

**DOCTOR OFFICE COLLABORATIVE CARE:  
Methods & Treatment**

Pennsylvania Chapter  
INCORPORATED IN PENNSYLVANIA  
American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

**SKIP**  
www.skipforpa.org

Pennsylvania  
Medical Home Program  
Educating Practices In Community Integrated Care

Amy B. Laughlin, MS LPC NCC  
Justin Schreiber, DO MPH FAAP  
SKIP for PA Study

1

---

---

---

---

---

---

---

---

**TO REVIEW ...**

- Last time, we covered:
  - Collaborative Care Method
  - What is:
    - the SKIP for PA Study?
    - Doctor Office Collaborative Care (DOCC)?
  - Case Workflow Steps 1-4

1. Identify & Screen Potential Participant → 2. Schedule Intake Assessment → 3. Complete Intake Assessment → 4. Schedule 1st DOCC Treatment Session → 5. WDX/Chart

- Questions/Concerns?

2

---

---

---

---

---

---

---

---

**AGENDA FOR TODAY:  
DOCC SERVICE DELIVERY WORKFLOW**

6. Prep for & Meet with Collaborative Care Team → 7. Initiate DOCC Treatment → 8. PCP Medication Appointment - if recommended → 9. Continue Tx, ADHD Monitoring, & Collaborative Care → 10. Complete Treatment & Maintenance Plan

3

---

---

---

---

---

---

---

---

**COLLABORATIVE CARE TEAM MEETING: LOGISTICS**

**To Be Determined by Practice:**

- Required Attendees
- Frequency and length of meeting
- Day/Time/Location

**Recommendations by SKIP for PA:**

- PCPs (MD/NP/PA) + CM minimum
- Weekly Review (≥30 mins.)
- Totally your call!

4

---

---

---

---

---

---

---

---

**COLLABORATIVE CARE TEAM MEETING: PREPARATION**

- Care Manager will:
  - Review all materials gathered during screening & intake assessment
    - PSC-17 Externalizing Subscale Score, VASP/VAST, clinical interview, TIGARs, other screeners utilized by practice
  - Determine a preliminary diagnosis
  - Consider treatment recommendations
    - CBT/PMT
    - Medication
    - Both
  - Note any additional questions/concerns

5

---

---

---

---

---

---

---

---

**DOCC Intake Summary Form (sample)**

Clinician: \_\_\_\_\_ Practice: \_\_\_\_\_ Date: \_\_\_\_\_

Case ID or Unique Descriptor (do not name): \_\_\_\_\_

**PSC-17 Ext Scale Score**

**Brief Case Overview**

Age: \_\_\_\_\_  
 Gender (circle): Male/Female/Nonbinary  
 School/Grade/Status: \_\_\_\_\_  
 He/she/it: \_\_\_\_\_  
 Referral Concern: \_\_\_\_\_  
 Present for the Intake Assessment:  
 - None  
 - Outpatient Services (please specify): \_\_\_\_\_  
 - Inpatient/Residential Treatment (please specify): \_\_\_\_\_  
 - Medication (specify med, dose, frequency, and time period): \_\_\_\_\_

**Significant Relevant Medical History**

- None  
 - Premature Birth  
 - Developmental Delays  
 - Chronic Conditions  
 - Medication Allergies  
 - Legal/Incarceration  
 - Other: \_\_\_\_\_  
 Specify any of the above: \_\_\_\_\_

**Standard Assessment Scales Results**

Please Report (circle number of symptoms endorsed at 2 or 3):  
 Attention (Questions 1-9) \_\_\_\_\_/9  
 Hyperactivity/Impulsivity (Questions 10-18) \_\_\_\_\_/9  
 Oppositional Behavior (Questions 19-26) \_\_\_\_\_/8  
 Conduct Concerns (Questions 27-40) \_\_\_\_\_/14  
 Anxiety/Depression Screen (Questions 41-47) \_\_\_\_\_/7

Performance (number of items endorsed at 4 or 5): \_\_\_\_\_

**Relevant Assessment Observations and Case Conceptualization**

Indicate any clear observations that may assist in developing a better understanding of the case.

**Treatment Goals/Targets - Problem and Baseline Level**

Copy TIGARs here

**Initial Diagnosis:** \_\_\_\_\_

**Questions for Collaborative Care Team:**

6

---

---

---

---

---

---

---

---

## COLLABORATIVE CARE TEAM MEETING: PRESENTATION (NEW CASE)



- Care Manager can briefly present:
  - Brief case overview
    - Demographics, referral concerns, relevant history
  - Integration of assessment findings, observations, and clinical interview
  - Preliminary diagnosis & treatment recommendations
  - Treatment goals/targets (TIGARs)
  - Questions/concerns for the team
- Care Team will work collaboratively on:
  - Diagnosis
  - Treatment recommendations
  - Additional concerns/issues

---

---

---

---

---

---

---

---

---

---

7

### DOCC Treatment Plan(Sample)

Clinician: \_\_\_\_\_ Practice: \_\_\_\_\_ Date: \_\_\_\_\_

Child ID: \_\_\_\_\_

**Child/Case Overview**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender (Child): Male/Female/Nonbinary

School/Child/Adult's accommodations

Relevant ICD-10: \_\_\_\_\_

Relevant Concerns: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Treatment Targets (TIGARs):** \_\_\_\_\_

**Treatment Recommendations:**

- None
- DOCC CBT (CBT)
- DOCC PMT (Cognitive)
- Medication for DOCC
- Other - Specify: \_\_\_\_\_

**DOCC Treatment Topics to be Addressed:**

- Engagement and Psychoeducation
- ADHD Medication Assessment
- ADHD Management Skills
- Self-Management Skills (Coping)
- Child Self-Management
- Parent Management Training – Positive Reinforcing
- Parent Management Training – Effective Discipline
- Family Skills – Communication & Problem Solving
- Coping Skills

**Important Dates:**

First Treatment Session: \_\_\_\_\_

Medication Consultation (PCP/FF applicable): \_\_\_\_\_

---

---

---

---

---

---

---


---

---

---

8

## INITIATE DOCC TREATMENT



- DOCC Treatment Session #1
  - Provider Treatment Manual: Doctor Office Collaborative Care – Topic 1
  - Participant? Caregiver only?... or Caregiver + child?
- Purpose(s):
  - Review assessment results (highlight specific examples given by family)
  - Discuss Collaborative Care Team recommendations
  - Secure agreement to treatment
    - Detail DOCC treatment methods (CBT, PMT, medication)
  - **CONTINUE TO BUILD RAPPORT** ☺

---

---

---

---

---

---

---

---


---

---

9





**COLLABORATIVE CARE TEAM MEETINGS** 

- Recommended schedule:
  - Brief check-in re: practice changes, workflow questions, etc.
  - New case review(s)
  - Review standing cases, prioritized by:
    - CM request (especially emergent clinical issues)
    - In DOCC treatment for 4+ weeks without significant improvement
      - TIGARs
      - Vanderbilt forms
    - With no contact for 2+ weeks (not engaged in care)
  - Wrap up & schedule next meeting

16

---

---

---

---

---

---

---

---

**COMPLETE TREATMENT & DEVELOP MAINTENANCE PLAN** 

- **Question:** How will your team know when treatment is “completed”?
  - TIGARs
  - DOCC Treatment Topics covered
  - Vanderbilt follow-up forms
  - Other
- Work with family to determine additional service needs
  - Provide recommendations
  - Coordinate “warm handoff”
- Discuss ongoing ADHD medication management & any other physical health needs
- Remind family of SKIP for PA Study assessments

17

---

---

---

---

---

---

---

---

**TO WRAP UP THIS TRAINING ...**

- Questions/Concerns/Issues?
- Timeline Reminders
  - Next: “live” training will review uses of the online technology & patient portal system
  - DOCC Treatment training videos available soon to complete at your own pace!
- **THANKS SO MUCH FOR YOUR PARTICIPATION!!!**



18

---

---

---

---

---

---

---

---