

3. Monitor for signs of program drift and intervene when needed.

Signs of Drift	Best Practices	Interventions
Patient outcomes not improving	<ul style="list-style-type: none"> A reasonable proportion of patient outcomes are improving around three months of enrollment. This may vary based on clinic acuity. 	<ul style="list-style-type: none"> Review fidelity measures (i.e., evaluate if the service is being delivered as intended) and identify opportunities for improvement Review referrals: Are patients appropriate?
Panel review held inconsistently and curbside consultations over-utilized	<ul style="list-style-type: none"> Weekly panel review (2 hours/week for 1 FTE BHCM) Goal: 6-10 patients discussed/hour Review registry every week 	<ul style="list-style-type: none"> Block panel review time for the BHCM and psychiatric consultant Use the case presentation template to efficiently discuss patients
Outcome measures completed too infrequently	<ul style="list-style-type: none"> Minimum of two outcome measures completed in the first 3 months Minimum of one outcome measure completed each quarter 	<ul style="list-style-type: none"> Review clinical workflow and caseload size Flag patients needing measures in EHR/registry Try administering measures in new ways (e.g., phone, patient portal, CHW/MAs)
Patient registry not regularly utilized	<ul style="list-style-type: none"> Systematic sorting of registry during panel review BHCM uses registry as a work queue (i.e., identifies patients with contacts or outcome measures past due) 	<ul style="list-style-type: none"> Systematically sort caseload during panel reviews (“running the panel”) to identify patents who are not improving, whose cases have not been reviewed recently, etc. Have clinical supervisor attend panel reviews
Patient registry not maintained	<ul style="list-style-type: none"> Data is recorded following clinical activities 	<ul style="list-style-type: none"> Schedule routine time for documentation Have clinical supervisor regularly review registry
Program and fidelity measures not reviewed consistently by all team members	<ul style="list-style-type: none"> Review monthly (until program is stable), and then quarterly Request broad involvement (e.g., leadership, supervisor, BHCM) 	<ul style="list-style-type: none"> Schedule a regular meeting time to review Prepare reports prior to meeting Review program status and patient outcomes identify areas in need of change
Evidence-based brief interventions not being used	<ul style="list-style-type: none"> At least 90% of patients should receive a brief intervention (e.g., motivational interviewing, behavioral activation, tangible resource) Use of interventions is documented 	<ul style="list-style-type: none"> Assess BHCM knowledge and skill Provide training in new skills or booster sessions Ask psychiatric consultant to recommend brief interventions, when appropriate Review documentation expectations and EHR templates
Caseload is full and BHCM cannot accept new patients	<ul style="list-style-type: none"> Quarterly caseload review meeting with BHCM and clinical supervisor Treatment intensified at 8-12 weeks if no improvement Triage patients when needed 	<ul style="list-style-type: none"> Engage in routine caseload review meeting Identify patients for triage or relapse prevention Review whether program referrals have been clinically appropriate Review whether BHCM FTE needs to be altered
Core team members not actively engaged in the program	<ul style="list-style-type: none"> BHCM, psychiatric consultant, PCPs, clinical supervisor, and program manager are engaged (e.g., attend meetings, complete designated tasks) 	<ul style="list-style-type: none"> Encourage staff involvement; dedicate staff time Consider soft skills for BHCM hiring Encourage team sharing of success stories at wider staff meetings
Program introductions not “warm”	<ul style="list-style-type: none"> All staff deliver warm handoffs Initial and ongoing patient engagement rates remain high 	<ul style="list-style-type: none"> Retrain the CoCM program pitch; include positive patient feedback