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

- Identify & Engage
- Establish a Diagnosis
- Initiate Treatment
- Follow-up Care & Treat to Target
- Complete Treatment & Relapse Prevention
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
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<tr>
<th>Treatment Status</th>
<th>MRN</th>
<th>Date of Initial Visit</th>
<th>Date of Most Recent Contact</th>
<th>Date Next Follow-up Due</th>
<th># of Contacts</th>
<th># Weeks in Tx</th>
<th>Initial PHQ-9 Score</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?
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?
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

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Flag for discussion & safety risk

Flag for discussion

Flag as safety risk

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Big Ideas

**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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