


CHAMP

Working with your Psychiatric Consultant

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• CHECK IN

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

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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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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:
 - 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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Questions & Discussion



THANK YOU!

—
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