CCC Follow-Up: Training Tool

Center for Integrated Healthcare

Introduction/Agenda Setting

1-2 Minutes

- *Remind Veteran of 25 minute time*
- *Completion of self-report instruments (if not already done) and explains the use of instruments at each appointment**
- *Informs Veteran further assessment will then occur with plan for adjustment of treatment as needed*
- *Informs communication will happen back to PCP*

Assess

5 minutes

Self-Report Instruments and Risk Assessment

*Reviews results of brief self-report instruments**

Measurement-based care

PHQ-9:
GAD-7:
PCL:
BAM/AUDIT-C:
Other:

Risk Assessment (e.g., lethality, suicidality/homicidality):

*Appropriately assesses and manages risk of harm to self/others**

Homework Review

Reviews any homework from prior session and incorporates this into the assessment

Other PCMHI/PACT Members Input (care manager, PCP, RN, etc.)

Functional Assessment

Reviews status of presenting problem and current impact on patient's functioning (physical, emotional, behavioral, environmental/social, cognitive) and any changes since the prior visit including progress towards goals

Formulation

Positive/Negative Factors Impacting Functioning

Assessment of Medication Adherence and Adverse Reactions (if applicable)

Review of Active Medication List

Review of Problem List and Medical History Since Last Appointment

Brief Review of Systems (if indicated for prescribers)

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Advise/Agree

1-2 minutes

Goal Discussion

*Collaboratively adjusts/revises change advise and goals based on self-report measures, brief assessment of progress toward goals, patient interest and motivation to change relative to progress and symptoms.**

Assist

5-15 Minutes

Evidence-Based Intervention

Selects evidence-based interventions for use within session, appropriate for the concern and consistent with competency training. Continues behavioral change plan for addressing identified concerns and implementing next steps.

Handouts Given (education/activation):

Reminder: CIH Patient Handouts here

Arrange

3 Minutes

*Specify plans for follow-up (visits/calls)**

Provide patient with a written prescription of next steps

RTC Follow-Up Arrangements

Additional Referrals (if indicated):

- Referral to Care Management (if indicated)
- Referral PACT Team Member (if indicated)
- Referral to Specialty Mental Health (if indicated)

Written Prescription of Next Steps (including revision of SMART goals)

Remember: Give feedback to the PCP/PACT that is brief and focused after seeing the Veteran!

**indicates critical items for inclusion in competency demonstrations and key areas in your work with Veterans*