# **Practice Selection Tool**

This tool is intended to assist physician organizations (POs) compare practices and select or order practices to implement and deliver collaborative care model (CoCM) services. Consider existing culture, attitude toward behavioral health services, and ability to staff the behavioral health care manager (BHCM) and psychiatric consultant roles.

Rating Scale: Very Weak (1), Weak (2), Neither weak nor strong (3), Strong (4), Very Strong (5)

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| Objectives | Practice Names |
|  |  |  |  |  |  |
| CoCM is compatible with the practice’s culture, value, vision, and mission |  |  |  |  |  |  |
| CoCM is compatible with the practice’s financial strategy |  |  |  |  |  |  |
| Support from practice leadership team (e.g. medical director and practice manager) |  |  |  |  |  |  |
| Ability to provide a strong physician champion |  |  |  |  |  |  |
| Overall practice workforce stability |  |  |  |  |  |  |
| Willingness to treat and monitor behavioral health in primary care setting |  |  |  |  |  |  |
| Acceptance of MSW/RN/care manager as integral partner of treatment team |  |  |  |  |  |  |
| Has access to a psychiatric provider |  |  |  |  |  |  |
| PCPs are willing to consider implementing psychiatric recommendations |  |  |  |  |  |  |
| At least 50% of the PCPs in the practice are willing to participate in the CoCM |  |  |  |  |  |  |
| Someone is available, with dedicated time and ability, to fill the BHCM role  |  |  |  |  |  |  |
| Willingness to create and adapt work flows and procedures |  |  |  |  |  |  |
| Ability to provide private space for BHCM |  |  |  |  |  |  |
| Comfort with increased/changed burden in shared patient care spaces |  |  |  |  |  |  |
| Was able to implement PDCM successfully and actively contribute to the MICMT scorecard |  |  |  |  |  |  |
| Total Score |  |  |  |  |  |  |

## Names of selected practices:

## Is there anything else about these practices that would impact successful implementation of CoCM?