

Working with Behavioral Health Care Managers: How can I communicate effectively with BHCMs?

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General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Speaker Disclosures

- No disclosures

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Paul Shin, MBA
- Betsy Payn, MA, PMP
- Cameron Casey

Anna Ratzliff MD PhD has received book royalties from John Wiley & Sons (publishers).

Overview of Learning Collaborative

- Goals:
 - Provide ongoing integrated care education
 - Foster learning and support network
 - Support sustainment of integrated care
- Structure:
 - Monthly lunch hour on 4th Tuesday
 - Didactic topic 15-20 mins
 - Open discussion remainder of time
 - Topics repeat every 6 months

Learning Objectives

- At the conclusion of this presentation we expect participants to:
 - 1) Identify initial topics to discuss with behavioral health care manager to set up successful consultation relationship.
 - 2) Feel comfortable with communicating care managers about common caseload consultation difficulties

Role of Behavioral Health Care Manager

- Coordinate patient treatment
- Monitor patient engagement and reach out to those who are disengaged or not improving
- Support medication treatment
- Provide brief counseling using evidence based behavioral interventions
- Consult with psychiatric consultant and communicate and follow-up on recommendations with PCP

Setting the stage for success – first meetings

- Discuss backgrounds of both providers
- Assess BHCM workflow
- Assess BHCM understanding of collaborative care and their role

Setting the stage for success – first meetings

- Learn about your BHCM's strengths and how they approach patient care
- Assess BHCM's experience making DSM5 diagnoses and using screening instruments

Setting the stage for success – clear expectations

- Time/frequency of case reviews
- Preparation prior to case reviews for both parties
- Agenda for case reviews
- Workflow for communicating psychiatric consultant's recommendations to PCPs

Caseload Expectations

- Frequency of BHCM patient contacts/month
- Caseload numbers

Case 1 – Missed Meetings

- It's Wednesday at 9am and your care manager has missed your monthly case review meeting.
- This is the 3rd time this has occurred in the last 6 months.

Case 1 – Missed Meetings – Exploring barriers

- BHCM factors
 - Forgetfulness/organization
 - Illness or other personal circumstances
- System factors
 - Time not blocked/patients scheduled

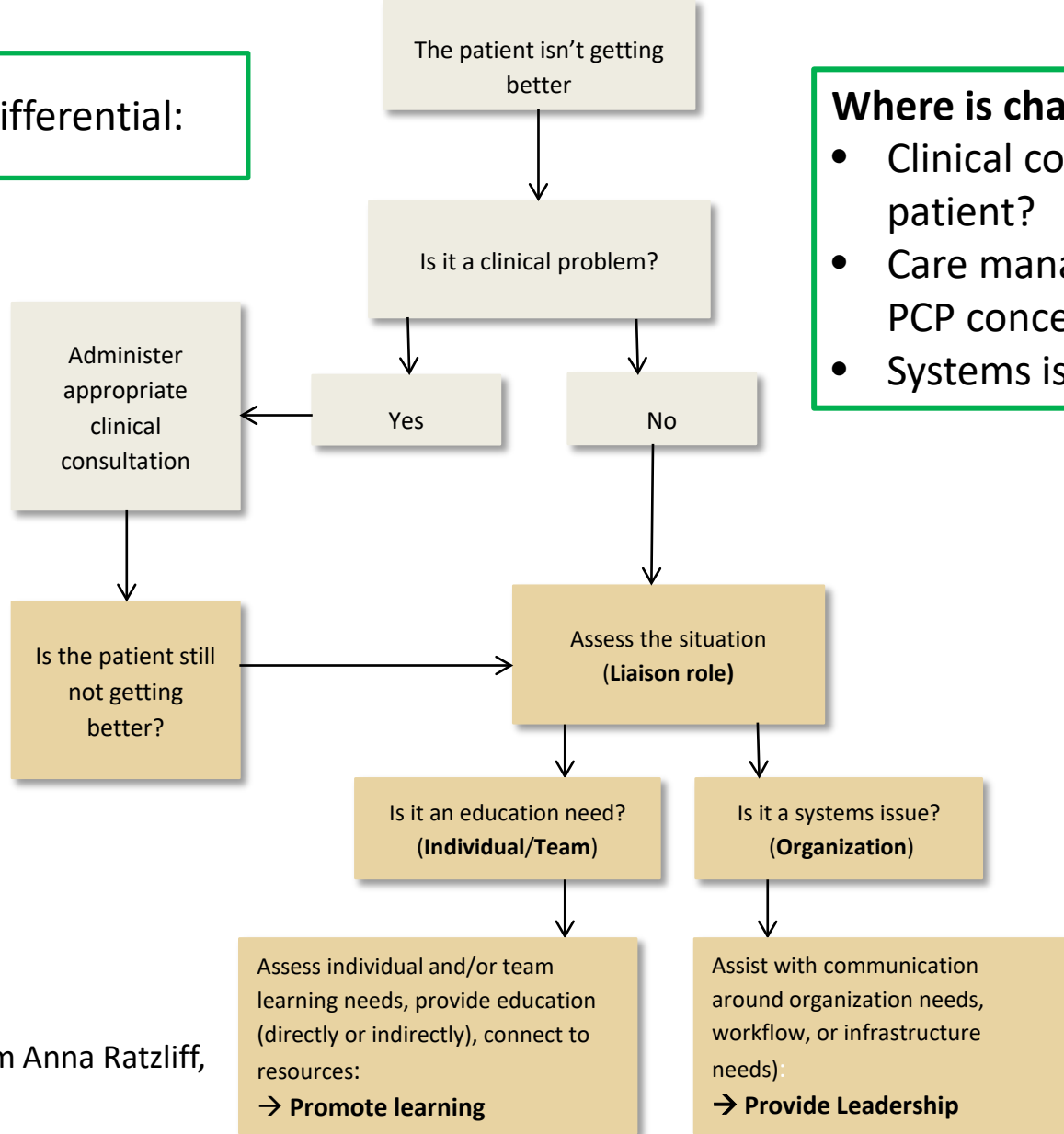
Possible Solutions

- Find a different time
 - E-mail reminders 24 hours in advance
 - Schedule more frequent meetings
 - Consider discussing with clinic leadership
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Case 2

- You notice RW has been on the caseload for about 6 months, but depressive symptoms remain severe.

A Different Differential:



Where is challenge?

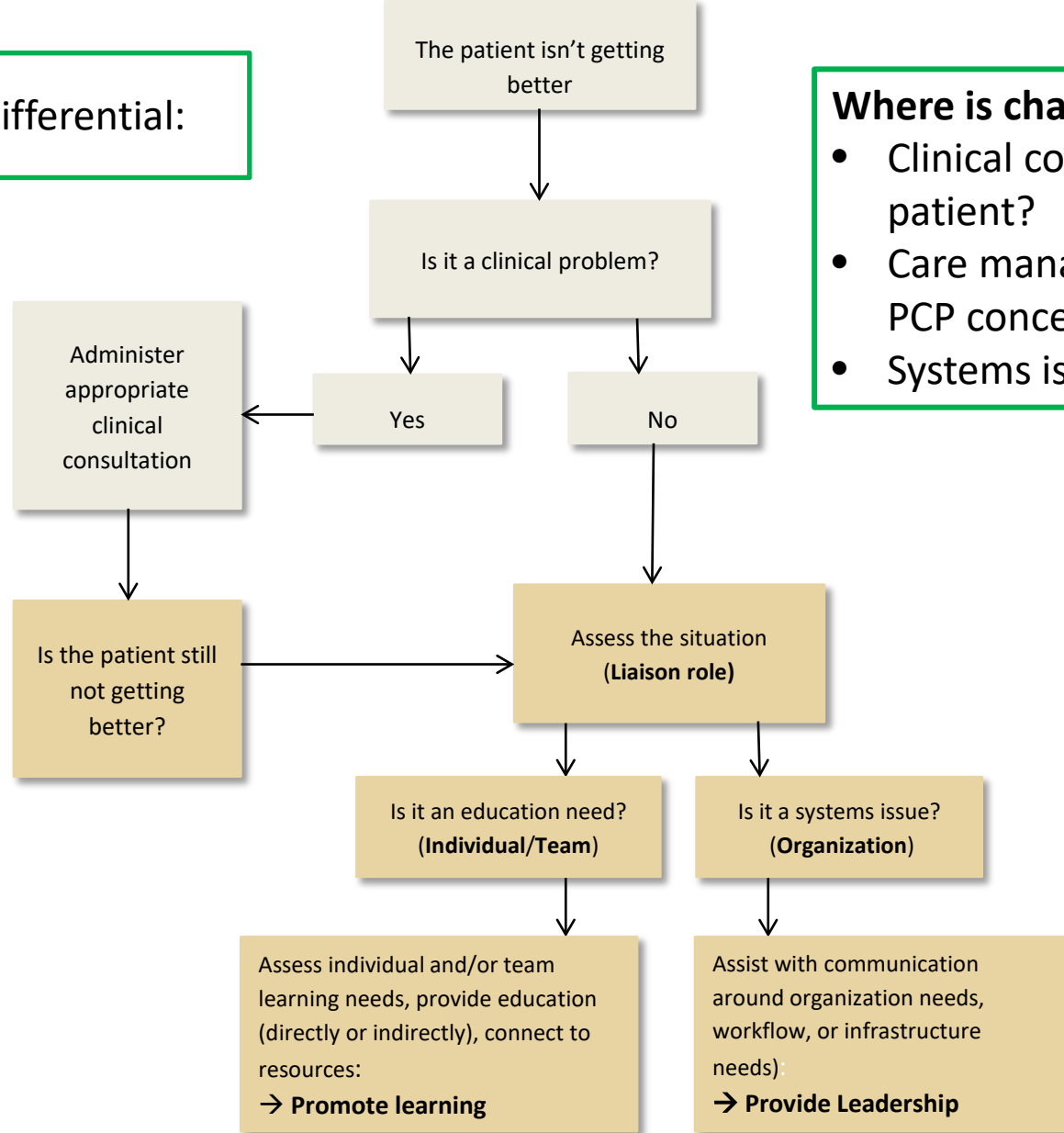
- Clinical concern with the patient?
- Care manager concern?
- PCP concern?
- Systems issue?

Slide borrowed from Anna Ratzliff, MD PhD.

Case 3

- In preparation for your caseload consultation you notice that patient ME still has a PHQ9 of 20.
- In reviewing your last note you recommended starting escitalopram, but you notice the patient still has not been prescribed an antidepressant
- You decide to bring this up with the care manager during your next caseload consultation

A Different Differential:



Where is challenge?

- Clinical concern with the patient?
- Care manager concern?
- PCP concern?
- Systems issue?

Case 3

- **Dr. Lee:** Let's talk about ME today. I noticed she is still feeling very depressed
- **Care manager:** yes, she is very depressed and is having a hard time sleeping and going in to work.
- **Dr. Lee:** Last time we discussed starting escitalopram for her depression. Do you know if her PCP had a chance to see those recommendations and discuss with her?
- **Care manager:** I did send those recommendations to her PCP when we talked 6 weeks ago, but I didn't hear back from the PCP.
- **Dr. Lee:** could you ask the PCP today if she has any questions about those recommendations or would like to follow-up with me directly? My contact information is at the bottom of my note.
- **Care manager:** yes, I can definitely do that since I should see her in clinic later today.
- **Dr. Lee:** also, could you see if the patient could be scheduled for a PCP appointment so these recommendations can be discussed?
- **Care manager:** yes, I can definitely discuss that with the PCP today and reach out to the patient.

Case 4

- After working with a BHCM for 7 months you notice the registry still lacks core information.
- You also notice that several patients are missing PHQ9 scores and several new patients have not been screened for bipolar disorder.
- You have discussed this multiple times with the BHCM already.

Case 4 – Problem Solve Barriers

- **Technology**

- Are there difficulties accessing or entering information into the registry?

- **Skills**

- Do they have questions about what needs to be entered and why?
- Do they understand how to gather information from patients and utilize screeners?

- **System**

- Do they have sufficient time at work to enter information?
- Are clinic visits long enough to gather the needed information?

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

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

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