Resident Rotation:
Collaborative Care Consultation Psychiatry

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Module 4:
Collaborative Care Consultation I -
Case Finding, Differential Diagnosis
and Case Formulation
Learning Objectives: Module 4

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

• Recognize common diagnostic dilemmas in primary care settings.
• Use screeners effectively to aid in diagnostic evaluation.
• 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.
What does a behavioral health patient look like in a primary care setting?

67yo man recently widowed

43yo woman drinks "a couple of glasses" of wine daily

19yo man "horrible stomach pain" when starts college

32yo woman "can't get up for work"
Common Behavioral Health Presentations

Common psychiatric presentations:
- Mood disorders
- Anxiety disorders
- Substance use disorders
- Psychotic disorders
- Cognitive disorders

Common primary care presentations:
- Depression
- Anxiety
- Unexplained physical symptoms
- Somatic presentations & somatoform disorders
- Acute and chronic distress
- Adjustment disorders
- Pain
Collaborative Team Approach

- PCP
- Patient
- BHP/Care Manager
- Consulting Psychiatrist
- Other Behavioral Health Clinicians
- Substance Treatment, Vocational Rehabilitation, CMHC, Other Community Resources
- Core Program
- Additional Clinic Resources
- Outside Resources
Screening Tools as “Vital Signs”

Behavioral health screeners are like monitoring blood pressure!

- Identify that there is a problem
- Need further assessment to understand the cause of the “abnormality”
- Help with ongoing monitoring to measure response to treatment
Commonly Used Screeners

Mood Disorders
- PHQ-9: Depression
- MDQ: Bipolar disorder
- CIIDI: Bipolar disorder

Anxiety Disorders
- GAD-7: Anxiety, GAD
- PCL-C: PTSD
- OCD: Young-Brown
- Social Phobia: Mini social phobia

Psychotic Disorders
- Brief Psychiatric Rating Scale
- Positive and Negative Syndrome Scale

Substance Use Disorders
- CAGE-AID
- AUDIT

Cognitive Disorders
- Mini-Cog
- Montreal Cognitive Assessment
**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

**NAME:** John Q. Sample  

**DATE:**

**Over the last 2 weeks, how often have you been bothered by any of the following problems? (use “✓” to indicate your answer)**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>Most of the time</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>✓</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>✓</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>✓</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>✓</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**add columns:** 2 + 10 + 3 + 3 = 15

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

**TOTAL:** 15

**10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Assessment and Diagnosis in the Primary Care Clinic

Functioning as a “back seat driver”
- Develop an understanding of the relative strengths and limitations of the providers on your team
- Relying on other providers (PCP and BHP/Care Manager) to gather history

How do you “steer”?
- Structure your information gathering
- Include assessment of functional impairment
- Pay attention to mental status exam
Example: Structured Assessment

BHP/Care Manager is asked to briefly report on each of the following areas:

- Depressive symptoms
- Bipolar Screen
- Anxiety symptoms
- Psychotic symptoms
- Substance use
- Other (Cognitive, Eating Disorder, Personality traits):
  - Past Treatment
  - Safety/Suicidality
  - Psychosocial factors
  - Medical Problems
  - Current medications
  - Functional Impairments
  - Goals
History of Present Illness (HPI): 5 Cards

Mood
- Depression
- Mania/Hypomania

Anxiety
- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis
- Primary
- Secondary

Substance Use
- Alcohol
- Illicit
- Prescription

Organic
- Cognitive function
- Relevant medical history
Differential Diagnosis

Depression
- History of manic/hypomania
- Bipolar Disorder, Depressed/Mixed

Anxiety
- Pervasive Anxiety/worry
- Generalized Anxiety Disorder
- Recurrent unprovoked panic attacks
- Panic Disorder
- Re-experiencing traumatic events
- PTSD
- Obsessions or compulsions
- OCD

Psychosis
- Primary Psychotic Disorders
- Substance-Induced Psychosis
- Mood Disorders with Psychosis

Problematic Substance Use
- Substance Abuse/Dependence

Cognitive Impairment
- Acute: Delirium
- Chronic: Dementia,
- Psychotic Disorders
A Different Kind of Assessment: Shaping Over Time

Traditional Consult

Integrated Care Consult

Visit 1: January
Pt still has high PHQ

Visit 2: March
Side effects

Visit 3 - Pt improved!
Uncertainty: Requests for More Information

- Tension between complete and sufficient information to make a recommendation
- Often use risk benefit analysis of the intervention you are proposing
Provisional Diagnosis

Assessment by BHP and PCP

Screeners filled out by patient

Consulting Psychiatrist Case Review or Direct Evaluation

Provisional diagnosis and treatment plan
Assessment and Diagnosis in the Primary Care Clinic

- Diagnosis can require multiple iterations of assessment and intervention
- Advantage of population-based care is longitudinal observation and objective data
- Start with diagnosis that is your ‘best understanding’
Case Formulation

• What is it?
  • Brief summary of shared team understanding of the patient and patient treatment plan.
  • Goals can be listed in your note or listed by the care manager

• What should be included?
  • Provisional diagnosis and possibly differential diagnoses
  • Medication treatment plan – evidence-based
  • Behavioral and Psychotherapeutic treatment plan
  • Suggestions for the best team approach to engagement

• Often informed by the therapeutic approach that the team will take
• Important to use frame work that can be shared by the whole team
Case Formulation- Examples

Case formulations of individual patients ideally integrate across psychotherapeutic theories and approaches to create a shared understanding and approach to treatment and goal setting.

1. Approaching depression and anxiety as related to dysfunctional thoughts and behaviors and/or phobic avoidance → Cognitive Behavioral Therapy

2. Generating clearly articulated problems (Problem Solving Therapy) or interpersonal focus of treatment around grief, role transition or dispute → Interpersonal Therapy

3. Identifying stage of change and motivation/confidence around a behavior change → Motivational Interviewing

4. Limit setting and coaching around distress tolerance and emotional regulation skills → Dialectical Behavioral Therapy

5. Observing importance of therapeutic relationship and factors including temperament, internal working models of self → Person Centered Approaches and relationships based on early life experiences, and stages of life development → Psychodynamic Approaches
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?