

Integrated Consultative Strategies

Transition from Traditional Care to One-Time Consultation Clinic	One-time direct patient care consultations were provided to patients from the five clinical sites that did not have the Collaborative Care Model and for patients that did not fit into the model. The consultation consisted of full psychiatric intakes, which included detailed treatment planning. These plans outlined the initiation and titration of a recommended psychiatric medication, information related to future medication options for symptom or side effect relief, including possible medications to switch patient to, and recommendations for therapy and community resources.
The E-Consult	PCPs had the availability to send questions (usually psychopharmacology related) to the psychiatric consultants through a task in the electronic medical record. The consultant would then review the patient chart, formulate a recommendation based on this information, and send an electronic response back to the PCP within one week of receipt.
Quarterly PCP Education: Psychiatry Topic	Psychiatric education presentations were provided to the PCPs on a topic of their choosing. The psychiatric team would conduct a 40-minute presentation to enhance the PCP's confidence in identifying and treating mental health conditions. Topics included: depression, management of bipolar, psychosis, tapering off of benzodiazepines, alcohol use disorder, and ADHD
Mental Health Patient Navigator	The clinic hired a behavioral health referral navigator to assist in clinical operations. Duties included: tracking a waitlist, making appointments for behavioral health inside the clinic, calling patients for appointment reminders to reduce the numbers of no-shows at the consultation clinic, referring patients to long-term psychotherapy, and referring patients to traditional psychiatric clinics when those patients had severe and persistent mental illness which could not be managed by a primary care provider.
Psychiatric Consultant: Available by Cell Phone	To enhance comfort level, support, and utilization of consultant strategies, the psychiatric consultant provided the primary care providers with their cell phone contact information to offer back-up whenever needed. This was recommended at APA collaborative care meetings.
Reviewing the Waitlist	The medical director and psychiatric consultant would review those on the psychiatric waitlist and the reason for the consultation quarterly. An example of a change implemented from this review was the team decided to no longer accept referrals for ADHD to the psychiatric clinic. Instead, the team implemented other avenues to help guide providers in diagnosis and treatment. This change helped to create space for patients with more severe and persistent mental illness to be seen by the psychiatric consultant.

American Psychiatric Association Support and Alignment Network (APA SAN) Resources Provided by the Transforming Clinical Practice Initiative

APA SAN Integrated Care Website: This website includes a variety of resources including training for all team members of the collaborative care team, information on payment strategies and tips to get started. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>

Applying the Integrated Care Approach: Core This online training is available to psychiatric providers. It provides training in collaborative care psychiatric consultation, focusing on the knowledge, skills, and attitudes necessary to help psychiatric providers deliver high quality care for larger populations. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained>

Applying the Integrated Care Approach: Skills for the Primary Care Physician This online training is available for all primary care providers. PCPs have an opportunity to learn how to improve access to mental health and substance use services and connect with psychiatrists trained in the model. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained>

APA SAN Learning Collaboratives: Structured as a three-month session, the learning collaborative is provided online exclusively, to a cohort of 10-15 psychiatrists from around the country who have completed the core training. There are didactic materials, communication with the learning collaborative's leader and other learners via a message board, and a series of four video-based conference calls. The content focuses on using quality improvement principles to implement core CoCM principles. In addition to enhancing learning on the subject of the CoCM, the collaborative is intended to develop a supportive community of practitioners.

AIMS Center: This CoCM implementation support center is located at the University of Washington and is the partner to the American Psychiatric Association for the APA-SAN. Resources for implementation, registry, and team training are available. <https://aims.uw.edu/>