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

Session 5
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

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Measurement-Based Treatment to Target

- Identify & Engage
- Establish a Diagnosis
- Initiate Treatment
- Follow-up Care & Treat to Target
- Complete Treatment & Relapse Prevention

System Level Supports

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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

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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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<th>Date of Most Recent Contact</th>
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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?

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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?

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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

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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
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

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## Practice Caseload

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The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.