

Sample Collaborative Practice Agreement: JPS Health Network (1 of 3)

Clinical Practice Agreement

Coordination of Services Between Behavioral Health and Primary Care in the Outpatient Setting

The goal of this agreement is to enhance the coordination of patient care services between Primary Care and Behavioral Health. This agreement will help ensure appropriate levels of care for the patient. The overall goal of specialty behavioral health services is to help the patient attain the highest level of independent function. To this end, these services and interventions will, for the most part, be targeted and time limited to maximize patient stability. The intent is to return the patient to ongoing treatment in the medical home once appropriate.

Virtual Behavioral Health Consultation

If the Primary Care Provider desires a Behavioral Health consult, the Virtual Behavioral Health Clinical Guidance Service is available to outpatient Primary Care Providers on a 24/7 basis. The clinical guidance team will offer the first line of assistance to Primary Care Providers with patients that present signs and symptoms of mental illness. The team will have the ability to assist in directing referrals for Behavioral Health to appropriate areas and will provide support to Primary Care Providers with resources and guidance to adequately treat patients who present with behavioral health conditions. This support will include:

- Information and referral assistance
- General information about various mental illnesses and tools to assist with determining an appropriate diagnosis
- An evidence based resource with literature and evidence-based practices from multiple sources on behavioral health disorders and topics to be available to medical professionals including guidelines for psychotropic medication indications, diagnosis and symptomology, psychotropic medication administration and monitoring, and appropriate screening, prevention, and interventions in community settings.

- Webinar types of education and training for primary care providers focused on improved identification, diagnosis, and treatment of common behavioral health conditions
- Virtual behavioral health guidance consisting of an interdisciplinary consultative team comprised by a psychiatrist, a master's level psychiatric social worker and a psychiatric nurse who will ensure virtual psychiatric guidance services are available within 30 minutes on a 24-hour basis to primary care providers.

Standardized Screening

Behavioral Health will provide Primary Care with standardized screening tools to assist with diagnosing individuals with behavioral health issues as well as early detection and intervention. A standardized treatment protocol will be provided to Primary Care providers to begin first-line treatment for uncomplicated or mild psychiatric illnesses. The tools used can also help guide physicians to the next level in the referral process.

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Clinical Practice Agreement (Cont.)

Embedded Behavioral Health Specialists

Behavioral health will provide primary care with a behavioral health specialist at each of the integrated sites where behavioral health services are currently located. The general behavioral health specialist is typically a social worker or a psychiatric nurse. They will be located within the primary care setting and function as part of the primary care team as well as the behavioral health team. The specialist's role is to provide support and assistance to both PCPs and their patients without engaging in any form of extended specialty behavioral health care. The role of the behavioral health specialist is to coordinate care and communication between behavioral health and primary care. Their responsibilities are as follows:

- Integrate treatment plan to include behavioral health goals and education for patients with behavioral health issues.
- Follow up with providers and patients being referred to behavioral health and being referred back into primary care.
- Provide immediate access to a behavioral health provider by delivering behavioral health services and interventions in the primary care setting on a stat basis.
- Provide brief, solution-focused counseling services in primary care settings as needed.
- Manage the referral process and caseload balance between primary care referrals and stable BH patients transitioning back to primary care providers.
- Initiate treatment planning related to behavioral health issues for patient's psychiatric illness.

Referrals to Behavioral Health

The following unstable conditions of patients would be appropriate for primary care providers to request consultation and/or refer to behavioral health providers:

- Schizophrenia
- Bipolar spectrum disorders
- Major Depressive disorder with psychosis
- Treatment-resistant depression as defined by failure of at least one antidepressant trial at appropriate dosage for 6-8 weeks
- Newly diagnosed or untreated/unremitting Post-Traumatic Stress Disorder
- Borderline Personality Disorder with self-injurious behavior
- Suicidal or homicidal patients (w/o intent or plan)
- Psychiatric Evaluation for ADD/ADHD and medication recommendations
- Any patient insisting upon seeing a mental health professional
- Need for consultation to support ongoing medical counseling and/or behavior management in the primary care setting
- Patient experiencing significant acute physical and/or emotional distress as a result of life events (e.g. death, divorce) and the patient's usual coping skills and resources are overwhelmed
- Patients with primary medical conditions with evidence or diagnosis of comorbid psychiatric illness
- Psychotherapy, requested by the physician and/or the patient, to address specific emotional/behavioral problems and needs

Other psychiatric conditions not listed above may be referred at the primary care provider's discretion. Uncomplicated depressive or anxiety disorders should initially be treated by the primary care provider with an adequate (6-8 weeks at an adequate dose) trial of a selective serotonin reuptake inhibitor or other appropriate medication of the primary care provider's choice. Patients referred for depression should be seen by their primary care provider at the recommended intervals until their first behavioral health appointment.

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Clinical Practice Agreement (Cont.)

In response to a physician referral or a patient-initiated request for services, the patient will be evaluated by licensed clinician member of Behavioral Health Team. This will include initial telephone screening, triage and referral, as well as face-to-face evaluation as indicated. Recommendations for specialty mental health services will be made based upon established medical necessity criteria and then prioritized based on availability and need.

Emergent Situations

Emergency situations in which the patient presents in a crisis as a danger to self or others with a plan or intention to act should be taken seriously. The patient should not be left alone and staff should contact 911 to ensure the patient is evaluated for safety. *NOTE: an emergency in the outpatient setting should never rely on consultative process.*

Case Review/Conference Consults

Behavioral health outpatient consult services will be available for difficult case review and/or integrated service case conferencing on as-needed basis. The intent of this service is to increase effective communication and handoff for cases shared between behavioral health and primary care, as well as to provide case review for challenging patient issues related to behavioral health. Patients who may not be appropriate for outpatient behavioral health consultation include:

- Patient needing emergent care (e.g., suicidal or homicidal ideations)
- Patients on pain medications without comorbid psychiatric illness
- Patients with a primary diagnosis of substance dependence for the purpose of detoxification, substance abuse rehabilitation, or withdrawal management
- Patients stable on benzodiazepines for sedative or hypnotic benefits
- Patients stable on antidepressant medication for depression or anxiety disorders

- Patients with uncomplicated depression prior to at least one (1) antidepressant trial for a 6-8 week period at an appropriate dosage.
- Patients with only a positive depression screen without further evaluation by the primary care provider establishing a diagnosis of depression
- Vascular cognitive disorders

Informing Patients of Need for Consult

Patients referred to behavioral health services need to be informed of the need for specialty consultation by the Primary Care Provider. The patient's agreement with the consultation is essential for successful patient engagement in their health care plan.

Return of Patients to Primary Care

Once a patient is determined to be stable on commonly prescribed psychiatric medications without need for other behavioral health interventions, the patient will be referred back to a primary care provider for continued medication management. A stable psychiatric patient is defined as one of the following:

- A patient on no more than two psychotropic medications
- A patient who has had no change in medication during the past six months
- Able to self-manage mental health treatment needs without requiring ongoing multidisciplinary/team-based mental health services
- A patient that meets criteria within Quadrant I and Quadrant III of the Four Quadrant Model.

Behavioral health providers, with concurrence from the patient, will contact the primary care provider to discuss the transfer of care and follow-up recommendation for treatment and monitoring. Behavioral health will retain responsibility for care of patients with unstable psychiatric conditions.

This clinical practice agreement regarding the coordination of care between primary care and behavioral health was implemented on _____.