

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department: Clinical Practices		# of Pages: 4	
Policy Name COORDINATION OF PRIMARY CARE		Type of Policy: <input type="checkbox"/> WCHO <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Network	
Policy Number 12.016	Effective Date	Revision Date	Approval Date 2/8/06
Administrative/Board of Directors Sign Off			
Administrative Signature:			Date:
Board of Directors Signature:			Date:

I. PURPOSE

To affirm the importance of the coordination of services between the Community Mental Health Partnership of Southeast Michigan (CMHPSM) and the Coordinating Agencies and services provided to recipients by their physical health care physicians and other specialty care providers.

To establish guidelines for staff to follow in the coordination of mental health and physical health services, including coordination with primary care physicians, special health care providers, substance abuse providers and private insurance carriers.

II. APPLICATION

This policy applies to the PIHP, CMHSP's and Coordinating Agencies (CA's), its internal and contractual staff along with students, volunteers and all mental health and substance abuse contractual providers.

III. DEFINITIONS

CA: Coordinating Agency for Substance Abuse services

CMHPSM: Community Mental Health Partnership of Southeastern Michigan

CMHSP: Community Mental Health Services Program

PCP: Primary Care Physician

Primary Care: Services provided by general practitioners or general clinics.

Special Health Care: Services provided by medical specialist to treat a specific disease, condition or symptom. Examples may include surgeons, oncologists, podiatry, OB/GYN, and rehabilitation specialists.

IV. POLICY

- A. The CMHPSM and CA views recipients holistically, making no artificial separation between mind and body, therefore, CMHSP services and primary medical care will be coordinated, collaborative and integrated.
- B. All coordination activities are based on the completion of current and appropriate releases of information obtained by the recipient and/or legal guardians. All refusals of release will be documented in the recipient's clinical record.
- C. The CMHSP and CA shall ensure that the following occur with a signed release of information:
 - 1. When a recipient does not have a primary care physician (PCP), staff shall make ongoing efforts to assist in linking the recipient with one.
 - 2. If a recipient has a PCP but is not utilizing the PCP, staff shall encourage the recipient in making the appropriate contact(s) with the PCP.
 - 3. Staff will notify PCP's when a recipient starts services. See Procedures on content of the letter sent to the PCP.
 - 4. Staff shall contact the PCP when a recipient ends services.
 - 5. Staff when aware shall inform the PCP when a recipient has an inpatient psychiatric admission.
 - 6. When determined by a CMHSP physician contracted physician, or nurse practitioner or nurse to be necessary to reduce the likelihood of harm to the recipient, staff shall notify the PCP of any significant medication changes or lab results.
- D. Staff through the initial and annual person centered planning and initial and annual assessment shall identify the recipient's level of need for primary care services and reflect it in the individual plan of services. Consultation with physicians and nurses will be made to assist in identifying any medical issues in need of linking and coordinating as needed.
- E. As necessary, staff shall make efforts to ensure that relevant mental and physical records are shared by mental health and PCP staff
- F. If assessed to be potentially beneficial to the recipient, staff shall consider initiating communication with the PCP when the recipient
 - 1. has behavioral health, substance abuse, co-occurring and/or physical health concerns.

2. requires access to specialized medical assessments and services
3. receives services/supports for an extended period of time, e.g., receives case management or supports coordination services
4. has difficulty accessing either or both of the mental and physical healthcare systems
5. is referred by their primary care physician or vice-versa
6. requires ongoing direct care / home help support for physical conditions

G. The CMHSP Medical Director and other CMHSP, CA or contractual physicians or nurse practitioners or nurse may also engage in the following coordination efforts when deemed necessary:

1. Provide consultation to nurses and others regarding the coordination of care between the CMHSP the CA and primary care physicians
2. Provide consultation to nurses and others regarding specific cases in which there are questions regarding medication interactions, interactive effects between psychiatric and physical symptoms and / or changes in status.
3. Assist in the development, review and revision of this policy
4. Provide consultation/training/education to primary healthcare providers in the community as needed or requested

V. EXHIBITS

None

VI. REFERENCES

- A. Balanced Budget Act; Coordination of Care Standards 438.208(b), (c)
- B. Joint Commission on Accreditation of Healthcare Organizations CC 3.40 BH, PC.560
- C. Michigan Department of Community Health Section 6.9.4

VII. PROCEDURES

	WHO	DOES WHAT
Recipient		Begins CMHSP services
Staff		During the initial and annual assessment/person centered planning process the staff member has a dialogue with the recipient about the importance and benefits of having a primary care physician and the coordination between the CMHSP and the PCP.
Staff		If the recipient has a primary care physician, encourage the recipient to sign a

release of information based on initial coordination dialogue. The staff should explore what information the recipient would want to be shared on a regular and as needed basis. The staff shall document in the clinical record any refusal to sign a release of information.

Staff

If the recipient does not have a PCP, the staff member will work with the recipient to obtain a PCP and sign a release.

Staff

Contact PCP in writing that recipient has begun CMHSP services. The letter should include the following:
CMHSP services provided
-Axis I, II, III Diagnosis
-Current Medications
-Whom/How to contact CMHSP
-Invitation to coordinate care
-Request to be notified if medical status changes

CMHSP Physicians or contracted physicians

Contact PCP when necessary of any medication changes.

CMHSP Physicians or contracted physicians

Contact PCP when necessary of any lab results that may result in risk or harm to the recipient.

Staff

Contact PCP and HMO of any psychiatric hospitalizations.

Recipient

Ends CMHSP services

Staff

Notifies PCP and HMO of services ending.