

Goal

Regular program review meetings provide the opportunity to review the performance and operations of the CoCM program, including patient outcomes, fidelity, billing, and program operations. During this meeting, attendees should plan to review program reports and engage in a thoughtful discussion of their program as they work to optimize the delivery of their services.

The program review meeting is distinct from the caseload review meeting, which uses a population health approach to review the patient population in order to keep the caseload “fluid” through appropriate patient enrollment, care, and triage.

Frequency

Program review meetings should begin one month after the launch of the Collaborative Care program. Use the table below to determine how regularly your health center should conduct a program review.

Program Status	Characteristics	Approximate Timeline	Frequency
Developing programs	Continuing to revise the clinical workflow, undergoing programmatic changes (e.g., staffing, leadership, workflow)	First 3-6 months after launch; during times of programmatic change	Monthly
Mature programs	Demonstrating strong fidelity, successful patient outcomes, and have not undergone recent programmatic change	After 6 months of enrollment or once the program has stabilized	Quarterly*

*Health centers may choose to schedule regular program reviews more frequently; we recommend meeting at least quarterly to maintain the quality delivery of CoCM services.

Participants

- Program Manager*
- Clinical Supervisor*
- Behavioral Health Care Manager (BHCM)
- Quality Improvement Coordinator*
- Treating Provider Champion
- Psychiatric Consultant (Optional)
- Billing Lead (Optional)
- Health Center Leadership (Optional)
- Information Technology or Electronic Health Record Staff (Optional)

*Some participants may play multiple roles within the program.

See next page for instructions on how to conduct a program review meeting.

How to Conduct a Program Review Meeting:

Preparing for the Meeting

A designated staff member, typically the Quality Improvement Coordinator, should complete the following tasks:

- Prepare program reports and an agenda
- Share documents with the attendees prior to the meeting
- Invite additional attendees as appropriate for the discussion

Agenda Items to Consider:

Clinical Performance

Review program reports for quantitative information on program performance; use the Monitoring and Evaluation Guide for guidance on reviewing measures.

- Are patient outcomes improving as expected for the specified population?
- Is the program being delivered with fidelity to the evidence-based model?
- Are patients being screened routinely? Are patients being referred and triaged appropriately?

Program Operations

- Will there be any changes in staffing (e.g., vacation, new hire, turnover)? How can the team prepare for these changes?
 - This may include the clinical supervisor, BHCM, psychiatric consultant, treating providers, or quality improvement staff.
- Is documentation within the electronic health record and registry appropriate and efficient? Are treating providers finding the documentation to be helpful for their clinical care?
- Is communication amongst team members appropriate and efficient?

Financial Performance

Discuss current or future billing procedures.

- Is documentation appropriate for billing compliance?
- Is reimbursement being received? If not, are there certain patterns within rejections?
- Is clinical time being optimized for caseload size and staffing of the psychiatric consultant?

During the Meeting

Engage in a thoughtful discussion of program delivery. Discuss strengths and opportunities for improvement.

After the Meeting

The attendees should complete all tasks that were identified during the meeting, including:

- Take note of areas for monitoring; continue discussing how to optimize program delivery.
- Share reports or updates with leadership, as desired or expected.