

Monitor for signs of program drift and intervene when needed.

| Signs of Drift | Best Practices | Interventions |
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| 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 |