

## Clinical Team Communication

In this activity, we will consider scenarios frequently encountered in the process of implementing Collaborative Care.

First, we'll review a scenario together, and then you will divide into clinic teams to review an assigned scenario.

As a group, let's all consider Scenario 1.

**Scenario 1:** Eight months after the initial launch of your Collaborative Care program, your clinic notices that the team's caseload numbers are below the target; they had expected a caseload of 50 patients, but the caseload continues to have 25 to 30 patients at most.

**Discuss:** What are your initial thoughts at this point? What are follow-up questions you would ask, or other pieces of information you would like to have?

**Scenario 1, Continued:** On further review, you find that only 27% of your patients are being screened for depression or anxiety.

**Discuss:** What are your next steps now? What is the role of the PCP Champion in this scenario? The psychiatric consultant? The behavioral health care manager? Other staff?

**Scenario 1, Continued:** Let's imagine that your investigation into the cause for the low referral rate had revealed not that screening was a problem, but instead that some PCPs in the clinic felt the Collaborative Care program would not be helpful, and were referring patients who screened positive for depression or anxiety to psychotherapy in the community.

**Discuss:** What would be your next steps in approaching this different underlying cause for the low referral rate? How would your approach to this issue differ from the steps you took to address screening as the problem?

**Instructions:**

For this portion of the activity, you and your clinical team members will be in a breakout room to discuss Scenario 2. Please designate one of your team members to report out to the larger group during the activity debrief that will follow.

**Scenario 2:** The patient has responded well to behavioral interventions delivered by the behavioral health care manager. As the patient continued to do well, the behavioral health care manager and the patient developed a recovery support plan that included warning signs, specific actions to take should symptoms recur, and maintenance medications. The BHCM felt the patient had improved enough to graduate from the program.

**Discuss:** Each team member:

- What concerns might you anticipate in transferring this patient back to the PCP for management?

BHCM:

- How would you communicate your recommendation about transferring the patient back to the primary care provider?

**Scenario 2, Continued:** After the BHCM and the patient plan for recovery support, and the BHCM notifies the PCP of the plan to have them follow the patient for maintenance treatment. The PCP is surprised that this is happening and prefers that the BHCM and psychiatric consultant just follow the patient.

**Discuss:** PCP Champion leads discussion:

- Do you anticipate that PCPs in the clinic have any reluctance to have patients complete the program?
  - If so, how would you address their reluctance?
- What is the role of the PCP Champion in this scenario? The psychiatric consultant? Behavioral health care manager? Other staff?

**Scenario 2, Continued:** Upon further discussion with the PCP, they request that their patients be excluded from the Collaborative Care program, as they feel “uncomfortable” with treating these conditions, in spite of offers of support and low-barrier consultation.

**Discuss:** What would the next steps in engagement be for:

- PCP Champion?
- Psychiatric consultant?
- Behavioral health care manager?

Is this a reasonable request?