



# COMPASS

## Systematic Case Review

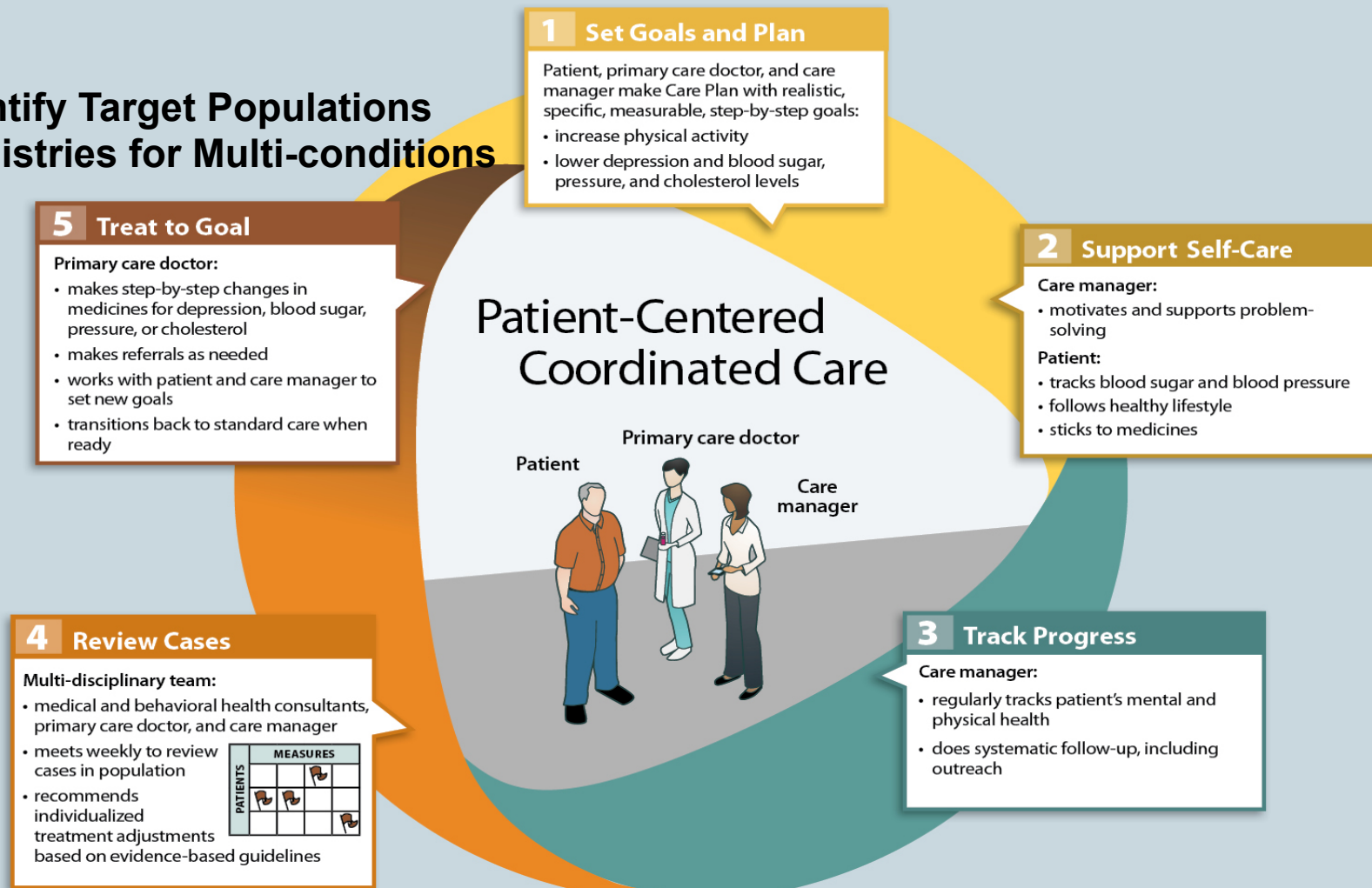
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May 8<sup>th</sup>, 2013

# Case of Mr T

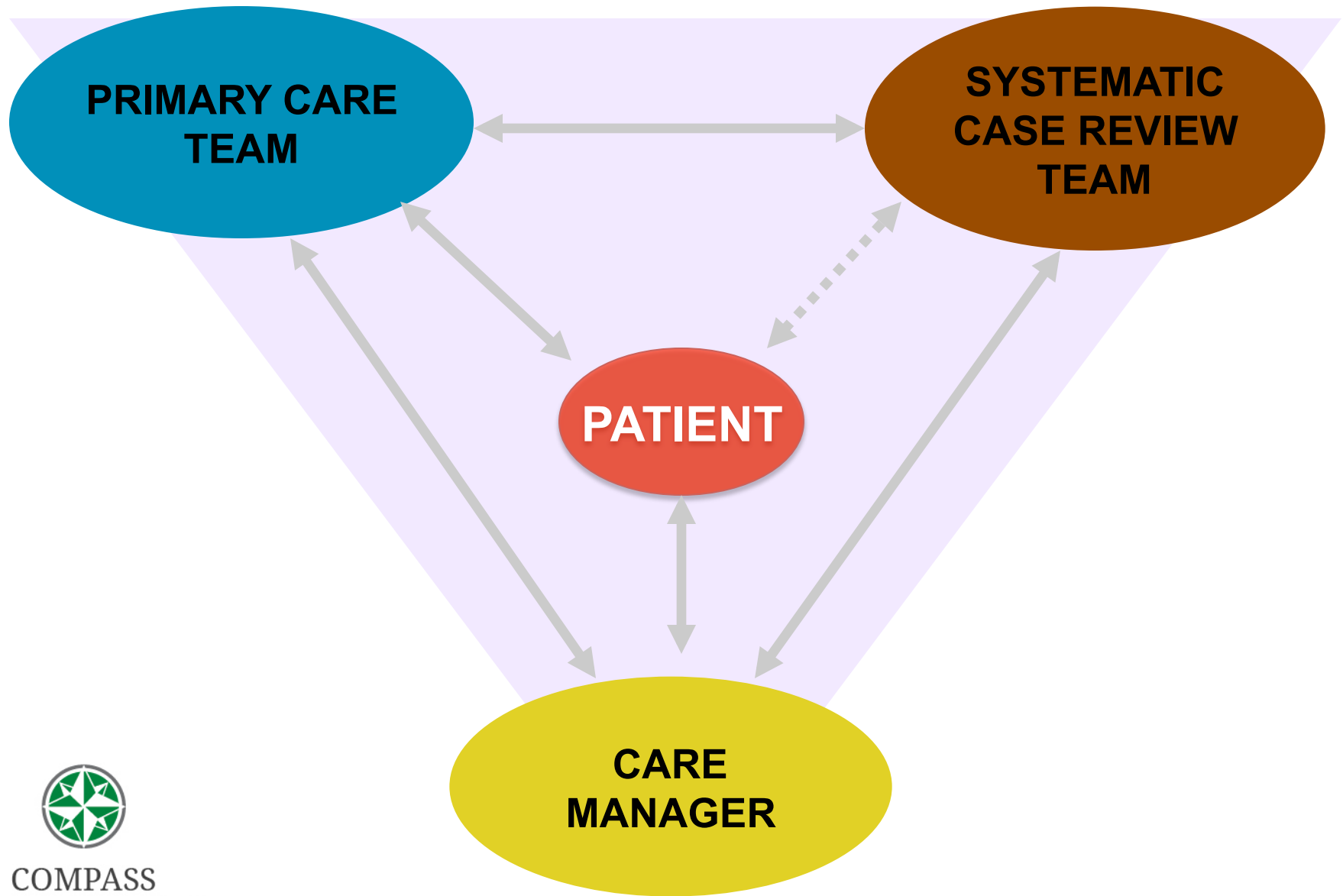
- **70 year old retired married factory worker**
- **Chief complaints small wound right foot, difficulty sleeping, trouble with glucose readings**
- **Followed by PCP in your clinic, past seen in endocrine, sleep and psychiatry clinics.**
- **Type II diabetes, insulin dependent since 2003, asthma, hypertension, sleep apnea, restless leg syndrome, history depression, history alcohol dependance (sober since 1978)**
- **Current Meds: Albuterol, Actos, Bupropion XL, Lantos , HCTZ, Novolog, Requip, Prozac and Zocor**
- **Recent labs: HgB A1C=8.2, cholesterol 87, LDL=39, PHQ-9=23, item #9 positive (has gun at home, no plan or intent)**
- **Recent stressors: wife has Alzheimer's and had to move to skilled nursing facility**

# How it works: *collaborative care for patients with multiple conditions*

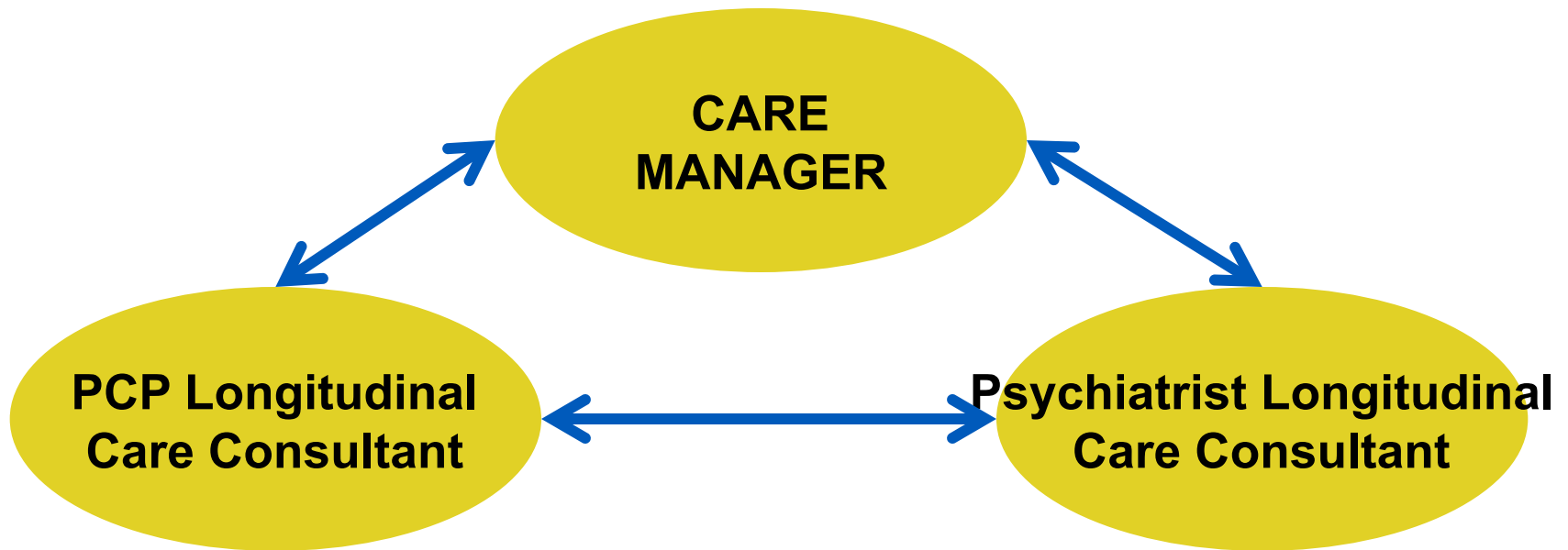
- Identify Target Populations
- Registries for Multi-conditions



# Collaborative Care



# SYSTEMATIC CASE REVIEW TEAM



# Systematic Case Review Content

- New cases
- Ongoing cases that haven't reached targeted goals
  - (e.g., PHQ-9 <5, HbA1c <7.0%, SBP <130, LDL <100)
- Difficult nurse-patient relationships
- Patients out of contact

# Systematic Case Review Procedures: Case Presentation

- Who is this patient?
  - e.g., age, psychosocial background, unique personality constructs
- Depression and diabetes/CHD history
- Treatment targets
- Current treatment and past treatment experience

# Case Review Priorities

- **New Patient**

- **Who is this patient**
  - Age, psychosocial background, unique personality constructs, potential key motivators, daily functioning
  - **Depression and diabetes/CHD history**
  - Treatment targets
  - Patient and physician perspectives
  - **Current treatment and past treatment experiences**
  - Food intake, activity
  - Medications- how they are or are not taking
  - Attitudes and preferences about treatment options

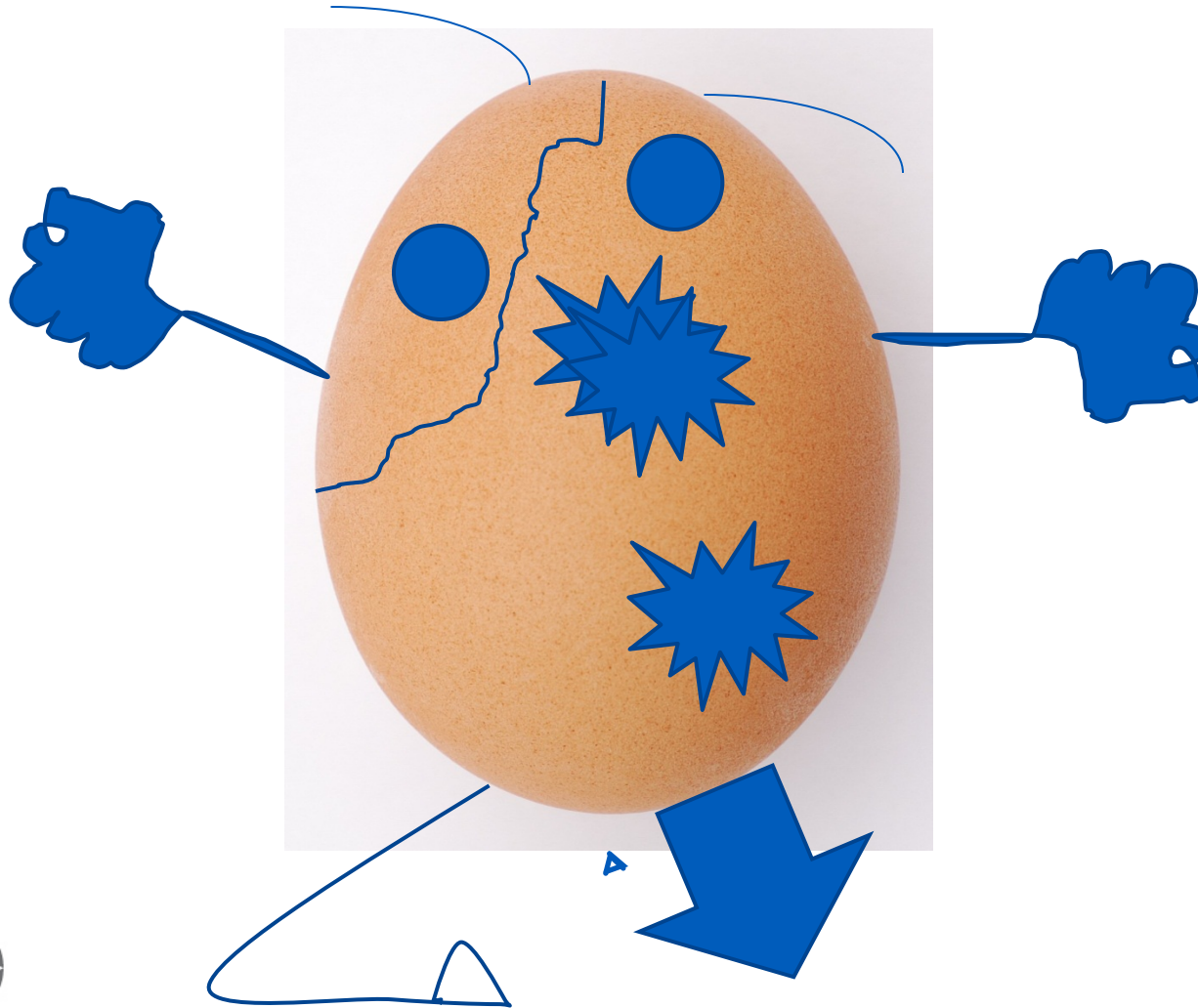


# Case Review Procedures

- **Ongoing Cases**

- Patients flagged in the registry
  - Ongoing cases who are not reaching target (PHQ-9, BP, A1C, LDL)
- Hard to reach patients
- Difficult team member-patient relationships
- Patients successfully achieving target

# Egg Designed by Committee



# Questions for Case Reviews

- 1) What are the current outcomes vs. targets:
  - A1C, BP, LDL, PHQ-9,
- 2) What self-care activity is the patient doing?
  - Taking medicines- name, dose, frequency
  - Self-monitoring – BP, glucose, weight
  - Physical activity or nutrition
  - Enjoyable moments, especially for depressed patients
- 3) Treat-to-Target (TTT)?
  - Adjust treatment-relentless and individualized
  - If no adjustment planned, document why not
- 4) Next follow-up?
  - Date, mode (phone, in person), labs

# Successful Meetings (How to avoid egg designed by committee)

- Agreed-upon format
- Mutually agreed to scheduled time and location
- Use shared data sheets/screens
- Structured input/structured output – need both
- Alternate as scribes for each other

## Keys for MD Consultants/Champions

- Be supportive, but clear on goals and accountability
- Don't lower self-esteem!
- Set clear goals and action plan for following week
- Be curious and problem-solve solutions
- Be available between supervision sessions via pager, e-mail, phone

# Questions and discussion?

