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| **Regional Care Team CLATSOP COLUMBIA**  **Huddle Date:** |

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| Name |  |
| DMAP |  |
| DOB |  |
| Primary Care |  |
| Referral to Pharmacy |  |
| Referral to BH/MH/SUD |  |
| Drivers of Utilization |  |
| Needs/Concerns |  |
| PreManage Care Recommendation |  |

***[All but “Next Steps” filled in prior to Huddle date by Huddle Triage Coordinator using Collective/PreManage and other available systems]***

| **UTILIZATION** |  |
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|  |  |
| *[To prepare for Huddle, Huddle Triage Coordinator adds here a current snapshot of recent ED & IP utilization and other relevant medical and behavioral diagnoses and complications.]* |  |
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**NEXT STEPS**

**Action Items Person Responsible**

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*Huddle form developed by ColPac CCO Regional Care Team*