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 <u>every week</u>
  - 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.

Treat to Target – Meeting the Quality Metrics BCBSM Measurement

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 Tool – Must Elements

		First Name	Last Name	Birthdate	Gender	DUMMY IDENTIFIER	Plan Type						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)	Optional			
							Comm PPO	MAPPO	BCN	BCNA	Other	NON-BCBS								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)
Blue Cross patients						▨						▨											
						▨						▨											
						▨						▨											
Non-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
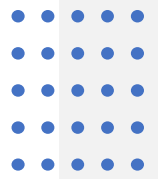
Robin Schreur

- Tips and Tricks

Preparing

Step 1: Actions to Prepare for SCR

- Attempt to outreach to all those due
- Be prepared to discuss Information and impact on the treatment from the patient and the provider
- Secure and be prepared with the starting and trending values to include the date(s) completed
- Prepare the SBAR – to include the BHCM'ers recommendations

Step 2: Documents

- Send in advance documents to the psychiatrist (using HIPPA and agreed form(s)
- Send list of all patients due for discussion – consider using the SCR tool list with highlights
- Scribe organizes and prepares to manage SCR (largely the scribe is in the background to allow focus on the clinical progression)
  - Role of the scribe (announce, pull up tool, fill in information as reviewed, timekeeper)

During SCR

Step 3: Announce the number of cases for review

- X number of initial
- X number of follow up
- Add-in's (crisis, admissions/ED, overdue, etc..)

Step 4: Starting reviews using SBAR

- Scribe or assigned person pulls up SCR tool
- Begin review
  - S = patient identifier, start date and result (PHQ and GAD), current date and result, treatment decision,
  - B= patient response to treatment interventions (ie medication, BA, PST, MI), any new information, information **pertinent** to the situation (such as social, medical, behavioral, other services)
  - A=what is going on as it relates to the treatment response (trend)
  - R=When to review to again, what BI's, next contact with the patient, review of relapse prevention planning, and monitoring the results)
    - Confirm using teach back/repeat back document the psychiatrist advice on the treatment plan

Follow UP

Step 5: Review recommendations with the patient's provider

- Using the psychiatrist documentation or the BHCM'ers documentation of the psychiatrist recommendations review with the provider
- Set time aside to share psychiatrist recommendations and rationale
- Provider decision follow through
  - Coordinating arrangements (ie prescribing, outreach with service provider, labs, etc.)

Step 6: Review treatment decision with the patient

- Complete the already set up visit (in person or calls) with the patient
- If 2 weeks or more since last done – repeat the PHQ and GAD 7 (if applicable)
- Review the treatment recommendations and rationale
- Using MI skills elicit the patient's thoughts and ideas on the recommendations
- Secure the patient's decision
- Depending on the patient's response, use BA, PST, MI to coach, mentor and support progression
- Schedule next follow up visit
- Update SCR tool

Follow Up

Step 7: Review of patient input

- Share the patient input with the provider. If needed suggestions for treatment plan modifications
- Share the final treatment plan decision at the next SCR
- Scribe reviews updated tool and outreaches to the BHCM with any gaps, missing information, questions

Systematic Case Review Sample Notes

Initial Care Manager Note

Initial Psychiatrist Note

Follow up Care Manager Note

Follow up Psychiatrist Note