# PC-MHI, TREATMENT PLANS & THE JOINT COMMISSION:

## *What are the Frequently Asked Questions (FAQs)?*

*Many PC-MHI programs have inquired about the need for treatment plans for Veterans treated in their co-located collaborative clinics. Although formal guidelines for treatment planning have not yet been issued, we would like to clear up some of the confusion over the question of the requirements of the Joint Commission (TJC). In late winter, representatives from the Primary Care-Mental Health Integration program office, Office of Mental Health Services, Office of Mental Health Operations and Office of Quality and Performance had a teleconference with TJC's behavioral health lead to better understand how they approach PC-MHI.*

*The following FAQ's are based on that discussion and field experience with TJC visits.*

**Q: Do Veterans treated in PC-MHI settings require the full biopsychosocial assessment typically required in mental health (MH) settings?**

**A:** No. It is important to keep in mind that typical mental health programs treat a caseload of referred patients. PC-MHI programs provide mental health care for a panel of primary care patients as discipline specific members of the Patient Aligned Care Team (PACT). PC-MHI providers take a brief, problem focused approach, paying attention to those aspects most relevant to the problem at hand, unless there is evidence of a more complex problem or disorder.

**Q: Do these Veterans need a MH treatment plan?**

**A:** The PACT is responsible for the overall treatment plan of the patients seen in PC-MHI programs and the programs are surveyed under the ambulatory care standards. Within that treatment plan, the MH problem is identified. The PC-MHI providers are responsible for that portion of the overall plan but this does not require the comprehensive plan usually seen in specialty settings. It is brief and addresses the problem at hand. This plan may then be incorporated into the PACT treatment plan.

**Q: What *IS* required in the MH portion of the overall treatment plan?**

**A:** There are three items to be addressed: 1) What is the problem you are helping the Veteran address (e.g. pain, depression, etc); 2) Statement of treatment modality (e.g. problem solving therapy, relaxation, antidepressant Rx, etc); 3) Anticipated goal: How will you know if treatment is complete, using a measurable tool: (e.g. PHQ-9, pain score, etc).

**Q: What if the Veteran is referred to a specialized MH program?**

**A:** Assessment and treatment planning will be in accordance with the policies in that program.

**Q: Suppose I am going to do a more traditional treatment, such as Cognitive Processing or Exposure Therapy, in Primary Care.**

**A:** It is desirable to provide specialized mental health treatment in primary care but delivery of such care in PC is still specialized MH care. Thus these individuals would need to have a full treatment plan as outlined by specialty mental health and consistent with the policies and procedures in that service. PC-MHI is still a relatively new field and the evidence base is still growing. We hope to see the development of more and more brief interventions within PC-MHI programs.

**Q: How do we use this information in developing our program?**

**A:** As with other programs within any mental health service, each site will need to develop a policy and procedure (P&P) chapter within the service manual that describes the operations of the program. The program should also be described in the Plan for Provision of Care, though with less detail. Alternatively, the program could be added to the P&P manual for the PACT, with reference to that manual in the MH manual

**Q: What if we have no policy and procedure manual?**

**A:** Although TJC does have standards, their reviewers are most interested in whether you are doing what you say you are doing. If your PC-MHI program does not have its own policies and procedures, it will be held to the standards of your specialized mental health programs.