



CoCM Clinical Team Communication

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Please write your name, role and site in the chat box
(This is to track attendance, and assign break out rooms)

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CHAMP Introductions



Mark Duncan, MD
Psychiatric Consultant
& PCP Trainer



Paul Barry, LICSW
Care Manager
Trainer & Practice
Coach

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Learning Objectives

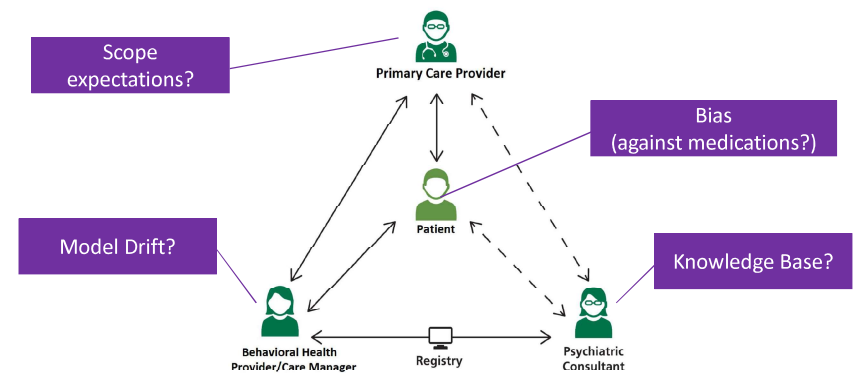


By the end of this session, participants should be able to:

- Highlight perceived scope limitations/role expectations/practice habits that may arise during CHAMP implementation
- Practice effective communication and collaboration around implementation challenges/access to care
- Develop a plan for education and training to address these challenges

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Collaborative Care: Implementation Challenges in the Clinical Team



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Low Barrier OUD Care and Treatment As Usual



- Short time to medication initiation
- Individualized psychosocial services offered, not mandated
- Recurrence of symptoms and substance use expected and managed
- Keep prescribing medications for OUD

The Tension: Are we doing harm?

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Activity Handout



- Please pull out your handout (sent last week by Paul)
- A link to the handout is also in the **chat box**

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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, (PH is a 3). 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 has 2 kids. 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?

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

Collaborating to Heal Addiction and Mental Health in Primary Care

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Format of Activity Session



- Review the scenario information in the grey box, then discuss the questions below it in turn
- Please discuss the three parts of the scenario sequentially – we will prompt you when it is time to move on to the next section
- Note where the PCP champion leads the discussion and where we ask for individual participation
- Reconvene to debrief in 20 minutes

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Zoom Breakout Rooms



- Each clinic team will have their own breakout room
- You will be notified 1 minute before end of session
- Return to main session will happen automatically
 - **Do NOT click "Leave Meeting"**

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Debrief Activity



- How unified was the team about the low barrier approach we encourage?
- Any significant differences in response from different team members?
- Any thoughts on managing this kind of objection to the CHAMP model of care in your PCP team?

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Clinical Education and Training around Practice Change



- Your clinic staff meetings/huddles
- PCSS Mentoring Program
 - <https://pcssnow.org/mentoring/>
- Project ECHO
 - <https://hsc.unm.edu/echo/institute-programs/mat/>
- Dr. Merrill's office hours for PCPS
 - **All** PCPs in your practice are welcome
- CHAMP Website LMS training

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Support Calls & Office Hours



PCP

- Office Hours with Dr. Joe Merrill: 4/16/21 1:00 pm PDT (third Friday of the month until 6/10/22)

PC

- Clinical Coaching calls with Dr. Mark Duncan: 4/14/21 11:00 am PDT (second Wednesday every other month until 9/8/22)
- Two consultation calls where Dr. Duncan joins your systematic caseload review session

BHCM

- Support calls with Paul Barry: 4/12/21 11:00 am PDT (monthly until 9/12/22)

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Our Website/Support – Available to all your PCP staff



<https://champ.psychiatry.uw.edu/training/intervention-resources> Password int2021

The screenshot shows the CHAMP website interface. At the top, there is a navigation bar with the UW Medicine logo and the CHAMP logo. Below the navigation bar, there is a search bar and a list of navigation links: Home, About, Evaluation, Preparation & Training, Implementation & Support, and Resources. The main content area features a large image of a sunset over mountains with the text 'Preparation & Training'. Below this, there is a section titled 'Protected: Cohort 2 Intervention Clinic' with a sub-section 'Training Roles'. The training roles section includes a list of roles: Behavioral Health Care Manager, Primary Care Provider, and Psychiatric Consultant. On the right side of the page, there is a 'PREPARATION & TRAINING' sidebar with a list of links: Cohort 1 Intervention Clinic, Cohort 1 Control Clinic, Cohort 2 Intervention Clinic, Cohort 2 Control Clinic, Research Training, and Onboarding New Clinical Providers.

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QUESTIONS?

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Feedback Survey- Link in Chatbox



- Please give us some feedback on today's session:
<https://redcap.link/champevalint2>

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THANK YOU FOR
JOINING US TODAY!



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