Session # D 6

Measurement Based Care for Behavioral Health Conditions in Primary Care Settings: How Do You Know Your Patient Improved?

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CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Faculty Disclosure

- The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

- Drs Raney and Lasky receive royalties from American Psychiatric Press for textbooks in Integrated Care
- Dr. Ring has nothing to disclose

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify effective and ineffective approaches to measuring outcomes
- List at least 3 measurement tools and associated outcome metrics
- Design and use a registry

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Bibliography / Reference

1. Fortney, Unutzer et al: The Tipping Point for MBC in Behavioral Health; Psych Services 2016.
2. Raney, Lasky, Scott: Integrated Care: A Guide for Effective Implementation. 2017.
3. www.kennedyformum.org/measurementbasedcare

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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AGENDA

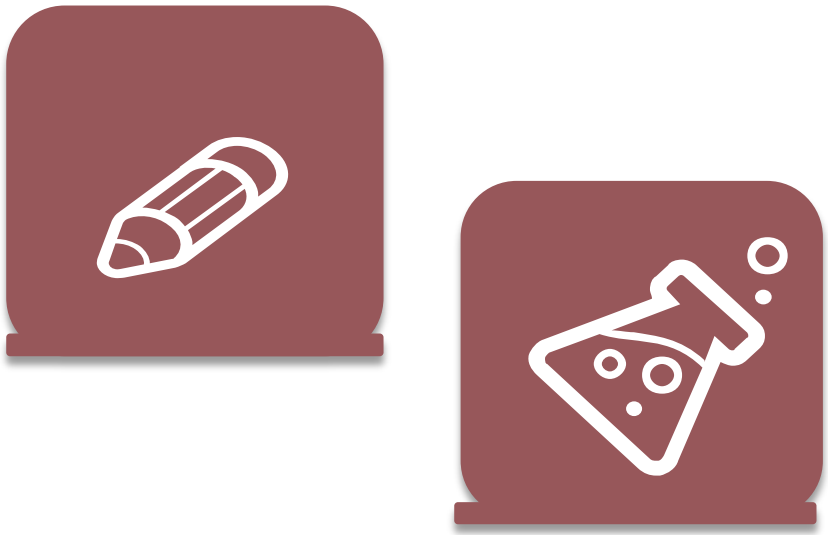
- Review of validated screening tools: adults and pediatrics
- Using a registry to track results
- Process of measurement-based care
- Tracking individual patient response
- Tracking practice performance on process and outcomes measures

Measurement-based Care Defined

"Measurement-based care involves the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient. Aggregated symptom rating scale data can be used for professional development at the provider level and for quality improvement at the clinic level and to inform payers about the value of mental health services delivered at the health care system level."

Fortney et al Psych Serv Sept 2016

Common Provider Questions and Concerns



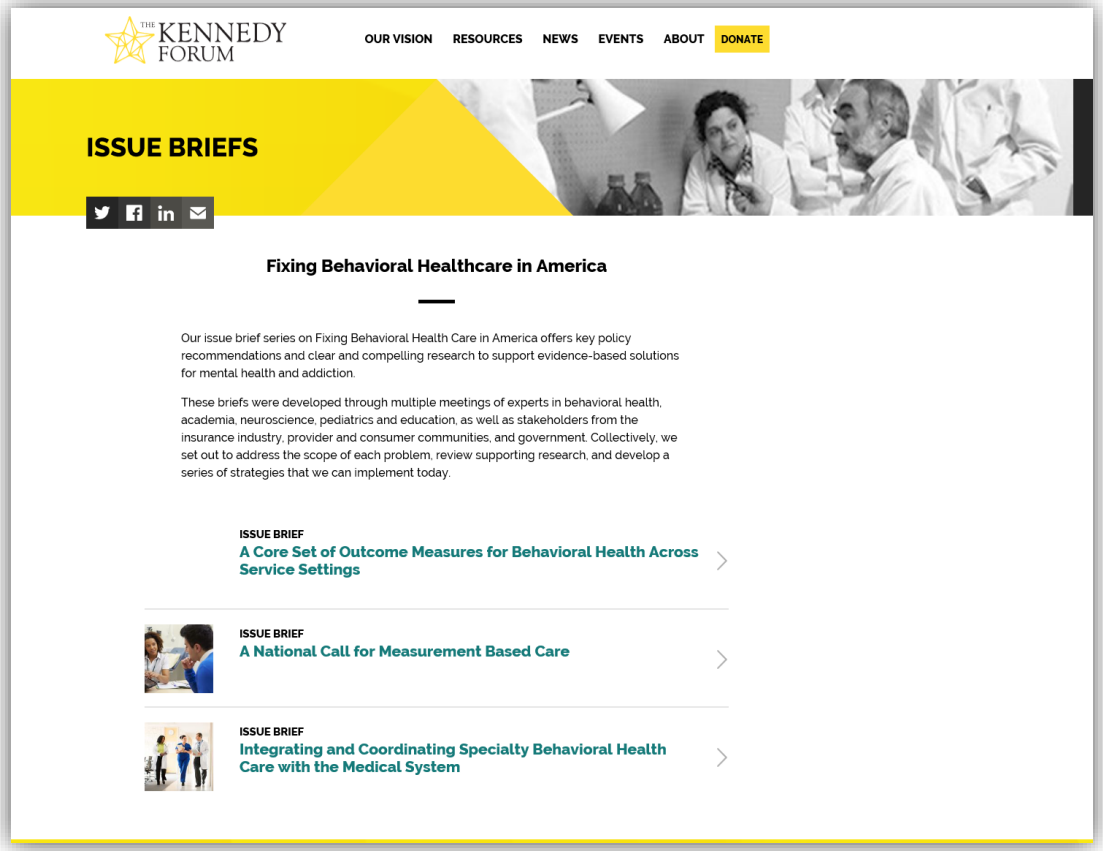
IS MEASURMENT SUITABLE IN COMMUNITY MENTAL HEALTH?

+ Measurement tools can't replace clinical judgement
+ These tools don't work for individuals with serious mental illness
+ We don't need tools because we provide thorough clinical interviews

Provider Perspective

- ✓Know there is value and but how to demonstrate nuanced human impact
- ✓Feel undervalued in healthcare (sometimes David and Goliath)
- ✓Concern about missing out on important alternative payment structures because of ability to demonstrate outcomes/value
- ✓Therapists can experience burnout and hopelessness when they don’t see progress
- ✓Rely on productivity standards in absence of quality metrics
- ✓Concern about loss of unique individual level in data driven system

Missing Important Clinical Outcomes



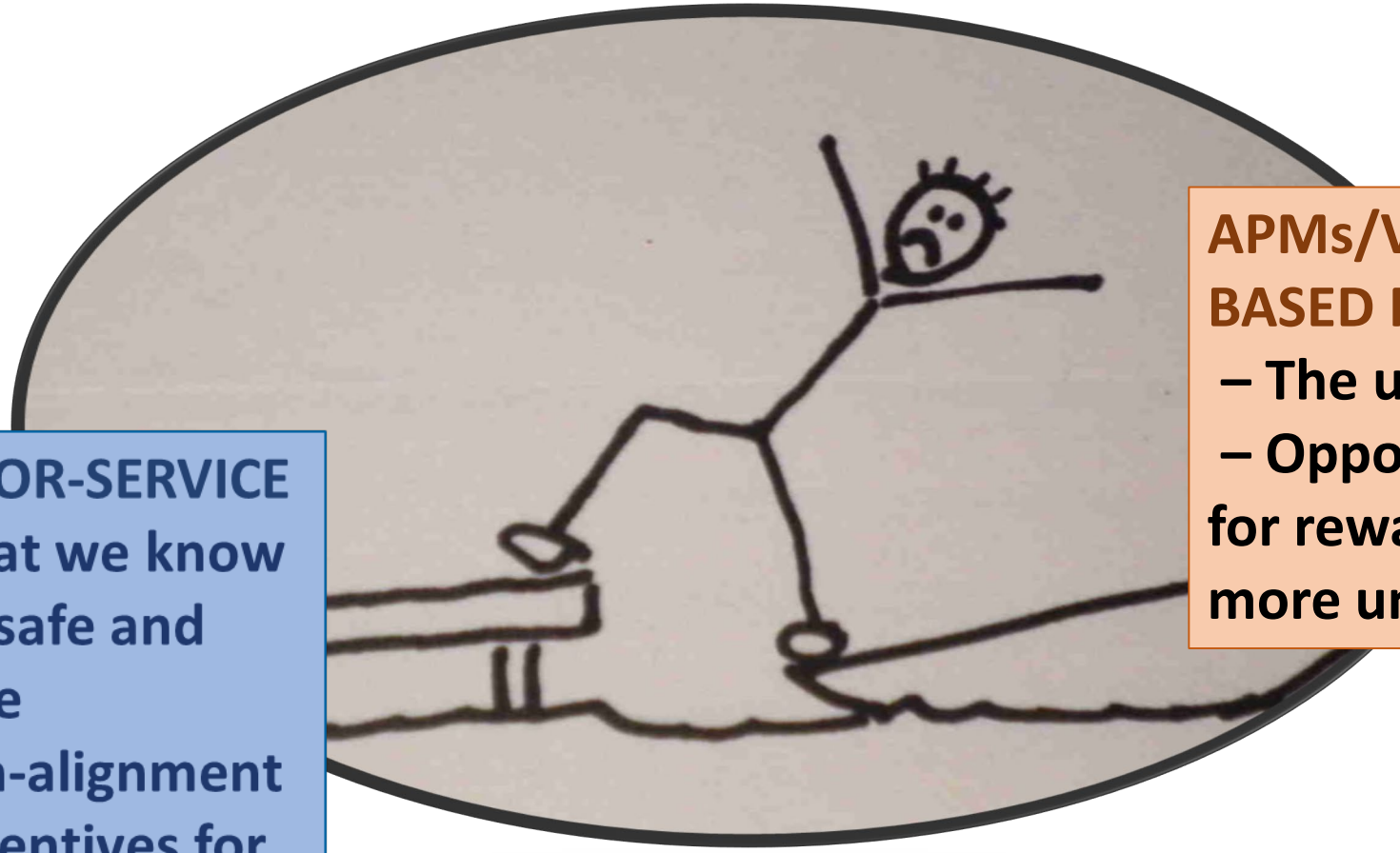
- Research shows that BH providers only detect 19% of patients who are worsening with judgement and standard practice
- Detection is even lower for those whose symptoms are not improving as expected. We don’t know that people aren’t improving.

Payer Perspective

“Behavioral health is a black hole: we pour money into it and we don’t get anything in return”

Payers are expecting outcomes especially as we lobby them to open more codes – the rest of the medical field provides them (A1c, BP, etc)

Value-based Payment (VBP) is Coming to a Clinic Near You

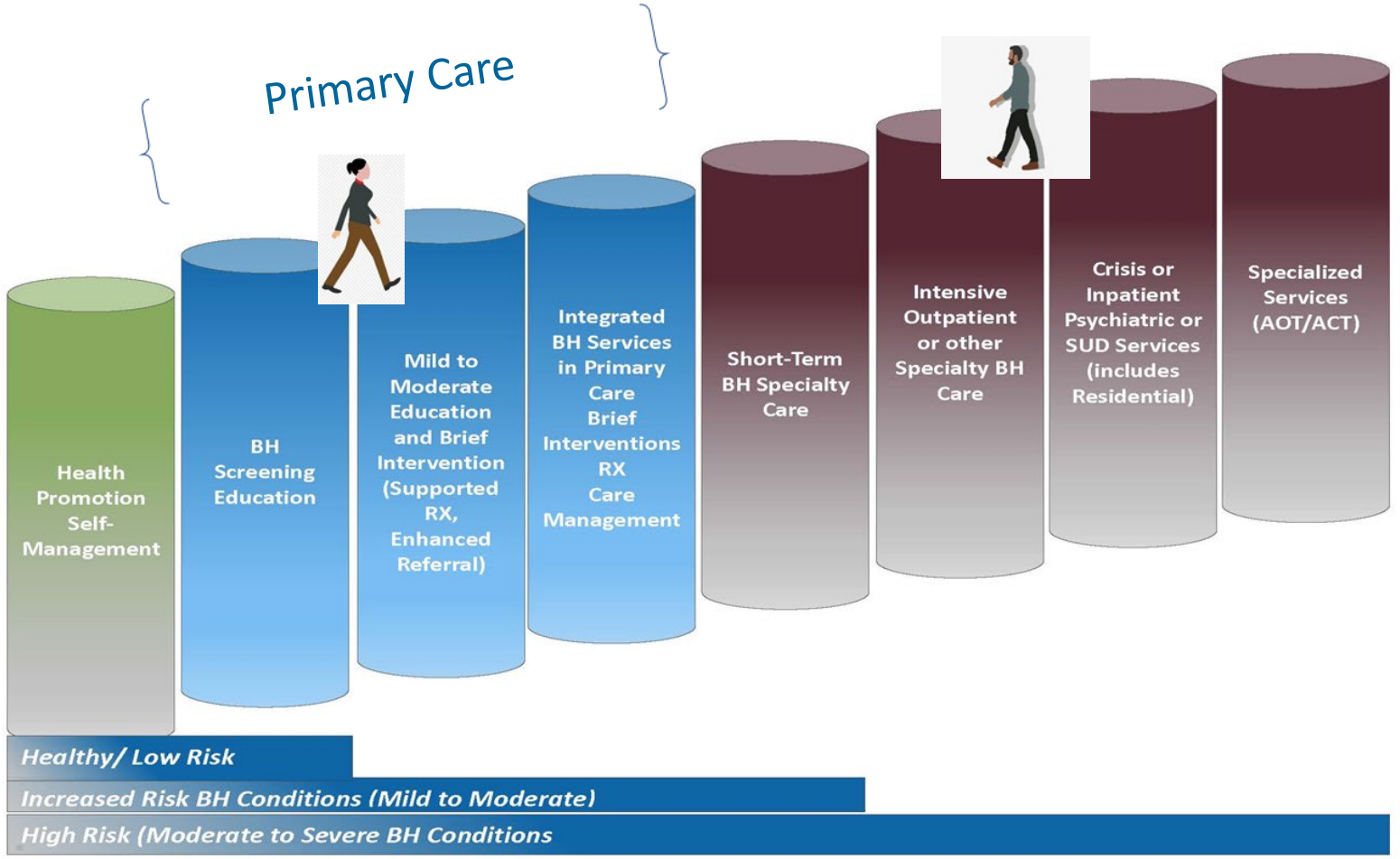


FEE-FOR-SERVICE
– What we know
– It's safe and secure
– Non-alignment of incentives for integration

APMs/VALUE-BASED PAYMENT
– The unknown
– Opportunities for rewards, but more uncertainty

Use to Determine Treatment Using Stepped Care

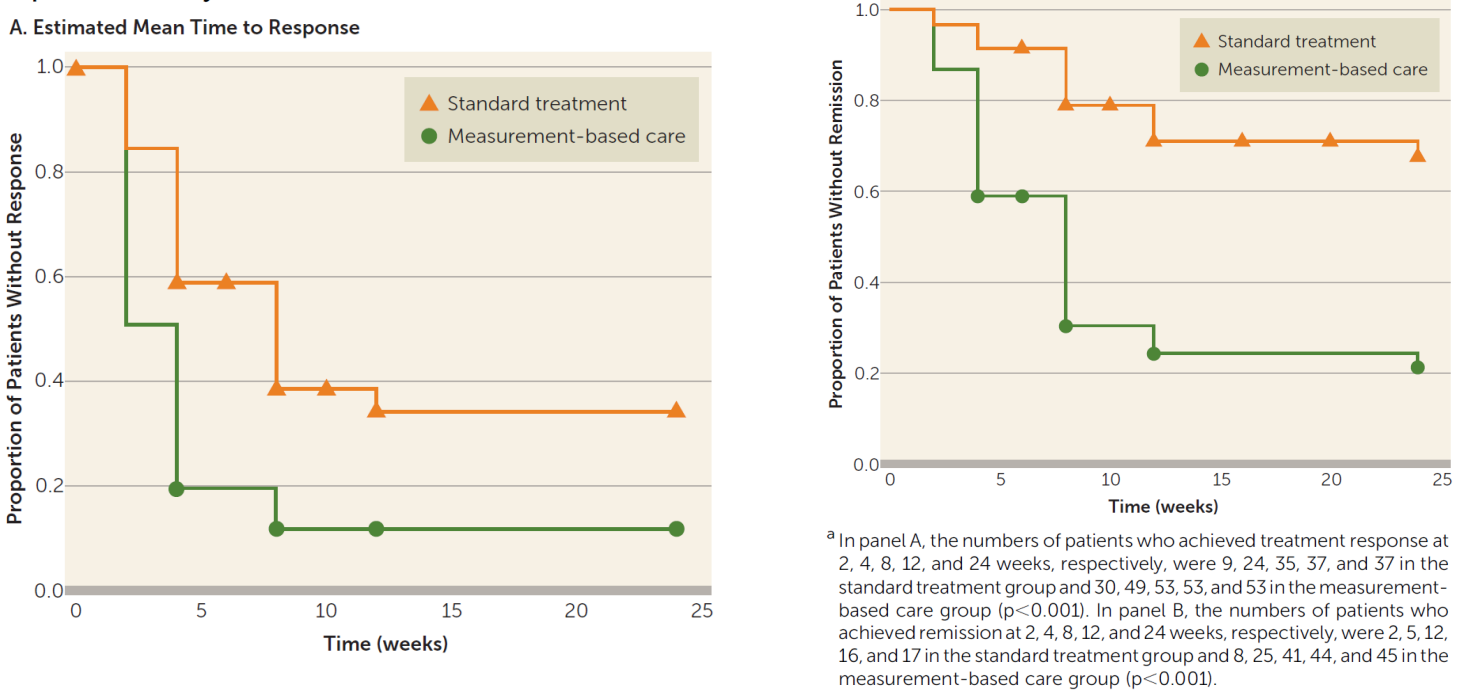
- Uses limited resources to their greatest effect on a population basis
- Different people require different levels of care
- ***Finding the right level of care often depends on monitoring outcomes***
- Increases effectiveness and lowers costs overall



Van Korff et al 2000

Care That Is Measured Gets Better

FIGURE 1. Estimated Mean Time to Response and Remission, by Kaplan-Meier Analysis[a]



[a] In panel A, the numbers of patients who achieved treatment response at 2, 4, 8, 12, and 24 weeks, respectively, were 9, 24, 35, 37, and 37 in the standard treatment group and 30, 49, 53, 53, and 53 in the measurement-based care group ($p<0.001$). In panel B, the numbers of patients who achieved remission at 2, 4, 8, 12, and 24 weeks, respectively, were 2, 5, 12, 16, and 17 in the standard treatment group and 8, 25, 41, 44, and 45 in the measurement-based care group ($p<0.001$).

- HAM-D 50% or <8
- Paroxetine and mirtazapine
- Greater response
- Shorter time to response
- More treatment adjustments (44 vs 23)
- Higher doses antidepressants
- Similar drop out, side effects

Quo T, Correll, et al. American Journal of Psychiatry, 172 (10), Oct, 2015

A Tipping Point for Measurement-Based Care

John C. Fortney, Ph.D., Jürgen Unützer, M.D., M.P.H., Glenda Wrenn, M.D., M.S.H.P., Jeffrey M. Pyne, M.D., G. Richard Smith, M.D., Michael Schoenbaum, Ph.D., Henry T. Harbin, M.D.

Objective: Measurement-based care involves the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient. This literature review examined the theoretical and empirical support for measurement-based care.

Methods: Articles were identified through search strategies in PubMed and Google Scholar. Additional citations in the references of retrieved articles were identified, and experts assembled for a focus group conducted by the Kennedy Forum were consulted.

Results: Fifty-one relevant articles were reviewed. There are numerous brief structured symptom rating scales that have strong psychometric properties. Virtually all randomized controlled trials with frequent and timely feedback of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes. Ineffective approaches included one-time screening, assessing symptoms infrequently, and feeding back outcomes to providers outside the context of the clinical encounter. In addition to the empirical evidence about efficacy, there is mounting evidence from large-scale pragmatic trials and clinical demonstration projects that measurement-based care is feasible to implement on a large scale and is highly acceptable to patients and providers.

Conclusions: In addition to the primary gains of measurement-based care for individual patients, there are also potential secondary and tertiary gains to be made when individual patient data are aggregated. Specifically, aggregated symptom rating scale data can be used for professional development at the provider level and for quality improvement at the clinic level and to inform payers about the value of mental health services delivered at the health care system level.

Psychiatric Services 2016; 00:1–10; doi: 10.1176/appi.ps.201500439

https://www.thekennedyforum.org/a-national-call-for-measurement-based-care
https://www.thekennedyforum.org/a-supplement-to-our-measurement-based-care-issue-brief

Ineffective Approaches to MBC

- One-time screening
- Assessing symptoms infrequently
- Feeding back outcomes outside the context of the clinical encounter

Fortney, et al. The Tipping Point for Measurement-based Care Psychiatric Services 2016; 00:1–10; doi: 10.1176/appi.ps.201500439

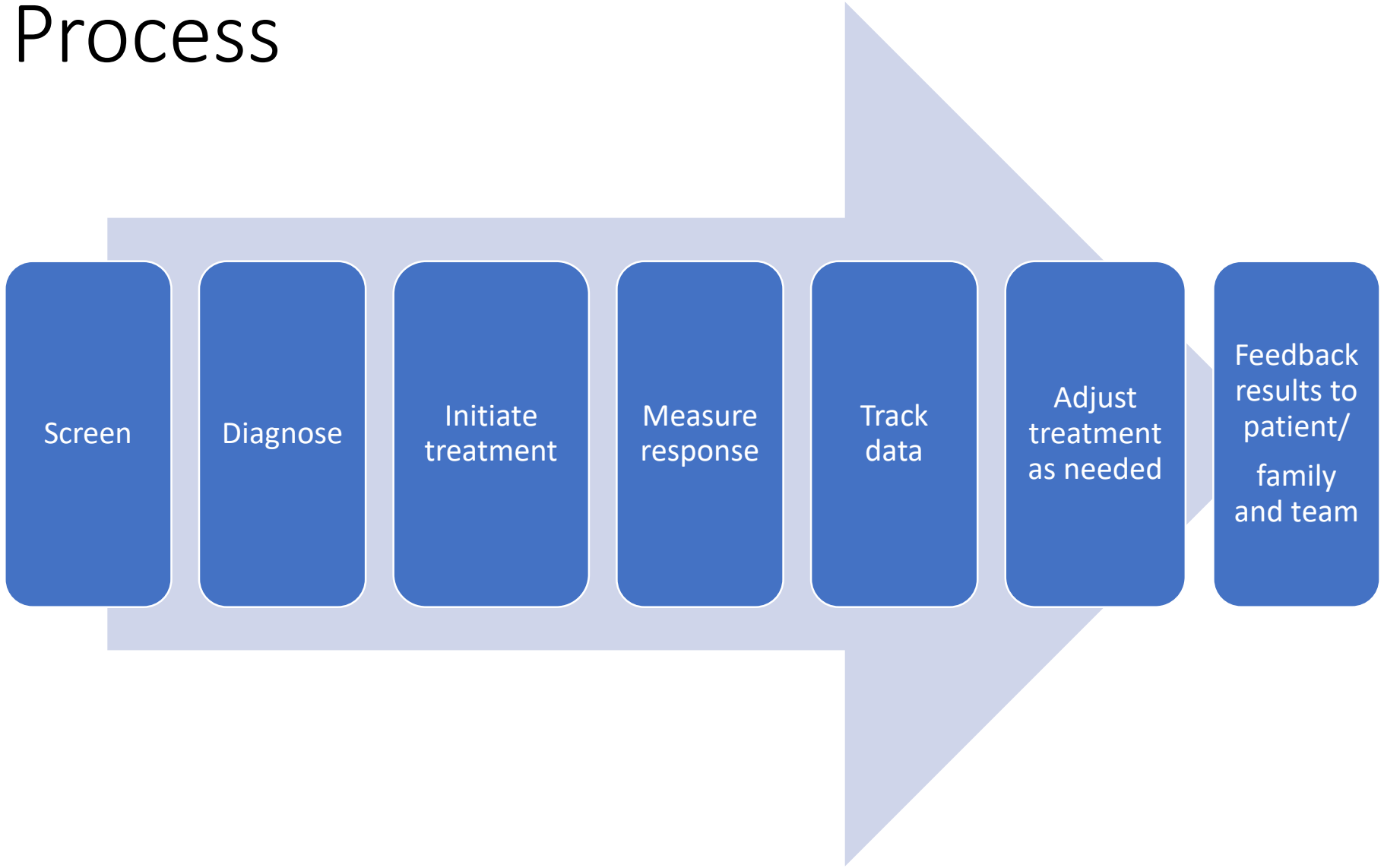
What is Needed for Effective Measurement?

- Systematic administration of symptom rating scales – specific intervals to maximize opportunities to adjust treatment if needed
- Measurement Based Care is NOT a substitute for clinical judgement
- Use of the results to drive clinical decision making at the patient level – overcome clinical inertia
- Patient rated scales are equivalent to clinician rated scales

- Best choice may be brief, easy to score, good uptake by clinicians, limited additional administration or clinician time needed to score/administer and non-proprietary
- Good to find screening tool that can serve as measurement tool also
- Cheaper if non-proprietary

Fortney, et al. The Tipping Point for Measurement-based Care Psychiatric Services 2016; 00:1–10; doi: 10.1176/appi.ps.201500439

MBC Process


Screen
Diagnose
Initiate treatment
Measure response
Track data
Adjust treatment as needed
Feedback results to patient/ family and team

SCREENING: USE VALIDATED TOOLS

Mood Disorders

- PHQ-9 Depression
- MDQ: Bipolar Disorder
- CIDI: Bipolar Disorder
- EPDS: Postnatal Depression

Anxiety Disorders

- GAD-7: Anxiety
- PCL-5: PTSD
- SCARED
- Mini Social Phobia: Social Phobia

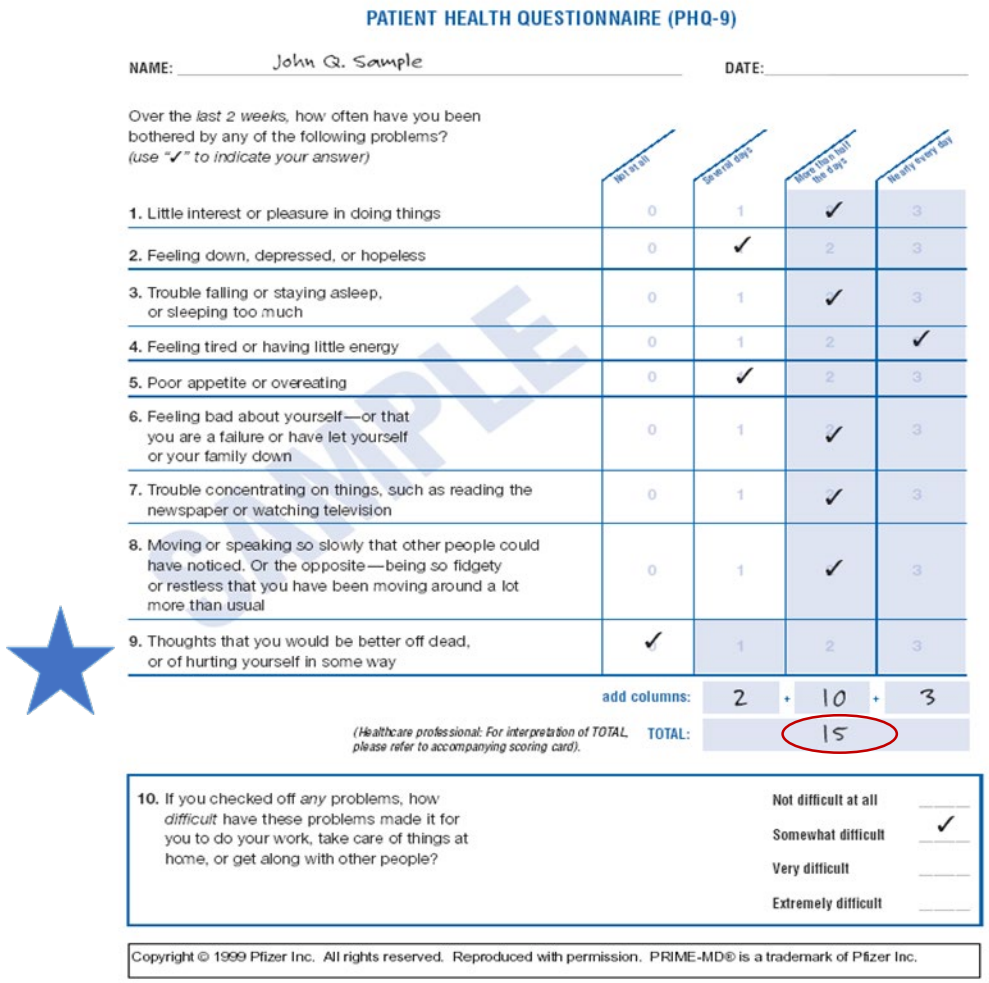
Psychotic Disorders

- Brief Psychiatric Rating Scale
- Positive and Negative Syndrome Scale

Substance Use Disorders

- BAM
- AUDIT-C
- DAST
- CRAFFT
- Alcohol Screening and BI for Youth

VALIDATED SCREENING AND MEASUREMENT TOOLS



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE:

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓	3
2. Feeling down, depressed, or hopeless	0	✓	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓	3
4. Feeling tired or having little energy	0	1	2	✓
5. Poor appetite or overeating	0	✓	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓	1	2	3
add columns:		2	+ 10	+ 3
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:			15	

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult ✓
- Very difficult
- Extremely difficult

PHQ 9 > 9

- < 5 – none/remission
- 5 - mild
- 10 - moderate
- 15- moderate severe
- 20 - severe

GAD-7

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's 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 the score for each column	+	+	+	
Total Score *(add your column scores)* =	Score ≥ 10 indicates possible diagnosis			

CHILD AND ADOLESCENT

- PHQ-A – Depression
- Vanderbilt – ADHD
- SCARED

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: **Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.**

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3

SUD – Remission v Harm Reduction

AUDIT C

NIAA Safe Drinking Limits
Weekly – 7/14
Binging – 3/4

Time in treatment (OUD)

Brief Addiction Monitor (BAM)

Participant ID: _____ **Date:** _____
Interviewer ID (Clinician Initials): _____
Instructions:
This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc.
The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible.

Method of Administration:
☐ Clinician Interview ☐ Self Report ☐ Phone

1. In the past 30 days, how would you say your physical health has been?
- ○ Excellent (0)
- ○ Very Good (8)
- ○ Good (15)
- ○ Fair (22)
- ○ Poor (30)

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

___ ___

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

___ ___

4. In the past 30 days, how many days did you drink ANY alcohol?

___ ___ (If 00, *Skip* to #6)

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5-ounce glass of wine.]

___ ___

6. In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications?

___ ___ (If 00, *Skip* to #8)

7. In the past 30 days, how many days did you use any of the following drugs:

7A. Marijuana (cannabis, pot, weed)?

___ ___

7B. Sedatives and/or Tranquilizers (benzos, Valium, Xanax, Ativan, Ambien, barbs, Phenobarbital, downers, etc.)?

___ ___

7C. Cocaine and/or Crack?

___ ___

7D. Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, crystal meth, ice, etc.)?

___ ___

7E. Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin,

SCREENING, DIAGNOSTIC, OR MEASUREMENT TOOL?

- Some tools are *for screening* – examples:
  - PHQ2/9/A
  - GAD2/7
  - Vanderbilt
  - CIDI 3 Bipolar
  - PTSD – PC
  - AUDIT
  - EPDS
- ***None of these are diagnostic*** – need to add a dose of clinical judgement and make a diagnosis
- Some of these tools are *validated measurement tools* – examples:
  - PHQ9
  - GAD7
  - Vanderbilt
  - SCARED (children)
  - PSC - 6

WHAT IS A REGISTRY?

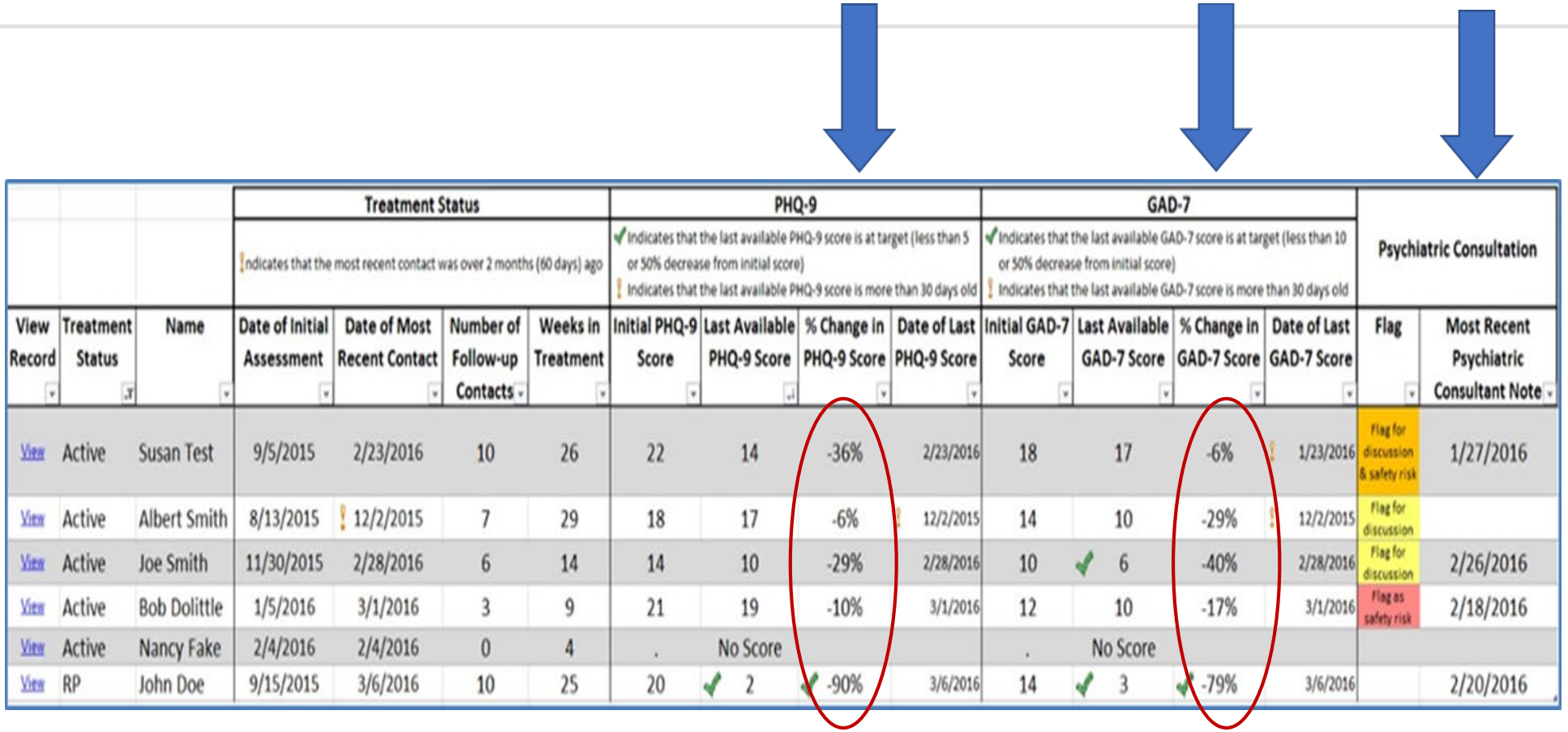
- Systematic collection of a clearly defined set of health and demographic **data** for patients with specific health characteristics
- Held in a central **database** for a predefined purpose
- Medical registries can serve **different purposes**—for instance, as a tool to monitor and improve quality of care including risk stratification, or as a resource for epidemiological research.

J Am Med Inform Assoc. 2002 Nov-Dec; 9(6): 600–611

HOW CAN A REGISTRY HELP?

- Keep track of all clients so no one “falls through the cracks”
  - Up-to-date client contact information
  - Referral for services
- Tells us who needs additional attention
  - High risk individuals in need of immediate attention
  - Clients who are not following up
  - Clients who are not improving
  - Reminders for clinicians & managers
  - Customized caseload reports
- Facilitates communication, specialty consultation, and care coordination
- Helps to stratify risk
  - Concentrate resources where needed most
- Choose the initiative most likely to have significant impact and use to focus educational efforts

MEASURING CHANGE



			Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			! indicates that the most recent contact was over 2 months (60 days) ago				✓ Indicates that the last available PHQ-9 score is at target (less than 5 or 50% decrease from initial score) ! Indicates that the last available PHQ-9 score is more than 30 days old				✓ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) ! Indicates that the last available GAD-7 score is more than 30 days old					
View Record	Treatment Status	Name	Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
View	Active	Susan Test	9/5/2015	2/23/2016	10	26	22	14	-36%	2/23/2016	18	17	-6%	! 1/23/2016	Flag for discussion & safety risk	1/27/2016
View	Active	Albert Smith	8/13/2015	! 12/2/2015	7	29	18	17	-6%	! 12/2/2015	14	10	-29%	! 12/2/2015	Flag for discussion	
View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	✓ 6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	.	No Score			.	No Score				
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	✓ 2	✓ -90%	3/6/2016	14	✓ 3	✓ -79%	3/6/2016		2/20/2016

Two crucial data points:
50% reduction PHQ-9
Remission (PHQ 9 < 5)

Psychiatric Providers Supporting Teams

Care Manager/BHP 4

Care Manager/BHP 1

Care Manager/BHP 3

Care Manager/BHP 2

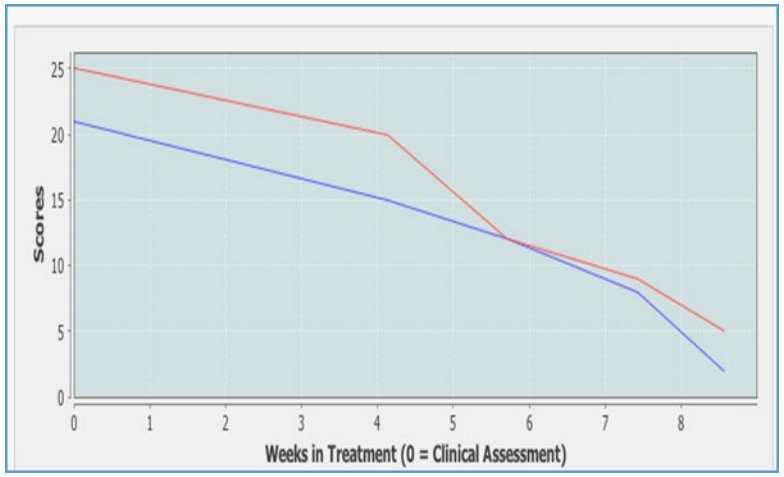
FORCE MULTIPLIER EFFECT

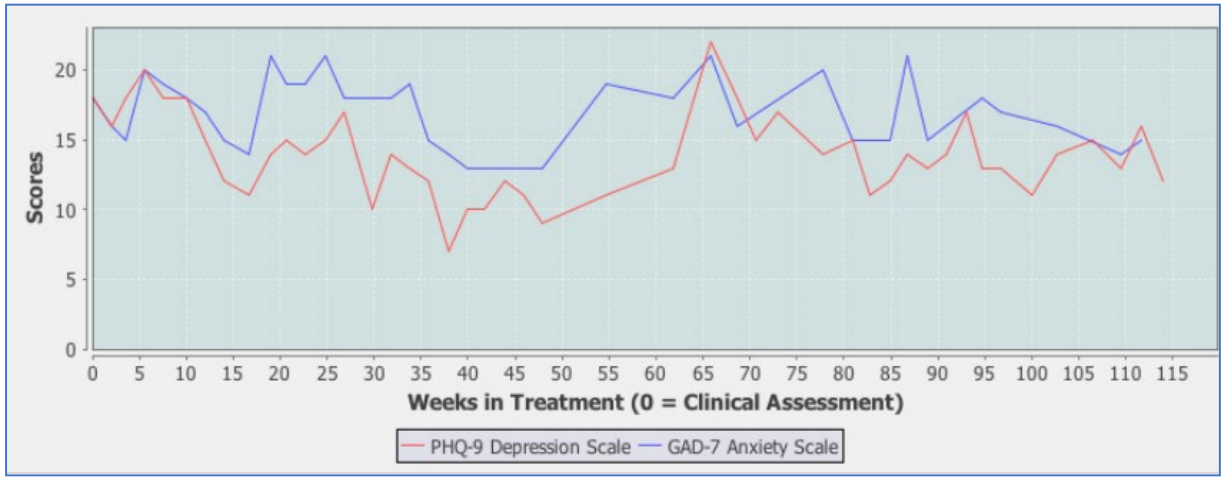
50-80 patients/caseload

2-4 hrs psych/week/ care coordinator

= a lot of patients getting care

SHARE RESULTS WITH PATIENTS AND STAFF





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WHO NEEDS REFERRAL TO A HIGHER LEVEL OF CARE?

			Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			! Indicates that the most recent contact was over 2 months (60 days) ago				✓ Indicates that the last available PHQ-9 score is at target (less than 5 or 50% decrease from initial score) ! Indicates that the last available PHQ-9 score is more than 30 days old				✓ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) ! Indicates that the last available GAD-7 score is more than 30 days old					
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View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	✓ 6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	.	No Score			.	No Score				
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	✓ 2	✓ -90%	3/6/2016	14	✓ 3	✓ -79%	3/6/2016		2/20/2016

https://aims.uw.edu/

AGGREGATE DATA

- Professional development at the provider level – MACRA, MIPS
- Quality improvement at the clinic level
- Inform reimbursement at the payer level

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Pla

SOURCE: Fortney et al Psych Serv Sept 2016

PERFORMANCE MEASURES

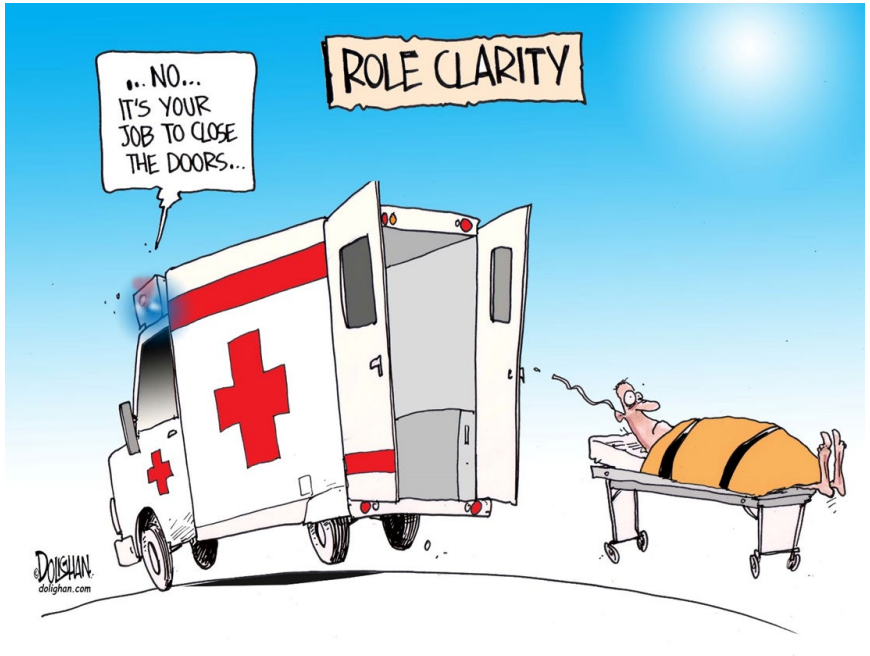
- **Process Metrics**
  - Percent of patients screened for depression
  - Percent with follow-up within 2 weeks
  - Percent not improving that received case review and psychiatric recommendations
  - Percent not improving referred to specialty care
- **Outcome Metrics**
  - Percent with 50% reduction PHQ-9 – NQF 1884 and 1885
  - Percent reaching remission (PHQ-9 < 5) – NQF 710 and 711
- **Satisfaction** – patient and provider
- **Functional** –work, school, homelessness
- **Utilization/Cost**
  - ED visits, 30 day readmits, med/surg/ICU, overall cost

HEALTH MANAGEMENT ASSOCIATES

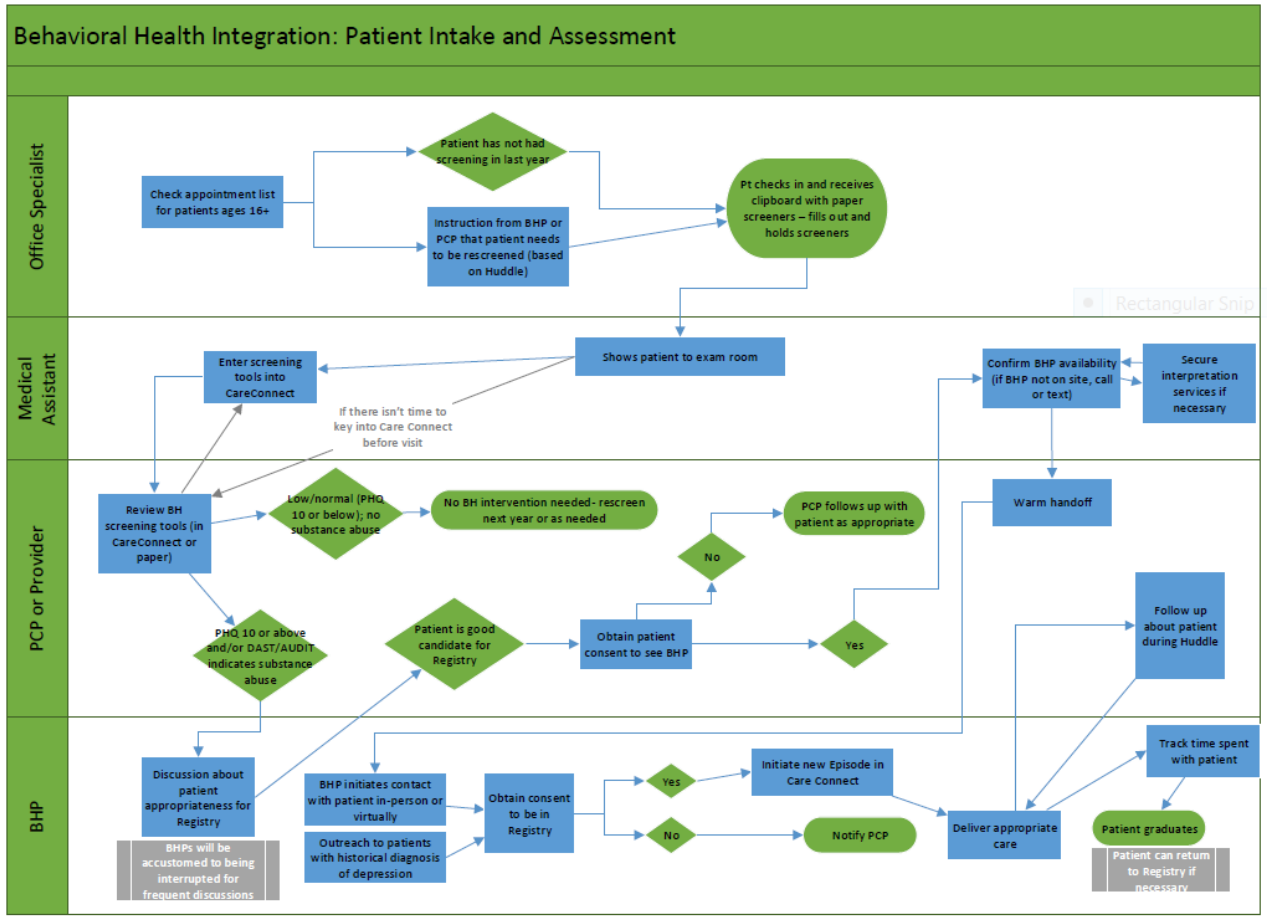
- Anxiety
  - 50% reduction in GAD-7
  - Remission in anxiety GAD-7 < 5
- Depression and chronic medical conditions
  - % with depression and 2 or more chronic conditions who had improvements in HbA1c/DBP/Lipids, etc
- Alcohol use
  - % of patients with AUD who reduced intake to NIAAA safe drinking limits
  - % of patients with AUD who are abstinent
- ADHD
  - % of patients with reduction in score of items 1-18

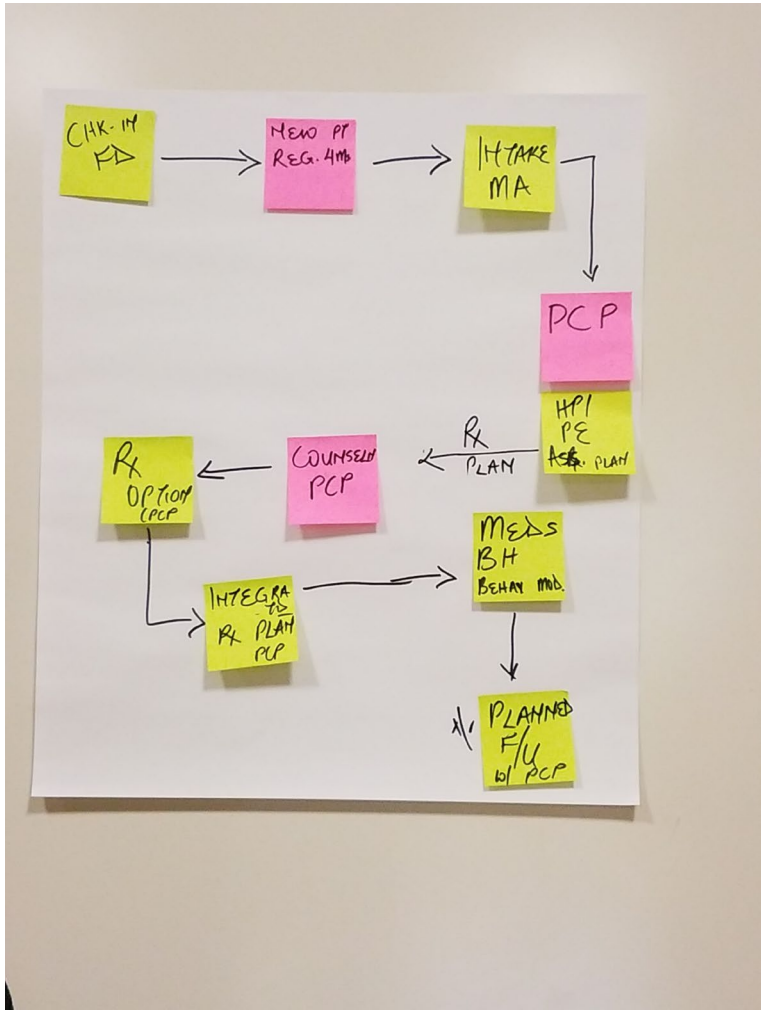
Workflow for MBC

- Which tools to use?
- How often will they be repeated and how will this be monitored?
- Who on the staff will administer the tool and by what means?
- Who will enter into EMR and where will it be located?
- How will data be used with individual patient and family?
- Who will be responsible for aggregating data for specific needs?



WORKFLOW ILLUSTRATION





HMA
Health Management Associates

A $30,00,00 Investment


SAN LUIS OBISPO
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SAN BERNARDINO
LOS ANGELES
VENTURA
ORANGE
RIVERSIDE
LOS ANGELES
SAN DIEGO
IMPERIAL

Inland Empire Challenges

- 55% Minorities
- Limited Education
- Unemployment more than doubled since 2007 > 14.7%
  (12% US, 10% CA)
- Poverty 12.7%

IE Health Inequities - Mortality

1 Heart Disease

2 Cancer

3 Lung Disease

4 Stroke

5 Unintentional Injuries

7 Diabetes (5 for LatinX)

Core PH Measures

- Blood Pressure
- Hemoglobin A1c

Core BH Measures

- Patient Health Questionnaire 9-Item (PHQ-9)
- Brief Addiction Monitor
- Generalized Anxiety Disorder 7-Item (GAD-7)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓	3
2. Feeling down, depressed, or hopeless	0	✓	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓	3
4. Feeling tired or having little energy	0	1	2	✓
5. Poor appetite or overeating	0	✓	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓	1	2	3
add columns:		2 +	10 +	3
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:			15	

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all _____
	Somewhat difficult ✓
	Very difficult _____
	Extremely difficult _____

Registries to Track Progress

Patient | Caseload | Program | Tools | Logout — Search Patient : — Hello, Jurgen (unutzer)

MHITS ID	Popu-lation	Date Enrolled	Sta-tus	Clinical Assessment: Date	PHQ-9	GAD-7	# of Sess-ions	Wks in Tx	Last F/U: Date	PHQ-9	Dep Impr	GAD-7	Anx Impr	Med	Continued Care Plan	Psych. Note	Psych. Eval.	Next Appt.
3400027	U	3/22/2011	L1	3/22/2011	22	21	4	10	5/31/2011	19*		21*		✓		5/16/2011		
3400009	U	12/13/2010	L1	12/13/2010	24		9	24	5/12/2011	23		16		✓		5/16/2011		5/26/2011 12:30PM
3400020	U	2/9/2011	L1	2/9/2011	23	13	5	16	5/31/2011	21		17		✓		5/16/2011		6/14/2011 11:30AM
3400024	U	3/9/2011	L1	3/9/2011	24	17	5	12	5/16/2011	22		17		✓		5/2/2011		6/1/2011 2:00PM
3400010	U	12/13/2010	L1	12/13/2010	21	18	9	24	5/23/2011	12*		12*		✓		4/4/2011		6/2/2011 2:30PM
3400004	U	10/27/2010	L1	10/27/2010	17	14	12	31	6/1/2011	12		13		✓		4/11/2011		6/15/2011 3:00PM
3400021	U	2/10/2011	L1	2/10/2011	19	16	7	15	4/19/2011	14		15		✓		4/25/2011		
3400017	U	1/25/2011	L1	1/25/2011	22	15	5	18	5/23/2011	17		19		✓		5/23/2011		6/2/2011 1:00PM
3400008	U	12/8/2010	L1	12/8/2010	16	10	12	25	5/24/2011	3		7		✓		5/23/2011		6/7/2011 4:30PM
3400023	U	3/7/2011	L1	3/7/2011	17	14	6	12	5/31/2011	9		8		✓		3/14/2011		6/20/2011 5:00PM
3400011	U	12/14/2010	L1	12/14/2010	17	13	10	24	4/14/2011	9		8		✓		12/20/2010		
3400012	U	12/27/2010	L1	12/27/2010	25		8	22	5/5/2011	2				✓		2/28/2011		5/18/2011 2:30PM
3400001	U	10/21/2010	L1	10/21/2010	22	20	15	31	5/26/2011	8		10		✓	11/10/2010	4/4/2011		6/9/2011 11:30AM
3400005	U	12/8/2010	L1	12/8/2010	10	12	12	25	5/23/2011	6		4		✓		4/4/2011		6/6/2011 11:00PM
3400026	U	3/21/2011	L1	3/21/2011	17	14	8	10	5/24/2011	7		8		✓		3/31/2011		6/7/2011 11:00AM
3400007	U	12/8/2010	L1	12/8/2010	13	8	13	25	5/31/2011	8		2		✓		5/31/2011		6/14/2011 11:00AM
3400013	U	12/28/2010	L1	12/27/2010	19	15	9	22	5/17/2011	3		4		✓	4/19/2011	1/20/2011		6/14/2011 5:00PM
3400003	U	11/18/2010	L1	11/18/2010	22	18	10	27	5/25/2011	5*		8*		✓		5/31/2011		6/8/2011 4:30PM
3400016	U	1/20/2011	L1	1/20/2011	19	10	5	18	4/21/2011	2		5		✓		5/2/2011		5/19/2011 10:00AM
3400002	U	10/14/2010	L1	10/13/2010	14	7	8	33	2/17/2011	4		4		✓	2/17/2011	2/22/2011		
3400015	U	1/18/2011	L1	1/18/2011	17	4	11	19	5/25/2011	4*		5*		✓		1/24/2011		6/1/2011 4:30PM
3400028	U	4/19/2011	L1	4/19/2011	14	14	4	6	5/31/2011	9*		10*		✓		5/23/2011		6/7/2011 10:00AM
3400030	U	5/18/2011	L1	5/18/2011	22	10	1	2	5/19/2011	22*		10*				5/23/2011		
3400029	U	5/2/2011	L1	5/2/2011	24	16	3	4	5/24/2011	7		5		✓		5/16/2011		6/6/2011 8:30AM

1 - 24 of 24 — Per page: 200

Population : G - GA-U, U - Uninsured, V - Veterans, F - Veteran Family Members, M - Moms, C - Children, O - Older Adults, I - CMI
*: score is last available but not from the last F/U.
L1†: Patient has been graduated from L2.
L2*: Patient is still not taken by a Case Manager after 14 days.
Red: Most recent score is above 10 and has not improved by 5 points from the initial assessment score. Or if initial assessment is the only assessed score and is above 10
Yellow: Shows a 5 point improvement from the initial assessment score to the most recent score but most recent score is still above 10. Or there is not an initial assessment score and the most recent score is above 10
Green: Most recent score is below 10

Population(s) included : ☑ GA-U ☑ Uninsured ☑ Veterans ☑ Veteran Family Members ☑ Moms ☑ Children ☑ Older Adults ☑ CMI Reload

AIMS Center: http://aims.uw.edu

Registry Exercise

Practice Caseload Activity

Report run on 9/7/18

Flags	Patient ID	PHQ-9		Contacts					
		First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
🚩	1	23	10*	4/1/2018	7/12/2018	7/20/2018		14	25
	2	17	4	10/14/2017	8/30/2018	3/9/2018		18	46
	3	16	7	4/13/2018	9/6/2018	8/30/2018	9/6/2018	14	24
	4	25	25	7/28/2018	9/7/2018	8/3/2018		4	5
	5	20	12	10/12/2017	8/28/2018	5/11/2018	7/28/2018	16	46
	6	19	9	4/27/2018	8/9/2018	5/25/2018		7	18
	7	11	12	7/19/2018	9/6/2018	7/20/2018		3	6
	8	21	5	7/7/2018	8/13/2018	8/10/2018		8	10
	9	9	8*	7/16/2018	8/27/2018	8/27/2018		2	7
	10	17	13	2/9/2018	8/13/2018	7/20/2018		15	36
	11	19	13*	7/8/2018	9/2/2018	8/28/2018		3	8
	12	18	6	4/30/2018	8/11/2018	8/12/2018		14	20
	13	11	0	3/10/2018	8/30/2018	7/20/2018	5/27/2018	8	25
	14	17	9	10/28/2017	8/18/2018	2/17/2018		13	45
	15	13	20	6/30/2018	8/29/2018	8/11/2018		7	10

Key

🚩 Indicates patient has been flagged for discussion during next psychiatric consultation

* Score in the Last column will have an asterisk (*) if it is older than the specifications for that clinical measure (e.g., if the PHQ-9 is older than 30 days)

Answer These Questions

Which patients should be reviewed with the psychiatric consultant? What information would you use to prioritize the cases for review?

- Which patients need consultation? How do you know?
- Which patients are not improving? How do you know?
- Which patients need engagement? How do you know?
- Which patients are ready for relapse prevention? How do you know?

Rectangular Snip

Considerations Before Caseload Review

Review registry for:

- ☐ All patients who have 8-10 weeks of treatment without significant improvement.
- ☐ Patients who aren't engaged or who have other difficulties in their care.
- ☐ New patients who are more complex or ones who need a medication decision to support the PCP.
- ☐ Patients where there is a diagnostic question or concern that they may need referral to specialty mental health.
- ☐ Any patient you have **flagged for consult** or who is on a consult list you keep. For example:
  - Patients on a dose of medications for longer than 4 weeks without significant improvement
  - Patients with current acute safety risks
  - Patients with scores over 10 on PHQ-9 or GAD-7 with no psych note
  - Patients who have improvement and would normally be ready for relapse prevention but you want to clarify whether there is a reason to continue care
  - Patients who have been in treatment for a significant amount of time and remain on the caseload

Are you using MBC in your practice?

What next steps might you take as a result of this session?

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HMA

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Join us next year in Philadelphia, Pennsylvania! Thank you!

Review the registry below and consider these questions:
1. Who is not improving and needs psychiatric consultation?
2. Who is not engaging in care and needs outreach by the behavioral care manager?
3. Who is ready for relapse prevention?

Today's date 2/07/2017

	Clinical Assessment			# of Sessions	Weeks in Tx	Last Follow-Up Contact			Psych. Note
	Date	PHQ-9	GAD-7			Date	PHQ-9	GAD-7	
1	8/29/16	16	11	15	25	1/8/17	12	11	11/14/16
2	1/9/17	5	4	5	6	2/11/17	2	1	
3	1/16/17	16	20	1	5				
4	8/1/16	27		4	29	12/10/16	24		
5	10/19/15	11	19	14	70	11/11/16	14	17	6/24/16
6	12/5/16	10	10	3	11	2/4/17	2	1	
7	8/29/16	12	10	11	25	2/6/17	12	8	11/21/16
8	8/15/16	15	15	4	27	1/2/17	7		1/9/17
9	5/30/16	24	21	10	38	2/6/17	21	19	11/21/16
10	10/10/16	12	8	28	19	2/4/17	3	2	9/4/16