Identifying and referring patients to Collaborative Care

Learning objectives

- Determine which patients are appropriate for Collaborative Care.
- Select screening and ongoing monitoring tools to use in Collaborative Care.

Ways to identify patients for CoCM

- Screening
- New or changed dose of psychotropic medication
- Patient not responding to psychotropic medication
- Self-report of depression or anxiety symptoms
- Disease registry
- **When in doubt, refer**

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself

Acute safety concerns: suicidal ideation

- Suicidal ideation is a common symptom of depression
- Important to know when immediate intervention is needed
  - PHQ-9, question 9: Thoughts that you would be better off dead or of hurting yourself in some way
- **A workflow for suicidal ideation** should be built into any Collaborative Care model as well as a **policy that all practice staff are familiar with**

Generalized Anxiety Disorder-7 (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid, as if something awful might happen

Other tools for screening and monitoring

Screening and Monitoring over Time

- **Post-Traumatic Stress Disorder**
  - PTSD Checklist for DSM-5 (PCL-5)

Screening

- **Cognitive impairment**
  - Montreal Cognitive Assessment (MOCA)
  - Mini-Cog
- **Obsessive-Compulsive Disorder**
  - Yale Brown Obsessive-Compulsive Scale (Y-BOCS)

Screening

- **Bipolar**
  - Composite International Diagnostic Interview Version 3.0 (CIDI 3)
  - Mood Disorder Questionnaire (MDQ)
- **Alcohol**
  - Alcohol Use Disorders Identification Test-Concise (AUDIT-C)
- **Substances**
  - Drug Abuse Screening Test (DAST-10)

Screening considerations

What tools will be used?
- PHQ-9 (required by BCBSM)
- GAD-7
- Others

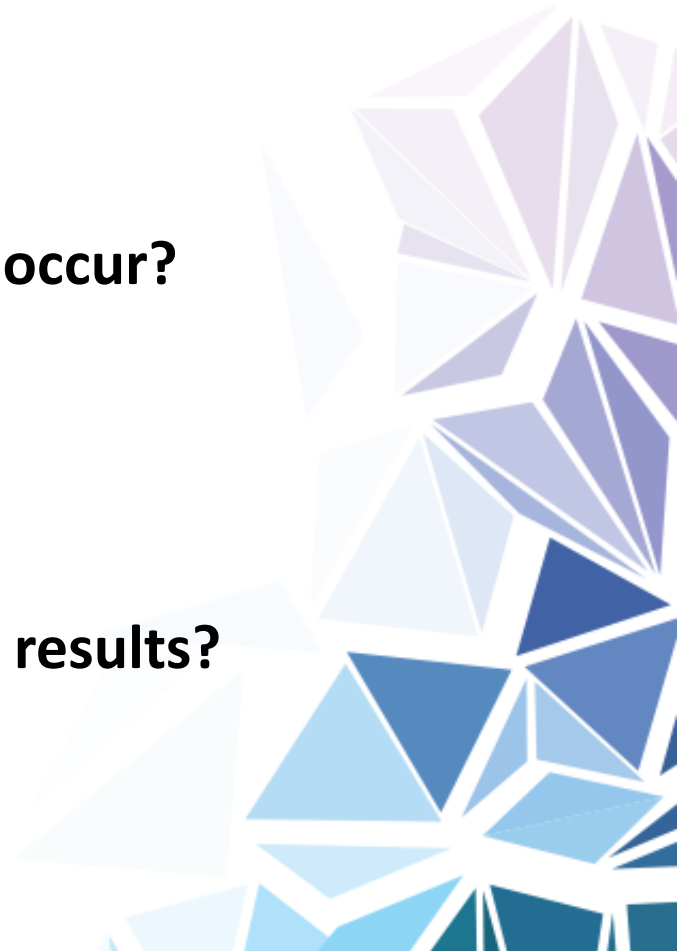
When will screening occur?
- Annually
- Every visit
- Unique circumstances

Who will conduct the screening?
- Medical Assistant
- Front desk staff
- Medical provider
- Other

How will screening occur?
- Paper form
- Verbally
- Electronically

Where will screening occur?
- Waiting room
- Triage
- Exam room
- At home prior to visit

How to communicate results?
- Through HER
- Verbally



Collaborative Care target population

- Ages 12 and above
- Extensive evidence for:
  - Depression and anxiety
  - PHQ/GAD > 10
- Increasing evidence for:
  - PTSD
  - Bipolar

Patients not appropriate for CoCM

- Persons requiring CMH-level services
- Patients with:
  - Severe substance use disorders
  - Active psychosis
  - Significant developmental disabilities
  - Personality disorders requiring long-term specialty care
- Currently under the care of a psychiatrist

Is Leslie appropriate for CoCM?

Leslie is a 42-year-old female who is married with 2 teenage sons. At her annual visit, Leslie scored **11 on the PHQ-9 and 15 on the GAD-7**, reporting the following symptoms: fatigue, feeling down and sad for no reason, worries often, trouble focusing, feels overwhelmed with work and family duties. Leslie denies suicidal ideation and substance use, but drinks wine socially. Leslie **recalls taking "something for depression" in her 20's** but cannot remember the name of the medication and is not currently taking psychotropic medications. She did **recently start seeing a therapist**.

Is Frank appropriate for CoCM?

Frank is a 55-year-old male who was incarcerated for 16 years for vehicular manslaughter due to a drunk driving accident. After achieving sobriety while incarcerated, he returned to **active alcohol use** after his release five months ago. This is his **first medical appointment since being released** and he reports he drank the morning of the appointment to get the courage to attend. Frank reports difficulty adjusting post incarceration and remains unemployed despite having an MBA. He scored **16 on the PHQ-9 and 20 on the GAD-7**. Frank is **not interested in taking psychotropic medications**.

Introducing CoCM to patients

Share with the patient:

- The patient is an important **part of the team**
- The **PCP will continue to oversee** all aspects of the patient's care
- The **BHCM works closely with the PCP** to implement the treatment plan while keeping track of progress and providing additional support
- The **PC does not see the patient** but provides guidance for the team
- All team members **share one treatment plan**
- This is **not typical therapy**—contact is shorter and often by phone

Verification of insurance coverage

- Does the patient's insurance cover CoCM services?
- Is there a cost share associated with CoCM services?
  - Blue Cross Blue Shield of Michigan (BCBSM) has waived cost sharing, including deductibles, coinsurance, and copayments.

Obtaining patient consent

- Consent for Collaborative Care can be **verbal or written**
- Consent must be **documented in EHR** before services begin
- Consent should include:
  - Permission to consult with psychiatric consultant and specialists
  - Billing information including cost sharing, if applicable
  - Disenrollment can occur at any time
    - Effective at end of month, if billing

Warm handoff or referral to behavioral health care manager

- If BHCM is available, provide a warm handoff
  - Ask BHCM for exam room drop-in
  - *I'd like to introduce _____. They work closely with me to help patients who are feeling (down/worried/depressed/anxious). I'd like for you to meet them while you are here today.*

- If BHCM is not available to meet patient face-to-face
  - Send chart/note to BHCM for outreach
  - Make sure patient is aware they will be receiving a phone call

Resources (1 of 2)

- COCM Clinical Workflow Development Guide
- CoCM Clinical Workflow Overview
- Introducing Collaborative Care
- AIMS Center Patient Health Questionnaire 9 (PHQ-9) Resources
- Veterans Administration Generalized Anxiety Disorder 7 Administration Guide
- PTSD Checklist (PCL-5)

Resources (2 of 2)

- Montreal Cognitive Assessment (MOCA)
- Mini-Cog
- Yale Brown Obsessive-Compulsive Scale (Y-BOCS)
- Mood Disorder Questionnaire (MDQ)
- CIDI-based Screening Scale for Bipolar Spectrum Disorders
- Alcohol Use Disorders Identification Test-Concise (AUDIT-C)
- Drug Abuse Screening Test (DAST-10)