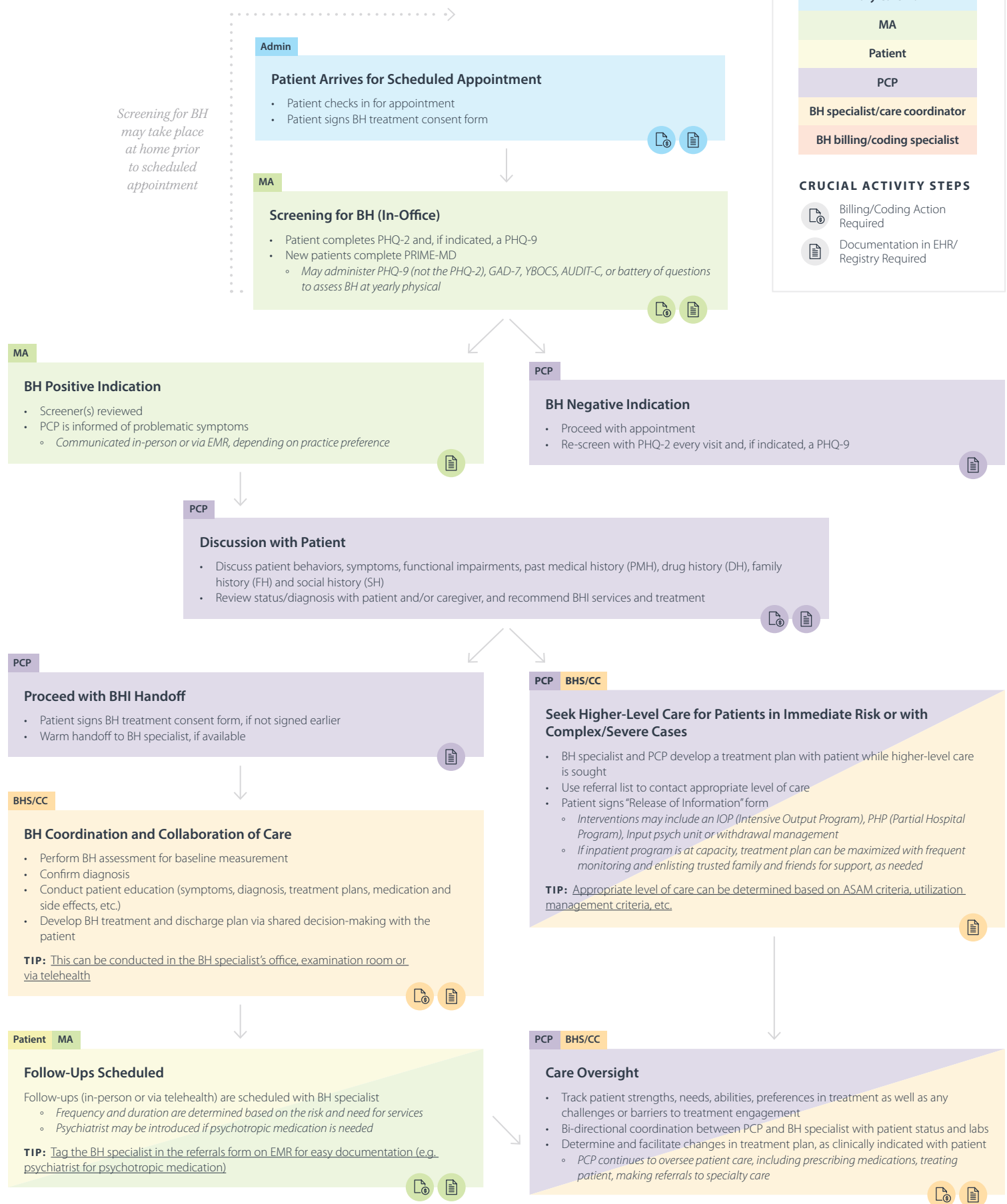


BHI Workflow Example:

Care Team On-site Initial Visit (Co-Location or Integrated Care Model)



BHI Workflow Example: Care Team Off-site (Coordinated Care Model)

Screening for BH may take place at home prior to scheduled appointment

Admin

Patient Arrives for Scheduled Appointment

- Patient checks in for appointment
- Patient signs BH treatment consent form

MA

Screening for BH (In-Office)

- Patient completes PHQ-2 and, if indicated, a PHQ-9
- New patients complete PRIME-MD
 - May administer PHQ-9 (not the PHQ-2), GAD-7, YBOCS, AUDIT-C, or battery of questions to assess BH at yearly physical

LEADER OF ACTION STEP

Primary Care Admin
MA
Patient
PCP
BH specialist/care coordinator
BH billing/coding specialist

CRUCIAL ACTIVITY STEPS

- Billing/Coding Action Required
- Documentation in EHR/Registry Required

MA

BH Positive Indication

- Screener(s) reviewed
- PCP is informed of problematic symptoms
 - Communicated in-person or via EMR, depending on practice preference

PCP

BH Negative Indication

- Proceed with appointment
- Re-screen with PHQ-2 every visit and, if indicated, a PHQ-9

PCP

Discussion with Patient

- Discuss patient behaviors, symptoms, functional impairments, past medical history (PMH), drug history (DH), family history (FH) and social history (SH)
- Review status/diagnosis with patient and/or caregiver, and recommend BHI services and treatment

PCP

Proceed with BHI Handoff

- Patient signs BH treatment consent form, if not signed earlier, "Release of Information" and "Collaborative Care Intake" forms
- BH specialist contacted to speak with patient via phone or telehealth after appointment, if available
- Appointment scheduled with BH specialist
- Patient is provided access to a patient portal, if available

PCP BHS/CC

Seek Higher-Level Care for Patients in Immediate Risk or with Complex/Severe Cases

Patient signs "Release of Information" form, and BH specialist develops a treatment plan with the PCP while higher-level care is sought

- Interventions may include an IOP (Intensive Output Program), PHP (Partial Hospital Program), Input psych unit or withdrawal management
- If an inpatient program is at capacity, the treatment plan can be maximized and continued with heavy monitoring until the patient can be admitted

TIP: Appropriate level of care can be determined based on ASAM criteria, utilization management criteria, etc.

BHB/CS

Enrollment and Verification of Eligibility

- Enrollment and Verification of Eligibility for BHI Services
 - If patient is ineligible, may write off the session and triage to other resources covered by their insurance
 - If patient opts to use an outside provider for BH services and keep PCP informed, EMR can be used to track and coordinate care

BHS/CC

BH Coordination and Collaboration of Care

- Perform and record BH assessment
- Confirm diagnosis
- Provide patient education (symptoms, diagnosis, treatment plans, medication and side effects, etc.)
- Develop BH treatment and discharge plan via shared decision-making with the patient
- Conducted at the BH specialist's office or via tele-health
 - BH staff writes short note to PCP reflecting handoff

Patient MA

Follow-Ups Scheduled

Follow-ups (in-person or via telehealth) are scheduled with BH specialist

- Frequency and duration are determined based on the risk and need for services
- Psychiatrist may be introduced if psychotropic medication is needed

TIP: Tag the BH specialist in the referrals form on EMR for easy documentation (e.g. psychiatrist for psychotropic medication)

PCP BHS/CC

Care Oversight

- Track patient strengths, needs, abilities, preferences in treatment as well as any challenges or barriers to treatment engagement
- Bi-directional coordination between PCP and BH specialist with patient status and labs
- Determine and facilitate changes in treatment plan, as clinically indicated with patient
 - PCP continues to oversee patient care, including prescribing medications, treating patient, making referrals to specialty care