

Case Activity

This activity will provide psychiatric consultants and PCPs the opportunity to discuss and address common issues that can arise in CoCM. We will discuss Case Part 1 as a large group. For Case Part 2 (and 3, time-permitting), your clinic team (psychiatric consultant and PCP) will discuss and problem-solve together in a breakout room.

Case Part 1: Your collaborative care program launched 3 weeks ago and there are now 11 patients on the registry. Psychiatric case reviews have been completed for 7 of these patients. For all but one patient, the psychiatrist recommended starting an SSRI.

1. What questions might you have about how the program is doing to date?
2. Are there any patterns you notice that you would like to address?

Instructions:

In your Zoom breakout room, read the case description below and discuss the prompts with your clinic team colleague.

Case Part 2: You note that most of the referrals are for treatment-naïve patients with uncomplicated depression. You would like to know why the primary care providers did not prescribe a first-line treatment prior to referral.

Work together to co-create a plan to engage PCPs in the clinic to introduce the program that addresses the following issues:

1. How would you determine the reason why providers have referred patients without initiating a first-line medication?
 - a) How would you address this issue if the reason is a gap in the providers' knowledge?
 - b) How would you address the issue if the reason is a lack of comfort caring for patients with depression?
 - c) How would you address the issue if the reason is a lack of clarity about the PCP's role/responsibility on the team?

2. How can the psychiatric consultant explain their own role on the team? How can the PCP Champion explain the role for clinic PCPs on the team?

3. What format or venue(s) will you use to communicate with PCPs about this program?

4. Are there key messages that would be best delivered by the PCP Champion? By the psychiatric consultant? By someone else on the team (and if so, whom?)

5. What resources or tools can you provide?

Case Part 3: Two months have passed. The psychiatrist just conducted a case review with the care manager for a patient referred by Dr. Jones for treatment-resistant depression. The patient's current depressive episode is characterized by low motivation, fatigue, fragmented sleep, and poor appetite. The patient also reported feeling cold easily. Symptoms have had a partial response to a two-month trial of an SSRI at maximum dose and the current PHQ-9 is 17 (baseline was 24). The psychiatric consultant wants to rule out hypothyroidism as a contributor and also recommends starting quetiapine as augmentation for depression. He is not sure how to arrange for lab work or how to dialogue about medical issues with his PCP colleague.

PCP Champion leads discussion:

1. What is the best way for the psychiatrist to work with your clinic's primary care team to recommend and obtain lab work for patients?

2. How will the psychiatrist find out about this lab result?

3. Who is responsible for following up on the labs?

4. Who is responsible for notifying the patient?