who are ready to end the episode of care.	○	○	○	
• The psychiatric consultant conducts a live weekly Systematic Caseload Review (SCR) meeting with the BHCM (rather than ad hoc meetings or asynchronous communication).	○	○	○	
• The psychiatric consultant effectively communicates treatment recommendations to both the BHCM and PCP. The vendor can provide details about how this communication will occur.	○	○	○	
• The psychiatric consultant can develop a full biopsychosocial treatment plan that includes treatment recommendations for both medications and brief behavioral interventions/counseling.	○	○	○	
• The psychiatric consultant is available to provide support/education to PCPs on relevant training topics such as updates to psychotropic medications.	○	○	○	

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
Primary Care Provider Role (Treating Provider)				
• PCPs play an active role in the identification of patients and care of patients engaged in CoCM. The vendor can describe how they support PCP orientation to this expectation.	○	○	○	
• PCPs at the healthcare system prescribe psychotropic medications for patients engaged in CoCM based on recommendations from the psychiatric consultant, rather than medications being prescribed by the psychiatric consultant with the vendor.	○	○	○	
• PCPs are onboarded by the vendor to the CoCM program regarding how referrals will happen and how communication will flow between them, the BHCM, and the psychiatric consultant.	○	○	○	
Communication and Workflows				
• Clinical staff at the primary care clinic are onboarded to the CoCM program and associated workflows. The vendor shares their workflows, both internal and with the clinic.	○	○	○	
• There is a shared care plan that the BHCM, psychiatric consultant and PCP can all review and easily access.	○	○	○	
• The BHCM and psychiatric consultant have access to the health system's EHR to document encounters and recommendations and to communicate with the team. If EHR access is not possible, there is a clear plan for how communication and sharing of records will work. There are examples and processes for how these workflows are established.	○	○	○	

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
Core Principle: Population-Based				
• A population of focus is identified for the CoCM program by the healthcare system and vendor. The vendor can document that the staff who will work with the healthcare system have been trained in how to treat all target conditions.	○	○	○	
• The vendor provides access expectations to the healthcare system based on the population of focus for the program. Access should be timely and monitored over time.	○	○	○	
The vendor has a CoCM registry that can display patient, caseload, and quality metrics on the following:				
○ Reminders and alerts to cue the BHCM when patients need outreach based on lack of engagement or lack of improvement	○	○	○	
○ Documents dates and types of treatment encounters to allow the BHCM and psychiatric consultant to support proactive follow-up	○	○	○	
○ Entry of scores from symptom measures and display of these scores over time (at least initial and most recent visits)	○	○	○	
○ Entry of most recent date of review with psychiatric consultant	○	○	○	
○ Length of episode of care and treatment status	○	○	○	
○ Report that shows process measures and clinical outcomes for the entire caseload that facilitates monitoring program metrics	○	○	○	
○ Report showing caseload volume that facilitates monitoring population reach and BHCM workload	○	○	○	

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
• The BHCM and psychiatric consultant both use the CoCM registry to identify patients for the SCR.	○	○	○	
• The vendor has clear workflows for referrals to community/specialty care providers for patients who need more intensive or long-term treatment.	○	○	○	
Core Principle: Measurement-Based Treatment to Target				
• The BHCM consistently uses validated clinical rating scales (i.e., PHQ-9 and GAD-7) at every patient visit.	○	○	○	
• Scheduled (at least weekly) SCR meetings occur between the BHCM and the psychiatric consultant. Meetings should be 1 hour per every 70 patients, such that meetings are longer than 1 hour for larger caseloads.	○	○	○	
• The BHCM and psychiatric consultant review validated rating scales and trends over time during the SCR. Patients whose symptoms are not improving are reviewed by the psychiatric consultant for a treatment change (either medication or brief behavioral treatment/counseling) or to address adherence barriers.	○	○	○	
• Treatment recommendations based on the SCR process are documented in the health system's EHR and communicated in a timely manner to the PCP.	○	○	○	
Core Principle: Evidence-Based Treatments				
• BHCM is trained to deliver brief evidence-based behavioral interventions/counseling appropriate for primary care. Examples include behavioral activation, cognitive-behavioral therapy, and problem-solving treatment.	○	○	○	

Essential Components of Collaborative Care (CoCM)	Yes	Partial	No	Notes
• Primary care providers are trained in the use of psychiatric medications for target behavioral health conditions until they are comfortable with their role as the prescriber. Training occurs on an ongoing basis to account for provider turnover.	○	○	○	
Core Principle: Accountable				
• Process and outcome quality metrics are used by the vendor to monitor overall program performance and the vendor provides reports of these metrics monthly. Metrics include measures that reflect the active caseload of the BHCMs, the proportion of the caseload reviewed with the psychiatric consultant, overall program metrics (i.e., referrals, access, financials), and clinical outcomes for actively enrolled patients as well as for all patients engaged in treatment over time.	○	○	○	
• The vendor provides the healthcare system with information about strategies that will be used if metrics are not what is expected.	○	○	○	
• The vendor and health system teams meet regularly to review quality metrics and financial sustainment and identify opportunities for improvement. Clinical team members from the vendor and health system are provided opportunities to identify areas for program improvement.	○	○	○	