Key Intervention Component

Patient Identification

Enrollment into CoCM

- Eligibility Criteria
  - Patients with BCBSM, Other insurers
  - And sub-optimally (moderate to severe) managed depression (PHQ>9)
  - And optional treatable, sub-optimally managed anxiety (GAD 7>9)

Identifying Patients for CoCM

- They are identified through the practice
  - At the time of their visit
- Using the disease management registry tool
- Use of the practice management system

Screening During the Visit

- Use of screening tools (PHQ-9 and/or GAD-7) to identify patients at risk
- Discussion with a primary team member who can make a referral to the BHCM
- Warm hand-offs, patient pamphlets, business cards…….
- Post-discharge (ADT report)
  - Suicide diagnosis, discharged to a behavioral health facility)

Using the Registry

Screening of the population registry tool with identifiable criteria the PHQ-9 or GAD-7

- Report on the diagnostic codes (ICD-10)
- On patients prescribed anti-depressants/anti-anxiety medications
- On PHQ or GAD results

Identifying patients at risk for depression – anxiety

- Patients with chronic conditions
  - Diabetes, CAD, HF, COPD, ADHD, ADD

Diagnosis Billing Code

- Searching for individuals with a diagnosis of depression/anxiety (ICD-10)

Considerations for Screening

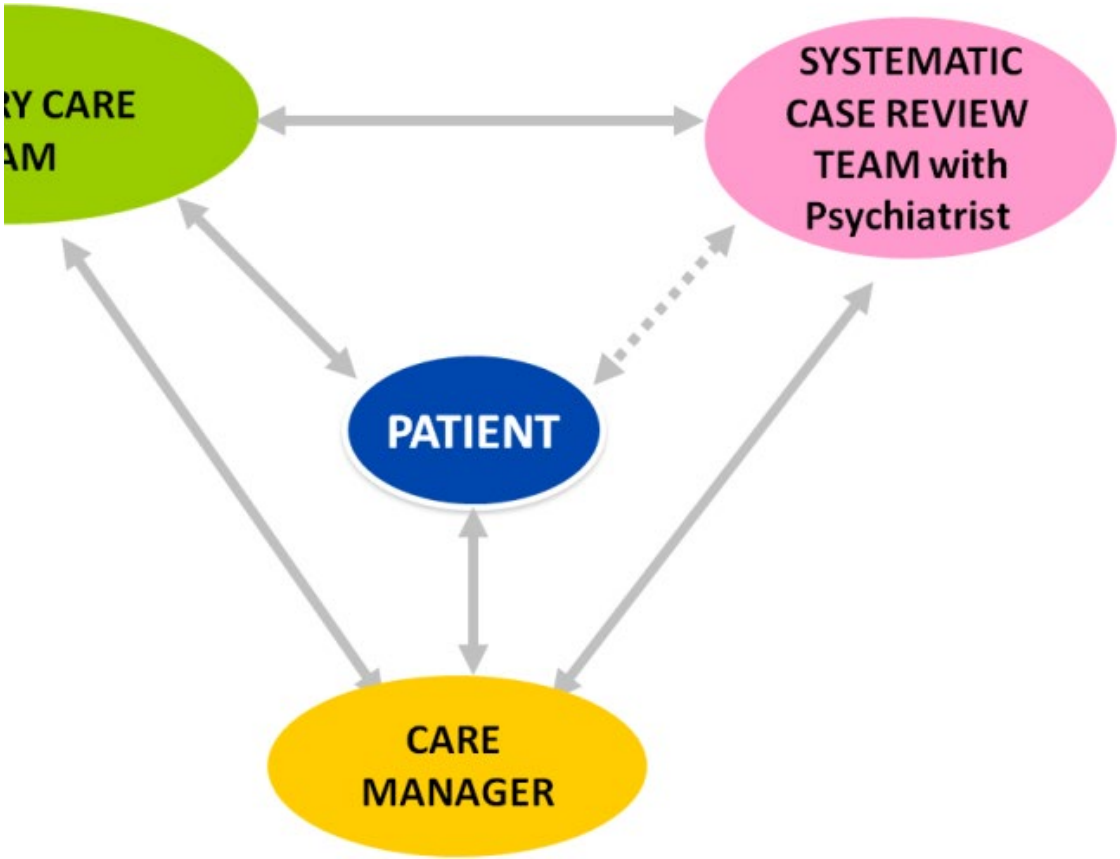
- When will screening happen?
  - Annually, every visit
  - More often for unique circumstances (risk factors, other health conditions, life events, discharged from hospital etc.)
- Who will conduct the screening?
  - What training is needed for the staff?
- How will screening happen?
  - Paper form
  - Verbally
  - Waiting room, triage, exam room?
- How will results get communicated to the provider?
  - Through EHR
  - Verbally

Let's Chat:

How is screening happening in your practice?

What challenges/barriers are you experiencing?

How Does it Work in the Clinic?



- Patient is seen by Primary Care/show up on eligibility list
  - PHQ-9 and/or GAD-7 score ≥ 10 (moderate)
- Patient introduced to RN care coordinator/contacted
- Patient agrees to participation?
  - More data gathered from patient
    - GAD7, MDQ, AUDIT
    - Past history, social situation, meds, etc.
- Data entered into a SCR Tracking Tool and presented to Psychiatrist (meet once/week) in systematic case review (SCR)

Workflow Considerations

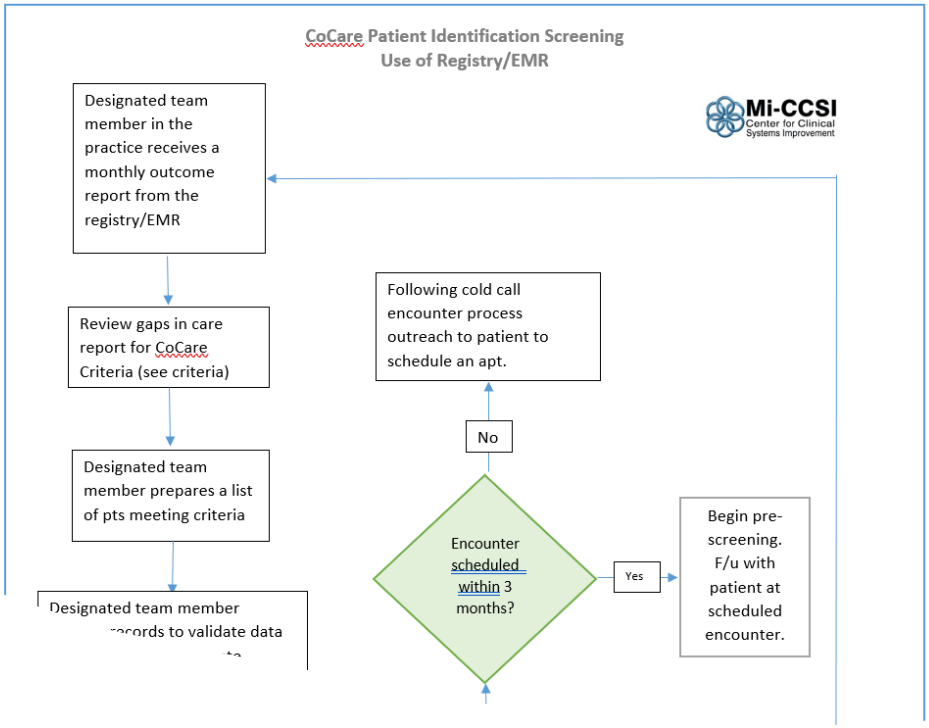
Patient Identification Sources

- Reports
- In-person visits
- Admission diagnosis

Screening

- When – where – who

Referral and Enrollment



Workflow Creation

Warm Handoff to BHCM

If available, Warm Handoff

"I'd like to introduce _____. She/he works closely with me to help patients who are feeling _____(down/worried/depressed/anxious). I'd like for you to meet her while you are here today."

- Call/ask BHCM for exam room drop-in

The Warm Handoff is very effective

- Leverages engagement and trust that patient has with PCP
- Fosters familiarity with new team member
- Offers opportunity for further assessment

If BHCM is not available:

- Send chart/note for outreach
  - If choosing this option, make sure patients are aware that they will be receiving a phone call
  - Provide contact information such as a business card or brochure

Action Period

1. Review the status and organizational/practice patient identification workflows
    1. What gaps exist?
    2. What assistance do you need?
    3. Is there a training need for all staff members in the clinic?
2. Next meeting – Systematic Case Review
    1. Let us know what questions you have in advance

It is better to be prepared for an opportunity and not have one than to have an opportunity and not be prepared.
Whitney Young, JR