

Sample language for CCC BHP performance plans:

The following have been indentified as essential elements of clinical duties for a CCC PC-MHI provider. The CCC PC-MHI is expected to obtain and maintain mastery within the following domains of core competency developed by Robinson and Reiter (2007)

- **Clinical Practice Skills:**
 - Applies principals of population based care as measured by monthly number of patient contacts, number of 30 minute appointments, number of encounters per patient, and range of interventions provided.
 - ___ percentage of all appointments are 30 minutes (will vary by setting, should range from 60-100%)
 - Maintains daily open access slots by alternating scheduled with open appointments
 - Next available "scheduled" appointment is within two weeks
 - Interventions and documentation focus on functional assessment as reflected in brief, focused notes and number of contacts per patient
 - Uses time-limited, evidence based, interventions that are simple and concrete, such as relaxation training, cognitive behavioral techniques
 - Uses self-management/home-based practice
 - Uses brief assessments routinely (e.g., PHQ-9, PCL, AUDIT C, ect)
 - Uses intermittent visit strategy and flexible patient contact strategies
 - Triage appropriately and efficiently to specialty mental health services
 - Provides behavioral medicine interventions (including but not limited to- stepped care level 2 tobacco cessation, alcohol misuse, weight management, coping with chronic illness, stress management, sleep hygiene, and Other interventions will be provided as clinically appropriate, based on patient need.)
 - Leads MOVE! Group, or co-leads with other team members
 - Conducts individual MOVE! appointments
- **Documentation Skills:**
 - Writes clear concise notes, generally ½-1 page long, with explicit impression, recommendations and plan for PCP use adds PCPs as co-signers
 - completes relevant Clinical reminders
 - Completes suicide risk assessment note
 - Notes document curbside consultation results
 - Notes are completed within 24 hours
- **Consultation Skills:**
 - Uses warm-hand off strategy with PCPs
 - Routinely provides feedback (verbal and/or written) to PCP and other PACT members same day as referral
 - Routinely Consults with PCPs and other PACT team members about plan of care for patients
 - Conducts effective curbside consultations
 - Integrates within primary care team and works closely in collaboration with PACT team
 - Attends PACT meetings and daily huddles
 - Provides education to PACT on BH issues as well as consultation on tips for successful care management and patient facilitation, even when no direct patient contact.
- **Continuing Education:**
 - Participates in monthly IPC phone calls and maintains knowledge of IPC literature
 - Attends trainings in EBP for brief therapies
 - Conducts self-assessment using Robinson and Reiter (2007) core competency *checklist and seeks additional training as needed*