Screening, Brief Intervention, and Referral to Treatment (SBIRT) for General Anxiety Disorder

Resources for helping your patients

This site provides you, the physician and your staff, with useful information on how to help your patients suffering from general anxiety disorder.

This document contains:

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for GENERALIZED ANXIETY DISORDER Office Visit Protocol

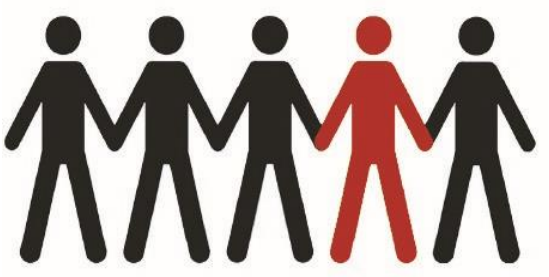
Patient Name: _____ **Age:** _____ **Doctor:** _____

ENCOUNTERS	DATE	TASKS
PART I **SCREEN** For Generalized Anxiety Disorder (suggest 5-8 min)		People with Generalized Anxiety Disorder (GAD) have recurring fears or worries and they often have a persistent sense that something bad is just about to happen. The reason for the intense feelings of anxiety may be difficult to identify. But the fears and worries are very real and often keep individuals from concentrating on daily tasks. The screening questions in this part are valid, but if you wish to use a longer screening device, see **"Attachment A. Screening Devices and Techniques for Anxiety" pp 4-9.** Otherwise, proceed: Over the past two weeks, how often have you been bothered by the following problems: ☐ Feeling nervous, anxious or on edge Not being able to stop or control worrying? ☐ If the patient says, "YES" to both of these two questions, or scores high enough on a longer screening device you use to be considered having GAD, then a thorough physical examination to rule out other causes of the symptoms should be the next step. Certain medications as well as some medical conditions (e.g., endocrine disorders, medication adverse effects, withdrawal) can cause the same symptoms as anxiety, and you should rule out these possibilities through examination and interview. ☐ If treatment for GAD is warranted, then proceed to ***"PART II Treatment for GAD"***
PART II **TREATMENT** For Generalized Anxiety Disorder (suggest 5-8 min)		☐ Explain to the patient who has just been diagnosed with GAD that it is common and can be successfully treated with close collaboration between doctor and patient. ☐ GAD can be treated with medication, psychotherapy ("talk therapy"), or a combination of the two. ☐ Medications (see **"Attachment B, pp 10-11"**) such as benzodiazepines and SSRIs may be prescribed. Medications will not cure anxiety disorders, but can give significant relief from symptoms. ☐ Talking Points. This section provides you or your staff suggested content for discussion with your patient. See **"Attachment C, Content for Discussion", pp 12-13**. ☐ Refer to Psychotherapy (see **"Attachment D, Referral" p 14**). Cognitive-behavioral therapy (CBT) actively involves the Pt in learning skills to help change thinking and behavior patterns. It teaches the Pt how to control worry, decrease the impact of anxiety on one's life, and learn new responses to stressful events, often within 12 to 16 weeks. ☐ Schedule follow-up visit

PART III **FOLLOW-UP WITH CONTINUED SUPPORT** For Generalized Anxiety Disorder (suggest 3-5 min)		☐ Review impact of medications and revise as indicated. ☐ Review impact of psychotherapy. ☐ Review **"Attachment C, Content for Discussion", pp 12-13.**

Overview

Why Should You Add Mental Health Screening and Counseling To Your Practice?



Most people with generalized anxiety disorder can benefit from some form of treatment no matter how severe the problem may seem.

GAD affects 6.8 million adults, or 3.1% of the U.S. population, in any given year. Women are twice as likely to be affected.

People with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders.

Minimal Time and Maximum Effect

You can improve your patients' health while lowering the health care costs associated with anxiety by asking a few simple questions. If the answers are positive, you can intervene briefly and most likely improve their health.

How does it work?

When patients see you for a health problem or an annual physical, you or your staff simply conduct a quick screen for anxiety and then, if indicated, provide brief interventions or referral to care.

Attachment A
Screening Devices and Techniques

TO BE USED FOR PART I of OV PROTOCOL
"Overview" (pp 4-5)
"Screen for Generalized Anxiety Disorder (GAD)" (pp 6-9)

Short or Less Short
Screening can be simply, as noted on the OV Protocol, asking about Generalized Anxiety Disorder with just a few questions, such as listed on Part I of the Office Visit Protocol.

OR…..

Or, you can use slightly longer, "structured" questionnaires that contain up to 10 questions. They provide a broader picture of your patients' mental health condition. Note: As tablet computers or kiosk screening becomes more common, clinics may start with the longer screening instruments and skip the shorter, initial quick screens.

The More Popular Screening Tools
Several GAD screening instruments are available. Most of these instruments are easy to use and can be administered in less than 5 minutes. Shorter screening tests, including simply asking two questions about anxiety, seem to detect most patients with generalized anxiety and, in some cases, perform just as well as longer instruments.

Who Do You Screen?
Screening should be conducted on an annual basis at a minimum.

<u>Tips for Doctors and Staff Who Use Questionnaires</u>

Asking Via Questionnaire
Screening questions can be in forms filled out by the patient in the waiting room OR asked quickly by a medical assistant or nurse when the patient is taken to an exam room. Computerized screening forms are being used increasingly. Asking about mental health helps reduce stigma and patient anxiety, and is becoming more accepted by patients.

Preparation
When trying a new screening instrument, read it aloud before administering it to patients. For example….. "Hi, I'm ____. Nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to mental health."

Precise Wording
Reading or repeating screening questions as they are written is important because these tests were validated using these words. Providers can repeat or clarify questions, but it is best not to modify them.

Communication to Build Patient Rapport

Effective communication skills can improve the effectiveness of screening. Patients who may have mental health issues may be reluctant to tell the truth. The following techniques from motivational interviewing may help establish rapport and get the patient to open up:

- Notify the Patient: Let the patient know you are going to ask a few questions and what they are about. "I have just a few questions regarding mental health that are helpful in finding out if it might be affecting your health. This will take only a few minutes." Putting the patient at ease before firing questions yields a less defensive response.

- Tone of Voice. Using a caring tone so that the patient understands you are on their side.

- Be Sensitive to the Patient's Need for Privacy: "Anything you say about your mental health stays between us, so please feel free to be honest when answering my questions."

- Empathize with the Patient: "I know this is not the easiest topic to talk about, and I appreciate that you are willing to talk with me about it."

- Listen Reflectively: Paraphrase what you heard from them to let them know you are listening carefully.

- Clarifications: You can clarify questions as needed, and ask further questions to clarify ambiguous responses. Also, you can provide some support for responding.

- Power of a Pause. Pauses are a powerful way to draw people out without asking further questions. After asking a simple question or making a reflective statement, pause and wait patiently. Most people will fill the pause.

What To Do After Scoring

After scoring the screening tool, you can review or confirm the patient's responses with him/her and use the opportunity to explain why their answers make you concerned about their mental health.
"I looked over the health assessment that you completed with the nurse and a few things came to my attention. I have some concerns about some mental health issues and how they may impact your health."

Staff Role

Keep in mind that many of these steps can be completed by different staff: medical assistant, physician assistant, nurse practitioner, or counselor.

Make Sure You Have a System for Flagging Positive Responses

Each standardized screening tool includes instructions for administration and scoring so they can be administered and scored by staff with minimal training. If initial screening is self-administered or completed by a staff interview, a system for flagging responses of concern needs to be in place. "Flagging" positive responses can by a separate paper notice, a note at the top of the patient record, or electronic medical record alerts. It can be a quick, simple process once it is set up and becomes part of the routine.

Use of Electronic Health Records. Select an electronic medical record that has an expectation to screen for mental health. Choose EHRs where the user must go through this step in admitting a new patient and in periodic updating of the medical history.

Severity Measure for Generalized Anxiety Disorder 7 - Adult

Please read each statement and decide how often you have been bothered by the problem(s) during the past 2 weeks (circle the number).

Over the past 2 weeks, how often have been bothered by the following problems?	**Not at all**	**Several days**	**More than one-half the days**	**Nearly every day**	**Item Score**
1. Feeling nervous, anxious, or on edge	0	1	2	3	
2. Being unable to stop or control worrying	0	1	2	3	
3. Worrying too much about different things	0	1	2	3	
4. Having trouble relaxing	0	1	2	3	
5. Being so restless that it is hard to sit still	0	1	2	3	
6. Becoming easily annoyed or irritable	0	1	2	3	
7. Feeling afraid as if something awful might happen	0	1	2	3	
Add score for each column **Total Score:**					

SEE NEXT PAGE FOR SCORING KEY

Key to Scoring for PHQ 7

0 - 5: Mild Anxiety

6 - 10: Moderate Anxiety

11 - 15: Moderately Severe Anxiety

15 – 21: Severe Anxiety

Severity Measure for Generalized Anxiety Disorder - Adult

Patient Name_____

Date of Assessment_____

The following questions ask about thoughts, feelings, and behaviors, often tied to concerns about family, health, finances, school, and work. Please read each statement and decide how much of the time the statement describes how you have been feeling during the past seven days (circle the number).

During the past 7 days, I have...	**Never**	**Occasionally**	**Half of the Time**	**Most of the Time**	**All of the Time**	**Item Score**
1. Felt moments of sudden terror, fear, or fright	0	1	2	3	4	
2. Felt anxious, worried, or nervous	0	1	2	3	4	
3. Had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents	0	1	2	3	4	
4. Felt a racing heart, sweaty, trouble breathing, faint, or shaky	0	1	2	3	4	
5. Felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	0	1	2	3	4	
6. Avoided or did not approach or enter situations about which I worry	0	1	2	3	4	
7. Left situations early or participated only minimally due to worries	0	1	2	3	4	
8. Spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries	0	1	2	3	4	
9. Sought reassurance from others due to worries	0	1	2	3	4	
10. Needed help to cope with anxiety, for example, used alcohol or medication, superstitious objects, or other people	0	1	2	3	4	
					Total/partial Raw Score:	
					Prorated Total Raw Score (if 1-2 items left unanswered):	
					Average Total Score:	

SEE NEXT PAGE FOR SCORING KEY

Key to Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of generalized anxiety disorder. The clinician is asked to review the score of each item on the measure during the

clinical interview and indicate the raw score for each item. The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual's generalized anxiety disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

Note: If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Generalized Anxiety Disorder (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{\text{(Raw sum x 10)}}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

Frequency of Use
To track changes in the severity of the individual's generalized anxiety disorder over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that need to be addressed.

Attachment B
Medications for Generalized Anxiety Disorder

Selected Pharmacologic Agents for the Treatment of Generalized Anxiety Disorder

AGENT	USUAL INITIAL DOSAGE	USUAL DOSAGE RANGE*
Antidepressants		
Duloxetine (Cymbalta)	30 mg daily	30 to 120 mg daily
Escitalopram (Lexapro)	10 mg daily	10 to 20 mg daily
Imipramine (Tofranil)‡	25 to 50 mg daily	100 to 300 mg daily
Paroxetine (Paxil)	20 mg daily	20 to 50 mg daily

Sertraline (Zoloft)‡	25 to 50 mg daily	50 to 200 mg daily
Venlafaxine (Effexor)‡	37.5 mg two times daily	75 to 375 mg, divided, two to three times daily
Benzodiazepines		
Alprazolam (Xanax)	0.25 to 0.5 mg three times daily	0.5 to 6 mg daily
Chlordiazepoxide (Librium)	5 to 10 mg two to three times daily	10 to 25 mg two to four times daily
Clonazepam (Klonopin)‡	0.25 mg two times daily	0.5 to 4 mg, divided, two times daily
Clorazepate (Tranxene)	7.5 to 15 mg two times daily	15 to 60 mg, divided, two to three times daily
Diazepam (Valium)	2 to 5 mg two to four times daily	2 to 10 mg, divided, four times daily
Lorazepam (Ativan)	0.5 to 1 mg three times daily	0.5 to 2 mg three times daily
Oxazepam (formerly Serax)	10 mg three times daily	10 to 30 mg three to four times daily
Other		
Buspirone (Buspar)	7.5 mg two times daily	30 to 60 mg, divided, two to three times daily

*Dosage should be 50 percent less in adults 65 years and older.
‡Not specifically approved by the U.S. Food and Drug Administration for the treatment of generalized anxiety disorder.

Michael G. Kavan, PhD; Gary N. Elsasser, ParmD; and Eugene J. Barone, MD. "Generalized Anxiety Disorder: Practical Assessment and Management. *Am Fam Physician.* 2009 May 1;79(9):785-791.

SSRIs and SNRIs. Selective serotonin reuptake inhibitors (SSRIs) have emerged as first-line therapies for patients with GAD. A welldefined mechanism of action for these agents has yet to be determined, but it may involve down-regulation of noradrenergic receptors. The primary advantage of SSRIs is their potential for long-term use without fear of tolerance or abuse. Many SSRIs and serotonin-norepinephrine reuptake inhibitors (SNRIs) have effectively treated GAD in clinical trials, but only paroxetine (Paxil), escitalopram (Lexapro), duloxetine (Cymbalta), and venlafaxine (Effexor) are approved by the U.S. Food and Drug Administration (FDA) for this indication. In general, comparable effectiveness has been reported in studies of paroxetine versus sertraline (Zoloft), extended-release venlafaxine versus paroxetine, extended-release venlafaxine versus duloxetine, and paroxetine versus escitalopram; no single agent has emerged as superior. Similar studies are necessary before one SSRI can be recommended over another or before an SSRI can be recommended over an SNRI based on effectiveness.

Some of the more common adverse events associated with SSRI and SNRI use include nausea, sexual dysfunction, agitation, weight gain, and insomnia. Although these effects tend to be mild, they may be mistaken for worsening anxiety and may lead to nonadherence; thus, patients should be advised accordingly. Benzodiazepines may be prescribed concurrently during the initial few weeks of treatment to counteract some of these anticipated adverse effects. This practice may also offset the delay in onset of therapeutic effectiveness (typically one to four weeks) associated with SSRIs and SNRIs. Fewer adverse events have been reported with escitalopram than with paroxetine. Lastly, because withdrawal symptoms, such as nausea, paresthesias, anxiety, dizziness, and insomnia, are not uncommon with the use of SSRI and SNRI therapy, a slow taper over several weeks is recommended.

Benzodiazepines. Benzodiazepines are believed to interact with receptors activated by the neuroinhibitory transmitter, γ-aminobutyric acid (GABA). In doing so, they promote binding of GABA to GABA subunit receptors (GABA A) and enhance chloride ion influx. Benzodiazepines have been widely used because of their rapid onset of action and proven effectiveness in managing GAD symptoms.35 Their role in the long-term management of the disorder is less clear. Furthermore, with the exception of alprazolam (Xanax), benzodiazepines are not effective in resolving the depression that often accompanies GAD.

The various benzodiazepine agents appear to be equally effective in managing GAD. The choice of agent should be guided by pharmacokinetic differences and cost. Short- to intermediate-acting agents (oxazepam [formerly Serax], alprazolam, and lorazepam [Ativan]) are preferred because they are less likely to accumulate and lead to the excessive daytime sedation and confusion that often occur with the use of longer-acting agents (diazepam [Valium], chlordiazepoxide [Librium], and clorazepate [Tranxene]).

Use of benzodiazepines in older adults is particularly troublesome because of a greater risk of adverse events. Among older adults and patients with impaired hepatic functioning, the metabolic characteristics of oxazepam, lorazepam, and temazepam (Restoril) are generally preferred because there is less tendency for accumulation. Despite a low risk of abuse, benzodiazepines are best avoided in patients who have previously demonstrated addictive behavior.38 Discontinuation should be carried out gradually over several weeks in all patients who have had four or more weeks of treatment to avoid withdrawal symptoms (e.g., a return of anxiety, agitation, insomnia, irritability, restlessness). Imipramine (Tofranil) may help patients discontinue long-term benzodiazepine use, although it does not alter the severity of withdrawal symptoms.

Buspirone. Buspirone (Buspar) is an azapirone that has demonstrated superior effectiveness compared with placebo, but it may not be as effective as benzodiazepines.40 The mechanism of action of buspirone is thought to be mediated through serotoninergic activity, specifically as an agonist of the serotonin receptor subtype 5-hydroxytryptamine-1A. The FDA approved the drug as a nonaddictive, nonsedating alternative to benzodiazepines. However, buspirone has not been established as a first-line agent because of a one- to three-week delay in symptom relief, no impact on comorbid depression, and a relatively short half-life necessitating dosing two to three times per day. Overall, it is well tolerated with mild adverse effects, such as dizziness, blurred vision, and nausea. Buspirone is an FDA pregnancy category B agent, whereas SSRIs, SNRIs, and benzodiazepines are FDA pregnancy category C or D agents.

Other Agents. Pregabalin (Lyrica), despite having structural similarities to GABA, does not interact with the GABA receptor or the benzodiazepine receptor. Its mechanism of action is thought to be caused by inhibition of the release of excitatory neurotransmitters in a manner similar to gabapentin (Neurontin).41 Pregabalin has been approved in Europe for the treatment of GAD, although it has not been FDA approved for this indication. In multiple clinical trials, it has been shown to relieve psychic and somatic symptoms of anxiety in a manner similar to lorazepam,42,43 alprazolam,44 and venlafaxine.45 The onset of action occurred within the first week, and the most common adverse effects were nausea and dizziness. Additionally, there were no serious withdrawal symptoms with a one-week taper. However, there appears to be a marked dose-response relationship in patients taking pregabalin, with benefit occurring at a minimum threshold dosage of 200 mg per day.46 Dosage adjustments are necessary in patients with renal disease. Additional long-term studies are needed to further assess effectiveness and safety in patients with concomitant depression.

Hydroxyzine (Vistaril) has demonstrated superior effectiveness compared with placebo without evidence of rebound anxiety. Withdrawal symptoms did not differ markedly from those of placebo.47 Tricyclic antidepressants, such as imipramine, have been used for treatment of GAD, but have largely been replaced by the safer and better tolerated SSRIs and SNRIs.

Attachment C
Content for Discussion with Patients about General Anxiety Disorder

YOU MAY WISH TO GIVE YOUR PATIENT THESE 2-PAGES OF TALKING POINTS

TO BE USED FOR PART II of OV PROTOCOL
"Treatment for General Anxiety Disorder" and for PART III "Follow-up Continued Support"

- People with generalized anxiety disorder have recurring fears or worries, such as about health or finances, and they often have a persistent sense that something bad is just about to happen. The reason for the intense feelings of anxiety may be difficult to identify. But the fears and worries are very real and often keep individuals from concentrating on daily tasks.

- Most people feel anxious at times. An important part of living, anxiety is a normal emotional reaction to stress, which is a biological response to a threat. Anxiety helps us get out of harm's way and prepare for important events, and it warns us when we need to take action. But, when anxiety is constant, excessive, uncontrollable, overwhelming, and disabling or when it interferes with daily activities, you may have an anxiety disorder.

- You are not alone. Generalized anxiety disorders affect about 2% of American adults age 18 years and older in a given year, or about 4.1 million adults.

- It is not uncommon for someone with an anxiety disorder to also suffer from depression or vice versa. Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder. The good news is that these disorders are both treatable, separately and together.

Treatment and Therapies

- Even the most severe cases of General Anxiety Disorder can be treated. The earlier that treatment can begin, the more effective it is. Anxiety is usually treated with medications, counseling, or a combination of the two.

- No two people are affected the same way by GAD and there is no "one-size-fits-all" for

  treatment. It may take some trial and error to find the treatment that works best for you.

Counseling (for more information on referral, see Attachment D, p 14)

- Counseling can help people identify and learn to manage the things that contribute to their anxiety. For example, one approach involves training patients in relaxation and deep breathing techniques to counteract the rapid, shallow breathing that accompany certain anxiety disorders.

- Patients learn to understand how their thoughts contribute to anxiety, and how to change those thoughts to reduce the likelihood of anxiety.

- Licensed Counselors sometimes use other approaches to effective treatment in addition to individual counseling. A counselor may ask you to join Group Counseling, which involves a group of individuals who all have anxiety disorders. Another type is family counseling, which can help family members better understand your anxiety and learn new ways of interacting that do not reinforce the anxiety and associated dysfunctional behaviors.

Medications

- Medications such as benzodiazepines and SSRIs may be prescribed. In cases where medications are used, the patient's care may be managed collaboratively by more than one provider of treatment. It is important for you to realize that there are side effects to any drugs, which must be monitored closely by the provider who prescribed the medication.

- How long does treatment take? Most people who suffer from an anxiety disorder are able to reduce or eliminate their anxiety symptoms and return to normal functioning after 12-16 weeks of appropriate counseling. Many people notice improvement in symptoms and functioning within a few treatment sessions.

Some Tips. Here are other tips that may help you during treatment for anxiety:

- Talk to someone: spouse, significant other, friend, child or doctor.
- Exercise regularly: Go for a walk, jog, do yoga, dance, or just get moving!
- Get plenty of sleep
- Keep a daily journal. Become aware of what triggers your anxiety.
- Eat a balanced diet. Don't skip meals.
- Avoid caffeine, which can trigger anxiety symptoms.
- Avoid drug and alcohol abuse

Attachment D
Referral Process for Psychotherapy

TO BE USED FOR PART II of OV PROTOCOL
"Treatment" for Generalized Anxiety Disorder

Patients who screen positive for general anxiety disorder probably also need psychotherapy. In these cases, you must refer them to a provider. This section will provide you some pointers on making those referrals.

Make a referral in every instance that it is indicated because patients do not tend to self-refer. If you do not make the referral, treatment is not likely to happen.

Create a List of Treatment Providers
In compiling your list of providers, conisider obtianing referral information from employee assistance programs, local health departments, behavioral health program counselors, and local hospitals.

Establishing Office Protocol for Referrals. Have a clear, standard, complete protocol in place for referral and make all staff aware of it if they are involved in referral activities. The elements of a referral strategy are described below:

Starting the Conversation.

- Conduct the interview in private and do not bring up the referral around others without the patient's permission.
- Empathetic interviewing is key. Sensitive approaches can reduce resistance.

Now, tell your patients:

- Why you are recommending a referral for psychotherapy.
- What to expect. Provide as much information as possible about the provider where you are referring the patient. If you speak with confidence and knowledge about the therapist, patients are more likely to respond positively.

Encouragement. It is important to encourage patients to comply with treatment in order to raise the likelihood that the patient will follow-through with the treatment plan.

Schedule the Appointment Immediately. If possible, schedule referral appointments while the patient is in the office. Asking them to make the appointment themselves, in your presence, encourages the patient to start taking responsibility while at the same time provides support. Provide the name and phone number, and a phone if necessary. Facilitating the patient's request for treatment will increase their likelihood of following through. Making the call immediately takes advantage of the momentum and provides the opportunity to support the patient. Obviously, the physician or staff member can make the initial call for the patient in the patient's presence.

Confirm Referral. It is important to make sure the patient followed through on a referral.

Your office can support the patient by calling to ask whether they kept the referral appointment and how it went, or your office can call the treatment provider.

After Referral. Steps after referral include:

- Become familiar with the treatment plan.
- Establish an agreement between members of the treatment team that describes the care each will provide. Develop common goals and a shared understanding of roles. Disagreements on treatment need to be identified and openly discussed.
- Develop a protocol for maintaining effective, ongoing, two-way communication.
- Check to make sure that follow-up messages are received from the therapist.
- Conduct a periodic review of the co-management process.
- Follow up with the patient to make sure the referral was successful.