

Frequently Asked Questions about the Collaborative Care Model

What is the goal of the Collaborative Care Initiative (CCI) Consult Clinic?

- To improve access to care for children and adolescents with mild to moderate mental health problems.

How does the Collaborative Care Model (CCM) work?

- Primary care providers (PCPs) refer patients for an outpatient psychiatric consultation and ≤ 3 additional follow up visits.
- After this extended consultation, the patient returns to the PCP who provides ongoing care.

What types of patients are appropriate for a Collaborative Care consultation?

- The best patients for this model are those with mild to moderate mental health problems (see the Triage sheet)

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How can I refer a patient to the Collaborative Care Model?

- Make sure patient is in – network with CCI Consult Clinic.
- Fax the Collaborative Care Consultation Request Form, your most recent clinic note, and the face sheet.

What happens when patients are referred to the Model?

- Our collaborative care child and adolescent psychiatrist (CAP) reviews every consultation request to determine whether case is appropriate for collaborative management.
- If case is appropriate for the Collaborative Care Model, our Intake Coordinator will contact the patient directly to schedule appointment.
- If the patient is not appropriate for Collaborative Care, our Intake coordinator will contact the PCP to suggest appropriate community resources for the patient.

What happens at the end of a Collaborative Care consultation?

- When patient is stable, s/he will be discharged back to the PCP, with specific instructions for ongoing care (i.e. dose titration for psychotropic medication, recommendations for ongoing follow-up with therapy, etc.)
- The PCP has the opportunity for additional outpatient or telephone consultation with the partnering CAP.

How do you know if your patient would benefit from the Child Psychiatry Consultation Model?

1. Does your patient have at least one of the following conditions?

- Depression of mild-moderate severity with/out anxiety
- Anxiety that has failed a trial of therapy
- ADHD that has failed 2 trials of medications

NO

Consider alternate level of care

↓ YES

2. Does your patient require emergent care?

- Psychosis
- Mania
- Current suicidal thoughts with intent and/or plan

YES

Refer patient to the emergency room

↓ NO

3. Would your patient be better suited with long-term psychiatric care due to a past history of one of the following?

- Bipolar
- Psychosis
- Suicide attempt
- Psychiatric hospitalization
- Trauma/abuse

YES

Refer patient for long - term psychiatric care

↓ NO

4. Is your patient currently using alcohol and/or drugs multiple times a week?

YES

Substance abuse treatment

↓ NO

Your patient is appropriate for collaborative management in the CPCM

Collaborative Care Model: Psychiatry Providers and Insurance Information

University of Florida Psychiatry

Please **FAX** referral forms and your most recent clinical note to: (904) 383-1660

Attention: Sharon Richards

Phone: (904) 383-1656

Locations:

8th St

580 West 8th Street
6th Floor, Tower II
Jacksonville, FL 32209

DuPont Station

6266 DuPont Station Ct
Jacksonville, FL 32217

Now Accepting Referrals:

- Dr. Elise Fallucco (DuPont Station)
- Dr. Steven Cuffe (8th St)
- UF Psychiatry Residents (8th St and DuPont Station)

UF Health is “in-network” for:

Aetna

BCBS

Capitol Health Plan

Cigna

GatorCare

Humana (commercial plans)

Magellan Complete Care of FL MMA

Medicare/Medicaid (case-by-case)

MHNet

Molina MMA

Tricare (Standard)

United Behavioral Health (Commercial, Healthy Kids, Medicaid)

Wellcare of FL (Medicare, Medicaid, Healthy Kids)

UF Health is out of network for:

Sunshine Health



Collaborative Care Psychiatry Consultation Request Form

University of Florida Psychiatry

Please **FAX** referral forms and your most recent *clinical note* to (904) 383-1660

Attention: Sharon Richards

Phone: (904) 383-1656

Patient Name:

Date of Birth:

Patient Phone #:

Health Insurance:

Service Requested:

Collaborative Care Model: consultation and up to 3 follow-up visits with plan for patient to return to PRIMARY CARE provider for long-term psychotropic medication management

Does the patient have a past history of bipolar, psychosis, or psychiatric hospitalization?

Yes; *If so, please refer instead to Psychiatry for Traditional Care* No

Is the patient currently using alcohol and/or drugs multiple times a week?

Yes; *If so, please refer instead for substance abuse treatment* No

Reason for Consult: Depression Anxiety Other (describe):

Current symptoms of mental illness and changes in school/home functioning:

Has the patient tried psychotropic medication? Yes (please list medications) No

Is the patient currently being treated with psychotherapy?

Yes (by whom) No

Score on Patient Health Questionnaire – 9 Item (PHQ9), if relevant:

Current Medications and Medical Problems:

Name of Referring PCP:

Fax# for Referring PCP:

Phone # for Referring PCP: