

Implementing Collaborative Care (CoCM) requires each clinic to define and integrate a new clinical workflow specific to CoCM services. This guide asks specific questions about each process within the CoCM workflow to help the clinic develop protocols for each process. Questions 1-12 refer to the core processes within CoCM treatment, indicated by the shapes in the middle of the clinical workflow document. Questions 13-15 inquire about external referral processes, indicated as green boxes on the left side of the document.

CoCM Core Processes

1. Identify Patient

- a. When and where are patients screened?
- b. Who is administering the screening measures (e.g. PCP, BHCM, MA, CHW, Health Coach)?
- c. What patient outcome measures are being used to screen patients (e.g. PHQ-9, GAD-7, AUDIT-C)?
- d. Where are the results documented?
- e. What happens if a patient screens positive for question #9 on the PHQ-9?
- f. How are patients identified as eligible for CoCM (e.g. are patients identified by systematic chart review, or automated EHR alerts)?
- g. Are all patients who screen positive for question #9 on the PHQ-9 flagged to be triaged for treatment with CoCM?
- h. Are patients who have a PHQ-9 and/or GAD-7 score greater than 9 (or greater than or equal to 10) flagged to be triaged for treatment with CoCM?

2. Referral to BHCM

- a. What is the referral protocol (i.e., method of communication)?
- b. Who can refer to CoCM?

3. Triage Patient

- a. Who is the target population for CoCM treatment?
 - i. What is the criteria for someone who should typically be treated with CoCM?
 - ii. What is the criteria for someone who is not a typical CoCM patient, but who you would like to try to treat using CoCM when the program is more established?
 - iii. What is the criteria for someone who will always be referred to specialty services?
- b. If the patient is not appropriate for CoCM, how are they referred to a higher level of care?
- c. What level of clinical supervisor input or psychiatric consultation is needed during this process? For how long?
- d. Can patient be engaged in other internal services at the same time they are receiving CoCM treatment?

4. Gather Consent

- a. Who gathers consent from the patient?
- b. What language is used for gathering patient consent to participate in CoCM?
- c. What language is used to discuss copays with patients when consent is gathered?
- d. How is consent documented (e.g. check box or specific language in EHR)?
- e. If the patient accepts, can they be flagged as 'receiving CoCM care' in their chart?

5. Conduct Structured Assessment

- a. When does the structured assessment occur?
- b. Who performs the structured assessment?
- c. How is information documented?

6. Initial Systematic Caseload Review

- a. When will systematic caseload review occur? Is the appropriate amount of time scheduled?
- b. Through what method of communication will systematic caseload review occur (e.g. FTF or via video)?

7. Document Treatment Recommendations

- a. Who documents each aspect of care?
- b. Where does documentation occur?

8. Liaison with PCP and Patient

- a. When does the BHCM liaise with the PCP?
- b. When does the BHCM liaise with the patient?
- c. What method of communication is used (FTF, phone, email, portal)?
- d. Within what timeframe does this occur?
- e. How are treatment recommendations tracked (e.g. implemented, not implemented, reason)?

9. Medication Monitoring

- a. By what method of communication does medication monitoring occur?
- b. Who follows-up with the patient about medication adherence?
- c. How often does this occur?
- d. What method of communication is used (e.g. FTF, phone, email, portal)?

10. Monitor Patient

- a. What tasks are involved in monitoring the patient?
- b. Who monitors the patient (e.g. BHCM, MA, CHW, Health Coach)?
- c. How often does this occur?
- d. How does the clinic define recovery and remission for depression and anxiety?
- e. What are protocols for patient situations that need to be urgently addressed?

- i. What is the protocol for a patient presenting with a behavioral health emergency?
- ii. What is the protocol for a patient presenting with a behavioral health urgency?
- iii. What is the protocol for a patient answering positively to question #9 on the PHQ-9?

11. Review Patient Progress

- a. Who reviews the patient's progress?
- b. Is the clinical supervisor involved in the review and decision making process?

12. Panel Review

- a. What is the criteria for a patient who should continue with CoCM?
- b. What is the criteria for a patient who should be referred back to the PCP?
- c. What is the criteria for a patient who should be referred to specialty care?

Outside Referral Protocols

13. Initial Triage

- a. What are the alternative levels of care?
- b. What internal services are available?
- c. What external services are available?

14. Stable Monitoring

- a. Does the clinic provide stable monitoring?
- b. Who provides stable monitoring (e.g. BHCM, MA, CHW, Health Coach)?
- c. How are patients contacted?
- d. How often are patients contacted?
- e. What happens if a patient under stable monitoring has worsening symptoms?
- f. How long will a patient remain in stable monitoring?

15. Higher Level of Care

- a. What are the alternative levels of care? What services are available?
- b. Are there appropriate resources to connect patients to these services?
- c. Are protocols in place if a patient declines referral to or is unable to access higher level of care?