

# Systematic Case Review

Operations

# Registry vs Systematic Case Review Tool

- **Disease registry**

- Population Health Tool: Captures measures for chronic conditions
  - Diabetes (A1C, BP, Retinol Eye Exam, Proteinuria)
  - Hypertension (BP)
  - Depression (PHQ 9)
  - Anxiety (GAD 7)

- **Systematic Case Review tool**

- A care management tracking tool
  - Date of enrollment and disenrollment (discharge from BHCM)
  - Date(s) of f/u with the patient
  - Level of PHQ9/GAD 7 at enrollment and at f/u intervals
  - Status (active, inactive, relapse)

# Systematic Case Review Tool – Why?

- Population Health – no one falls through the cracks
- Easy reference for caseload management
- Easily facilitates systematic case review
- Tracks patient engagement (dates of contact etc)
- Tracks screening tool scores, PHQ-9 and GAD-7
- Identifies patients who are not responding to treatment

# Systematic Case Review – Critical Aspect

- This should happen every week
  - At Mayo – 2 hours per 0.8-1.0 FTE BHCM
- Review new patients first
  - Come up with a plan and get it off to the patient and PCP
    - Note in record by the psychiatrist based on data gathered from BHCM
- Review those needing more attention
  - At Mayo – every patient needs a deeper review once/month
    - documented in the record by the psychiatrist
- Finally ‘run the list’ of all remaining patients to watch for issues
  - Someone hospitalized or in the ED? – no note unless a recommendation.

# Targeting Times per patient Targeting productivity per hour



New patient review (Initial Intake)



Follow up review (Updates)

# Productivity Targets to Meet VBR for BCBSM

## Cohort 1 - Criteria for Continuing to Receive VBR

12/01/2020 - 3/31/2021			1/1/21 - 2/28/22		
Date Span/ Measurement Period	12/01/2020 - 3/31/2021		Date Span/ Measurement Period	1/1/21 - 2/28/22	
Period of VBR Award	9/1/2021 - 8/31/2022		Period of VBR Award	9/1/2022 - 8/31/2023	
# of CoCM VBR Physicians in Practice	Code	Productivity	# of CoCM VBR Physicians in Practice	Code	Productivity
1 PCP	99492	4*	1 PCP	99492	28*
	99493	2		99493	21
2 PCP's	99492	8*	2 PCP's	99492	56*
	99493	4		99493	42
3 or more PCP's	99492	12*	3 or more PCP's	99492	74*
	99493	6		99493	56
<p>Patient counts for the 99492 are based on commercial PPO and MAPPO members. -                      * Based on a count of unique members                      Note: Code 99493 is billed only for the members with a previously submitted 99492 code.</p>			<p>* Unique Patients                      As an alternative to the number of codes listed above, the practice can meet the VBR criteria by billing the 99494 code for 1% of their attributed commercial PPO and MAPPO members and the 99493 code for 0.5% of their attributed commercial PPO and MAPPO members.</p>		
			<p><u>In addition to the productivity counts</u>, practices are also accountable for quality metrics. They are as described:</p> <p>50% of patients who have a baseline score greater than or equal to 10 and that have had CoCM codes billed on their behalf for 4-12 months, have improvement with one of the following:</p> <ul style="list-style-type: none"> <li>- 5-point decline in their PHQ9 scores (and optional GAD7), OR</li> <li>- 50% reduction in their PQH9 scores (and optional GAD7), OR</li> <li>- Obtaining remission, meaning PHQ9 scores below 5 (and optional GAD7)</li> </ul> <p>**–The GAD7 cannot be used without the PHQ9 score to count for the VBR criteria.</p>		

# Systematic Case Review Tool – Must Elements

						Plan Type											Optional							
		First Name	Last Name	Birthdate	Gender	DUMMY IDENTIFIER	Comm PPO	MAPPO	BCN	BCNA	Other	NON-BCBS	Date of Referral to CoCM (DD/MM/YY)	Enrollment in CoCM (Y/N)**	If No, Reason (Refusal, No Response, Other)	Baseline PHQ9 Score (0-27)	Date of Baseline PHQ-9 Score (DD/MM/YY)	Most Recent PHQ 9 Score (0-27)	Date of Most Recent PHQ-9 Score (DD/MM/YY)	Baseline GAD-7 Score (0-21)	Date of Baseline GAD-7 Score (DD/MM/YY)	Most Recent GAD-7 Score (0-21)	Date of Most Recent GAD-7 Score (DD/MM/YY)	
Non-Blue Cross patients	Blue Cross patients																							

\*\* If response is no, please complete the reason column, but there is no need to fill out the PHQ-9/GAD-7 scores

# Treat to Target – Meeting the Quality Metrics

## BCBSM Measurement Period 1-1-21 to 2-28-22

**Be prepared to adjust the treatment plan until targets are achieved**

- Monitor patient's progress
- Provide robust outreach to the patient
- Assess patient's adherence throughout treatment
  - make adjustments as indicated
- Proactively seek consultation



# What Improvements are we looking for?



- **Improvement**
  - A 5 point decline in PHQ 9 and/or GAD 7 scores,
- OR
- **Response**
  - A 50% reduction in PHQ 9 and/or GAD 7 scores,
- OR
- **Remission**
  - A PHQ 9 or GAD 7 score less than 5
  - Remission is associated with lower risk of relapse

# Systematic Case Review Preparation Examples



Initial Care  
Manager Note



Initial Psychiatrist  
Note



Follow up Care  
Manager Note



Follow up  
Psychiatrist Note



# Dr. Williams

- Sharing of experiences
  - Tips and Tricks
- Questions
  - Challenge areas