IMPACT Care Manager Competencies – *Overview*

Care manager competencies for integrated, stepped care include:

1. Engage and educate patients in stepped, collaborative care model. The care manager must be able to:

- Explain how the IMPACT team works together to help the patient manage their depression
- Educate the patient about depression and the treatments offered in the IMPACT model
- Help the patient select the best intervention for their depression
- Discuss accommodations to barriers to regular follow up visits

2. Work in a team model of care to manage depression, anxiety, substance use. The care manager must be able to:

- Check in with the patients' primary care doctors about patient progress and treatment
- Work regularly with a psychiatrist or other mental health prescribing provider to review cases and adjust treatment based on PHQ-9

3. Use symptom checklists with patients to inform treatment decisions. The care manager must be able to:

- Administer the PHQ-9 and GAD-7 (or equivalent) in a consistent yet compassionate way
- Explain to patients the importance of monitoring mood to inform treatment
- Use the symptom changes to reinforce self care and treatment behaviors
- Use data from these checklists to make decisions about treatment (panel management)

4. Provide medication management. The care manager must be able to:

- Monitor side effects
- Ask about adherence to treatment
- Know when to contact the psychiatrist or primary care provider

5. Provide brief, structure treatment. The care manager must be able to:

- Deliver an evidence based treatment for depression or anxiety that fits into the primary care culture (less than 30 minute visits; e.g.: PST, brief CBT, Behavioral Activation, ART).
- Determine when treatment is not working and the patient should be referred to other services or needs to be seen by the psychiatrist.

IMPACT Care Manager Competencies – *Curriculum*

Part 1. Engage and educate patients in stepped, collaborative care model

- Explain how the IMPACT team works together to help the patient manage their depression
- Educate the patient about depression and the treatments offered in the IMPACT model
- Help the patient select the best intervention for their depression
- Discuss accommodations to barriers to regular follow up visits

IMPACT Care Manager Competencies – *Curriculum*

Part 2. Work in a team model of care to manage depression, anxiety, substance use

- Check in with the patients' primary care doctors about patient progress and treatment
- Work regularly with a psychiatrist or other mental health prescribing provider to review cases and adjust treatment based on PHQ-9

IMPACT Care Manager Competencies – *Curriculum*

Part 3. Use symptom checklists with patients to inform treatment decisions

1. Administer the PHQ-9 and GAD-7 (or equivalent) in a consistent yet compassionate way

- Define when PHQ-9/GAD-7 will be administered during each session by:
    - "Structuring" this within each session, by explaining the structure or "plan" of future sessions at the end of the first session:
        - Check-in: Open-ended check-in led by the Pt (5-min.)
        - Assessment: Administration of PHQ-9/GAD-7 (5-10 min.)
        - Intervention: Education, coaching, BA, PST, etc. (rest of session)

- Assess Pt's ability to complete and understand PHQ-9/GAD-7 literally (i.e., as written) and independently:
    - Consider level of education, literacy, and English proficiency
    - Attempt to administer PHQ-9/GAD-7 literally to assess Pt's ability, without assuming Pt is unable
    - Use aids such as an 8.5" x 11" blowup of 4 possible answers illustrated with a timeline or other image

- Adapt form of administration only if needed and making as less drastic changes as possible:
    - Use 1 week instead of 2 weeks, then double the days
    - Use 'quality' rather than 'frequency'
    - Inquire about each symptom 'conversationally' only as a last resort, for example:
        - "How has your concentration been the past week?"
        - "A little bad or very bad?"
    - Note on the PHQ-9/GAD-9 how you adapted the administration and administer it the same way each time
    - Maintain consistency for every administration, including across all CM's in your clinic (i.e., decide on one literal translation and one manner of explaining symptoms to be used by all CM's)

- Do not:
    - Don't change item texts (e.g., changing "having little energy" to "having no energy")

2. Explain to patients the importance of monitoring mood to inform treatment

- Explain main "facts" of depression/anxiety symptoms to Pt authoritatively (CM and PCP both):
    - Depression/anxiety symptoms are common in primary care (i.e., normalize Pt's symptom experiences)
    - Symptoms occur together with and can originate from (i.e., interact with) one's physical conditions, social/family problems, and changes that occur during aging (i.e., decreases in functioning)
    - Symptoms impact one's ability to care for oneself and for family members (creating a spiral of doubt, sense of not taking care of one's responsibilities and instead being dependent upon family members, etc.)
    - Symptoms can and do decrease, just like physical symptoms, through different treatment options (i.e., they are not a normal and permanent part of life and of aging)

3. Use the symptom changes to reinforce self-care and treatment behaviors

- Assist Pt to identify his/her main symptoms and increase awareness of when/where these occur (i.e., their relationship to physical and social problems) as well as history of these symptom experiences
- Challenge (i.e., motivate) Pts who say there is nothing they want or can do about their symptoms, noting inconsistency with their own stated goals and desires.

4. Use data from these checklists to make decisions about treatment (panel management)

- Understand role of PHQ-9/GAD-7 as a main tool for:
    - Assessing symptoms
    - Teaching Pt about mental condition and specific core symptoms experienced by Pt. and their relationship to somatic conditions and overall health
    - Informing identification of problems to target in BA and PST
    - Monitoring symptoms
    - Tracking treatment response/outcomes in stepped care framework
    - Communicating with PCP and CP
    - Adjusting treatment according to an evidence-based algorithm, including:
    -
        - Move from "Initial Treatment" to "Step 2" or "Plan B"
        - Move to "Maintenance and Relapse Prevention"
        - Referral to specialty mental health care
        -
    - Decision-making in a panel management framework

- Considerations for Cultural Competence
    - Use PHQ-9/GAD-9 in conjunction with one or two other "measures" identified with Pt. as their principal problem (e.g., an activity of daily living)

IMPACT Care Manager Competencies – *Curriculum*

Part 4. Provide medication management

- Monitor side effects
- Ask about adherence to treatment
- Know when to contact the psychiatrist or primary care provider

Part 5. Provide brief, structure treatment

- Deliver an evidence based treatment for depression or anxiety that fits into the primary care culture (less than 30 minute visits; e.g.: PST, brief CBT, Behavioral Activation, ART).
- Determine when treatment is not working and the patient should be referred to other services or needs to be seen by the psychiatrist.