

Integrating CoCM

Challenges

- We will be discussing specific challenges when preparing and implementing the model at the end of this discussion through an activity.

Additional Key Practice Level Staff

Medical Director

- Creates and implements practice policies to ensure safe, effective, and sustainable delivery of care
- Ensures all CoCM team members have appropriate qualifications, training, and credentialing to provide the activities specific to their role
- Ensures all CoCM team members adhere to professional responsibilities with respect to standards of care, documentation, privacy, etc.

Provider Champion

- **Primary Care Physician**
- Commits to learning CoCM, helping to educate their colleagues, and practices the model with fidelity and enthusiasm
- Assists in hiring the other CoCM team members
- Communicates practice change expectations to their PCP colleagues and supports them in overcoming challenges
- Acts as a liaison between the PCP team and the behavioral health care manager and psychiatric consultant, providing a bi-directional communication channel to solve implementation challenges
- Provides ongoing monitoring of how the PCP team is adopting the model and provides additional support to late adopters

Team Members

- Embedded behavioral health staff
- Medical Assistants
- Health Coaches
- Community Health Workers
- Practice Manager
- Clinical Supervisor
- QI Coordinator
- Billing Representative
- Clinical staff responsible for screening and documenting results
- Office staff

Additional Team Members

May be community or practice based

- Therapist
- Substance Use Disorder treatment
- Vocational Rehabilitation
- Specialty Mental Health Clinic

**Patient may require a higher level of
care:
Mental Health Therapist
Community based treatment**

Collaboration

- Sharing responsibility for patient care and outcomes
- Showing appreciation for team members
- Integrating the knowledge and experience of all team members in patient care
- Regularly implementing process improvement strategies to enhance teamwork and patient care
- Having a mutual understanding of evidence based care and ethical principles of patient care

Considerations

- Key aspects of the personnel providing collaborative care can influence outcomes and is the “secret sauce” that goes beyond simply implementing the key tasks and re-engineered workflows
 - “Engaged” psychiatric consultant leads to more patients achieving remission
 - “Buy-in” by primary care providers is crucial to patient engagement as they are on the front line in “pitching” the model to patients
 - Primary care provider “champions” help with rallying colleagues around the model
 - Behavioral health care managers with a well-defined role are crucial to patient engagement. The BHCM ensures key clinic tasks are performed without other distractions.
 - Strong support from the top leadership is also necessary to provide the team resources critical to meeting defined goals as well as encouragement and support throughout the process

Raney, L.E, M.D., Lasky, G.B.,Ph.D, M.A.P.L., Scott, C., L.C.S.W. (2017). *Integrated Care, A Guide for Effective Implementation, Arlington, VA, American Psychiatric Association Publishing*

Raney, Lori MD. (2028, May). How to implement effective integrated care. *Psychiatric News, Online*

Creating a Shared Vision

- A shared vision is a concrete way for team members within an organization to understand the purpose of a program
- A powerful vision statement should stretch expectations and aspirations helping team members to jump out of their comfort zones
- Visioning is an important process that provides focus and enables Collaborative Care (CoCM) teams to build a shared understanding of their common purpose and future goals

[AIMS Shared Vision Worksheet](#)

CoCM – Team-Based Care

- Success of the model is based on the flexibility to alter practice patterns and willingness to participate in the team-based model from each member of the team

- Integrate BHCM and consulting psychiatrist into existing clinic staff, space and flow
 - Private work space for BHCM
 - Time
 - Access to computer and EHR
 - Access and support of training for clinic staff
 - Identification of staff roles in CoCM

It is critical that a BHCM can carve out enough time to actively manage their patients. This role cannot be added to an already full workload.

Challenges and Wrap Up

Break- out session

**Discuss Implementation Challenges with your
facilitator**

Incentives and Billing for CoCM

Post assessment and evaluation

Thank you for attending the CoCM morning training.

Please complete the post assessment and evaluation at:

https://umich.qualtrics.com/jfe/form/SV_5mML0acovueBbkV

The link was also included in your training confirmation.

Completion of the evaluation is needed for CMEs.

We will return in 10-minutes to conclude the morning.

QUESTIONS?

Providers, thank you for attending today's training!

Psychiatric Consultants invited
to Lunch Discussion with
MCISST Psychiatrists
12:30-1:30pm

Psychiatric Consultant Breakout Room: <https://umich-health.zoom.us/j/93286773001>

Reminder: Please fill out the evaluation form to receive certificate and CME/CE

<https://umich.zoom.us/j/98079770549>

Meeting ID: 980 7977 0549

Lunch Break – 30 minutes



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[https://umich-
health.zoom.us/j/93286773001](https://umich-health.zoom.us/j/93286773001)