



## Clinical Team Communication

Please discuss the three parts sequentially: Review the scenario information in the grey box, then discuss the questions below it in turn.

**Scenario, Part 1** Over the past 2 months since entering the program, this patient has responded well to OUD treatment and has been taking his buprenorphine-naloxone consistently. He has not used illicit opioids in 2 months. His PHQ-9, however, remains high, although he reports greatly reduced passive suicidality. PHQ-9: 20, (#9 is a 1). GAD7: 17. He has not had any active suicidality since 4 weeks ago when he was found outside his home in his car with a knife in his hand. No history of suicide attempts. He endorses smoking cannabis daily and drinking 4 beers a night. He continues to work part time as a plumber with his father and lives at home. The patient would like to reduce his visits to every other week to accommodate his work schedule better.

**Discuss:** Each team member:

- What concerns might you anticipate in reducing contact with this patient?

BHCM:

- How would you communicate the patient's desires and your agreement to reduced contact to the PCP?

**Scenario, Part 2** After notifying the PCP about reducing contact to every other week, the PCP expresses surprise this was being considered; she is not ready to transition the patient to 14-day prescriptions and would like the patient to be followed closely by the BHCM with weekly visits also due to polysubstance use.

**Discuss:** PCP Champion leads discussion:

- Do you anticipate that PCPs in the clinic will have any reluctance to reduce contact with a patient actively using other substances or with high mental health symptoms?
  - How would you address this provider's reluctance?
- What is the role of the PCP Champion in this scenario? The psychiatric consultant? Behavioral health care manager? Other staff?

**Scenario, Part 3** Upon further discussion with the PCP, she requests that her patients be excluded from the Collaborative Care program and instead be referred to start in intensive outpatient SUD programs, as she feels "uncomfortable" with treating ongoing polysubstance use in the context of severe mental health symptoms, in spite of offers of support and low-barrier consultation.

**Discuss:**

- Is this a reasonable request?
- What would the next steps to engage this PCP in the CHAMP project be for:
  - PCP Champion?
  - Psychiatric consultant?
  - Behavioral health care manager?