



Quick Tips for Providers: *Collaborative Care within the Patient-Centered Medical Home*

The American Academy of Pediatrics (AAP) recommends, and the standards for the Patient-Centered Medical Home require that pediatricians not only identify and attend to children’s mental health issues, but also coordinate and oversee the provision of their patients’ mental health care.

Collaborative communication among interprofessional providers treating childhood mental health is essential, as without it there is a risk of fragmentation and service duplication. Coordinated treatment planning between providers has been well received and is associated with positive family-provider relations and patient outcomes.

However, communication between interprofessional providers – especially those located in separate practice settings – is cumbersome, time consuming, and typically occurs infrequently unless an emergency arises. Here are some tips for improving collaborative care within the patient-centered medical home:

1. Set a communication protocol.

- “What’s the best way to communicate with you?”
- “Can I call you at lunchtime or the end of the day?”
- “How often would you like to check-in?”

Flip the script and connect with them first! They will appreciate communicating with you.

Let them know when you are generally available. The key is to structure interactions so it doesn’t become phone tag. Mental health providers consistently describe the decision to communicate with pediatric PCPs as occurring primarily when initiated by them (rather than by the pediatric PCP).

2. Learn their approach.

When your patient is already seeing a therapist or when you’re evaluating whether to establish a referral relationship, you want to know whether the therapist is using evidence-based practices. A good question to ask would be, “Do you assign homework as part of the therapeutic process?” A therapist who is implementing cognitive behavioral therapy for depression, for example, or behavioral parent training for behavior issues will typically assign tasks for patients to practice between sessions.

3. Reinforce recommendations—a two-way street.

Talk with the provider regularly to find out what they are working on with your shared patient. Then, when you see the patient and family, you can reinforce the goals. For example, “How are you doing with getting outside most days?” In the same way, therapists can work with patients to improve their compliance with your treatment plans (e.g., medication adherence) as well.

4. Ask about treatment progress.

Patients’ and families’ perceptions of their treatment with their mental health provider is important, but their perceptions may be skewed or they may not disclose specific information and provide a generic response (i.e. therapy is good).” Ask the provider directly about how treatment is going.

6. Connect with the school.

With the family’s permission, reach out to school professionals, such as teachers or the school counselor at the child’s school. They can help set up plans for educational accommodation (IEPs or 504 plans), if needed. Managing educational accommodations is often difficult for families and connecting with school professionals is an excellent step to support families. They also have access to accurate information about the patient’s ability to function at school.

References:

Reiss, M., Greene, C. A., & Ford, J. D. (2017). Is it time to talk? Understanding specialty child mental healthcare providers' decisions to engage in interdisciplinary communication with pediatricians. *Social science & medicine* (1982), 175, 66–71. <https://doi.org/10.1016/j.socscimed.2016.12.036>

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