

PCP Champion and Psychiatric Consultant Roles and Tasks

John Kern, MD

Please send your **"Name, Role, Site"** in the chat box.
This is required for attendance.

Presenter



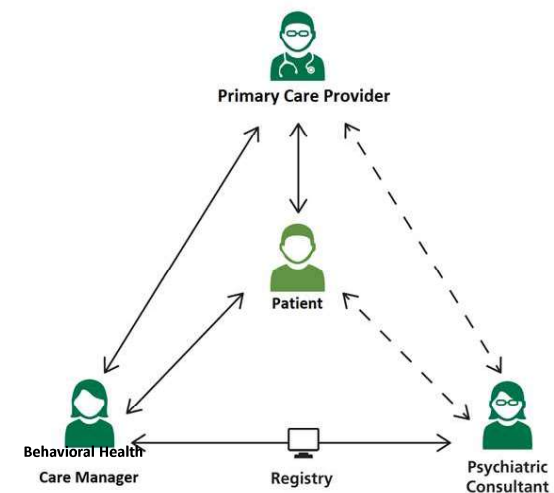
John Kern, MD
Psychiatric Consultant Trainer

Learning Objectives

By the end of this session, participants should be able to co-create and implement plans for:

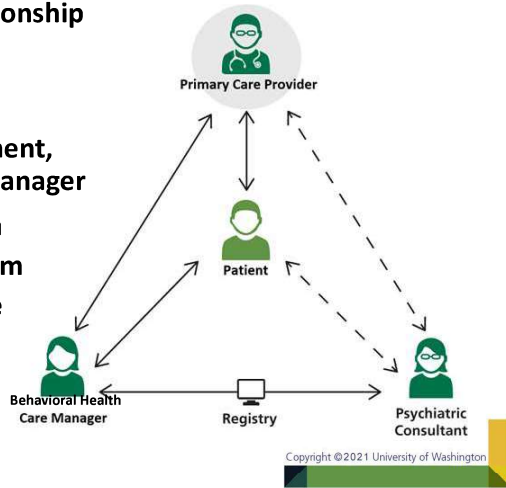
- Engaging PCPs in their role on the Collaborative Care team
- Communicating and collaborating effectively to negotiate treatment plans
- Empowering PCPs to support behavioral treatments and strategies for patient monitoring after graduation from the program

Collaborative Care Team



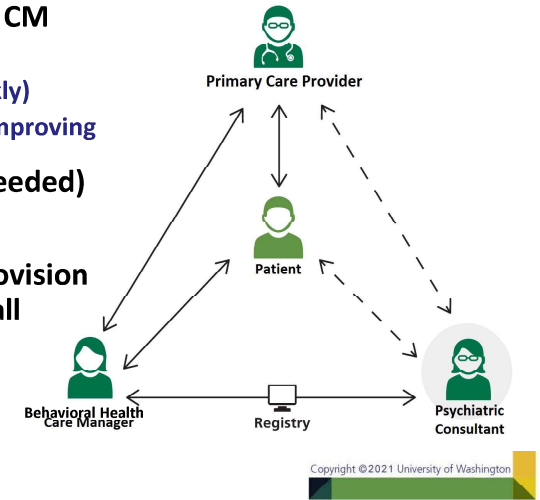
Primary Care Provider (PCP)

- Primary treatment relationship
- Links with CoCM team
- Prescribes medication
- Monitors med management, together with BH care manager
- Supports treatment plan
- Consults with CoCM team
- Supports system change



Psychiatric Consultant (PC)

- Review cases with the CM using the registry
 - Scheduled (ideally weekly)
 - Prioritize patients not improving
- Consult urgently (as needed) with PCP or BHCM
- Support / grow the provision of good MH care overall



Case Activity, Part 1

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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:

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

Instructions:
As a group, we'll discuss Case Part 1 from the handout.

Case Activity, Part 2

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Case Activity

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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?



NEXT STEPS

Feedback survey:

<https://redcap.link/champevalcon2>

Next training call:

Clinical Delivery Team Training

Wednesday, April 7, 11:00 a.m. PDT

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Thank you!

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