Learning Objectives: Module 3

By the end of this module, the participant will be able to:

- Understand in more depth the typical role responsibilities for PCP’s, care managers, and psychiatrists in collaborative care.
- Relate collaborative care processes and roles to a typical primary care workflow and practice environment.
- Use telephone/telepsychiatry to perform psychiatric consultation.
- 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 Team Approach

Team Roles

Primary Care Provider
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

**Ways to cope:**
- Focus:
  - What is the most serious?
  - What is practical to accomplish today?
- Fast-paced: 20-30 encounters/day
- Huge range of problems
- Diagnosis and treat ‘over time’
- Get help \(\Rightarrow\) TEAMWORK

Primary Care Provider

- Oversees all aspects of patient’s care
- Diagnoses common mental disorders
- Starts & prescribes pharmacotherapy
- Introduces collaborative care team
  - Ideally with “warm hand-off”
- Makes treatment adjustment in consultation with care manager, team psychiatrists, and other behavioral health providers.

BHP/Care Manager

**Core Program**

- PCP
- BHP/Care Manager
- Consulting Psychiatrist
- Other Behavioral Health Clinicians
- Outside Resources

**Additional Clinic Resources**

- Substance Treatment, Vocational Rehabilitation, CMHC, Other Community Resources

Behavioral Health Professional (BHP) / Care Manager - I

- Facilitates patient engagement and education
- Works closely with PCP and helps manage a caseload of patients in primary care
- Performs systematic initial and follow-up assessments.
- Systematically tracks treatment response
- Supports medication management by PCPs
  - Where will patient get medications?
  - Planning for medication adherence
  - Facilitating PCP visit to discuss side effects

BHP/Care Manager – II

- Provides brief, evidence-based counseling or refers to other providers for counseling services
- Reviews challenging patients with the consulting psychiatrist weekly
- Facilitates referrals to other services (e.g., substance abuse treatment, specialty care and community resources) as needed
- Prepares client for relapse prevention

Consulting Psychiatrist

**Core Program**

- PCP
- BHP/Care Manager
- Consulting Psychiatrist
- Other Behavioral Health Clinicians
- Outside Resources

**Additional Clinic Resources**

- Substance Treatment, Vocational Rehabilitation, CMHC, Other Community Resources
Consulting Psychiatrist

Supports BHPs/care managers and PCPs
- Provides regular (weekly) and as needed consultation on a caseload of patients followed in primary care → Module 3
  - Focus on patients who are not improving clinically → intensification of treatment
- In person or telemedicine consultation or referral for complex patients
- Provides education and training for primary care-based providers

Other Behavioral Health Clinicians

Incorporate Other Behavioral Health Clinicians

Can provide valuable services such as:
- Comprehensive assessment
- Evidence-based counseling / psychotherapy
  - Individual or Group
- Behavioral health interventions focused on health behaviors
- Chemical dependency counseling / treatment
- Social work services

‘Silent’ Partners

• Who are they?
  • Receptionists/Front Desk Staff
  • Medical Assistants
  • CEOs, Administrators
• Can be crucial in supporting the integrated care effort
• Important to ‘nurture champions’ here too!

Working as a Team
Module 3: Collaborative Care Teams

Working with BHPs/Care Managers

Who are the BHPs/CMs?
- Typically MSW, LCSW, MA, RN, PhD, PsyD
- Variable clinical experience

What makes a good BHP/CM?
- Organization
- Persistence
- Creativity and flexibility
- Enthusiasm for learning
- Strong patient advocate
- Willingness to be interrupted
- Ability to work in a team

Tips for Working with BHPs/Care Managers

Maintain relationship based on collaborative consultation between professional rather caseload supervision with different educational goals and less even power differential

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.

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 (see module 5)

Other Skills
- Referrals to other behavioral health providers and community Resources
- Excellent communication skills in their key liaison role

Psychiatrist and BHP/Case Manager Consultation

Goals
- Discuss overall caseload (with balance of new versus old cases)

- Specific case reviews
  - Diagnostic clarification
  - Treatment planning
  - Medication recommendation

Collaborative Team Approach

Variables in the Structure and Process of Consultation Hours
- Length and schedule of consultation
- Amount of preparation before hour by psychiatrist
- In-person or ‘skype’ connection vs phone alone
- Active structuring of presentations by psychiatrist
- Availability of co-scheduled psychiatric evaluation
**Tips for Working with PCPs**

### Availability and Accessibility
- **Easy access for PCP**
  - Same day for curbside questions
  - Typically by pager, e-mail, cell phone
- Not utilized as much as would expect!

### Promoting integrated care
- Expect questions and possible skepticism / resistance
- Promote yourself as a resource
- Teach the model
  - BHP/Care manager will assess patient first
  - New role for psychiatrist to support the BHP/Care manager and support team treatment

---

**Communication with PCPs**

### Recommendations
- By default brief and focused, but also tailored the individualized interests and needs of the PCP
- Provisional diagnosis and next steps for assessment and diagnostic clarification
- Treatment: Both medication recommendations and psychotherapeutic interventions and referrals

### Provide Education
- Through patient-focused recommendations
- Webinar or in person at provider meetings

---

**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?