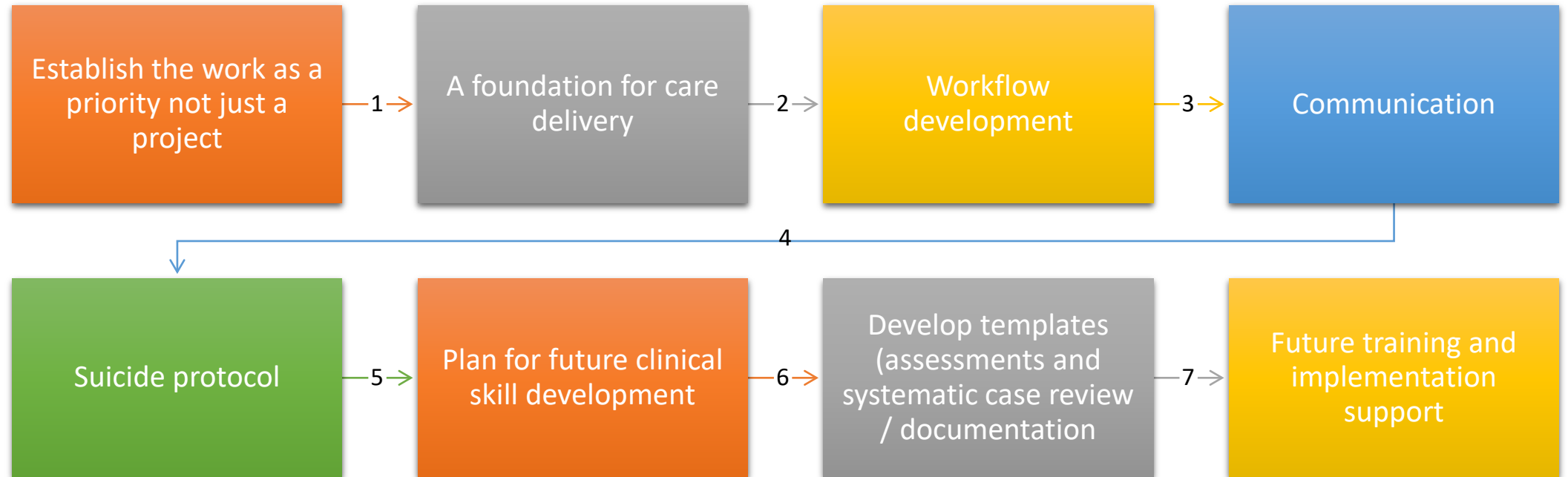




Implementation –Next Steps & Getting Started



Next Step Actions to Consider



Work Flow Development

- Know how your team will function the moment a patient walks through the door, including protocols for suicidal patients and patients in crisis
- Planning and creating a clinical flow that shows the exact process of what happens when a patient comes to the clinic ensures that no patient falls through the cracks
- Mapping a patient's care experience -- from identifying a behavioral health care need to initiating treatment to communicating treatment adjustments -- gives a framework for knowing the next step of care
- See the hand-out #19 and 20 titled, “Team Building and Workflow Guide Clinical Workflow Plan” and the AIMS “Workflow Guide”

- **Create a Clinical Workflow**

- It's important to know how your team will function the moment a patient walks through the door, including protocols for suicidal patients and patients in crisis.
- Planning and creating a clinical flow that shows the exact process of what happens when a patient comes to the clinic ensures that no patient falls through the cracks. Mapping a patient's care experience -- from identifying a behavioral health care need to initiating treatment to communicating treatment adjustments -- gives a framework for knowing the next step of care.
- <https://aims.uw.edu/collaborative-care/implementation-guide/plan-clinical-practice-change/create-clinical-workflow>

Let's Create a
Workflow



White
Board
Work

Communication

- Introducing/talking about the CoCM program with other providers and practice staff
- All practice staff having the ability to talk with patients about the program
- All practice staff aware of the target population
- Ensuring all staff are aware of how referrals are generated and the general workflow of the model
- Building the relationship between the PCP and the psychiatric consultant and BHCM

Suicide Protocol

Where is your organization/practice at with this?

Template Development

BHCM comprehensive assessment resources

- Check the MICMT and MiCCSI website for resources

Systematic case review presentation resources

- [SBAR Template](#) # 22 in the handout
- EPIC Assessment Template

Sample Template #21 in the Handout

@SUBJECTIVEBEGIN@

REASON FOR VISIT

Integrated Behavioral Health (IBH) Care Coordination **Enrollment**

HISTORY OF PRESENT ILLNESS

@PREFERREDNAME@ is a @age@ @sex@, with a history of *** who is referred to IBH Care Coordination for ***.

Primary symptoms of concern: ***

Current stressors: ***

The following patient reported outcomes were completed:

{IBH Reported Outcomes:71872}

Current psychiatric pharmacological interventions: ***

Current nonpharmacological interventions: ***

Current psychotherapist: ***

Current psychiatric prescribing provider: ***

Suicidal Ideations: ***

Non-suicidal self-injury: ***

Homicidal ideations: ***

Access to firearms: ***

Sleep: ***

Pain interference: ***

PAST MEDICAL HISTORY

Medical History: ***

@LASTTSH@

Mental Health History: ***

Past medication trials: ***

Mental Health Hospitalizations: ***

Mental Health FD Visits: ***

CoCM Documentation

Interactions Summary

Filter: T-Call Face To Face Mail

Date	Interaction Type	Contact Type	Time (mins)	Purpose	Purpose 2	Contact #	Na
05/14/2018	Telephone Call	left message	2	Introduction			

Interaction Type: Contact Type: Purpose: Interacted with: Patient Name: Contact Number: () -

Length of interaction (whole minutes): Purpose 2: Relationship:

Details: [My Phrases](#) | [Manage My Phrases](#)

Left message for Kate; attempting to introduce self and BHCM program.

Same day as visit with provider: Yes No risk screenings completed plan/interventions completed

Interventions used: Behavioral Activation Problem Solving Treatment Distress Tolerance Motivational Interviewing Other Therapy

[MCISSST BHCM documentation example](#)

Enroll Popup Patient Referred
 Behavioral Health Consent

Ongoing

- MCCIST and MICCSI will work with each practice about individualized training plans and will remain available for consultation
- Ongoing webinars on various topics related to CoCM will be available and a part of training plans
- The BHCMS will have “homework” after Day 2 to help them begin to identify eligible patients

Facilitated Breakouts

Breakout into small groups for discussion – see **Handout #23**

- Review the checklist and look for your areas of opportunity
- Where are you most nervous about implementation?
- What additional training and supports are needed to get started?



Large group sharing

See AIMS Team Member Self-Assessment tool **(Hand-out #2)

- Top challenge
- Area of most concern
- Area of most confidence

Reminder - BHCM Training

BHCM role and review
Motivational Interviewing
Problem-solving Treatment
Behavioral Activation
Psychotropic Medications
Role and Tracking – Maintenance
Moving Forward/Next Steps

- **DAY 2**
- **Tomorrow**
- **8-4:15pm**

QUESTIONS?

Thank you for attending today's training!

Contact us: www.miccsi.org

Presentations & Handouts: <https://www.miccsi.org/sep-collaborative-care-model-training/>

Reminder: Please fill out the evaluation form to receive certificate and CME/CE