

# Care Management for Psychiatrists

## *Measurement-Based Care, CoCM Consultation, and Sustainable Practice*

### The Problem No One Talks About

Psychiatry is uniquely difficult to practice sustainably. Your patients' conditions fluctuate between visits. Subjective symptoms are hard to track. And the gap between what good psychiatric care *requires* and what you can *deliver* often feels insurmountable.

Most psychiatrists are doing valuable work between visits—medication coordination, care team communication, patient check-ins—**and not getting paid for any of it.**

### The Shift: Measurement-Based Care as Infrastructure

Here's what the highest-performing psychiatric practices understand:

**Measurement-Based Care isn't a checkbox. It's the foundation that makes everything else work—including getting paid for the care you're already providing.**

When you systematically track symptoms with validated tools, **three things happen:**

#### 1. You Stop Flying Blind

A patient who says "I'm doing okay" may have a PHQ-9 unchanged at 16. Without data, you're guessing.

#### 2. You Improve Outcomes

Meta-analyses show MBC improves outcomes across depression, anxiety, and other conditions.

#### 3. You Unlock Revenue

MBC is *required infrastructure* for BHI billing—and supports CCM documentation.

### Three Revenue Pathways for Psychiatrists

#### Pathway

#### What It Is

#### Who It's For

#### Measurement-Based Care

Systematic symptom tracking that supports clinical decisions *and* billing

Every psychiatrist

#### CoCM Psychiatric Consultant

Population-level consultation to primary care teams (get paid to extend your expertise)

Psychiatrists who want to scale impact without more direct patient hours

**CCM for  
Psychiatry**

Chronic care management billing for  
your own longitudinal patients

Practices doing significant  
between-visit coordination

**The question isn't whether these programs apply to psychiatry.**

**It's whether you have the infrastructure to capture them.**

## Who This Is For

Psychiatrists and psychiatric NPs in private practice or small groups who want to:

- Reduce documentation burden
- Improve clinical outcomes with systematic tracking
- Build sustainable revenue streams for work they're already doing

## Care Management for Psychiatrists: What's in the Zenara's Full Guide

- ✓ MBC implementation checklist—measures, workflows, and documentation templates
- ✓ The CoCM consultant role explained: what you do, how you get paid, common contract structures
- ✓ When CCM applies to psychiatric practices (and when it doesn't)
- ✓ Collision rules: when these programs can and cannot overlap
- ✓ Worked examples with real billing scenarios

**Ready to build sustainable infrastructure for your  
psychiatric practice?**

**[Get the Full Guide: Care Management for Psychiatrists](#)**