



What is MC3?

The MC3 program provides psychiatry support to primary care providers in Michigan who are managing pediatric patients with mild to moderate behavioral health problems. Subspecialty consults are also available for high risk childbearing women during pregnancy and postpartum. The intent is to offer guidance on diagnosis and psychopharmacology as well as suggestions on psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through educational phone consultations to referring providers as well as remote consultation to patients through telepsychiatry.

How Does it Work?

For the primary care provider, only one phone call is necessary to get the process started. Here are the simple steps:

1. The participating Primary Care Provider (PCP) initiates a call to the Behavioral Health Consultant (BHC), a masters-level mental health professional based in your area.
2. The BHC triages the referral, responds to any questions that are within the scope of his/her expertise, and forwards appropriate cases to the child and adolescent psychiatrist (CAP) for either same day phone consultation or telepsychiatry consultation with the patient and family. In cases that are deemed urgent, the BHC will suggest local resources for referral.
3. In the case of a phone consultation, calls are forwarded to the covering CAP who will respond, in most cases, to the PCP or BHC within 2 hours; subspecialty consultations will be answered within 24 hours.
4. The CAP does not request any identifying information that would violate the patient's confidentiality and does not document in a medical record.
5. If the patient requires a telepsychiatry consultation, the BHC will handle all the logistics including paperwork, information gathering and scheduling. The CAP will provide written/verbal feedback to the PCP. The BHC will follow up with the family/patient/PCP with recommendations and/or referrals, assisting in issues related to disposition. There is usually a 1-3 week wait time for telepsychiatry appointments.

Phone availability for U of M Child and Adolescent Psychiatrists (CAP) and local site Behavioral Health Consultants is Monday-Friday 9-5, excluding holidays.

Who Can Participate?

Primary care providers in designated geographic counties are invited to participate in the program. As part of their participation, providers will be asked to sign a Provider Agreement that outlines the program and the roles of providers. They will be directed to a website outlining recommended practices treating common behavioral health issues as an additional educational resource.

What is NOT Included

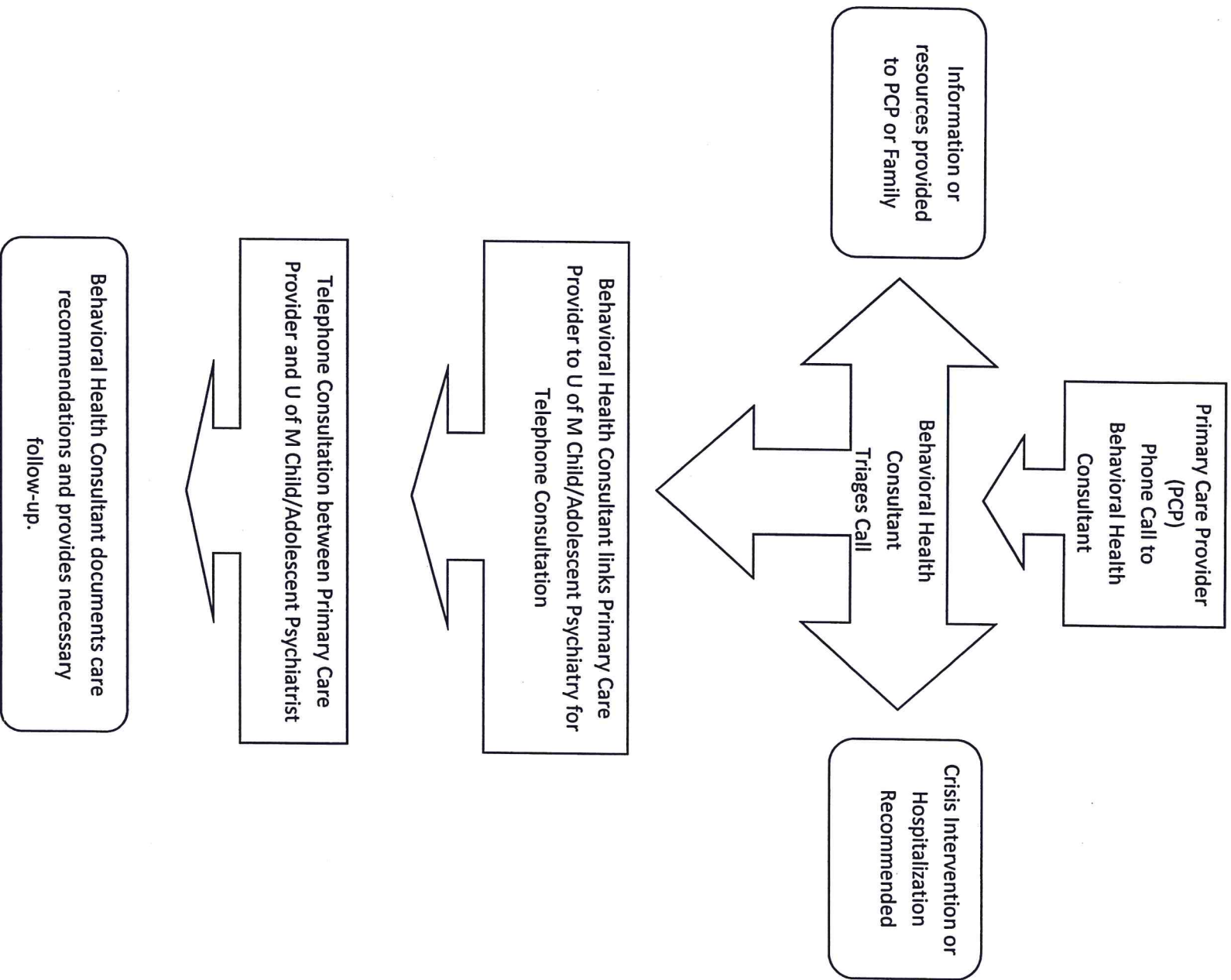
MC3 is not an emergency/referral service. Emergency consultations over the phone or in person are not provided. If a PCP calls about a case requiring an emergency intervention, the Behavioral Health Consultant can offer appropriate resource recommendations.

U of M child psychiatrists do not provide ongoing treatment or direct medication management, but rather support the PCPs in prescribing appropriate medication. For those cases beyond the scope of the PCP, the BHC and CAP will provide referrals to local or regional providers.

Interested? Ask for a Provider Agreement and we will sign you on. Contact Anne Kramer for additional information at ack@umich.edu or 734-764-7179.

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MC3 Consultation Referral Process





One-Step MC3 Enrollment for Physicians

— Sign the MC3 Provider Agreement and return to Fern Chatham at fchatham@med.umich.edu or fax (734) 936-7868

— Create UM friend account to access MC3 website (Only for those outside of the UMHS)

1. Go to the following link: <https://friend.weblogin.umich.edu/friend/>
2. Enter your email address
3. You will receive an email with a link to Create Friend Account
4. Go to the link, enter your email address and create your password
5. Once your account has been created you will receive a confirmation email
6. You can access MC3 website at: www.depressioncenter.org/mc3

Congratulations! You've completed your enrollment in MC3 and can now initiate MC3 consultations.

Follow the steps below to have access to our optional pre-program surveys, and the online educational modules.

Optional pre-program surveys (online or hardcopy versions)

1. Behavioral Health Opinion Survey
2. Practice Patterns Questionnaire

Educational modules

1. Psychopharmacology of Depression in Adolescents (Rich Dopp, MD)
2. Primary Care Management of Childhood Disruptive Behavior Disorders Part I: Assessment (Parash D. Patel, M.D., Ph.D.)
3. Primary Care Management of Childhood Disruptive Behavior Disorders: Part 2: Treatment (Parash D. Patel, M.D., Ph.D.)
4. Medication Management during Pregnancy and Postpartum (Maria Muzik, M.D., M.S.)

Please send the signed document to Fern Chatham by fax: (734) 936-7868 or scan and email:

fcchatham@med.umich.edu

**The University of Michigan Child Collaborative Care (MC3) Program
Primary Care Provider Agreement**

The intent of the MC3 program is to provide support to primary care providers (PCPs) in Michigan who are managing children, adolescents and high-risk childbearing women with behavioral health problems in their practices. Support is available to the PCPs through telephone and e-mail consultations with U-M psychiatrists as well as through telepsychiatry consultations for patients. MC3 also provides linkage and referral support for those patients who may be beyond the scope of the PCPs practice. U-M psychiatrists are available by phone and e-mail Monday through Friday from 9 am to 5 pm, excluding holidays. A Behavioral Health Consultant (BHC) in your area will assist during normal business hours in triaging to the most appropriate services. In some clinics, the BHC will be embedded on a part-time basis and will follow up with patients at 3- and 6-month intervals. A description of the services, as well as what is included and excluded, is outlined below:

1. MC3 is not an emergency/referral service—emergency consultations over the phone or in person are not provided. If a PCP calls about a case requiring an emergency intervention, the BHC will refer the patient to the most appropriate local emergency service.
2. U-M psychiatrists do not provide ongoing treatment or direct the medication management of PCP patients, but rather provide education and guidance to PCPs concerning medication and treatment options. For those cases beyond the scope of the PCP’s practice, the BHC and U-M psychiatrist will provide referrals to regional or statewide providers.
3. Timely educational phone consultations by the U-M psychiatrist are provided to the PCP for medication and dosing questions, diagnostic dilemmas and general patient management questions. These telephone “curbside consultations” do not create a physician-patient relationship between the psychiatrist and the patient. However, it is requested that the PCP inform the patient and/or caretaker that he/she will be discussing their situation with a U-M psychiatrist. When a PCP calls about a case, the BHC will be the initial responder. The BHC will take basic information, will respond to any questions that are within his/her scope of expertise, and make referral calls as necessary. If a psychiatrist is the most appropriate person to respond, the call will be referred to the psychiatrist on call. The psychiatrist may be able to respond immediately, or will call the PCP within the same day. E-mail curbside consultations are also available, and can be arranged through the BHC for non-urgent questions. At intervals, the consulting psychiatrist will review patients who have been seen by the BHC for purposes of diagnostic clarification and appropriateness of recommendations.

4. Because the phone or e-mail consultation is educational in nature, the psychiatrist will not request identifying information about the patient. The psychiatrist will respond to queries using language such as “in cases like this” or similar general language. No medical record will be maintained by the psychiatrist with regard to these questions or situations. General information about the call (nature of question, patient disposition, etc.) will be maintained by the BHC and psychiatrist for evaluation purposes.
5. Face-to-face or telepsychiatric consultations may be available to patients from practices of participating PCPs. In these cases, written reports will be available to both the PCP and the BHC following the evaluation. Notes will be documented in the University of Michigan medical record system. In most instances, the psychiatrist will attempt to call the PCP following the evaluation to provide a verbal summary.
6. The MC3 program will maintain a website that offers educational material on treating behavioral health issues. Participating PCPs will be directed to this website as an additional educational resource.
7. As part of the program, participating PCPs may be asked to complete surveys to evaluate the program’s effectiveness in increasing PCP confidence and competence in treating behavioral health issues in their patients.

If a primary care provider fails to comply with the terms of the program, or is practicing according to what are deemed to be unsafe practices or practices contrary to MC3 recommendations or the patient’s best interests, that provider will be asked to leave the program.

I have read the above and agree to adhere to the procedures described.

<hr/> Print Name	Degree	Signature	Date
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<hr/> Practice Name	County	<hr/> Email Address
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Michigan Child Collaborative Program Referral Sheet
A quick reference for gathering patient information needed to initiate consultations

Provider Name and Contact: _____ **Provider Fax:** _____

Patient Initials: _____ **Date of Birth:** _____ **MIChart Medical Record Number (Only if Applicable):** _____

Insurance: Primary: _____ **Secondary:** _____ **Race:** _____ **Gender:** _____

Reason for referral/question PCP would like answered: _____

Psychiatric Provisional Diagnosis: _____

Current Medications: _____

Additional Service Needs? For example, clothes, transportation, food, etc.

Current or past psychiatric or therapeutic services: Y N

If yes:

Previous Psychiatric Hospitalization(s): Y N

If yes:

Other Medical Issues (including exposure to drugs/alcohol in utero): Current Past Unk

If yes, medications currently taking for medical issues:

Learning Disability: Y N Unk

Accident(s) or Head Trauma: Y N Unk

Explain:

Risk of Self-harm: Y N Unknown **Substance Use:** Y N Unknown

Education: _____ **Grade:** _____ **IEP/504 Plan:** Y N Unknown

Behavior Difficulties including social skills deficits: Home School Community

Trauma/abuse/neglect known or suspected? Y N Unk

Family Psychiatric History: _____

Current psychosocial stressors: _____

Adopted: Y N Unk

Foster Care: Y N Unk

Parent Incarcerated: Y N Unk

Updated 12-8-2014

Follow Up Provider Satisfaction Survey

Thank you for completing this brief survey about the telephone consultation you received through the MC3 Program.

Date of Consultation:

Patient Initials:

Date of Birth:

1. The procedures for obtaining a phone consultation were efficient and user friendly.
 - a. Strongly Agree, Agree, Disagree and Strongly Disagree
2. Following the phone consultation I felt more confident that I could effectively treat this child's behavioral problems
 - a. Strongly Agree, Agree, Disagree and Strongly Disagree
3. Is there anything else you would like to tell us about the MC3 consultation service?
4. In what ways has the MC3 program changed your diagnostic abilities, prescribing patterns or management of children with Mental Health issues? Any comments welcomed!

Thank you for your feedback about MC3!