Position Overview

Referrals

- Referral flow will vary per site. Some sites require Treating Provider to place referrals, whereas other sites indicate that additional clinicians can place referrals, including nursing, care managers, and/or behavioral health providers.
- Some sites have implemented eligibility requirements for patients to qualify for CoCM services, such as having a PHQ-9 or GAD-7 > 9. On the other hand, some leave the option for a broader definition of qualification, based on patient need.
- When there is room for the caseload to grow, the BHCM will also be expected to actively seek out patients who are appropriate for CoCM. This may include chart mining of Treating Providers who have given approval, running reports, and/or reviewing upcoming clinic schedules for potentially appropriate patients.
- If the BHCM has no further capacity on their caseload, it is important to communicate this to clinic providers. It is expected that the BHCM will continue to support providers in triaging referrals as appropriate. This need can vary, based on other on-site behavioral health support.

Caseload

- Caseload size will vary based on clinic population and BHCM FTE. See “Staffing Ratios” document for details.
- A 1.0FTE BHCM would be expected to maintain and actively manage a caseload of 50-125 patients, depending on the aforementioned factors.

Patient Care

Communication Modalities

- BHCM will engage with patients by telephone (frequent), in clinic, as well as by mail and/or secure patient portal (based on clinic policy).

Intake

- Following referral, the BHCM will complete a brief assessment, which may take place by phone or in clinic; with this, the BHMC can determine eligibility for CoCM. At that time, the BHCM may continue with the full assessment to complete the CoCM intake process, or they may schedule it at a later date.
- During the intake process, the BHCM explains the innovative CoCM and, for eligible and interested patients, obtains verbal consent to treat.
- Frequency of contact and level of care (if available) are assigned.
- Intakes vary in length, and will usually take 45-60 minutes on average. There are written guidelines on information to be gathered during the intake, and these are largely based on information that will need to be presented to the psychiatric consultant.
- A full intake assessment may also take place across more than one patient contact, depending on time and content.

Administering Outcome Measures

- BHCM explains and engages patients in outcomes monitoring, providing guidance in completing measures through patient's method of choice (i.e. in clinic, by phone, by mail, or via secure patient portal).
- BHCM provides scores and score progressions to the rest of the treatment team, entering measures in the EHR as appropriate.

Treatment

- BHCM creates and coordinates dynamic treatment plans surrounding physical and mental health goals and symptoms, incorporating patient and treatment team member input.
- BHCM monitors symptoms and outcomes on a regular basis and tailors the treatment plan in response to symptom acuity and progress toward goals.
- BHCM provides psychoeducation to patients surrounding behavioral health issues in both verbal and written formats.
- BHCM routinely engages patients in psychotropic medication monitoring and management. This includes providing education and monitoring for side effects and adherence, as well as supporting patients in improving adherence.
- BHCM will regularly utilize brief, evidence-based interventions in their patient contacts. This includes frequent use of Motivational Interviewing, Behavioral Activation, and Problem-Solving Therapy. They may also utilize CBT techniques, Mindfulness, and SBIRT, amongst other appropriate interventions.
- BHCM routinely performs risk assessments and engages patients in safety planning as needed.
- BHCM provides appropriate community and supportive resources to patients, acting as a liaison.
- When patients reach remission, the BHCM will engage patient in relapse prevention planning. BHCM will provide patients with a written copy of this plan, and will include in the EHR as able.

Care Coordination

Internal

- BHCM will perform co-visits with treating providers and clinical staff as appropriate and requested.
- BHCM will alert other clinicians and care providers to treatment plan changes, outcomes, and patient symptoms as appropriate.
- BHCM will respond to patient crises as appropriate, which may include phone or clinic follow-up contacts or co-visits. This may also include filling out petitions for emergency care.
- BHCM will document appropriately in EHR and patient registry (may be one or two separate records, based on clinic technology). This includes sending notes to Treating Providers and other providers, and providing clear documentation with a summary of patient self-management plans, so the CoCM care team is aware of patient status and current care plan.

External

- If patient is engaged in community-based services (e.g., psychotherapy), BHCM should consider getting patient's permission to obtain a Release of Information (ROI) to coordinate care appropriately. This might include coordination around medication management, sharing outcome measures, as well as diagnostics and treatment planning.

Population Health Management

- BHCM will manage and populate a clinic-specific patient registry. This will include entering patients into the registry, updating information, and viewing the registry and/or work queue to dictate daily workflow and tasks.
- BHCM will run reports and gather data as appropriate in order to support fidelity to the model.

Systematic case Review

- BHCM will participate in systematic case review with the psychiatric consultant. Systematic case review will typically occur 1-2x per week, one hour each, based on staffing and caseload.
- Preparation for systematic case review will include running reports, reviewing the systematic case, and ensuring registry information is up to date. BHCM may also prepare case presentations for specific patients prior to systematic case review; this may include filling out a case presentation form, particularly for BHCMs who are new to the systematic case review process.
- BHCM will also be responsible for relaying and discussing psychiatric treatment recommendations with patients and clinicians. This will take place within 1 week after the systematic case review, as well as on an ongoing basis with patients who may be following particular titration schedules.

Sample Schedule

This will vary widely based on patient and clinic needs and BHCM availability; this is one example of a 1.0FTE BHCM's weekly activities.

<table>
<tr><th></th><th>MONDAY</th><th>TUESDAY</th><th>WEDNESDAY</th><th>THURSDAY</th><th>FRIDAY</th></tr>
<tr><td>8:30</td><td colspan="5">Review daily clinic schedule. Discuss with Treating Provider whether a co-visits or referrals might be appropriate. Open work queue for the day.</td></tr>
<tr><td>9:00</td><td rowspan="2">Scheduled Intake – FTF</td><td>Support call- Med monitor</td><td rowspan="2">Scheduled Intake - Phone</td><td rowspan="2">Support call- MI around exercise goal</td><td>Support call- Beh Act</td></tr>
<tr><td>9:30</td><td>Support call- Resource F/U</td><td>Support call- Med monitor</td></tr>
<tr><td>10:00</td><td>Document intake</td><td>Outcomes Call- Beh Act</td><td>Document intake- send patient materials (mail)</td><td>Outcomes call- Significant improvement. Schedule next contact in 1 month.</td><td>Outcomes call- GAD-7 increase. Note for next systematic case review.</td></tr>
<tr><td>10:30</td><td>Outcomes FTF- Meet pt. following Treating Provider appt. PHQ-9 increase; med side effects reported. Note for next systematic case review.</td><td>Pulled into Treating Provider co-visit. Pt appropriate and interested. Pitch CoCM and schedule intake for tomorrow AM.</td><td>Treating Provider approves med recs from yesterday. Call pt. to let them know meds were sent to pharmacy.</td><td>Treating Provider covisit- Risk assessment, safety plan. Pt appropriate for CoCM. Pitch program, schedule intake for tomorrow, FTF.</td><td>F/U Monday Intake: Review self-management plan and med recs. Plan to talk again in 1-2 weeks.</td></tr>
<tr><td>11:00</td><td>Support call- Med monitor</td><td>Documentation</td><td rowspan="2">Outcomes call- Teach mindfulness for anxiety</td><td rowspan="2">Documentation</td><td>Support call- PST</td></tr>
<tr><td>11:30</td><td>Documentation</td><td>Systematic case review preparation</td><td>Documentation</td></tr>
<tr><td>12:00</td><td colspan="5">[BHCM takes lunch and other breaks throughout day per department policy; Admin activities (e.g., meetings, supervision) will vary]</td></tr>
<tr><td>12:30</td><td>Support call- Remission; Relapse Prevention Plan</td><td>Further systematic case review preparation; Admin</td><td>Support call- Self-mgmt. plan progress</td><td>Systematic case review preparation</td><td>Note from Treating Provider - Call pt. re: new Rx from systematic case rec</td></tr>
<tr><td>1:00</td><td rowspan="2">Outcomes Call- MI around marijuana use</td><td rowspan="2">Systematic case Review</td><td>Support call- Med monitor</td><td rowspan="2">Systematic case Review</td><td>Referral- Schedule intake</td></tr>
<tr><td>1:30</td><td>Documentation</td><td rowspan="2">FTF Intake</td></tr>
<tr><td>2:00</td><td>Outcomes Call- Stable, continue plan</td><td>Document- Notes to Treating Providers re: systematic case review recs.</td><td rowspan="2">Monthly Individual Clinical Supervision</td><td>Document- Notes to Treating Providers re: systematic case review recs.</td></tr>
<tr><td>2:30</td><td>Documentation</td><td>Outcomes call- Improved. Continue current plan.</td><td>Systematic case review F/U call- Talk with pt about side effects</td><td rowspan="2">Monthly Care Manager Group Supervision</td></tr>
<tr><td>3:00</td><td>Question from Treating Provider - Facilitate curbside consult with psychiatry</td><td>Systematic case review F/U call- Discuss med rec; pt. agrees. Send note to Treating Provider.</td><td>Care coordination- Fax ROI, send measures to pt.'s community therapist</td><td>Support call- Med monitor. Pt stopped meds. Note for systematic case review.</td></tr>
</table>

<table>
<tr><td>3:30</td><td>Outcomes FTF- schedule f/u call to discuss plan.</td><td>Support call- Beh Act</td><td rowspan="2">Incoming call- Pt having panic attack. De-escalate; teach skills; safety plan; document.</td><td>Outcomes call- Remission; Relapse Prevention Plan.</td><td rowspan="2">Documentation- Intake and other contacts</td></tr>
<tr><td>4:00</td><td>Documentation</td><td>Documentation</td><td>Documentation</td></tr>
</table>