Collaborative Care Checklist
Addiction & Mental Health in Primary Care

This collaborative care checklist provides new addiction and mental health collaborative teams with steps to consider as they progress through the various phases of developing their team. The development of this checklist was informed in part from lessons learned while evaluating collaborative care teams in Alberta and is intended to be used in combination with the information provided in the Collaborative Care Toolkit.

The checklist was created with the understanding that collaborative teams often differ in the way that they function and provide care. As such, the checklist was designed to be as inclusive as possible and teams may choose "not applicable" for items that do not apply or are not relevant to them. The checklist should be updated periodically to reflect the current state of the team's development.

Defining the collaborative

Identify Population Health Needs

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Resources to complete the assessment are secured.	☐	☐	☐	☐
Data needs and data availability have been determined.	☐	☐	☐	☐
A work plan for the assessment has been developed and there is a set process for data collection, analysis, and dissemination.	☐	☐	☐	☐
Applicable stakeholders (e.g., providers, organizations, communities, and patients) have been included or considered.	☐	☐	☐	☐
The needs assessment/gap analysis is conducted.	☐	☐	☐	☐
Gaps/needs have been identified (i.e., target population is identified) and prioritized based on need, consequences, and cost.	☐	☐	☐	☐
Causes for gaps/needs and possible solutions have been identified and evaluated.	☐	☐	☐	☐
Results of the needs assessment/gap analysis are shared with the project team and stakeholders in a timely manner.	☐	☐	☐	☐
Results of the needs assessment/gap analysis have led to goals being set and resources secured; contributions from the collaborative team and stakeholders are agreed upon.	☐	☐	☐	☐

Secure Providers and Partners across Organizations

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
There is an engagement strategy that defines target members and how the messages will be delivered.	☐	☐	☐	☐
There is visible sponsorship and engagement from those in leadership positions.	☐	☐	☐	☐
There is visible physician engagement, buy-in, and support.	☐	☐	☐	☐
Size and mix of skillset among providers are based on patient population characteristics, the scope and goal of practice, the place(s) of practice, and the availability of service providers, treatment, and other health resources.	☐	☐	☐	☐
The membership of the collaborative is representative of the collaboration's goals, priorities, and functions.	☐	☐	☐	☐
Plans have been made for how new members will be incorporated into the collaborative as it moves forward (e.g., scope of role, recruitment criteria, orientation packages, procedural documents).	☐	☐	☐	☐

Establish and Agree on Goals and Objectives

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
The vision, mission and goals of the collaborative are created as a team.	☐	☐	☐	☐
Goals reflect and support the strategic direction/vision of the initiative, evolve within the local environment, and embrace a shared commitment to patient care.	☐	☐	☐	☐
Goals and outcomes are specific, measurable, attainable, realistic and time-specific[1] (SMART).	☐	☐	☐	☐
A program management approach has been developed to ensure that the process and tools used align to the principles, goals, and objectives of the collaborative.	☐	☐	☐	☐
Members are successful in prioritizing the goals of the collaborative.	☐	☐	☐	☐

[1]There are timelines associated to when goals and objectives will be achieved.

Developing the collaborative

Co-Design the Care Pathway

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Type and number of patients that are within the scope of the collaborative is determined.	☐	☐	☐	☐
A formal intake and enrollment procedure is developed.	☐	☐	☐	☐
Criteria and procedures are developed for routine, urgent, and emergency requests.	☐	☐	☐	☐
The collaborative has chosen valid screening and assessment tools and has determined how they will be conducted and interpreted.	☐	☐	☐	☐
There are steps within the collaborative to identify changing or complex needs of patients.	☐	☐	☐	☐
An internal and external referral and referral follow-up procedure is developed.	☐	☐	☐	☐
Days, hours, location of services and meetings, and staff available for the collaborative and for specific tasks, such as case reviews, is determined.	☐	☐	☐	☐
There is a set process on how the team will manage patient and/or family expectations and concerns.	☐	☐	☐	☐

Define Roles and Responsibilities

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Roles and responsibilities of each team member are clearly defined and based on their scopes of practice, skills, knowledge, and abilities.	☐	☐	☐	☐
Team members understand, respect and value the roles and responsibilities of each collaborative member.	☐	☐	☐	☐
There is a process for identifying/clarifying where there are differences in organizational practices and policies (e.g., ethical and privacy standards)	☐	☐	☐	☐
There are processes in place to negotiate roles as the team moves forward.	☐	☐	☐	☐

Determine Measures of Success

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
A logic model outlining the collaborations' goals, target population, inputs, activities, outputs, outcomes, and assumptions has been created and approved by the team.	☐	☐	☐	☐

Key enablers

Establish Leadership and Accountability

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
There is an agreed upon decision making and conflict resolution process in place.	☐	☐	☐	☐
Leadership is agreed upon and transparent.	☐	☐	☐	☐
Leaders support the collaborative and are willing to champion the work and encourage participation.	☐	☐	☐	☐
Leaders are committed to permitting testing new approaches to care.	☐	☐	☐	☐
Leaders are perceived as being visible, available, committed to the collaborative, and willing to advocate for the collaborative.	☐	☐	☐	☐
Leaders promote the use of evidence-based tools, instruments, and processes to support collaborative care.	☐	☐	☐	☐
Leaders use standardized, data-driven processes to decide whether to change course or keep going with existing procedures.	☐	☐	☐	☐
Leaders keep team members up-to-date and relay information back to the group.	☐	☐	☐	☐
Leaders help to drive the collaborative and ensure it is meeting its targets and timelines.	☐	☐	☐	☐
The entire team is willing to be responsible and accountable for the collaborative.	☐	☐	☐	☐
A change management model is being used to guide the collaborative and address impacts or resistance to change.	☐	☐	☐	☐

Determine Infrastructure and Financial Requirements

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Infrastructure and funding needs are identified.	☐	☐	☐	☐
A budget is developed that identifies possible funding sources and assesses the type of providers, location/size of practices, resources, and interventions needed.	☐	☐	☐	☐
Funding is linked to the activities associated to the whole team rather than to the activities of specific providers or agencies.	☐	☐	☐	☐
Funding and resource sustainability has discussed and determined.	☐	☐	☐	☐
The collaborative allocates and optimizes physical space and technology infrastructure (e.g., telehealth) for practice.	☐	☐	☐	☐
Appropriate billing codes are accessible or are developed to fit the needs of the collaborative.	☐	☐	☐	☐
A payment method for services that are not billable has been developed.	☐	☐	☐	☐

Facilitate Training and Core Competencies

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
The baseline level of knowledge and skills required among the collaborative has been determined.	☐	☐	☐	☐
Costs and responsibility for costs associated with training and support has been determined.	☐	☐	☐	☐
All team members have received sufficient information or training related to collaborative care.	☐	☐	☐	☐
Training is brief, practical, taught interactively, and is directly relevant to the provider's work.	☐	☐	☐	☐
Members are provided ongoing training opportunities and support.	☐	☐	☐	☐
Peer training is encouraged within the collaborative.	☐	☐	☐	☐

Establish Methods of Communication

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
There is an agreed upon mode and frequency of communication within the collaborative that is sustainable.	☐	☐	☐	☐
There is a procedure in place that determines how information is shared and with whom.	☐	☐	☐	☐
When the collaborative group makes major decisions, there is enough time for members to take information back to their organization to confer with colleagues about what the decision should be.	☐	☐	☐	☐
Modes of communication are accessible, timely, reliable, and confidential for both providers and clients.	☐	☐	☐	☐
The collaborative uses both formal and informal communication methods.	☐	☐	☐	☐
The language used within the collaborative is simple, non-stigmatizing, and understood by others; discipline-specific terminology is explained.	☐	☐	☐	☐
Opinions and perspectives can be shared openly and are heard respectfully.	☐	☐	☐	☐
Patients are kept up-to-date and are provided opportunities to provide input and feedback.	☐	☐	☐	☐
Modes of communication and the communication method(s) chosen are evaluated throughout the collaboration and modified accordingly.	☐	☐	☐	☐

Establish Methods of Information Sharing

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
A privacy impact assessment is completed, as required.	☐	☐	☐	☐
A communication plan is established to identify: 1) what information needs to be shared; 2) who the information will be shared with; and 3) how the information will be shared.	☐	☐	☐	☐
The collaborative has a formal agreement about information sharing with other providers and organizations.	☐	☐	☐	☐

Establish Methods of Information Sharing cont.

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
There is a representative identified who will relay information from the team to others, such as clients, and to the team.	☐	☐	☐	☐
Information sharing aligns with privacy and information regulations, as well as any other ethical and legal standards.	☐	☐	☐	☐
The collaborative uses a shared electronic medical record (EMR) and personal health records.	☐	☐	☐	☐
Privacy procedures regarding patient information sharing, such as how patients will be informed of their rights and consulted about the release of their information, have been developed and are adhered to.	☐	☐	☐	☐
Providers follow the documentation procedures defined by the collaborative, using templates, documents, etc. that have been developed.	☐	☐	☐	☐

Determine Data Requirements, Collection, and Storage

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Data requirements related to patients and their care is determined (e.g., demographics, previous diagnoses, assessment scores, etc.)	☐	☐	☐	☐
Methods for collecting data are determined.	☐	☐	☐	☐
Methods for securely storing patient data are determined.	☐	☐	☐	☐
Team members' access to patient data is determined.	☐	☐	☐	☐
Data retention and disposition details are determined, and responsibilities are assigned.	☐	☐	☐	☐

Delivering collaborative and coordinated care

Co-Deliver the Care Pathway

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Treatment plans are developed in consultation with providers and patients.	☐	☐	☐	☐
Treatment plans developed are understood by all involved in the collaborative.	☐	☐	☐	☐
Any patient information, screening data, or changes to treatment (e.g., medication adjustments, lab results, etc.) are updated and shared with the collaborative accordingly.	☐	☐	☐	☐
Community resources are shared and partnerships are established, where applicable.	☐	☐	☐	☐

Foster Team Functioning

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Members share responsibility for team actions and agree to work together across partner organizations.	☐	☐	☐	☐
There is a strong commitment to the team and there has been discussion as to how this can be sustained or increased.	☐	☐	☐	☐
Members agree that the right amount of time is being invested in collaborative efforts.	☐	☐	☐	☐
Members treat others and are treated with mutual trust, respect, and honesty.	☐	☐	☐	☐
Members are open and flexible to new ideas or approaches to doing the work.	☐	☐	☐	☐
There is a procedural framework/workflow to define and support the team's function and specific tasks, as well as keep track of completed or outstanding tasks.	☐	☐	☐	☐

Foster Team Functioning cont.

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
Providers are aware of and communicate their comfort levels in addressing certain problems and treatment modalities.	☐	☐	☐	☐
Leaders and members acknowledge and address setbacks.	☐	☐	☐	☐
Adherence to individual organization's standards and protocols is respected.	☐	☐	☐	☐
The successes of individuals and the collaborative as a whole are acknowledged.	☐	☐	☐	☐
Members feel that they can advocate for decisions and have an influence on them.	☐	☐	☐	☐
Patients are supported and encouraged to be as involved as they wish to be.	☐	☐	☐	☐

Quality improvement and evaluation

Undertake Quality Improvement and Evaluation Activities

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
The collaborative has the capacity or has secured resources to assess outcomes.	☐	☐	☐	☐
There is a clear understanding of the purpose of the evaluation, including how it will be used and by whom.	☐	☐	☐	☐
Evaluation objectives and goals have been identified.	☐	☐	☐	☐
Evaluation methodology, design, data sources and collection, and questions have been assessed, developed, and/or determined.	☐	☐	☐	☐
A timeline and budget for evaluation has been developed.	☐	☐	☐	☐

Undertake Quality Improvement and Evaluation Activities cont.

	Not started	In progress	Not applicable/ Deferred	Achieved/ Completed
An evaluation framework and work plan has been developed and reviewed by the collaborative, and is updated as needed.	☐	☐	☐	☐
Roles and responsibilities for the evaluation are defined and align with the evaluation timelines.	☐	☐	☐	☐
A data analysis, reporting, and dissemination strategy has been outlined.	☐	☐	☐	☐
Ethical and research standards related to privacy, confidentiality, and consent are adhered to.	☐	☐	☐	☐
The process has been tested with at least one patient using a PDSA approach and any necessary adjustments are made to processes based on the results.	☐	☐	☐	☐