BEHAVIORALHEALTH AND MEDICAL CARE COORDINATION	GOAL: COORDINATION OF COEXISTING MEDICAL AND BEHAVIORAL PROBLEMS	
IF YOU ARE A:	You can impact quality of care by doing the following:	
HOSPITAL	Obtain a behavioral health consultation for medical or surgical inpatients that have mental health or substance abuse diagnosis.	
BEHAVIORAL HEALTH FACILITY OR HOSPITAL WITH BEHAVIORAL HEALTH UNIT	 Establish formal procedures for insuring that a summary of patient care is sent to the PCP Educate PCPs to refer patients at the appropriate stage of illness Encourage patients to consent to providing treatment information to PCP, including medications prescribed Exchange information in an effective, timely, and confidential manner Identify opportunities to improve coordination of behavioral health with general medical care, especially communication of patients' prescribed medications to their PCPs 	
BEHAVIORAL HEALTH SPECIALIST	 Encourage patients to consent to release information to the PCP Document patient consent, or refusal of consent, to release information to the PCP Communicate with PCP regarding patient's condition after initial evaluation and on a periodic, routine basis Adhere to health plan's Clinical Practice Guidelines 	
PRIMARY CARE PHYSICIAN	 Communicate with behavioral health practitioners to determine the appropriate stage of illness to refer patients for behavioral health care Coordinate timely access for appropriate treatment and follow-up for patients with co-existing medical and behavioral disorders Participate with behavioral health specialists in developing and implementing guidelines for assessing, treating, and referring common behavioral problems Consider placing a behavioral health practitioner in key primary care settings 	

COMMUNICATION STANDARDS FOR BEHAVIORAL HEALTH PRACTITIONERS TO THE PRIMARY CARE PHYSICIAN			
COMMUNICATION ACTIVITY	PERFORMANO	CE STANDARD nd Content	
Have the patient sign a release of information form	When treatment begins (within the first 2 sessions)	 Signed release in medical record or Documentation that patient refused to sign 	
Communicate with the patient's PCP (phone call, fax, or letter)	When treatment begins (within one week after the 2 nd session)	 Document that communication occurred Include: Diagnosis, prognosis, and medications 	
Communicate with the PCP (phone call, fax, or letter)	 Annually Within 72 hours of medication changes Within 48 hours of hospitalization 	Document that communication occurred	