

Collaborative Care Practice Assessment: Evaluating Current Service Delivery

Practice:
Physician Organization:
Date Conducted:

Domain	Criteria	Standard	Preparatory Tools and Considerations	Response	Notes
Workforce	Behavioral Health Care Manager (BHCM)	A designated licensed professional (i.e., social work, nursing, psychology) with formal education and specialized training in behavioral health skills (e.g., motivational interviewing, problem solving therapy, and behavioral activation), working under the oversight and direction of the primary care provider.	BHCM competency checklist to include but not limited to: Use of Behavioral Activation Use of Problem Solving Use of Motivational Interviewing skills		
		Available to provide services face-to-face (in-person or remote) with the patient; has a continuous relationship with the patient and a collaborative, integrated relationship with the rest of the care team.	Monitoring tool to ensure the BHCM has secured time and is conducting regular follow up and monitoring Regularly assesses and records the treat-to-target measures		
	Psychiatric Consultant	A medical professional trained in psychiatry and qualified to prescribe the full range of medications. Participates in regular review of clinical status of patients.	A tracking record to ensure the SCR meetings are occurring weekly/biweekly		
		Advises the billing practitioner and BHCM regarding diagnosis; indicates options for resolving issues with patient adherence and tolerance of behavioral health treatment; makes adjustments to behavioral health treatment for patients who are not progressing; manages any negative interactions between patients' behavioral health and medical treatments.	Evaluating and monitoring the use of the SCR tool during the SCR meetings		
	Treating (Billing) Practitioner	Can (and typically will) be remotely located; is generally not expected to have direct contact with the patient, nor prescribe medications or furnish other treatment to the patient directly.	A HIPPA secured system to allow patient review with the psychiatrist and BHCM remotely		
Clinical Protocols	Initial Assessment	A physician and/or non-physician practitioner (physician assistant or nurse practitioner); typically specializing in primary care, but may be of another specialty (for example, cardiology, oncology).	A physician champion is identified and prepared to share learnings with the clinical care team		
		Oversees the patient's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed.	Use of the SCR tool to track providers follow through with the psychiatrist recommendations		
	Patient Outreach	Initial assessment of the patient, including administration of validated outcome measures (e.g., PHQ-9), with the development of an individualized treatment plan.	The comprehensive assessment tool includes information pertinent to depression/anxiety Protocol for managing suicidality		
	Patient Follow-up	Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional	A protocol/workflow has been developed to define the expectations of outreach		
	Validated Outcome Measures	At least two follow-up contacts completed per month for the first two to four months of CoCM services, for most patients.	A means to monitor follow up contacts with the patients enrolled in CoCM		
	Brief Therapeutic Interventions	Monitoring of patient outcomes using validated outcome measures (e.g., PHQ-9).	Data analytics/reporting approach in place to monitor trends in depression/anxiety		
Technology	Systematic Case Review Tool	Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies	An approach to monitor/observe the BHCM in using: Behavioral Activation Problem-solving Motivational Interviewing		
		The primary care team (i.e., BHCM) regularly (at least weekly) reviews the patient's treatment plan and status with the psychiatric consultant. The primary care team maintains or adjusts treatment, including referral to behavioral health specialty care, as needed.	A tracking record to monitor the BHCM attendance at SCR		
Technology	Disease Registry	Entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant.	A SCR tool is developed and available to the BHCM		
		Identification of eligible patients (i.e., PHQ-9 and/or GAD-7 \leq 10) using the disease registry.	A disease registry is in place and includes the ability to identify patients that may benefit from CoCM		