











## Primary Care Provider Report

**Purpose: to allow PCPs to review their patient outcomes.**

PCPs are important members of the CoCM treatment team. Share this report with PCPs to show how their patients are improving.

### Referrals

1. Are all PCPs referring? If not, what are opportunities to reengage them in the program?

#### *Interventions to Consider*

- Talk with PCPs about their understanding of and feelings about the CoCM program. Offer clarification about their role and responsibilities as needed.
- Review the clinical workflow to identify potential “doorways” for the CoCM program.

### Outcomes

1. **Caseload Summary – Mean Days in Treatment:**
  - i. Are patient outcomes showing response to treatment and/or remission for each PCP?
  - ii. Consider the mean treatment duration in reviewing outcome improvements; a reasonable proportion of patients will observe outcome improvements after three months of enrollment. This will vary based on clinic acuity.

### Psychiatric Consultant Recommendations

1. Are psychiatric consultant recommendations being implemented by each PCP? If no, why? The target implementation rate is 90 percent.

#### *Interventions to Consider*

- Assign a nurse to liaise with the PCP to help close the “communication loop.”
- Ask PCPs how they would like to receive the recommendation and follow-up.
- Reorganize the EHR note to display the psychiatric recommendation at the top.
- Discuss with clinic leadership and PCPs whether it might be helpful to have a nurse send prescriptions to the pharmacy to save PCPs time.
- Talk with the PCP about whether recommendations are feeling consistently uncomfortable. If so, consider increasing engagement between the PCP(s) and the psychiatric consultant to improve comfort or share knowledge.
- Determine whether the psychiatric consultant could adapt to the prescribing culture of the clinic.