BHI Workflow Example: 
Care Team On-site Initial Visit (Co-Location or Integrated Care Model)

**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

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

**BH specialist/care coordinator**
- **BH Negative Indication**
  - Proceed with appointment
  - Re-screen with PHQ-2 every visit and, if indicated, a PHQ-9

**MA**
- **Proceed with BHI Handoff**
  - Patient signs BH treatment consent form, if not signed earlier
  - Warm handoff to BH specialist, if available

**BH specialist/care coordinator**
- **BH Coordination and Collaboration of Care**
  - Perform BH assessment for baseline measurement
  - Confirm diagnosis
  - Conduct patient education (symptoms, diagnosis, treatment plans, medication and side effects, etc.)
  - Develop BH treatment and discharge plan via shared decision-making with the patient
    - This can be conducted in the BH specialist’s office, examination room or via telehealth

**Patient**
- **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
    - Tag the BH specialist in the referrals form on EMR for easy documentation (e.g., psychiatrist for psychotropic medication)

**PCP**
- **Seek Higher-Level Care for Patients in Immediate Risk or with Complex/Severe Cases**
  - BH specialist and PCP develop a treatment plan with patient while higher-level care is sought
  - Use referral list to contact appropriate level of care
  - Patient signs "Release of Information" form
    - Interventions may include an IOP (Intensive Output Program), PHP (Partial Hospital Program), input psych unit or withdrawal management
    - If inpatient program is at capacity, treatment plan can be maximized with frequent monitoring and enlisting trusted family and friends for support, as needed
    - Appropriate level of care can be determined based on ASAM criteria, utilization management criteria, etc.

**MA**
- **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 BH services and treatment

**MA**
- **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

**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

**TIP:** Screening for BH may take place at home prior to scheduled appointment.
**BHI Workflow Example: Care Team Off-site (Coordinated Care Model)**

**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

**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 BH services and treatment

**BH/CS**
- 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

**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)

**BH Positive Indication**
- Screen(s) reviewed
  - PCP is informed of problematic symptoms
  - Communicated in-person or via EMR, depending on practice preference

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

**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.

**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

**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