Integrated Behavioral Health Learning Collaborative: Best Practices for Provider Engagement | February 2019

Introducing CoCM

- Provide information about the program in several different formats over an extended period of time
    - Initial introductory meeting with CoCM team
    - Updates during provider meetings
    - BHCM follow-ups on the fly with providers
    - Psychiatrist check-ins with providers
- Make the program components crystal clear
    - PCP is still the lead (now there are just 2 extra helping hands)
    - We can't help everyone because the evidence doesn't support that, but we'll try to help get all of your patients the care they need
    - This is a short-term program with brief interventions (AKA, it's not therapy)
    - Ensure that everyone on the team – not just providers – understands the program
- Utilize your strengths as a team
    - Explain that this program is similar to care management for chronic health (the doctors often know how to do these things, but the BHCM is helpful because they have the time to consistently check in with the patient)
    - Consider using humor when appropriate ("We don't have a magic wand that can fix all of these problems, but if we did, we'd absolutely use it!")
    - Offer opportunities for check-in via the BHCM who is consistently in-house and available
    - Utilize your PCP champion as a voice at provider meetings, and allow them to be a cheerleader for the program

Reviewing Ongoing CoCM Progress

- Administer provider satisfaction surveys on a regular basis
    - How is the program *not* living up to your expectations? (Obtain constructive feedback)
    - How important is the BHCM in your office? (Measuring value of BHCMs)
    - Does having BHCM improve your joy in practice? (Addressing satisfaction/burnout)
- Review referral patterns
    - Who is consistently referring to the program?

    - Who is not referring to the program? Alternatively, who is not referring appropriate patients to the program?
- Review implementation rates of psychiatric recommendations
    - Are providers following protocol when they do agree with a recommendation?
    - Are certain providers less likely to agree with recommendations?
- Analyze program outcomes (data and quality measures) and share with PCPs
    - Create a PCP report/dashboard that shows which of their patients are enrolled in CoCM and what their progress has been

<u>Addressing Common Concerns</u>

- Provider not referring to program
    - Psychiatrist meets with provider to have doc-to-doc conversation
    - When they do refer, go above and beyond for these patients to show the value of CoCM
- Provider sending a large amount of inappropriate referrals
    - Chart dig to find appropriate referrals
- Providers who don't respond to our messages
    - Ask how we can best get their attention
    - Understand what their inbox or task system looks like, and help brainstorm strategies to prioritize our messages (sending with high importance or a certain header, for instance)
- Providers overwhelmed by patients not able to be seen via CoCM
    - Create a list of referral options and handouts (psychiatrists based on insurance coverage, tangible resources, etc) for immediate use
    - Provide curbside consults from psychiatrists so providers don't feel abandoned in patient care
    - Agreeing to bridge patients to specialty care (checking in after initial appointment, following up after referrals, etc)
    - Reassure providers that sometimes we can't force patients to engage in care. Similar to smoking cessation, we sometimes need to simply support people until they are ready to change
- Providers wanting to grow in their ability to treat mental health concerns
    - Provide ongoing education/workshops on topics of interest to provider team (can be brief presentations squeezed in wherever providers can spare 5-25 minutes)
    - Offer facetime with psychiatrists during panel review, so providers understand they can have a space to ask questions and get expert input on psychiatric processes