Hands-On Population Health Experience: Using a Registry Tool to Drive Measurement-Based Treatment to Target

Session 5

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Learning Objectives

- Hands-on experience in measurement-based care, caseload and population management
- Learn about registry strategies in WA State to support whole-person care

Principles for Evidence-Based Integration in Behavioral Health and Primary Care

Team-Based and Client-Centered
Primary care and behavioral health providers collaborate effectively, using shared care plans.

Population-Based
A defined group of clients is tracked in a registry so that no one "falls through the cracks."

Measurement-Based Treatment-to-Target
Measurable treatment goals clearly defined and tracked for every patient. Treatments are actively changed until clinical goals are achieved.

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Same Principles, Different Settings

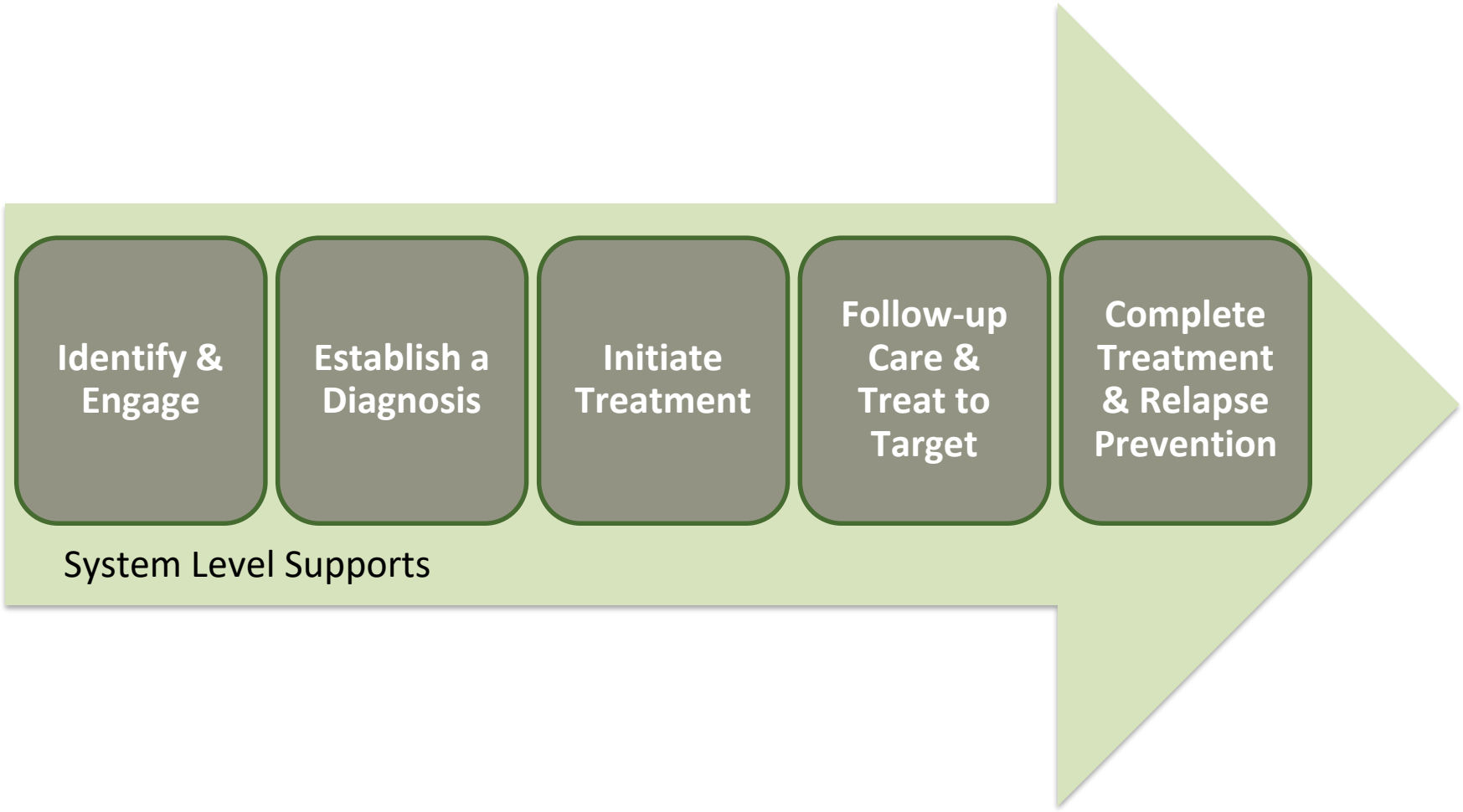
Primary Care Settings

- New Team Roles:
  - Psychiatric Consultants
  - BH Care Managers
  - BH Consultants
- Measurement-Based Screening & Follow-up (PHQ9, SBIRT)
- Measurement-Based Treatment to Target

Behavioral Health Settings

- New Team Roles:
  - Primary Care Consultants
  - Primary Care RN Care Managers
- Metabolic Screening
- Routine Preventive Care
- Cardiovascular and Diabetes Care (BP, A1C)
- Measurement-Based Treatment to Target

Measurement-Based Treatment to Target



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Why Track Outcomes

- Proactive treatment adjustment
  - Avoid patients staying on ineffective treatments for too long
  - Treatment plan "shelf life" = 10-12 weeks maximum
  - Full, partial, no response
- Know when to refer for consultation/get help

Use of Measurement-Based Tools for Monitoring Progress

- Repeat them at every visit unless scores were in normal/mild range in the beginning
- This is useful to:
  - Provide structure
    - Begin the appointment with patient
  - Use as a psychoeducation tool
  - Help ground patients in current issues/symptoms
  - Help with engagement – shared goals!
  - Help guide discussion with psychiatrist

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How Does a Registry Help?

- Keeps track so no one "falls through the cracks"
  - All patients being treated
  - What is happening for each patient
- Shows who needs additional attention
  - Not in contact
  - Not improving
  - Outcome of referrals
- Facilitates communication with PCP, consulting psychiatrist, other providers

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Why Use a Registry?

- Track treatment engagement and adherence
- Reach out to patients who are non-adherent or disengaged
- Track patients' symptoms with measurement tools (PHQ-9)
- Track medication side effects and concerns
- Prepare for caseload review with psychiatric consultant focused on non-responding patients

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Registry: Patients in Active Caseload

		Treatment Status ! The most recent contact was over 1 month (30 days) ago ⚑ The next follow-up contact is past due					PHQ-9 ✓ The last available PHQ-9 score is <5 ! The last available PHQ-9 score is more than 30 days old			GAD-7 ✓ The last available GAD-7 score is <10 ! The last available GAD-7 score is more than 30 days old			Psychiatric Case Review	
Treatment Status	MRN	Date of Initial Visit	Date of Most Recent Contact	Date Next Follow-up Due	# of Contacts	# Weeks in Tx	Initial PHQ-9 Score	Last Available PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Case Review Note
Active	1	7/28/2017	! 11/7/2017	⚑ 11/21/2017	14	25	23	10	! 11/7/2017	7	✓ 7	! 7/28/2017		11/15/2017
Active	2	2/9/2017	12/26/2017	1/9/2018	18	46	17	✓ 4	12/26/2017	4	✓ 4	! 2/9/2017	Flag for discussion & safety risk	7/5/2017
Relapse Prevention	3	8/9/2017	1/2/2018	2/1/2018	14	24	16	7	1/2/2018	6	✓ 6	! 8/9/2017		12/26/2017
Active	4	11/23/2017	1/3/2018	1/17/2018	4	5	25	25	1/3/2018	2	✓ 2	! 11/23/2017	Flag for discussion	11/29/2017
Relapse Prevention	5	2/7/2017	12/24/2017	1/23/2018	16	46	20	12	12/24/2017	10	10	12/24/2017	Flag as safety risk	9/6/2017
Active	6	8/23/2017	12/5/2017	⚑ 12/19/2017	7	18	19	9	12/5/2017	19	✓ 6	12/5/2017		9/20/2017
Active	7	11/14/2017	1/2/2018	1/16/2018	3	6	11	12	1/2/2018	19	13	1/2/2018		11/15/2017
Active	8	11/2/2017	12/9/2017	⚑ 12/23/2017	8	10	21	5	12/9/2017	13	✓ 5	12/9/2017		12/6/2017
Active	9	11/11/2017	12/23/2017	1/6/2018	2	7	9	8	! 11/25/2017	13	✓ 6	! 11/25/2017		12/23/2017
Active	10	6/7/2017	12/9/2017	⚑ 12/23/2017	15	36	17	13	12/9/2017	3	✓ 3	! 6/7/2017		11/15/2017
Active	11	11/3/2017	12/29/2017	1/12/2018	3	8	19	13	! 12/1/2017	19	18	! 12/1/2017		12/24/2017
Active	12	8/26/2017	12/7/2017	⚑ 12/21/2017	14	20	18	6	12/7/2017	0	✓ 0	! 8/26/2017		12/8/2017
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Active	14	2/23/2017	12/14/2017	⚑ 12/28/2017	13	45	17	9	12/14/2017	6	✓ 6	! 2/23/2017		6/15/2017
Active	15	10/26/2017	12/25/2017	1/8/2018	7	10	13	20	12/25/2017	11	11	12/25/2017		12/7/2017

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Each Appointment is a Decision Point

Three-step process:

1. Use a BH measure each time
   - E.g., PHQ-9
2. Track and consider what is happening
3. Answer this question: Do I need to consult and/or change what I am doing?

Track and Consider

- Review the treatment history page and the graph of PHQ-9
- Think:
  - How long has the patient been in treatment?
  - Improving or not, could they improve more?
  - Are they engaged?
  - Are there other challenges and how will we overcome them?

Typical Duration of Care Management

Six Months (average)

- 50%-70% of patients need at least one change in treatment to improve
- Only 30-50% patients respond fully to first treatment
- Each change of treatment moves an additional ~20% of patients into response or remission

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Follow-Up Contacts

- Initial focus
  - Adherence to medications
  - Side effects
  - Follow-up on activation and PST plans
- Later focus
  - Complete resolution of symptoms and restoration of functioning
  - Long-term treatment adherence

Typical Frequency of Care Management Contact

- Active Treatment
  - Until patient significantly improved/stable
  - Minimum two contacts per month
    - Mix of phone and in-person
- Monitoring
  - One contact per month
    - After 50% decrease in PHQ-9
    - Monitor for ~three months to ensure patient stable
    - Complete relapse prevention

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Practice: Identify Next Steps in Clinical Care for Patients

- Materials
  - Handouts
    - *Practice Caseload*
    - *Care Manager Weekly Task list*
- Instructions
  - Work in small groups
  - Review the practice caseload and Care Manager Weekly Task List
  - Identify next steps in clinical care for each patient in the practice caseload

Practice Caseload

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Evaluations & Adjourn

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