

Desired Skills for CM position

- Any experience working in medicine, particularly primary care medicine, or medical patients (e.g.: diabetes, obesity, smoking). This is not imperative, but nice to know if they have that experience.
- If no experience in medicine, experience working in settings where patient management is brief and problem focused (e.g.: foster care, senior services).
- Experience with brief treatments or interventions: have they ever used CBT, behavioral activation, motivational interviewing.
- Experience with "panel review", using standard measures to monitor patient improvement, and using those measures to make changes in treatment when needed.
- Experience working in clinical teams.
- Experience working with psychiatrists or pharmacists.
- Comfort providing medication management.

Suggested Interview Questions

Explain IMPACT to the applicant:

IMPACT is an evidence-based stepped care, collaborative care model to manage mental illnesses like anxiety and depression in primary care medicine. The position you are applying for, that of a care manager, is critical to the success of the program. You will be working within primary care medicine, along side doctors and nurses who will be asking you to manage the patients who are suffering from depression and anxiety. Your job responsibilities will be to educate the patient about depression or anxiety, and how the model works. You will be assessing patient's degree of mental illness and determining if they can be treated in primary care medicine or need to move onto specialty mental health care. For those who stay in primary care medicine, you will be providing brief treatments including medication monitoring and management, behavioral activation, and problem solving treatment. You will also be using a brief symptom tool, either the PHQ-9 or GAD7, to determine if the patient is responding to treatment. In consultation with a psychiatrist, you will make decisions on a regular basis about whether or not treatment needs to change to help the patient recover. Every 6-8 weeks you will talk about those cases who are not responding with your psychiatrist, who will decide if the patient needs to be seen by him or her, or if a simple augmentation will help. Patients who do respond to treatment are moved to maintenance, which means you may be checking in with them by phone every 4-8 weeks. Importantly, because this is a primary care based treatment, your visits with patients will be no longer than 30 minutes. In other words, this is not specialty mental health that happens to be in medicine, it is truly primary care mental health treatment. Do you have any questions?

Interview Questions

1. What do you think of this model? Do you see yourself being able to work in a model like this?
2. What if you accepted this job, but then realized it was what you were expecting. What would you do?
3. Have you ever used brief treatments before?
 - a. *If yes:* Please describe a recent case. How many sessions, did you track outcomes, and what did you think of the treatment approach? How did you build "rapport"?
 - b. *If no:* What is your impression of brief, evidence-based treatments? Do you think they are effective?
4. If you saw a patient who had both depression and substance abuse, how would you handle this case in a brief model? Do you think they can respond to primary care based care, or do they need to be referred to specialty mental health?
5. How do you structure your clinical meetings with patients?
6. How do you decide that a patient is doing well and can continue in treatment or needs more help?
7. Ask the applicant to respond to this scenario:

"You have been treating a patient diagnosed with major depression for the last 6 weeks. She initially did not want to try medications so you treated her with PST. She has been using the PST model, implementing her action plans, but her PHQ-9 (depression score) has not changed much; she started with a score of 20 (severe) and now her score is 16 (moderate). The patient reports feeling better, but is resigned to feeling melancholy the rest of her life. What would you do?"

- a. Are you comfortable using self-report measures like the Beck or PHQ-9?
- b. Have you ever used the PHQ9?
- c. Have they ever given these measures or similar measures to a patient?

8. What do you think about the idea of only working with patients a short period of time and having to hand off more difficult patients to specialty care? Have you done that before? If so, what was that like for you?
9. A fair amount of the job will be assisting with medication management, meaning you will be checking in with the patient about adherence to meds, side effects, and tracking how the patient is responding. You do not prescribe and all decisions about medication changes and effects are discussed with the psychiatrist, but you will be the middle-man talking about medications with patients. How do you feel about that? Have you ever work on cases with psychiatrists before and been in this role of checking up on patients med management?
10. Warm hand offs are a really important tool for engaging patients in this model. You have ot be available to meet new patients at a moments notice. For instance, if you are in session with a patient, doctors and nurses will interrupt you to introduce you to a new case; they may interrupt you for a question they have. This is the culture of primary care medicine. How do you feel about the idea of being interrupted while working with a patient?