

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

Action Item		Benefits	Barriers	Resources Needed
1	Work with child psychiatrist	Collaboration and increased resources	Time constraints	Training and tools
2	ID other providers and supports for clients to be referred to	Better care	Willingness of others to participate	Time
3	Referrals to updated psychiatrists lists	Meets the needs of the patients immediately	List not updated	
4	Multi-disciplinary teams	On-site access 40 hours a week	Appointments more accessible	Money; Transportation
5	Explore a set time for a consultation with partners	Primary care support	Time	
6	More 1:1 contact			
7	Eval. PC2 consult services	Shared learning		
8	Provide information to clients regarding consulting services	Increased knowledge of services	Access to new technology	Find out what is available and what isn't in the community

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

Action Item		Benefits	Barriers	Resources Needed
9	Primary care/Behavioral Health consulting services		Role confusion	
10	Make CP2 available to more PCP's			
11	Supervision groups	Feedback	Scheduling	Leadership advocacy
12	Interagency information via web	Low costs; easy access	Some individuals have no web access	Computers; Education; and Money
13	Psychiatric consultation immediately	Quickened consultation	Everyone who is a provider needs this	Funding
14	Telepsych- daily 1 hour with adult and child			
15	Examine the use of psych nurse practitioners	Cost effective	New roles needing to be defined	Qualified nurse practitioners
16	Screening by teleconsultation	Early intervention and referrals	No access to care	MH services for undocumented

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

Action Item		Benefits	Barriers	Resources Needed
17	More Psych doctors in clinics	More recovery		More caring doctors
18	Learn more			
19	More consultations for PCP to consult with Psychiatrist			
20	Use PC2 for PCP help	PCP gets help	Lacking leadership	Get CEO and others on board
21	Patients can be seen as needed same day	Psychiatry available more	Time scheduling	Funding and personnel
22	Put psychiatrists and MH therapists in each medical/physical health clinic	Addressing most needs in one location	Money	Money; Quality doctors and clinicians
23	Look at PCP's that are available and interested in coordinating care	More effective integrated care	Changes in partnerships	Plan flexibility
24	PC2	Streamline services	Egos	Access to education

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

Action Item		Benefits	Barriers	Resources Needed
25	Make time to make consultations	Better health for patients	No time	More time
26	Ensure those who have direct contact with clients such as Public Health Nurses empower clients to ask for consultations whenever	Recognizing holistic approach to care management	Increasing their workload	Which clinics have integrated care?
27	Increase access to psych consult for PCP; Evaluate e-consult options		Psych shortage	Funding for e-consults
28	Training for MH staff on chronic health conditions	Continuum of care; Improved PCP relationship	Time schedules; Resources	Communicating with PCP and meeting times
29	How physical and chronic conditions impact MH symptoms			
30	Training on chronic health conditions	Improved knowledge/skills and recognition of psych and mental health integration	Resources; Contract requirements	
31	Outpatient clinics; good referral lists			
32	Pass on information that services are available	Better services	Poor communication and coordination	Better leadership

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

Action Item		Benefits	Barriers	Resources Needed
33	Continue improvement of communication between PCP & BH	Better care of client needs	Normalized ideas that are neither important or imperative	Cooperation and buy-in
34	AOD staff to call-in during the free webinars and discuss with staff	Competency across scopes of practice	Time; Accessibility	Phone and Time
35	Attempt to improve physician to physician consults	Better patient benefits	Physician buy-in	
36	Become aware of how and who can access consultation services			
37	Identify providers, guidelines and criteria	More people will be served	Lack of trust to utilize the system	Community buy-in and awareness
38	Try to consult with PC & MH	Collaboration	Time	Staffing
39	Make new consult services known at health center meetings	Increased PC comfort with MH issues	Time with patients	
40	Reach out to other segments of our agency to help coordinate MH/PC services	More services for our clients	Coordinating busy schedules	Connections

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

Action Item		Benefits	Barriers	Resources Needed
41	Understanding HIPAA	More competent community for our clients	Providers not understanding HIPAA	Mandatory training for all providers
42	On-site clinicians, nurses, doctors	Provider support and collaboration	Doctor schedules and communication	Funding
43	Providing teleconferencing for psychiatrists/PCP's	Integrated care and increased communication	Setting up materials	Materials and programs
44	Look into being a PC2 "provider of service"		Our ability to use technology	
45	Pilot telephone coaching	Cheaper and easier access and less transportation issues		
46		Help more people		Need more staff
47	Availability of Doctors	Working with more clients	Funding	Doctors for all sites involved
48	More consultations	Know more about clients and client services	All parties being willing	Staffing

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CONSULTATION

	Action Item	Benefits	Barriers	Resources Needed
49	Increase awareness of PC2	Increase support for PCP	Early in roll out	More information; handouts for programs
50	Implement PC2	Quick access to psychiatry	Time, Money	