

RN Behavioral Health Care Manager in Primary Care Settings

Integrated Care and the Expanding Role of Nurses

Seattle Airport Marriott, SeaTac, WA
Tuesday, January 9, 2018

The Healthier Washington Practice Transformation Support Hub



Driving Improvement For Patients On Your Caseload: Active Treatment To Target

Session 4

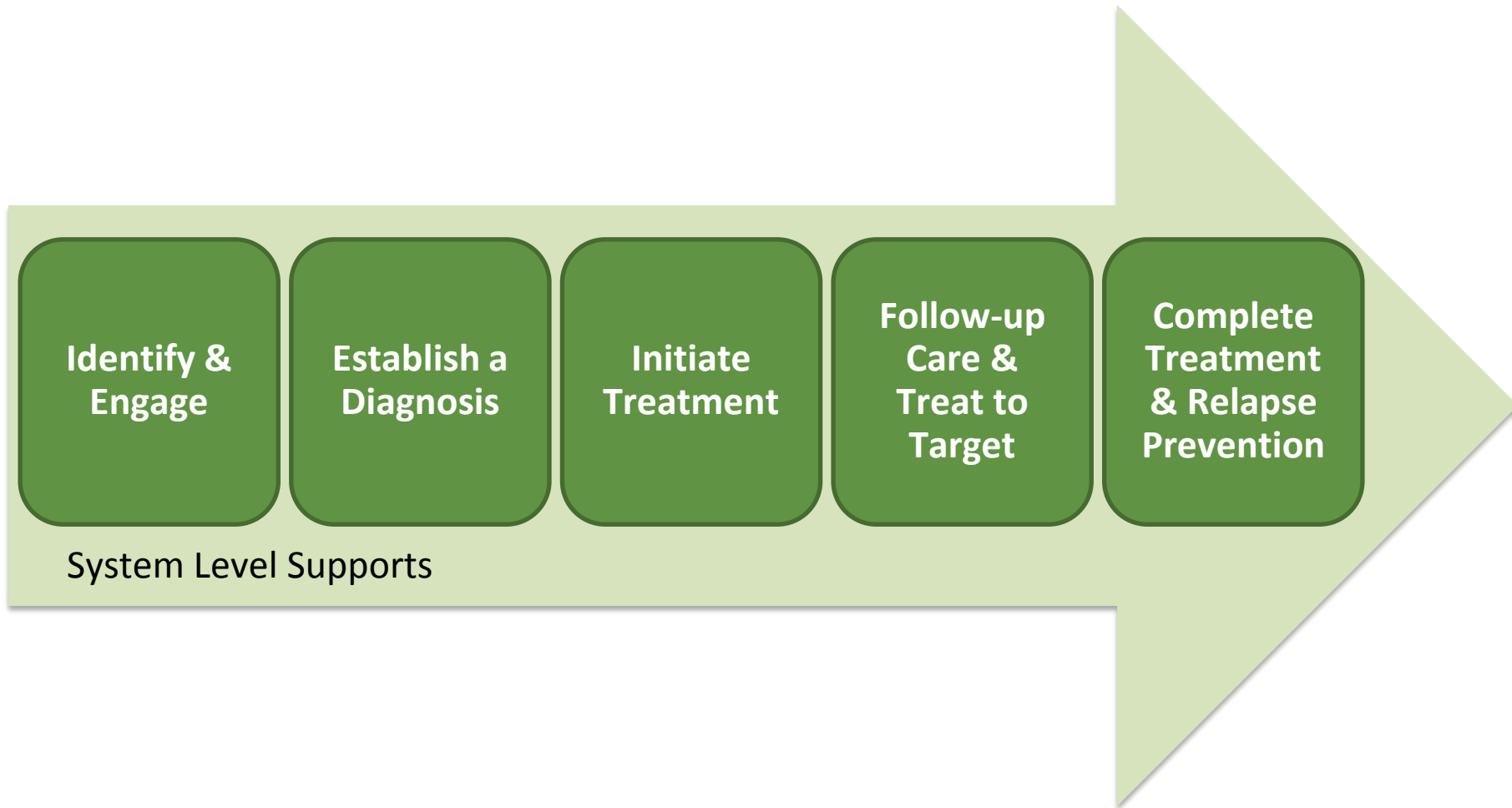


Learning Objectives

- Define measurement-based care and treatment-to-target and give an example of using a registry as a RN care manager.
- Describe how a registry is a tool used with a caseload of behavioral health patients in primary care.
- Practice with a patient caseload the actions you would take as a RN care manager.



Measurement-Based Treatment to Target





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



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





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

Registry: Patients in Active Caseload

Treatment Status	MRN	Treatment Status						PHQ-9			GAD-7			Psychiatric Case Review	
		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	
Relapse Prevention	13	7/6/2017	12/26/2017	1/25/2018	8	25	11	✓ 0	12/26/2017	11	✓ 2	12/26/2017		11/15/2017	
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	



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



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



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

Treatment Status	MRN	Treatment Status						PHQ-9			GAD-7			Psychiatric Case Review	
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		The most recent contact was over 1 month (30 days) ago The next follow-up contact is past due						The last available PHQ-9 score is <5 The last available PHQ-9 score is more than 30 days old			The last available GAD-7 score is <10 The last available GAD-7 score is more than 30 days old				
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	
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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	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	



Session 1: Why Integrated Care: Common Behavioral Health Conditions in Primary Care

Session 2: Principles, Roles and Processes for Managing Behavioral Health Conditions in Primary Care

Session 3, Part 1: Engaging Patients in Care

Session 3, Part 2: Establishing a Diagnosis and Initiating Treatment

Session 4: Driving Improvement For Patients On Your Caseload: Active Treatment To Target



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