Let’s Get Ready!

Laying the Foundation for Implementation

https://aims.uw.edu/collaborative-care/implementation-guide/lay-foundation/understand-collaborative-care

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Roles and Responsibilities

Roles Tasks	Provider	MA	PDCM CM'er	BHCM	Pharmacist	Patient	Community Referral	Psychiatrist Consultant
Screening								
Documents screening								
Verifies diagnosis								
Determines treatment plan								
Outreaches to lost to f/u								

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Plan for Clinical Practice Change

- https://aims.uw.edu/collaborative-care/implementation-guide/plan-clinical-practice-change

PLAN FOR CLINICAL PRACTICE CHANGE

Implementing Collaborative Care requires significant -- and oftentimes challenging -- clinical practice change. Clinics must clearly define team member roles, create a workflow, and identify how to track treatment and outcomes. Each team member should understand Collaborative Care before beginning this step! Review Lay the Foundation if necessary.

Your implementation leader or someone on your planning team should guide this step (see Identify Your Champions for more information about these roles).

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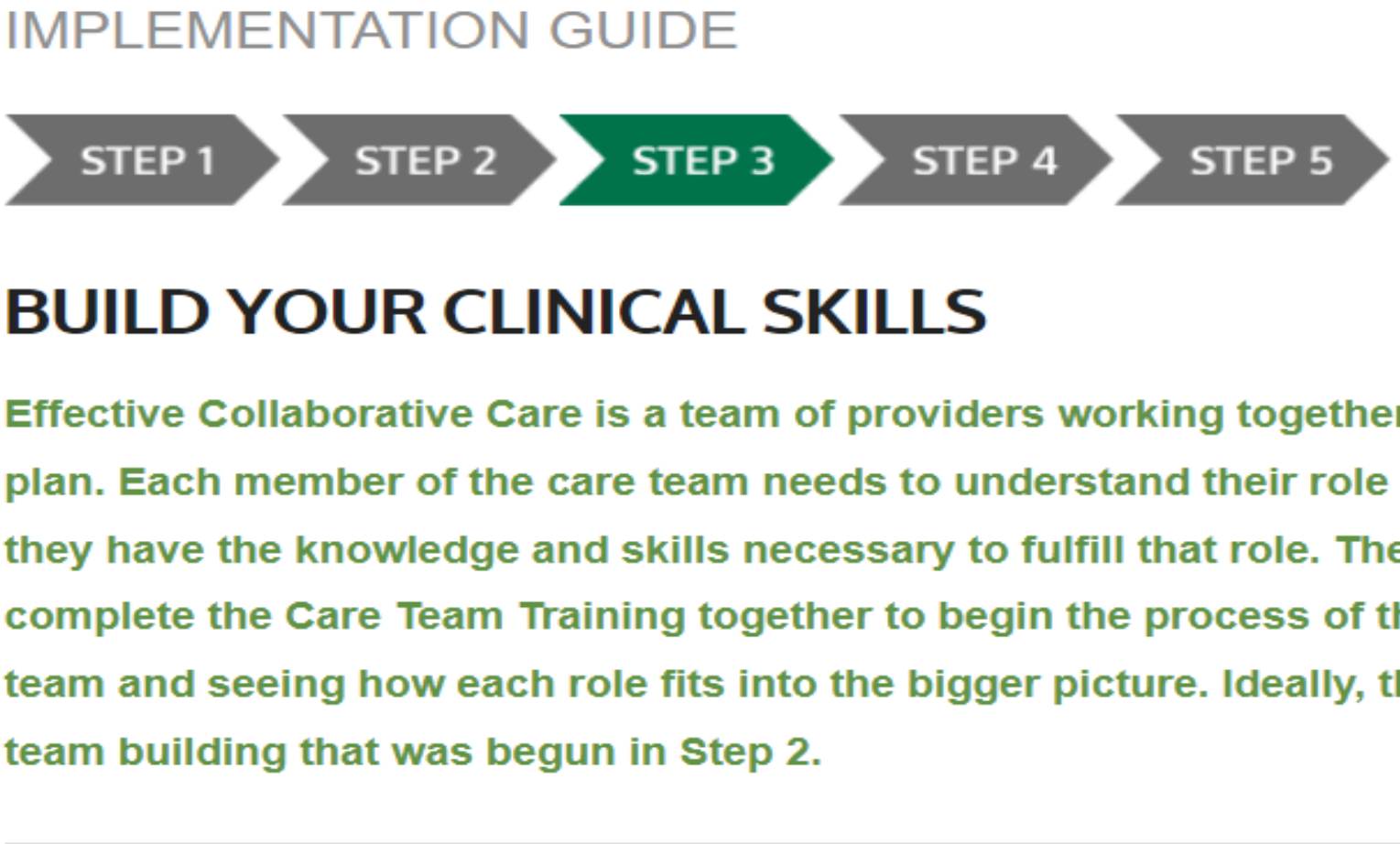
SCR = systematic case review

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30	Review daily clinic schedule. Discuss with PCP whether a co-visits or referrals might be appropriate. Open work queue for the day.				
9:00	Scheduled Intake – FTF	Support call- Med monitor	Scheduled Intake - Phone	Support call- MI around exercise goal	Support call- Beh Act
9:30		Support call- Resource F/U			Support call- Med monitor
10:00	Document intake	Outcomes Call- Beh Act	Document intake- send patient materials (mail)	Outcomes call- Significant improvement. Schedule next contact in 1 month.	Outcomes call- GAD-7 increase. Note for next panel review.
10:30	Outcomes FTF- Meet pt. following PCP appt. PHQ-9 increase; med side effects reported. Note for next systematic case review	Pulled into PCP co-visit. Pt appropriate and interested. Pitch CoCM and schedule intake for tomorrow AM.	PCP approves med recs from yesterday. Call pt. to let them know meds were sent to pharmacy.	PCP co-visit- Risk assessment, safety plan. Pt appropriate for CoCM. Pitch program, schedule intake for tomorrow, FTF.	F/U Monday Intake: Review self-management plan and med recs. Plan to talk again in 1-2 weeks.
11:00	Support call- Med monitor	Documentation	Outcomes call- Teach mindfulness for anxiety	Documentation	Support call- PST
11:30	Follow-up with PCP on medication recommendations	Systematic case review preparation			Follow-up with PCP on medication recs
12:00	**[BHCM takes lunch and other breaks throughout day per department policy; Admin activities (e.g., meetings, supervision) will vary]**				
12:30	Support call- Remission; Relapse Prevention Plan	Further SCR preparation; Admin	Support call- Self-mgmt. plan progress	SCR preparation	Note from PCP- Call pt. re: new Rx from SCR rec
1:00	Outcomes Call- MI around marijuana use	Systematic case review	Support call- Med monitor	Systematic case review	Referral- Schedule intake
1:30			Documentation		FTF Intake
2:00	Outcomes Call- Stable, continue plan	Document- Notes to PCPs re: SCR recs.	Monthly Individual Clinical Supervision	Document- Notes to PCPs re: SCR recs.	
2:30	Documentation	Outcomes call- Improved. Continue current plan.		SCR F/U call- Talk with pt about side effects	Monthly Care Manager Group Supervision
3:00	Question from PCP- Facilitate curbside consult with psychiatry	SCR F/U call- Discuss med rec; pt. agrees. Send note to PCP.	Care coordination- Fax ROI, send measures to pt.'s community therapist	Support call- Med monitor. Pt stopped meds. Note for panel review.	
3:30	Outcomes FTF- schedule f/u call to discuss plan.	Support call- Beh Act	Incoming call- Pt having panic attack. De-escalate; teach skills; safety plan; document.	Outcomes call- Remission; Relapse Prevention Plan.	Documentation- Intake and other contacts
4:00	Documentation	Documentation		Follow-up with PCP on med recs	

Build Clinical Skills

https://aims.uw.edu/collaborative-care/implementation-guide/build-your-clinical-skills

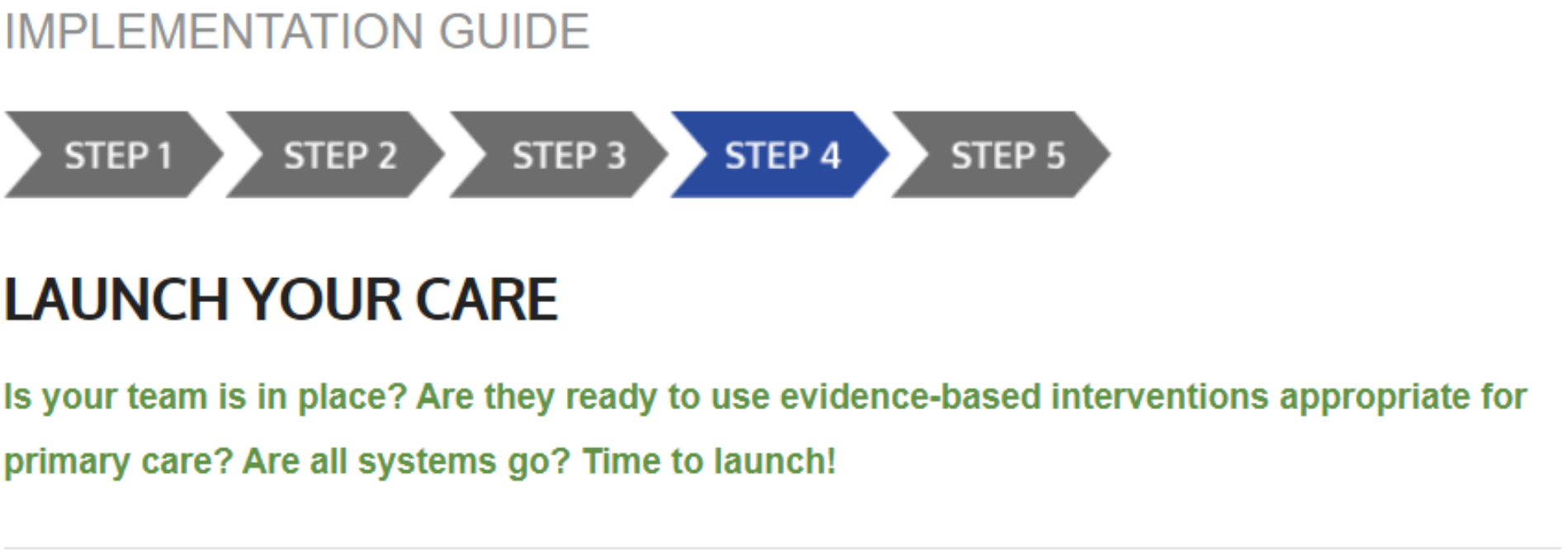


Team Training

- Identify who will provide training and review of the CoCM model to others on the team
- Determine how each team member role fits into Collaborative Care
- Map out and create workflows
- Monitor progress and or lack of

Launch Your Care

https://aims.uw.edu/collaborative-care/implementation-guide/launch-your-care



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What if? Brainstorming

- Not enough referrals
- Too many referrals… “I can’t keep up!”
- My patient isn’t getting better
- I can’t reach my patient
- Systematic case review is taking too long - I can’t get to all the patients I need to review
- The provider is taking a long time to respond to treatment recommendations

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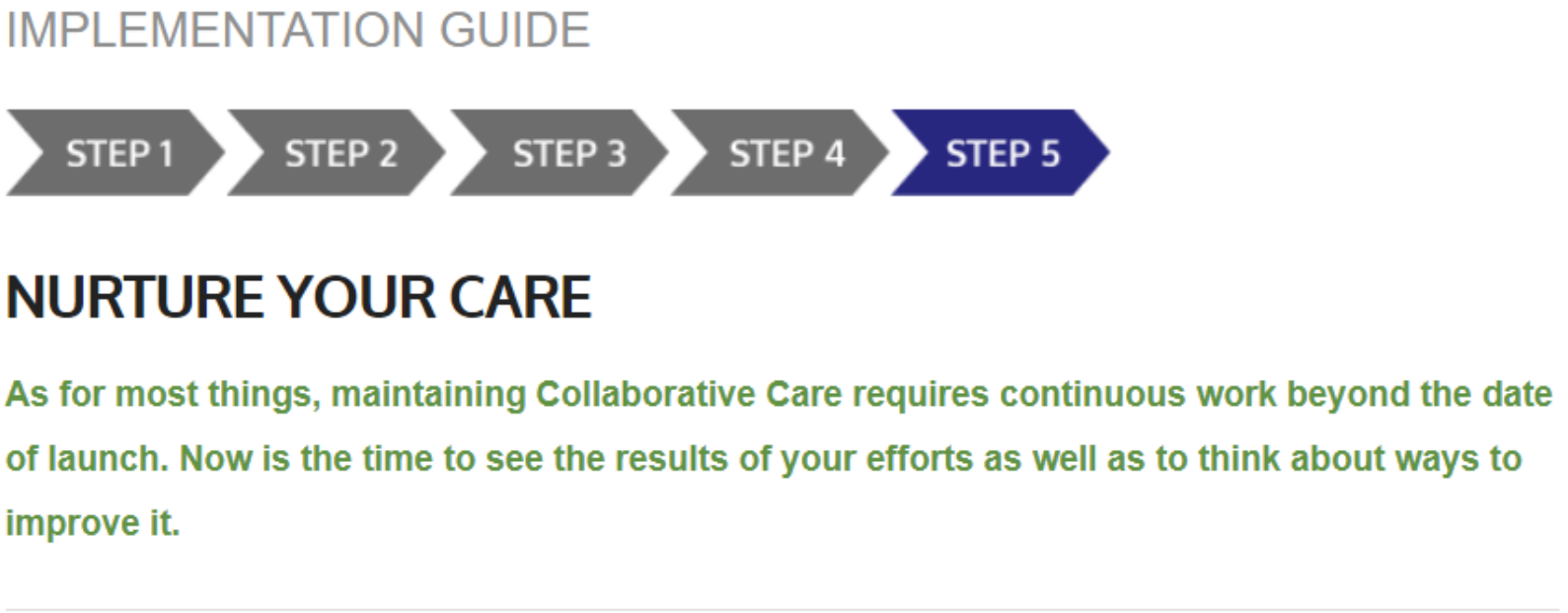
Nurture Your Care

https://aims.uw.edu/collaborative-care/implementation-guide/nurture-your-care

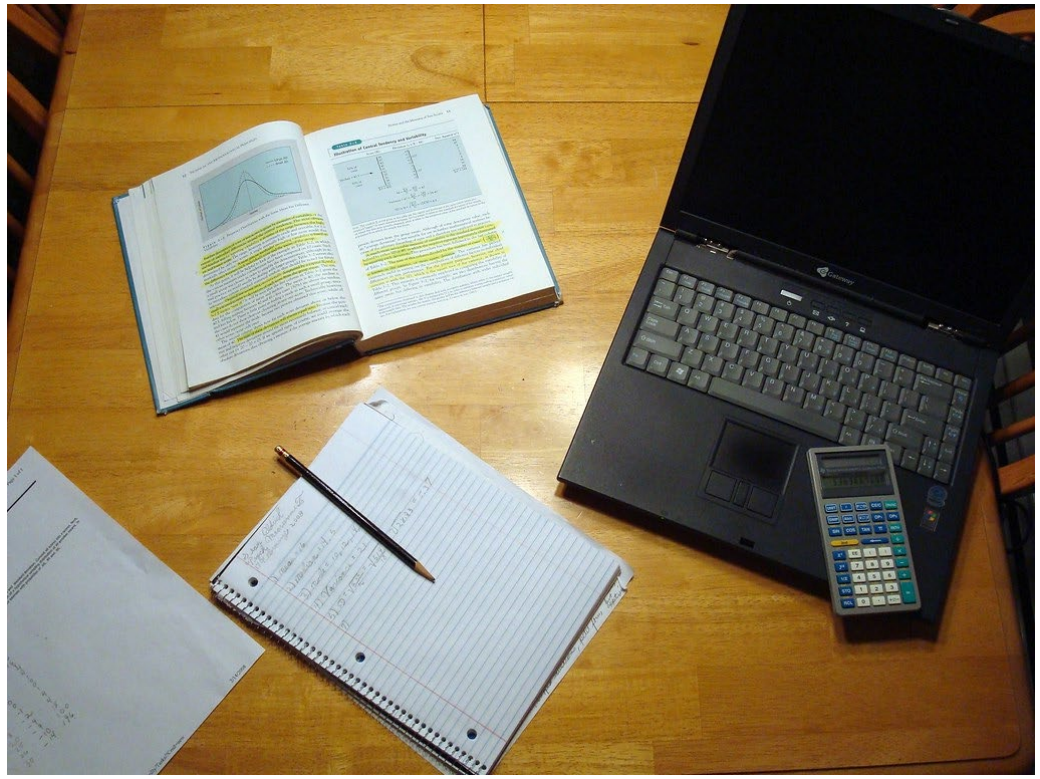


Analyze

- What went well – continue
- Opportunities to improve
  - Team skill development
  - Operations
  - Supervision/oversight
  - Risk of returning to care as usual
- Reports
  - Billable codes

Homework

- Education for the team
- Creating workflows
- Review or creating policies (suicide risk, screening, etc.)
- Reviewing scripting to describe CoCM
- Establish a process to obtain consent
- Identify billing processes and documentation requirements
- Identifying tracking tools: patient – results – supervision of BHCM



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Future Training Opportunities

- Check the MICMT website for upcoming trainings
- Make sure you have your training partners contact information and location of materials

Did we……

- Address the burning questions
- Answer any additional questions that came up