



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

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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

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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)

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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?

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Psychiatric Consultant & 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?

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Discussion: Developing your PC's coaching skills

- What strategies have you used to establish a good coaching relationship with your PC?
- What is the PCPs relationship with PC?
- Is there trust & buy-in?
- What tips do you have for developing those relationships?

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Practical Tips for Caseload Review Sessions CHAMP



- 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.

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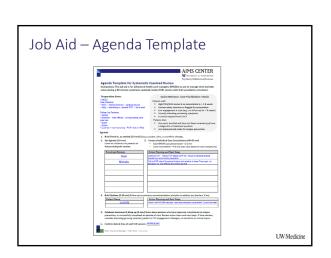
Model Consultation Hour



- 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

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Job Aid – Preparing for SCR



Translating Between Professions

- The in-depth relationship you build with the patient 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

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Presenting a Follow-Up for Case Review

- Even shorter
- Include:

15

- Brief reminder of patient and initial presentation
- Clinical updates and current life circumstances
- Current question(s)

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Discussion: Systematic Caseload Review QI

- How many cases are you able to cover per session?
- What is going well with your SCR sessions?
- Is there anything you would like to improve about your SCR sessions?

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