All mental health professionals agree that coordinating care between families, behavioral health and medical practitioners is an important aspect of treatment. Care coordination assures that providers have the most complete clinical assessment. This can be especially important when working with patients who are reluctant to divulge information about previous psychiatric history, hospitalization or drug/alcohol abuse. Care coordination can also reduce the confusion that occurs when patients give different information to different providers. Finally, care coordination can be especially important in working with high risk patients, for example, by allowing a doctor and therapist to compare notes on the patient’s condition in high risk situations. Despite these obvious advantages, our experience reviewing clinical complaints and PQIs (investigations based on concerns about clinical quality) shows that one of the most common reasons for a confirmed quality of care finding, for both providers and facilities, is the absence of care coordination.

What are the obstacles to care coordination? Our discussions with MHN clinical staff and MHN providers found the following as the most common offered reasons:

- Physicians are very hard to get through to and rarely return calls.
- Practitioners and facilities are too busy to speak to PCPs and other professionals on a routine basis.
- Practitioners say that they selectively contact family and/or other professionals depending on the scenario. Some providers reach out to other therapists when they determine that the patient is not a reliable historian and there is a need for medication and psychosocial history in order to develop the treatment plan.

A review of recent PQIs illustrates the negative consequences of not coordinating care. Below are some typical scenarios resulting in quality of care findings:

- A patient with a complicated medical history complains she was given a medication to which she was allergic, causing uncomfortable side effects. The provider had asked the patient for a list of allergies, but did not coordinate with the PCP to confirm the accuracy of her account.
• A parent with a child on an inpatient unit complains that staff was given contact information for her child’s outpatient therapist and psychiatrist, but the hospital staff never contacted them.

• A PCP was concerned about a patient with suicidality. He referred the patient to MHN and MHN found an urgent psychiatric appointment. Following the appointment, the patient made a suicide attempt. In reviewing the case, MHN found that the psychiatrist did not contact the referring PCP and did not get a direct account of what prompted the referral.

How can providers balance good clinical care with the reality of busy practices and the extra time and effort required to coordinate care? Based on our review of QI cases, we offer the following guidelines for scenarios in which care coordination is essential:

• Behavioral health providers should coordinate care whenever working with high-risk patients. In the case of a patient with suicide risk and/or history, providers should be in communication with each other if the patient is missing sessions and is not responsive to outreach.

• Behavioral health providers should coordinate with PCPs for patients with complicated medical history. Get full medical information including allergies, current medication etc.

• Staff of inpatient psychiatric units should make every effort to get relevant information from outpatient providers. Patients who have been hospitalized often have complicated social and psychiatric histories. Much effort can be spent repeating treatment strategies that have proven fruitless in the past. This is especially the case for adolescents and children who are less likely to be able to provide accurate and complete treatment information. Parental and family involvement is crucial in these cases. We have seen a number of complaints coming from families who lose confidence in inpatient treatment when providers fail to follow-up with outpatient providers, even when parents provide full contact information and permission to do so.

In summary, clinical coordination is a crucial component of good clinical care and should always be done. In the clinical scenarios outlined above, treatment coordination is essential. These examples are not complete or comprehensive, but rather are offered to illustrate the point that providers should be especially alert to these and similar scenarios which suggest that good clinical care requires care coordination.