Team Roles and Responsibilities

CoCM – Team-based Care

- CoCM uses an enhanced care team to provide a population-based, treat-to-target approach to care. Through shared care planning, the team makes proactive changes in treatment to make sure that patients do not fall through the cracks.

- Success of the model is based on the flexibility to alter practice patterns and willingness to participate in the team-based model from each member of the team.

Creating a Shared Vision

- A shared vision is a concrete way for team members within an organization to understand the purpose of a program
- A powerful vision statement should stretch expectations and aspirations helping team members to jump out of their comfort zones.
- Visioning is an important process that provides focus and enables Collaborative Care (CoCM) teams to build a shared understanding of their common purpose and future goals.

AIMS Shared Vision Worksheet

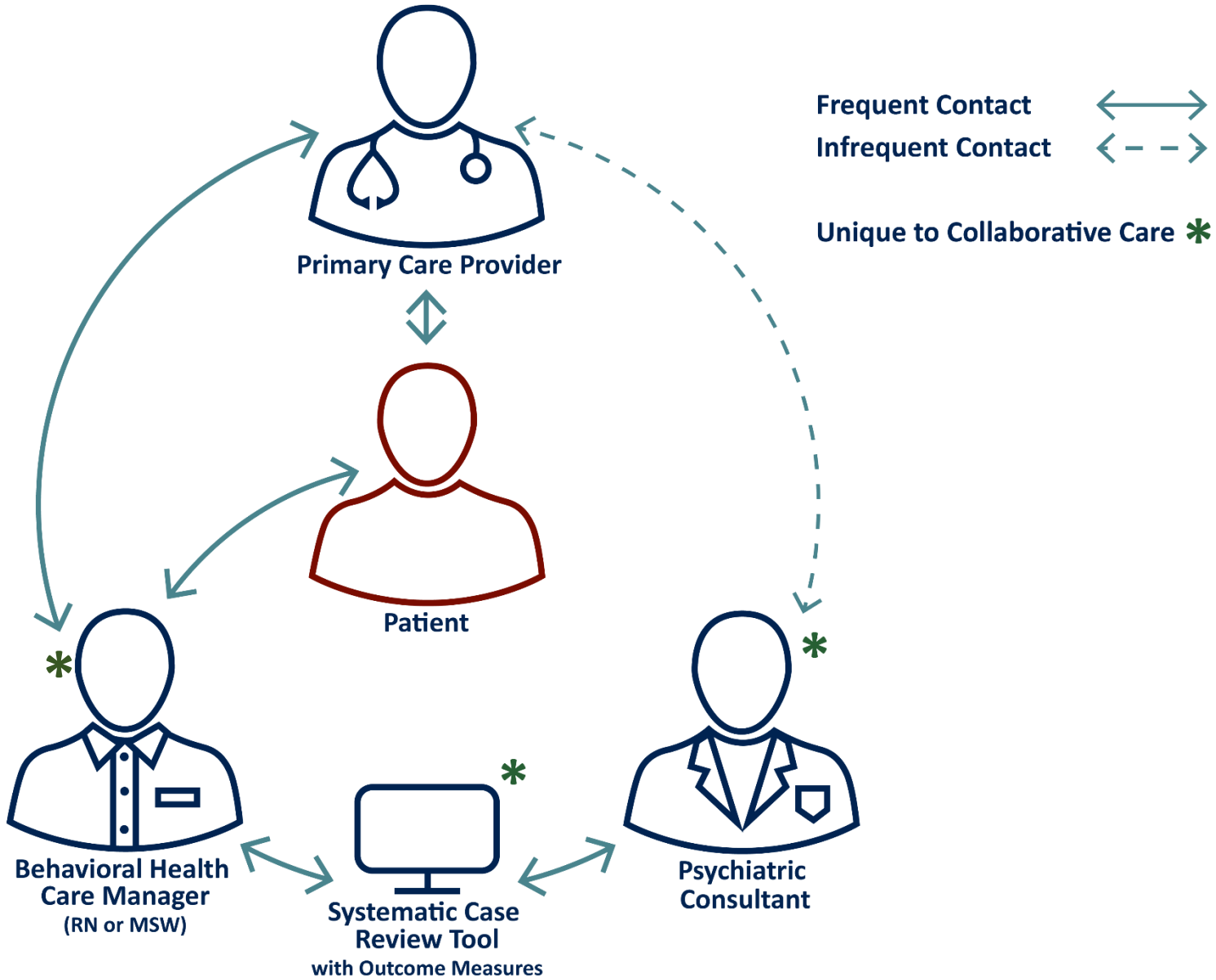
The Treatment Team

Principles of Team-Based Health Care

1. **Clear Roles**
2. **Shared Values**
3. **Shared Goals**
4. **Mutual Trust**
5. **Effective Communication**
6. **Measureable Processes and Outcomes**

The Collaborative Care Treatment Team

CoCM adds two additional clinical staff to the traditional primary care treatment team



5 Core Components

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2 New Team Members

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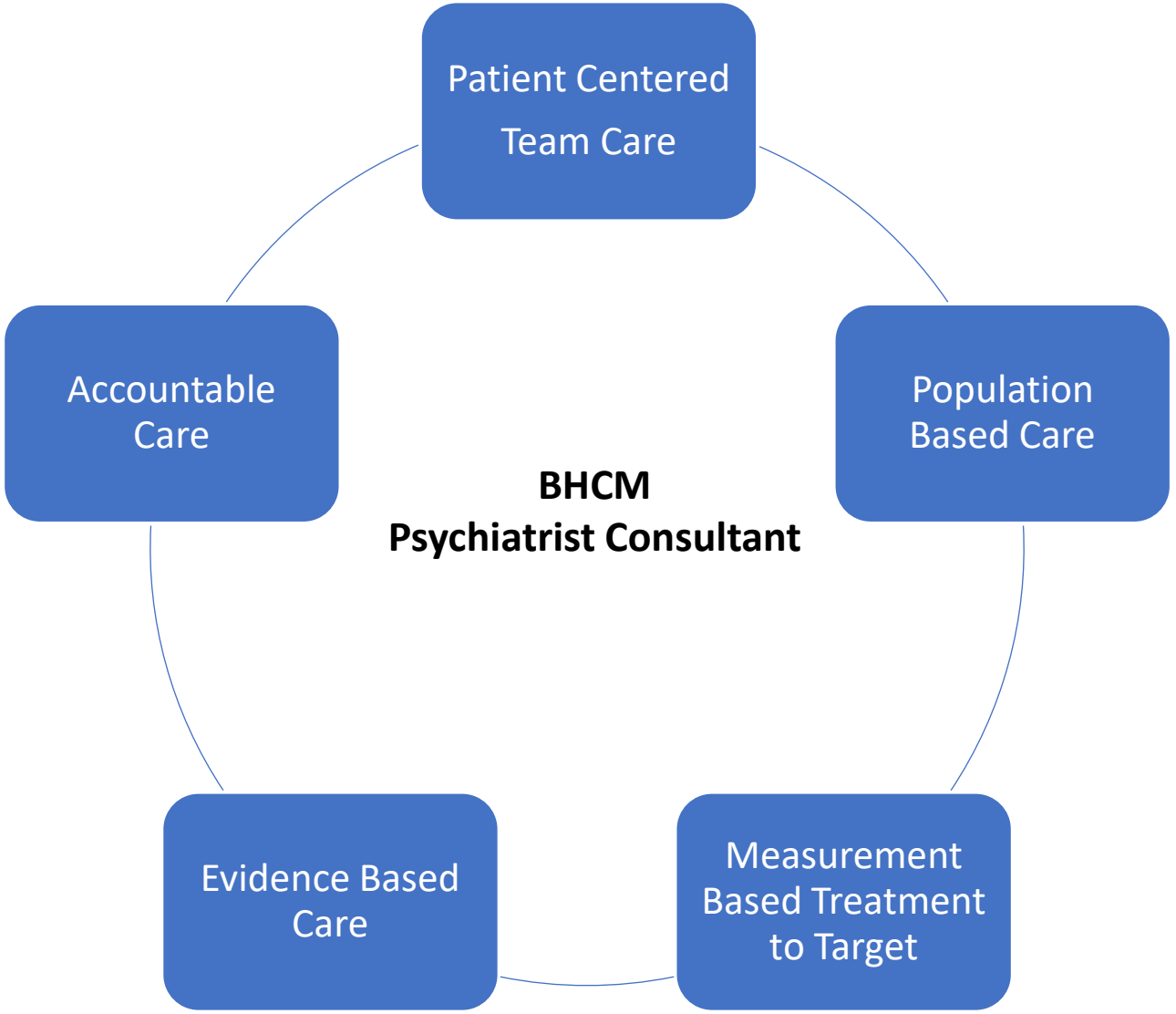
Collaborative Care Model



Defining the Team

- Patient
- BHCM
- Psychiatrist
- Primary Care Provider
- Others within the provider team
- Others external to the provider team

The Patient:

- Works closely with the BHCM and PCP to report symptoms, set goals, track progress, and ask questions
- Sets goals for treatment with the team
- Actively engages in self-management action planning
- Completes outcome measures
- Asks questions and discusses concerns with the PCP and BHCM
- Understands treatment plan including medication if applicable, (names, doses, etc.)

Reminder: Communication goes 2 ways

- Sharing of info in patient-friendly way
- Asking for and receiving information
- Shared decision-making

Psychiatric Consultant Role

The psychiatric consultant is a medical professional trained in psychiatry and qualified to prescribe the full range of medications

- Participates on the population based, systematic case review team with shared accountability for outcomes
- Dedicated time, weekly, for case review
- Builds effective relationship with Primary Care Team
- Treatment recommendations based on evidence-based guidelines/protocols
- Builds capabilities of Primary Care Team to care for behavioral illness
- Supports a PCP and BHCM by regularly reviewing cases with the BHCM in scheduled systematic case reviews

Qualities needed: knowledge of behavioral activation, other ways to build self-efficacy, tenacious attention to treatment intensification, humility, curiosity, discipline

Behavioral Health Care Manager

The BHCM is a core member of the Collaborative Care team. The CoCM is a licensed professional responsible for supporting and coordination the mental and physical health care of patients on an assigned patient caseload with the patient's medical provider and, when appropriate, other mental health providers.

- Engages patient to help patient move from passive to active role in health/team, participates in relapse prevention
- Connects, coordinates and provides needed services to patient
- Monitors population/case load regularly using the patient registry and SCR tool to ensure patients are not get lost to treatment
- Works closely with the PCP to facilitate patient engagement and education
- Performs structured outcomes-based assessments along with risk assessment and safety planning
- Systematically tracks treatment
- Provides brief behavioral interventions and supports medication management

Qualities needed: Interpersonal skills, ownership and advocacy, meeting patient where they are, tenacity, comfort with both depression and medical conditions, humility curiosity, discipline, creativity

Primary Care Provider

- Introduces the collaborative care program and makes referrals, (ideally a warm hand-off)
- Responsible for ongoing health care treatment for all of patient's medical needs
- Determines individual treatment goals, based on overall knowledge of patient
- Follows treat-to-target guidelines to include depression/anxiety
- Receives, reviews, evaluates and implements appropriate recommendations from consulting psychiatrist
- Has the final word on treatment decisions and care plans

Qualities needed: Ability to integrate diverse recommendations into an individual plan for patients, curiosity, discipline, humility, creativity

Integration

- Integrate BHCM and consulting psychiatrist into existing clinic staff, space and flow
  - Private workspace for BHCM
  - Time
  - Access to computer and EHR
  - Access and support of training for clinic staff
  - Identification of staff roles in CoCM

It is critical that a BHCM can carve out enough time to actively manage their patients. This role cannot be added to an already full workload.

Considerations:

Key aspects of the personnel providing collaborative care can influence outcomes and is the “secret sauce” that goes beyond simply implementing the key tasks and re-engineered workflows

- “Engaged” psychiatric consultant leads to more patients achieving remission
- “Buy-in” by primary care providers is crucial to patient engagement as they are on the front line in “pitching” the model to patients
- Primary care provider “champions” help with rallying colleagues around the model
- Behavioral care managers with a well-defined role are crucial to patient engagement and ensuring key clinic tasks are performed without other distractions
- Strong support from the top leadership is also necessary to provide the team resources critical to meeting defined goals as well as encouragement and support throughout the process

Raney, L.E, M.D., Lasky, G.B.,Ph.D, M.A.P.L., Scott, C., L.C.S.W. (2017). *Integrated Care, A Guide for Effective Implementation, Arlington, VA, American Psychiatric Association Publishing*

Raney, Lori MD. (2028, May). How to implement effective integrated care. *Psychiatric News, Online*

Caregivers/Family

- Can help to provide further patient information in areas such as symptoms, mood, behavior, and baseline functioning of patients
- Can provide support to treatment plans, especially in self-management

Important: Patient chooses level of family involvement

- Ideas for engagement:
  - Discuss the family's shared view of depression (myths, causes, beliefs)
  - Give family members a role in supporting the patient's treatment
    - Check in regarding med adherence if appropriate and permission given by patient
  - Engage family in relapse prevention planning

Key Practice Level Staff

Medical Director:

- Creates and implements practice policies to ensure safe, effective, and sustainable delivery of care
- Ensures all CoCM team members have appropriate qualifications, training, and credentialing to provide the activities specific to their role
- Ensures all CoCM team members adhere to professional responsibilities with respect to standards of care, documentation, privacy, etc.

Provider Champion:

- Commits to learning CoCM, helping to educate their colleagues, and practices the model with fidelity and enthusiasm
- Assists in hiring the other CoCM team members
- Communicates practice change expectations to their PCP colleagues and supports them in overcoming challenges
- Acts as a liaison between the PCP team and the behavioral health care manager and psychiatric consultant, providing a bi-directional communication channel to solve implementation challenges
- Provides ongoing monitoring of how the PCP team is adopting the model and provides additional support to late adopters

Additional Team Members Inside of a Practice:

- Imbedded behavioral health staff
- Medical Assistants
- Health Coaches
- Community Health Workers

Additional Staff

- Practice Manager
- Clinical Supervisor
- QI Coordinator
- Billing Representative
- Clinical staff responsible for screening and documenting results
- Office staff

Additional Team Members Outside the Practice

- Therapist
- Substance treatment
- Vocational rehabilitation
- Specialty Mental Health Clinic

Patient may require a higher level of care:

Mental Health Therapist

Community based treatment

Collaboration:

- Sharing responsibility for patient care and outcomes
- Showing appreciation for team members
- Integrating the knowledge and experience of all team members in patient care
- Regularly implementing process improvement strategies to enhance teamwork and patient care
- Having a mutual understanding of evidence- based care and ethical principles of patient care

It’s About Relationships

How will you integrate this team into primary care workflow?

During the pandemic with restrictions?

Breakout in 3 rooms with facilitator

Understanding Your Role

What worries you?

What excites you?

What additional needs do you have before getting started?

What topics would you like to hear more about?

Do NOT sign-out of ZOOM over the lunch hour

Please mute the audio and disable your video during the lunch break

PSYCHIATRIST AND PROVIDERS ARE WELCOME TO STAY ON ZOOM FOR A WORKING LUNCH

Q & A WITH DR. MARK WILLIAMS

QUESTIONS??

Providers and Psychiatric Consultants - Thank you for attending today's training!

Reminder: Please fill out the evaluation form and complete the post-test to receive certificate and CME/CE