Creating the Collaborative Care Team

Social Innovation Fund

July 10, 2013

Social Innovation Fund

Corporation for National & Community Service
Federal Funder

The John A. Hartford Foundation
Philanthropic Funder

University of Washington AIMS Center
Implementation & Evaluation Support
Webinar Purpose

Understanding Team Member Roles

1. Primary Care Provider
2. Care Manager
3. Patient / Family
4. Consulting Psychiatrist
5. Other Internal Roles
6. Other External Roles

Workforce Challenges
IMPLEMENTING COLLABORATIVE CARE: a step-by-step guide

1. Lay the Foundation
2. Plan For Clinical Practice Change
3. Train Your Clinical Team
4. Launch Your Care
5. Ongoing Maintenance

Main Messages

Collaborative care requires a team approach

Team members all have new roles / duties

Team members share accountability for treatment outcomes
Key Principles of Collaborative Care

Patient-Centered Care Team
- Collaboration results in a shared care plan

Population-Based
- Proactive tracking for all patients being treated facilitates efficient, effective care

Measurement-Based Treatment to Target
- Team changes treatment until patient gets better

Evidence-Based
- Proven treatments used

Accountable
- Quality of care and clinical outcomes matter most

Collaborative Team Approach

“None of us is as smart as all of us.”
- Japanese proverb
Traditional Care

- PCP
- Patient

Challenging to effectively treat mental health conditions

Collaborative Care

- PCP
- Patient
- Care Manager
- Consulting Psychiatrist

New Roles

Twice as effective as usual care
Primary Care Provider Role

Twice as effective as usual care

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

PCP

Patient

Consulting Psychiatrist

Care Manager
**Primary Care Provider Role**

- Oversees all aspects of patient’s care
- Diagnoses common mental disorders
  - Brief screeners (e.g., PHQ-9, GAD-7)
- Starts & prescribes pharmacotherapy
- Collaborates with care manager and psychiatric consultant to make treatment adjustments as needed
- Introduces collaborative care team and care manager (warm hand-off when possible)

**Introducing IMPACT to Patients**

**PCP Messages**

- Patient NOT being “referred” to care manager
  - PCP, patient, CM and psychiatric consultant all work together as a TEAM
- This is how we treat depression here because more patients get better
- Commitment and persistence
  - We won’t give up!
Introducing IMPACT to Patients

Benefits of Care Manager

- Keeps in touch with patients between appointments with PCP
  - Makes sure things don’t fall through the cracks
  - Lets me know if treatments are working or if we need to make changes in treatment
- Offers counseling as a treatment option
- Supports medication treatment

Care Manager Role

Twice as effective as usual care
## Care Manager Characteristics

<table>
<thead>
<tr>
<th>Who are CMs?</th>
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<tr>
<td>Typically MSW, LCSW, RN, MA, MFT, PhD or PsyD</td>
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<th>What makes a good CM?</th>
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<tr>
<td>FLEXIBILITY</td>
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<td>Organization</td>
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<td>Persistence</td>
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<td>Openness to new way of practicing</td>
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<td>Embrace primary care culture</td>
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<td>Value evidence-based approach to care</td>
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## Care Manager Role: Patient Engagement & Education

- Engages patient and establishes rapport
  - Attitudes, beliefs
- Provides education
  - Clinic provides whole patient care
  - Focus on symptoms
- Sets expectations
  - We have effective treatments
  - We won’t give up!

Engages and educates family, as appropriate
**Care Manager Role: Care Coordination & Communication**

- Supports and collaborates closely with PCPs managing patients in primary care
- Systematically tracks treatment response
- Supports medication management by PCPs
- Reviews cases with psychiatric consultant weekly
- Facilitates referrals to other services as needed (e.g. substance abuse)

**Care Manager Role: Clinical Care Delivery**

- Performs initial and follow-up assessments
- Collaborates closely with PCP to develop shared treatment plan
- Provides brief, evidence-based therapeutic interventions (e.g. behavioral activation)
- Provides psychotherapy (e.g., PST, CBT) or refers patient for counseling services
- Creates relapse prevention plan with patient
Care Manager Staffing

- Hire new staff vs. re-deploy existing staff
- Split duties between higher and lower skilled staff?
  - e.g., psychologist and medical assistant
- Types of care managers: nurses, social workers, counselors, ARNPs, psychologists, etc.
- Caseload / number of care managers needed

THIS IS A REAL JOB!

Patient Role

Twice as effective as usual care
Patient is Part of Team

Care manager sets expectations
- Active member of team
- Communication essential
  - Care Manager
  - PCP
- Learn about condition(s) and treatments
- 50%-70% patients will need at least one change in treatment plan

Engaging Caregivers / Family

Family may see mood and behavior changes over time
Family can support treatment plan
Cultural considerations
Psychiatric Consultant Role

- Twice as effective as usual care

Consulting Psychiatrist Role

- Psychiatric consultant VERY important for program effectiveness
  - Psychiatrist or psychiatric nurse practitioner
  - Collaborative care role quite different from traditional consultation
    - Shared responsibility for entire caseload of patients being treated
    - Rarely (or never) sees patient directly
    - Supports both PCP and CM
Communication with Psychiatrist Consultant

Proactive, regularly scheduled (weekly) consultation
  – Focus on those not improving

Ad hoc consultation to CM or PCP
  – As needed for urgent cases

Direct consultation for complex patients
  – When possible, typically < 10% of patients

Not just medication recommendations

How to Facilitate Consultation

Establish specific schedule for regular psychiatric consultation
  – NOT ad hoc

Shared view of registry caseload essential
  – Facilitates accountability
  – Helps ensure that patients don’t fall through cracks
Psychiatric Consultant Staffing

- Hire new vs. re-deploy
- In-house vs. external consultant
- In-person or telemedicine
- Responsibility for caseload of patients
- Approximately 2-4 hours / week of psychiatric consultant time for each 1 FTE care manager

THIS IS A REAL JOB!

Other Clinic Staff
Program Leader / Manager

- Develops and oversees implementation plan
- Coordinates workflows and clinic systems to support collaborative care
- Identifies and addresses challenges to success
- Regularly reviews program-level and provider-level outcomes with clinic leadership and adjusts, as necessary, to meet goals

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
  - Social work services
  - Etc.
Other Team Members

Nurses / Medical Assistants might:
- Screen patients
- Re-check PHQ-9 at follow-up visits
- Coordinate with Care Manager regarding co-occurring medical conditions
- Help identify patients in acute distress

Other Team Members

Billing / Finance staff
- Work with clinical staff to insure that services are documented appropriately
- Work with clinic leadership and others to ensure sustainable, long-term funding model
- AIMS Center has experts who can help
Medical Director / CEO / COO / CFO

Champions quality improvement
Communicates support of practice change to clinic staff
Provides adequate resources / attention to ensure success
Regularly reviews program-level and provider-level outcomes with clinic leadership and adjusts, as necessary, to meet goals

Key Principles of Collaborative Care

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Workforce Issues

Primary care providers
- Overextended, can be difficult to engage
- Have to learn to use care managers effectively
- May prefer to refer

Primary care-based mental health providers
- May not embrace collaborative care approach
- May see themselves as co-located therapists or more traditional social workers
- May prefer referral and working in parallel to PCP

Consulting psychiatrists
- May not be familiar / comfortable with how collaborative care differs from traditional consultation
- May prefer referral and working in parallel to PCP

In general and especially in rural areas
- Challenges finding qualified mental health providers
  - Care managers, therapists trained in evidence-based treatments, consulting psychiatrists (especially child psychiatrists)
- Few providers are trained in effective team-based care
Culture Clash

Primary Care
- **Action culture**
  - Urgency, pace, immediate intervention
  - High access
  - Refer to other providers for specialty care

Specialty Behavioral Health
- **Narrative culture**
  - In-depth assessment
  - Deep understanding
  - Slower pace

**PATIENT-CENTERED CARE**

- Care Manager
- Primary Care Provider
- Psychiatric Consultant
- FAMILY
- OTHER CARE SERVICES
What’s Next?

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Outcomes
• Clinical workflow
• Detailed action plan
• All team members in place

SIF Technical Assistance Website

http://uwaims.org/sif
Q & A

Thank you!

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences
“Minimizer” Patients

Some patients minimize symptoms / don’t endorse depression if asked
– Could have low PHQ-9 score but obviously depressed

Older adults and men more likely to minimize or focus on somatic symptoms

Some cultures more stoic and more likely to minimize symptoms

PHQ-9 is a tool to help identify patients
– does not replace clinical judgment

Psychiatry and Primary Care

An evolving relationship:

Consultative model
• Psychiatrists sees patients in consultation in his / her office – away from primary care.

Co-located model
• Psychiatrist sees patients in primary care

Collaborative model
• Psychiatrists takes responsibility for a defined caseload of primary care patients and works closely with PCPs and other primary care-based behavioral health providers.
Liability Concerns

**PCP Directs Care**
- Including assessment, diagnosis and treatments provided (e.g., prescription of psychotropic medications)
- Retains overall liability for care

**Care Manager / Other clinic-based providers**
- Responsible for the care they provide within their scope of practice / license

**Psychiatric consultant**
- Curbside consultation = very limited liability (Olick et al, Fam Med 2003)
- If sees patient for direct consultation (either in-person or via telemedicine) same as any other patient
- Consider liability coverage as part of practice arrangement / contract