

CHS Guidelines for Inter-Disciplinary Communication

As an integrated organization, it is essential for providers to coordinate and collaborate with one another when providing multidisciplinary care for a shared population of patients. This document outlines CHS' clinical practice expectations and standards regarding communication and care coordination for an integrated healthcare team providing care to the same patient.

Guidance for PCPs regarding Communicating with Psychiatry Providers:

- Do not refill psychiatry medications. Instead call psychiatry nurses for issues with medications managed by a psychiatry provider (samples, refills, new appointments, etc.)
- Psychiatry providers would like PCP's to communicate findings such as:
 - Medication changes that create an interaction with psychotropic medications (especially BP medication changes for patients on lithium).
 - If the patient discloses that they are non-compliant with psychotropic medications.
 - If medical issues such as diabetes or high blood pressure become unstable or poorly controlled following initiation of psychotropic medications.
 - Patient sent to the ER for medical concerns.
 - If psychiatric symptoms persist, change, or worsen after psychotropic is initiated.

Guidance for PCPs about Communicating with Behavioral Providers (BHCs and Therapists):

Behavioral providers would like PCPs to communicate findings such as:

- New diagnoses or medications that could exacerbate or mimic psychological symptoms.
- Treatment adherence concerns that should be a target for behavioral intervention.
- Patient sent to the ER for medical concerns.

Guidance for Behavioral Providers (BHCs and Therapists) about Communicating with PCPs:

Primary care providers would like behavioral providers to communicate findings such as:

- Patient has a significant psychosocial barrier to treatment adherence (e.g., illiteracy, limited cognitive functioning, limited resources, or a toxic home environment).
- Patient is out of primary care medication and reason (e.g., cost, ran out, etc).
- Patient sent to the ER or CSU.
- Active alcohol or substance use.
- Axis II pathology that will impact care.
- When a patient has been prescribed psychotropic medication by PCP, feedback regarding patient response to medication.

Guidance for Psychiatry Providers about Communicating with PCPs:

- If laboratory work is needed in the future and you would like them done at the next primary care appointment, please put the orders in future lab orders and alert the primary care provider via task.
- Request for EKG can be put in the “additional information” section on the future lab orders template. Task this need to PCP so that staff will also be aware of the needed study.
- Primary care providers would like psychiatric providers to communicate findings such as:
 - Medication changes that create an interaction with primary care medications.
 - Non-adherence with primary care medications.
 - Patient sent to the ER or CSU.
 - The patient reports unstable medical issues (e.g., poorly controlled diabetes or high blood pressure). In this case, either call the primary care provider (or their nurse) or task high priority based on clinical judgment.

General Communication Guidelines for ALL Providers:

- ALL communication regarding shared patients (BH and PC) be sent via tasks so it can become part of the chart.
- Communications should be brief and targeted. For example, “Patient update: Sx well controlled following medication change.”
- If a semi-emergent need is identified, please flag the task as high priority.
- Crises or situations requiring emergent response should not be communicated via task.
- When a provider sees a patient who needs refills for a condition that is managed by another discipline, task the managing provider with the name of the needed medication and the patient’s pharmacy.
- If you are not the managing provider, do not take the medications out of the medication module if non-compliance is reported. Instead, task the managing provider so that the team can contact patient and assess needs.