

Accessed from the Lexicon for Behavioral Health and Primary Care Integration. May 2013.  
 Agency for Healthcare Research and Quality, Rockville, MD.  
<http://integrationacademy.ahrq.gov/lexicon> (August 27, 2014).

**Table 1: Examples of collaborative care role functions and personnel capable of performing them**  
 (Thanks to Roger Kathol)

Functional area*	Role functions	Personnel capable of performing functions as part of total health care team
Triage/screening with or without registry	Connect those in higher-highest need to treatment capabilities; maximize resource use <ul style="list-style-type: none"> <li>• PH and preventive measures needed</li> <li>• PH and illness screens</li> <li>• Complexity identification, esp. for high-risk patients (social or care system interferences with care)</li> </ul>	Non-medical staff; medical aide; triage nurse, other
Behavioral activation	Improvement in patient-centered outcomes—health behavior change (wellness), prevention, participation and engagement in own care	Clinic nurse, psychologist, social worker, care coordinator, trained medical aide, other; all supported by treating practitioners
Psychological support/crisis intervention	Increase patient’s ability to adhere to treatment; increase healthy behaviors; decrease impairment: Coping skills training, handling stress, problem solving	Behavioral health and substance use disorder counselors, psychologists [all levels], social workers, psychiatric nurses, trained medical nurses, treating practitioners, psychiatrists
Social support	Family interventions; Assisting with access to community resources; assisting with medically-related financial issues—buying meds, getting to appointments, housing; Find needed services.	Nurses, social workers, psychologists, counselors, “lay navigators,” care coordinators trained in this function; community health workers, <i>promotoras</i> , or health educators
Straightforward BH psychological and somatic interventions	Sustained reduction in symptoms and impairment; reduced disability, augmented performance or function; lower total health care cost <ul style="list-style-type: none"> <li>• Straightforward non-chronic medical patients—depression, anxiety, substance use, somatization, other</li> <li>• Straightforward chronic medical patients</li> </ul>	PsyD/PhD psychologists, selected masters level psychologists, psychiatric nurses, or social workers, or counselors, primary and specialty care practitioners, psychiatrists trained for this role.
Straightforward MH condition pharmaceutical interventions	To reduce symptoms, reduce disability, augment performance or function	Primary care and specialty medical physicians, nurse practitioners, clinical nurse specialists, physician assistants with supervision, psychiatrists, PharmD consultation
Complex MH condition medical/somatic interventions	Sustained reduction of symptoms and impairment; reduce disability, augment performance or function; lower total health care costs <ul style="list-style-type: none"> <li>• Treatment resistant—nonresponders to straightforward care</li> <li>• Severe or psychotic—SPMI, psychotic/suicidal depression, severe eating disorders, chronic CD, other</li> </ul>	Psychiatrists, psychiatric nurse practitioners, psychiatric clinical nurse specialists, psychiatric physician assistants (the latter three with psychiatrist supervision); clinical psychologists or clinical social workers
Chronic / complex illness care	Improve/stabilize health, reduce impairment; lessen total health care cost: Assistance to high cost/high need patients through integrated care management	Trained nurse and social work integrated case managers, other professionals with medical and/or mental condition backgrounds willing to undergo training in cross-disciplinary work
Outcome measurement to enable timely adjustment in care	Clinical, functional, fiscal satisfaction, quality of life: <ul style="list-style-type: none"> <li>• Document improvement in each outcome domain</li> <li>• Change/escalate assistance/intervention when outcomes not achieved, especially in high cost-high need patients</li> </ul>	All practitioners and non-medical personnel involved in assisting with patient improvement; escalation of intensity or changing kind of care generally initiated or supervised by medical or behavioral health professionals
Followup	Documented clinical improvement: <ul style="list-style-type: none"> <li>• Health stabilization; impairment reduction/control</li> <li>• Total health cost reduction (long term—short term cost may and likely will be more)</li> </ul>	All treating practitioners for chronic conditions or complex care with assistance by support staff—preventive, acute, chronic care); Add integrated care managers for the most significantly ill or complicated patients.

PH = physical health; BH = behavioral health; MH = mental health; SPMI = serious and persistent mental illness; CD = clinical depression.

\*Professional interpreters may be needed for specific patients in any of these functional areas.