# Documentation Infrastructure for Collaborative Care Services

This resource outlines the fields to be included in the electronic health record (EHR), disease registry, and systematic case review tool to support collaborative care model (CoCM) services. The appropriate technological infrastructure for CoCM services is important for care management activities, clinical team communication, and quality improvement (QI) initiatives. Ideally, the disease registry and systematic case review tool will be integrated with the EHR; however, they may also be created as a stand-alone system. Please ensure the stand-alone system is stored in a HIPAA-compliant manner and available to be accessed by the behavioral health care manager (BHCM), primary care provider (PCP), and psychiatric consultant.

The disease registry and systematic case review tool will be used to generate data on practice participation, patient outcome improvements, and process measures related to CoCM services. The practice will likely need a combination of tools to generate the recommended QI and value-based incentive reports. The practice and physician organization must determine the best mechanism to regularly generate this information.

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## Electronic Health Record Documentation

The following fields should be included in the EHR to support CoCM services. While additional fields can be documented in a long-hand format, developing an infrastructure with programmable fields will promote sustainable reporting practices for CoCM services. We recommend the following:

* Create a specific encounter type for CoCM services
* Build upon the existing behavioral health EHR forms or creating a new form for the BHCM to document on CoCM service delivery.
* Unprotect CoCM notes, without requiring providers to “break the glass.” This documentation does not include mental health counseling notes and must be able to be viewed by the PCP and psychiatric consultant.

The collection and tracking of PHQ-9 data is required; the collection and tracking of GAD-7 data is highly recommended by not required for CoCM service delivery.

The table outlines required and recommended EHR fields that should be ‘reportable’. Documentation templates are available for your organization to use, adapt, or reference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Field Name | Field Attributes | Description | Notes |
| Patient Demographics | Patient ID | integer | Patient identifier |  |
| Patient Name | Text | Patient name |  |
| Patient DOB | Date | Patient date of birth |  |
| Patient Gender | Radio

|  |
| --- |
| M |
| F |
| I (Intersex) |

 | Patient gender |  |
| Insurance Provider | Text | Patient insurance provider |  |
| Provider Data | PCP ID | Integer | PCP identifier  | Optional |
| PCP Name | Text | PCP name |  |
| PCP Practice ID | Integer | PCP practice identifier | Optional |
| PCP Practice Name | Text | PCP practice name |  |
| BHCM ID | Integer | BHCM identifier | Optional |
| BHCM Name | Text | BHCM name |  |
| Specialty Provider ID | Integer | Psychiatric Consultant identifier | Optional |
| Specialty Provider Name | Text | Psychiatric Consultant name | Optional |
| Mental Health Diagnosis | Depression Diagnosis (ICD-10) | Integer

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

 | Diagnosis of depression |  |
| Anxiety Diagnosis (ICD-10) | Integer

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

 | Diagnosis of anxiety | Recommended |
| CoCM Enrollment Data | Referral Date | Date | Date patient was referred to CoCM services |  |
| Refusal Date | Date | Date patient refused CoCM services  | Optional, encouraged for quality reporting |
| Reason for Refusal | Radio

|  |
| --- |
| Patient declined services |
| PCP declined services |
| Unable to reach patient  |
| Patient referred to different level of care |
| Other |

 | Reason patient was not enrolled in CoCM services | Optional, encouraged for quality reporting |
| Patient Consent | Date or yes/no | Documentation that patient consented to receive CoCM services  | This could also be a check box in an EHR form. See section on consent below.  |
| Enrollment Date | Date | Date patient enrolled in CoCM services |  |
| Disenrollment Date | Date | Date patient unenrolled from CoCM services |  |
| Disenrollment Reason | Radio

|  |
| --- |
| Patient declined continuation of services |
| PCP declined continuation of services |
| Unable to reach patient |
| Patient referred to different level of care |
| Episode resolved  |
| Patient moved/left practice |
| Patient deceased |

 |  | Optional, encouraged for quality reporting |
| Treatment Status | Radio

|  |
| --- |
| Pending |
| Active |
| Relapse Prevention |
| Inactive |

 | Status of CoCM services | The status could also can be generated based on dates of referral, refusal, enrollment, and disenrollment |
| Outcome Measure Data | PHQ-9 Date | Date | Date of PHQ-9  |  |
| PHQ-9 Score | Integer (0-27) | Result of PHQ-9 |  |
| GAD-7 Date | Date | Date of GAD-7 | Recommended |
| GAD-7 Score | Integer (0-21) | Result of GAD-7 | Recommended |
| Care Management Activities | Contact Frequency | Radio

|  |
| --- |
| 1-day |
| 1-week |
| 2-weeks |
| 1-month |
| 3-months |
| 6-months |

 | Frequency at which the BHCM would like to contact the patient | Optional; This could also be achieved through a date field for the BHCM to manually enter the date. |
| Billable Minutes | Time tracker or integer  | Time spent delivering CoCM services | Required for billing CoCM services; the ability to report on billable time per calendar month will support billing activities |
| Brief Therapeutic Interventions | yes/no or check-box

|  |
| --- |
| Motivational Interviewing |
| Problem Solving Therapy |
| Behavioral Activation |
| SBIRT |
| Medication Monitoring |
| Tangible Resource |
| Other |

 | Document the use of a brief therapeutic intervention |  |
| Systematic Case Review | Treatment Recommendation Provided | yes/no | Used to indicate a treatment recommendation was provided by the psychiatric consultant during systematic case review | Optional.  |
| Treatment Recommendation Implemented | yes/no/pending | Used to indicate the treatment recommendation was accepted by the PCP and patient | Optional. |

## Disease Registry Field Requirements

The disease registry is a dynamic list used to identify patients in the practice with depression and/or anxiety that are eligible to receive CoCM services. This tool will be used by the BHCM for clinical activities, and administrative staff to monitor CoCM services.

### Disease Registry Inclusion Criteria

The disease registry for CoCM services may be built into an existing disease registry at the practice. To be included in the disease registry for CoCM services the patient must have either:

* Diagnosis of depression and/or anxiety in a clinical setting, or
* PHQ-9 and/or GAD-7 of 10 or more

Additionally, the patient may be included in the disease registry if they have a new or changed dose of an antidepressant, antipsychotic, or anxiolytic or have a direct referral to receive CoCM services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Field Name | Field Attributes | Description | Notes |
| Patient Demographics | Patient ID | integer | Patient identifier |  |
| Patient Name | Text | Patient name |  |
| Patient DOB | Date | Patient date of birth |  |
| Patient Gender | Radio

|  |
| --- |
| M |
| F |
| I (Intersex) |

 | Patient gender |  |
| Insurance Provider | Text | Patient insurance provider | Optional |
| Add Date | Date | Date added to disease registry |  |
| Term Date | Date | Date removed from disease registry |  |
| Provider Data | PCP ID | Integer | Primary care provider (PCP) identifier | Optional |
| PCP Name | Text | PCP name |  |
| PCP Practice ID | Integer | PCP practice identifier | Optional |
| PCP Practice Name | Text | PCP practice name | Optional |
| BHCM ID | Integer | Behavioral health care manager (BHCM) identifier | Optional |
| BHCM Name | Text | BHCM name |  |
| Specialty Provider ID | Integer | Psychiatric Consultant identifier | Optional |
| Specialty Provider Name | Text | Psychiatric Consultant name | Optional |
| Diagnosis | Depression Diagnosis (ICD-10) | Integer

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

 | Diagnosis of depression |  |
| Anxiety Diagnosis (ICD-10) | Integer

|  |  |
| --- | --- |
| 1 | Yes |
| 0 | No |

 | Diagnosis of anxiety | Recommended |
| CoCM Enrollment Data | Referral Date | Date | Date patient was referred to CoCM services |  |
| Refusal Date | Date | Date patient refused CoCM services  | Optional, encouraged for quality reporting |
| Reason for Refusal | Radio

|  |
| --- |
| Patient declined services |
| PCP declined services |
| Unable to reach patient  |
| Patient referred to different level of care |
| Other |

 | Reason patient was not enrolled in CoCM services | Optional, encouraged for quality reporting |
| Patient Consent | Date or yes/no | Documentation that patient consented to receive CoCM services  |  |
| Enrollment Date | Date | Date patient enrolled in CoCM services |  |
| Disenrollment Date | Date | Date patient unenrolled from CoCM services |  |
| Disenrollment Reason | Radio

|  |
| --- |
| Patient declined continuation of services |
| PCP declined continuation of services |
| Unable to reach patient |
| Patient referred to different level of care |
| Episode resolved  |
| Patient moved/left practice |
| Patient deceased |

 |  | Optional |
| Enrollment Status | Radio

|  |
| --- |
| Pending |
| Active |
| Relapse Prevention |
| Inactive |

 | Status of CoCM services | Optional; can be generated based on available dates of referral, refusal, enrollment, and disenrollment |
| Baseline Outcome Measure Data | Baseline PHQ-9 Date | Date | Date of baseline PHQ-9; 14 days before or after date of CoCM enrollment  |  |
| Baseline PHQ-9 Result | Integer (0-27) | Result of baseline PHQ-9 |  |
| Baseline GAD-7 Date | Date | Date of baseline GAD-7; 14 days before or after date of CoCM enrollment | Recommended |
| Baseline GAD-7 Result | Integer (0-21) | Result of baseline GAD-7 | Recommended |
| Follow-up Outcome Measure Data | Most Recent PHQ-9 Date | Date | Date of most recent PHQ-9  | Optional. The provider organization must generate reports on changes in patient outcome measures, either from the disease registry or systematic case review tool. If planning to use the disease registry, these fields are not optional. PHQ-9 data is required, GAD-7 data is highly recommended. |
| Most Recent PHQ-9 Result | Integer (0-27) | Result of most recent PHQ-9 |
| Most Recent GAD-7 Date | Date | Date of most recent GAD-7 |
| Most Recent GAD-7 Result | Integer (0-21) | Result of most recent GAD-7 |

## Systematic Case Review Tool Field Requirements

The systematic case review tool is a dynamic list of detailed patient-level data for patients who are actively receiving CoCM services. The tool will be used by the BHCM and psychiatric consultant to assist in coordination of care and optimize the provision of treatment recommendations during the weekly systematic case review session.

The user should be able to filter the data in each field. This capability will support required clinical activities, for example identifying patients with high outcome measure scores that would benefit from an altered course of treatment. We recommend using flags to support clinicians in identifying patients that would benefit from clinical activities.

The collection and tracking of PHQ-9 data is required; the collection and tracking of GAD-7 data is highly recommended by not required for CoCM service delivery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Field Name | Field Attributes | Description | Notes |
| Patient Information | Patient ID | Integer | Patient identifier | Optional |
| Patient Name | Text | Patient name |  |
| PCP Name | Text | PCP name | Optional |
| Treatment status | Radio

|  |
| --- |
| Pending |
| Active |
| Relapse Prevention |
| Inactive |

 | Status of CoCM services | Optional; if integrated with the electronic health record or disease registry, this can be generated based on available dates of referral, refusal, enrollment, and disenrollment |
| Contact Information | Enrollment Date | Date | Date patient enrolled in CoCM services |  |
| Most Recent Contact Date | Date | Date of most recent contact with the BHCM |  |
| Number of Patient Contacts Completed  | Integer | Sum of patient contacts with BHCM completed after enrollment date | Optional |
| Time in Treatment | IntegerCalculation: (most recent contact - date of enrollment)  | Amount of time patient has been enrolled in CoCM services | Optional; we recommended calculating this field to show weeks in treatment |
| Contact Frequency | Radio

|  |
| --- |
| 1-day |
| 1-week |
| 2-weeks |
| 1-month |
| 3-months |
| 6-months |

 | Frequency at which the BHCM would like to contact the patient | Optional |
| Date of Next Contact | Date | Date of next BHCM contact | Optional; can be entered manually or calculated based on the contact frequency and most recent contact date fields |
| Depression Outcome Measures | Baseline PHQ-9 Result | Integer (0-27) | Result of baseline PHQ-9 |  |
| Most Recent PHQ-9 Date | Date | Date of most recent PHQ-9  | Use flag to indicate when more than 30 days since last PHQ-9 result (flag is optional) |
| Suicidality | Integer (0-3) | Most recent PHQ-9 question #9 score | Optional; Use colors of flags when score is greater than 0, as indication of suicidality  |
| Most Recent PHQ-9 Result | Integer (0-27) | Result of most recent PHQ-9 | Use colors or flags to indicate when the patient has achieved clinical improvement\* |
| Overall Change in PHQ-9 | IntegerCalculation: (most recent PHQ-9 – baseline PHQ-9) | Overall change in PHQ-9 results  | Optional; Use colors or flags to indicate when the patient has worsened (positive score) |
| Most Recent Change in PHQ-9 | IntegerCalculation: (most recent PHQ-9 – second most recent PHQ-9) | Most recent change in PHQ-9 result, difference in two most recent scores | Optional; Use colors or flags to indicate when the patient has worsened (positive score) or improved (negative score) or achieved clinical improvement\* |
| Anxiety Outcome Measures(Recommended) | Baseline GAD-7 Result | Integer (0-21) | Result of baseline GAD-7 |  |
| Most Recent GAD-7 Date | Date | Date of most recent GAD-7  | Use flag to indicate when more than 30 days since last GAD-7 result (flag is optional) |
| Most Recent GAD-7 Result | Integer (0-21) | Result of most recent GAD-7 | Use colors or flags to indicate when the patient has achieved clinical improvement\* |
| Overall Change in GAD-7 | IntegerCalculation: (most recent GAD-7 – baseline GAD-7) | Overall change in GAD-7 results  | Optional; Use colors or flags to indicate when the patient has worsened (positive score) |
| Most Recent Change in GAD-7 | IntegerCalculation: (most recent GAD-7 – second most recent GAD-7) | Most recent change in GAD-7 result, difference in two most recent scores | Optional; Use colors or flags to indicate when the patient has worsened (positive score) or improved (negative score) or achieved clinical improvement\* |
| Psychiatric Consultant Information | Date of Most Recent Panel Review | Date | Most recent date the BHCM discussed the patient with the psychiatric consultant | Optional; Use flag to indicate when more than 30 days since last panel review date |
| Outstanding recommendations | yes/no | Used to indicate follow-up on a psychiatric consultant recommendation is needed | Optional |
| Additional Fields | Flag | yes/no | Used to indicate the BHCM would like to discuss the patient | Optional |
| Critical Treatment Period | yes/no | Used to identify and provide altered treatment recommendations for patients who are not improving  | Optional. This field should identify patients who do not achieve clinical improvement\* within the critical treatment period (8-12 weeks after enrollment) |
| Outstanding Recommendations | yes/no | Used to identify patients with treatment recommendations that require follow-up from BHCM or PCP | Optional. |

\*clinical improvement is defined as either a 5-point reduction in PHQ-9 and/or GAD-7 score, 50% reduction in PHQ-9 and/or GAD-7 score, or PHQ-9 and/or GAD-7 score less than 5.

## Patient Consent

The patient’s consent to receive CoCM services may be verbal or written, but must be documented in the EHR and received before CoCM services begin. Recording this information will be necessary when the patients are billed using psychiatric CoCM codes. Consent must include:

* Permission to consult with a psychiatric consultant and relevant specialists
* Information on cost sharing, including deductible and coinsurance for in-person and non-face-to-face services
* Information that only one provider can furnish and be paid for CoCM services in the calendar month
* Information that disenrollment from CoCM can occur at any time and will be effective at the end of the month

### Example of Consent Language:

*“I have discussed [practice’s] collaborative care program with the patient, including the roles of the behavioral health care manager and psychiatric consultant. I have informed the patient that they will be responsible for potential cost sharing expenses for both in-person and non-face-to-face services. The patient has agreed to participate in the collaborative care program and for consultations to be conducted with relevant specialists.”*