



CHAMP

Working with your Psychiatric Consultant (PC)

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CLINICIAN TRAINER

JULY 12, 2021



- CHECK IN

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- Check-in – how are things going?
 - CHAMP patient eligibility workflow



Learning Objectives

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

- Recall key features in utilizing the registry to carry out measurement based treatment to target
- Highlight important characteristics of the PC – BHCM relationship and its value to the CoCM team
- Describe how to facilitate communication between the Psychiatric Consultant and the CoCM team and make effective use of case review sessions



Measurement-Based Treatment to Target

- **Proactive treatment adjustment**
 - Avoid patients staying on ineffective treatments for too long
 - Treatment plan “shelf life” = 10-12 weeks max.
 - Full, partial, no response are all possible
- **Not reactive** (unlike clinical supervision)
 - PC partnership offers second set of eyes
- **Know when to refer out**
 - Bridging care and referrals to specialty care are appropriate for some patients

Registry as clinical tool

- **Keep track so no one “falls through the cracks”**
 - Ensures all patients receive necessary attention
 - Keeps the BHCM aware of what’s happening for each patient
- **Shows who needs additional attention**
 - Not in contact
 - Not improving
- **A tool to facilitate the partnerships between the BHCM and the psychiatric consultant (and the PCP)**



Reflections and Re-evaluation of Work:

Facilitates mindset of evaluating patients progress at every visit

1. Routinizes use of BH measures each time
2. Prompts the question: Do I need to consult and/or change what I am doing?



PC BHCM relationship critical to COCM

- Coaching role of PC
- BHCM expands the reach of the psychiatric expert to more patients
- What tactics have worked for you to get the most “value” out of this session?

Discussion- Developing your PC's coaching skills

- How have you groomed the PC to be a good coach for you?
- PCPs relationship with PC - what's the buy-in?
 - What tips do you have for developing those relationships?

Practical Tips for Caseload Review Sessions

– how do these steps go in your practice?

1. Agenda setting – Who does this? How much input do you get from PC?
2. PC and BHCM agree on prioritized list of patients for case review – ever any challenges with this?
 - How do you identify patients for review?
 - Does PC review list prior to session?
 - How much do you rely on questions from PCPs?
3. Use this time as an opportunity to learn together through your cases about diagnosis, medications, therapy approaches.

Model Consultation Hour

- Set an agenda
- Brief check-in
 - Changes in the clinic
 - Systems questions
- **Identify patients and conduct reviews**
 - Follow-up on prior week's recommendations
 - Presentation to consultant of cases for review
 - Diagnostic and treatment decision making
 - Action planning, next steps
- **Wrap up**
 - Celebrate successes!
 - Confirm next consultation hour
 - Send any educational resources discussed

Questions & Discussion



THANK YOU!

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