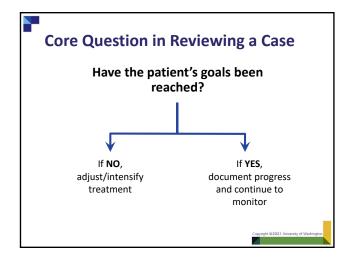
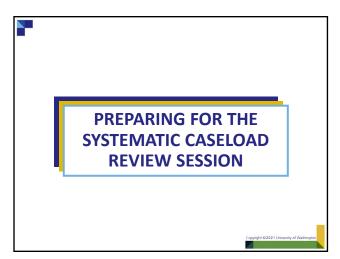


Learning Objectives By the end of this session, participants should be able to: - Understand how to prepare for weekly systematic caseload reviews with the psychiatric consultant - Understand how to discuss the active caseload with the psychiatric consultant - Provide a brief and concise presentation to the psychiatric consultant







BHCM Considerations Before Caseload Review

- Use registry to identify patients you want to discuss
- Review those cases and identify your concern and/or question
- Think about and/or review chart:
 - —Do I have the information to aid in answering this question?



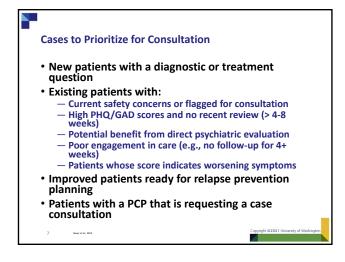


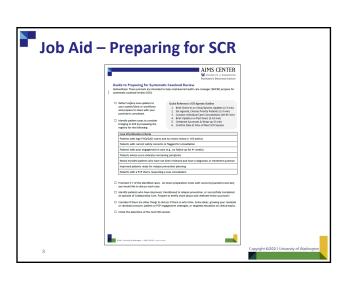
Each Appointment is a Decision Point

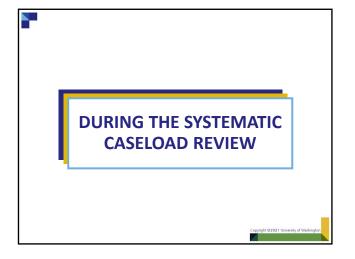
Three Step Process

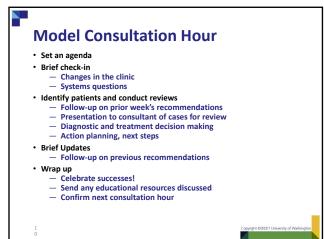
- 1. Use a BH measure (e.g. PHQ-9) to provide data
- 2. Track and consider patient's context
 - · Review the treatment history
 - Contemplate:
 - · How long has the patient been in treatment?
 - · Improving or not: could they improve more?
 - Are they engaged?
 - · Are there other challenges and how will we overcome them?
- 3. Answer this question: Do I need to change treatment approach or a case consult?

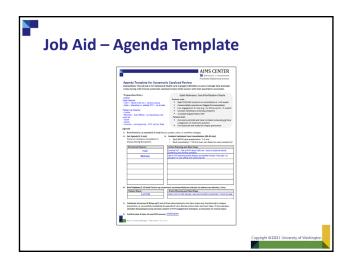


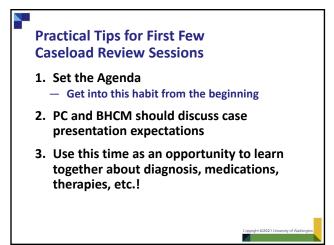








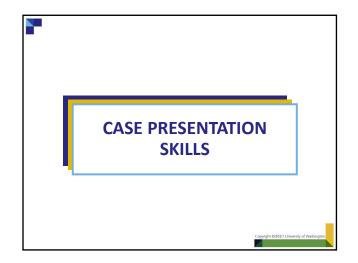




Using Psychiatric Consultation Time Efficiently During Caseload Review

- From the registry:
 - -Acute Safety Risk (if flagged for this reason)
 - -High PHQ scores
 - Patients not responding to treatment
- Other:
 - -PCP questions
 - Interaction with the patient (e.g. patient reporting medication side effects)
 - Diagnostic complexity





Translating Between Professions

- The in-depth relationship you build is critical
- All the information you gather is important
 - However, it does not all need to be shared with the psychiatric consultant

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What Information Does the BHCM Need to Convey to the PC?

Case Presentation Format

- Psychosocial history
 - Briefly give a snapshot
- Symptoms and history supporting diagnosis
 - Including those suggesting more serious conditions
- Medical history
- Psychiatric treatment/medication history
- Risk assessment
- Provisional plan

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