

# **Building and Sustaining Collaborative Care Team**

Jessica Whitfield, MD MPH Ramanpreet Toor, MD

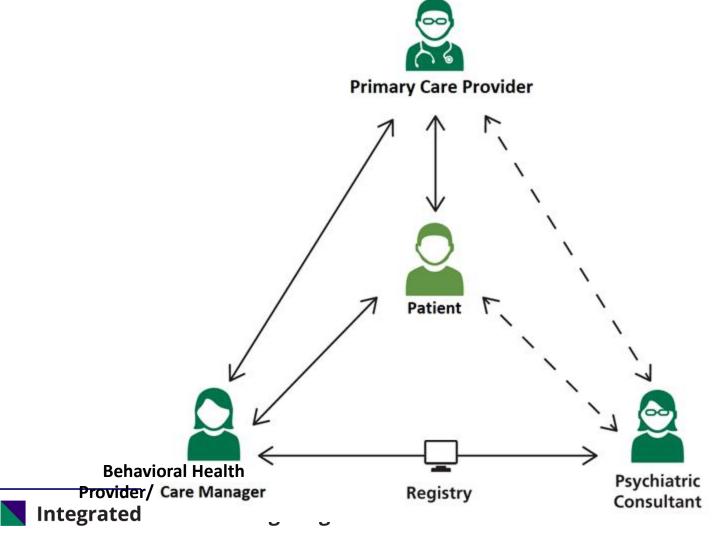
# **Speaker Disclosures**

None

# **Learning Objectives**

- Describe two foundational concepts around integrated care teamwork.
- Identify two strategies for supporting BHCMs and PCPs in integrated care
- Consider how to tailor and apply learned concepts to support sustainment of collaborative care through challenges.

### **Collaborative Care Team Roles**



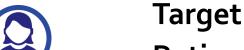
### **Skills for Collaborative Care Principles**



**Population-Based Care** 



**Measurement-Based Treatment to** 



**Patient-Centered Collaboration** 



**Evidence-Based Care** 



**Accountable Care** 

# **Learning Together**

Most teams do not have extensive experience working in population health management

- Adjustment for BHCM: fast paced primary care environment, medical setting, shorter visits
- Adjustment for PCPs: co-management with close communication, workflow change
- Adjustment for PC: Indirect supervision, accountability for wider clinic population

### **Primary Care Provider Role**

#### **Collaborative Care Basics**

- How to Introduce Collaborative Care Model
- How to work with the BH Care Manager
- How to get support from Psychiatric Consultant

# **Expanded Clinical Skills for Behavioral Health**

- Assessment
  - Behavioral health measures
- Treatment
  - Deliver Evidence Based Medications
  - Support Evidence Based Psychosocial Treatments
  - Management of Suicide Risk

### **Behavioral Health Provider Role**

### Behavioral Skills

 Evidence-based behavioral skills

### Care Management

- Engagement
- Tracking
- Measurementbased care

### Medical Context

- Medications
- Medical problems



### **Psychiatric Consultant Role**

#### **Clinical Consultation**

- Evidence base
  - Core principles
- Assessment
  - Screening and identification
  - Registry
- Treatment
  - Measurement-based treatment to target
  - Indirect case review
  - Relapse prevention

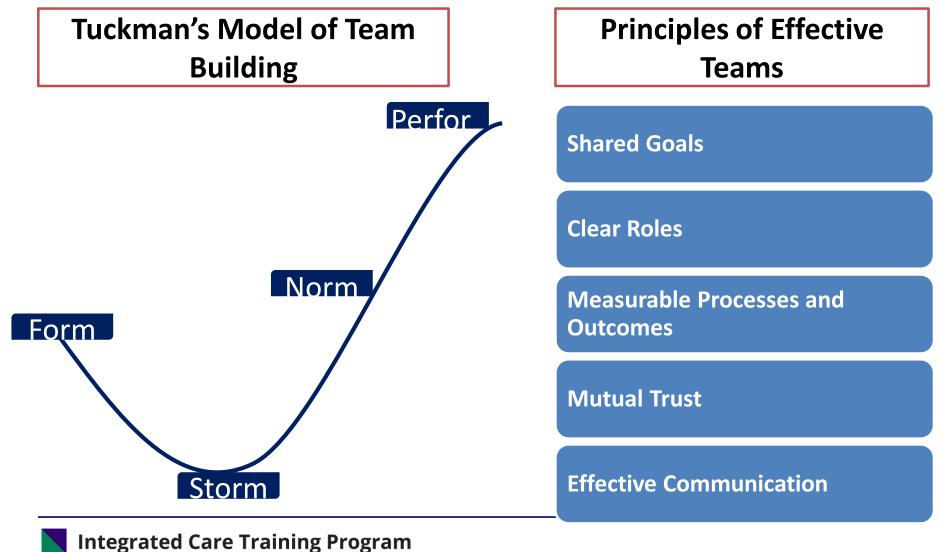
#### Liaison

- Liaison
  - Engaging the medical provider
  - Working with a care manager
  - Assessing systems challenges
- Learning
  - Integrating education into clinical care
  - Direct teaching
- Leadership
  - Implementation
  - Continuous quality improvement



#### **Integrated Care Training Program**

### **Learning to Be a Team**



### Supporting a (New) Care Manager

# Supporting a New Care Manager

- Assessing strengths, areas to help build skills
- Advocating for appropriate FTE for different roles
- Helping with appropriate time management around clinical work, crisis management, Care coordination and documentation
- Educating and looking out for burn out
- Balancing supervision and supporting their education
- Safety assessment

# **Supporting PCPs**

- Convey psychiatric recommendations
- Orient PCPs to purpose and scope of CoCM program as questions arise
- Determine best method for:
  - Conveying psychiatric recommendations
  - Curbsides
  - Urgent questions (availability)

### **Barriers to teamwork**

- Communication
- Unclear workflows
- Lack of buy in
- Burnout
- Turnover
- Issues external to clinic (availability of other resources)

# Case example

- A PCP reaches out to you to discuss her concerns with the CoCM program you implemented last year. She is generally supportive, as she was in the clinic in the days before integrated care and feels CoCM is an improvement. However, she notes that many of her and other PCP referrals to the program have been refused since the hiring of the new care manager six months ago for being too complex or requiring longer term care in CMHC. In the last two years with the worsening mental health crisis, she is unable to get these patients into other centers, and is feeling stranded with managing their care alone.
- What do you do?

### **Considerations**

- Balancing supporting Care Manager with supporting PCPs
- Safety concerns/high risk patients
- Level of Care Manager skill
- Care Manager burnout
- Accountability to population in clinic
  - Is something better than nothing?

# **Takeaways**

- Psychiatric consultants have roles beyond clinical expertise on team, including leader and educator
- Psychiatric consultants role in supporting new team members plays a large part in sustainment
- Teamwork starts with clearly defined roles and clear communication

### Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - -(877)927-7924
- Partnership Access Line (PAL)
  - **-** (866) 599-7257
- PAL for Moms
  - -(877)725-4666

### **Questions and Discussion**

Ask questions in the chat or unmute yourself

# Registration

 If you have not yet registered, please email <u>uwictp@uw.edu</u> and we will send you a link