

Treat to Target

Eunice Kim, LCSW

Presented by: Giorgio Chatelain, LCSW-R

Session Objectives

Participants will:

- Recognize the use of a registry for tracking patient outcomes**
- Learn how to proactively adjust treatment to improve clinical outcomes**
- Optimize use of psychiatric consultations to improve clinical outcomes**

Population-Based Care

A defined group of patients is tracked in a registry so that no one falls through the cracks.



Treatment to Target

Progress is measured regularly and treatments are actively changed until clinical goals are achieved.



Collaborative Care Workflow

Identify &
Engage

Establish a
Diagnosis

Initiate
Treatment

Follow-up
Care &
Treat to
Target

Complete
Treatment
& Relapse
Prevention

System Level Supports

Follow-Up Contacts

Weekly or every other week during acute treatment phase

- By telephone or in person to evaluate symptom severity (PHQ-9, GAD-7) and treatment response

Initial focus on

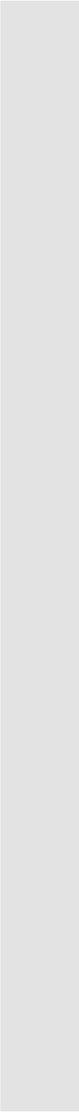
- Adherence to medications
- Side effects
- Follow-up on activation and initial evidence-based treatment modality

Later focus on

- Complete resolution of symptoms and restoration of functioning
- Long-term treatment adherence



Track and Consider

- Review client's treatment history and PHQ-9/GAD-7 scores
 - 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?
- 
- 

Collaborative Care Registry

salesforce

Search Salesforce

Episodes

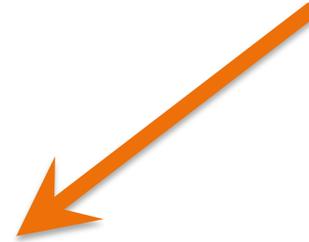
Active Patients

ACTION	EPISODE DETAILS 1	MRN NUMBER	DAYS ENROLLED	NEXT CONTACT ...	G BS	G LS	G % CHANGE	P BS	P LS	P % CHANGE	BEHAVIORAL ME...	TREATMENT GO...	FLAG	FLAG	LAST PC
			50	6/5/2019	10	8	20	13.0	9.0	31					5/2
			296		19	6	68	14.0	10.0	29	Yes				12/
			43		11	19	-73	11.0	23.0	-109	Yes				4/2
			127		14	14	0	10.0	13.0	-30	Yes				4/3
			19	6/6/2019	4			4.0			No				
			2	6/13/2019	2			0.0		0	Yes				
			22	6/4/2019	8			8.3	6.2	25			Safety Risk	■	5/1
			317	6/6/2019	6	4	33	17.1	6.0	65	Yes				5/2
			323	6/5/2019	14	15	-7	7.0	11.0	-57	Yes				5/7
			25	6/4/2019				19.1	15.0	21	No				5/1
			39	6/4/2019	21	18	14	21.0	14.0	33	Yes				5/2
			324	6/4/2019	1	2	-100	9.0	6.0	33	Yes				5/7
			306		13	3	77	6.0	2.0	67	Yes				1/1

1-25 of 29

Page 1 of 2

Track Measurements Over Time!



salesforce

test

Home Salesforce - Enter... test Test Test +

Details Test Test +

Action	Subject	Name	Task	Due Date	Status	Priority	Assigned To
<input type="checkbox"/> Edit Del	Call			6/3/2019 9:00 AM			Victoria Garofalo

Surveys

New GAD-7 Survey New PHQ9 Survey [Surveys Help ?](#)

Action	Survey Name	Created Date	Survey Score	Record Type
<input type="checkbox"/> Edit Del	Survey- 201905-5874	5/29/2019	15	PHQ9
<input type="checkbox"/> Edit Del	Survey- 201905-5384	5/13/2019	8	PHQ9
<input type="checkbox"/> Edit Del	Survey- 201905-5382	5/13/2019	5	PHQ9
<input type="checkbox"/> Edit Del	Survey- 201905-5158	5/2/2019	19.3	PHQ9
<input type="checkbox"/> Edit Del	Survey- 201905-5135	5/1/2019	10.1	PHQ9

[Show 1 more »](#) | [Go to list \(6\) »](#)

Notes & Attachments

New Note Attach File View All [Notes & Attachments Help ?](#)

Action	Type	Title	Last Modified	Created By
--------	------	-------	---------------	------------

Why Use a Registry?

- Track treatment engagement & adherence
- Reach out to patients who are non-adherent or disengaged
- Track patients' symptoms with measurement tools (PHQ-9, GAD-7)
- Track medication side effects & concerns

Tracking Clinical Outcomes

Prevents patients from “falling through the cracks”

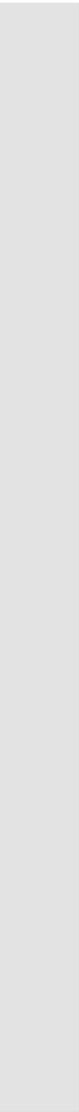
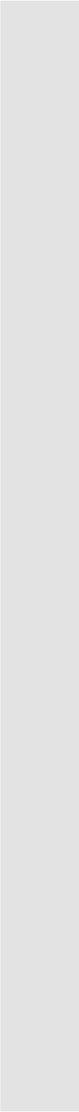
Facilitates treatment planning and adjustment

Combats clinical inertia:
Patients staying on ineffective or partially effective treatments



**Each
Appointment
is a Decision
Point**

Three step process:

- 1. Use a BH measure each time**
 - E.g., PHQ-9, GAD-7
 - 2. Track and consider what is happening**
 - 3. Answer this question:**
 - 1. Is the client getting better?**
 - 2. *Do I need to consult and/or change what I am doing?***
- 
- 

Core Question in Caseload Review

Have the patient's goals been reached?

PHQ-9/GAD-7 scores below 10 (sub-clinical) within 90 days/ every month after

OR

50% decrease in baseline PHQ-9/GAD-7 score within 90 days/ every month after

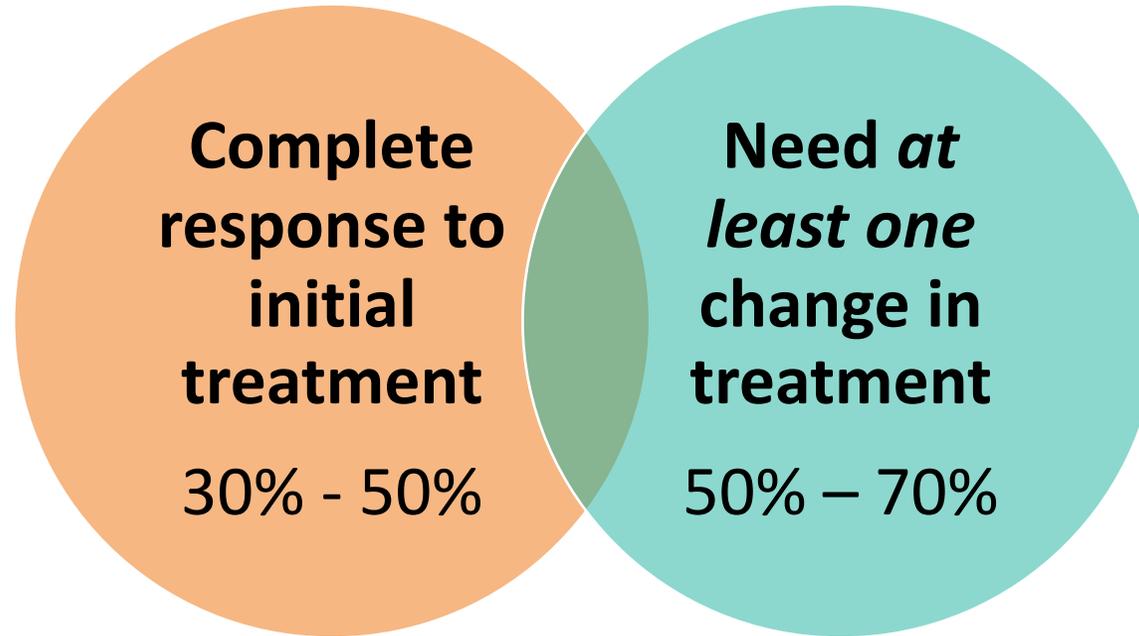
If **NO**,

psychiatric consultation
and/or change in
treatment

If **YES**,

transition to relapse
prevention planning
phase of treatment

Treatment Adjustment





Change in Treatment

Change in intervention type

- From telephonic encounters to medication management and/or talk treatment or vice versa

Add intervention type

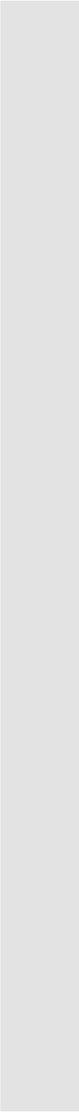
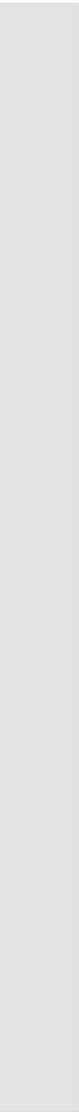
- Add medication or add talk treatment

Change in medication type

Change in talk treatment modality

Focus on re-engagement strategies

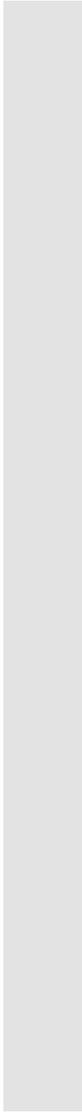
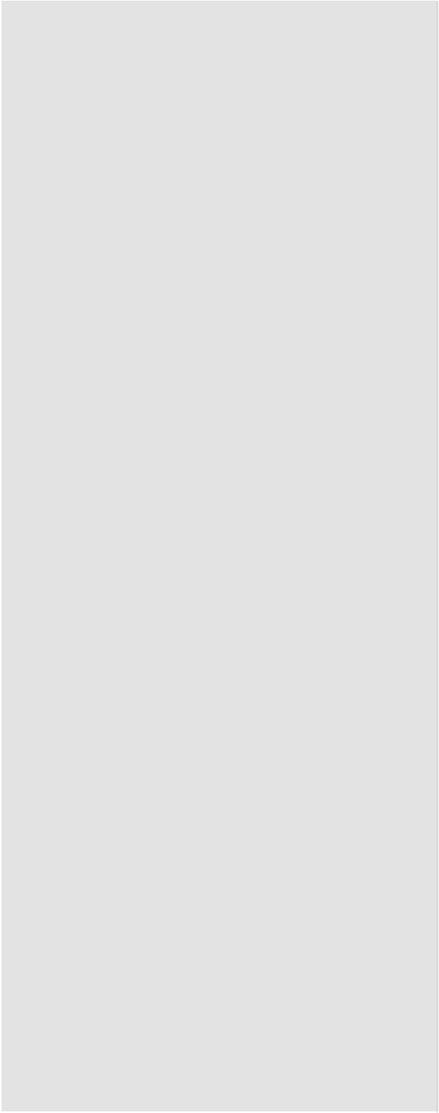
Referral to a higher level of care





CASE REVIEW

Working with your
Psychiatric Consultant



Model Consultation Hour

Brief check-in

- **Changes in the clinic**

Identify patients and conduct reviews

- **Requested by the BHCM**

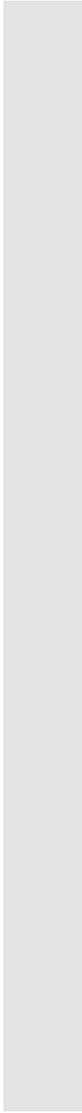
Wrap up

- **Confirm next consultation
hour**

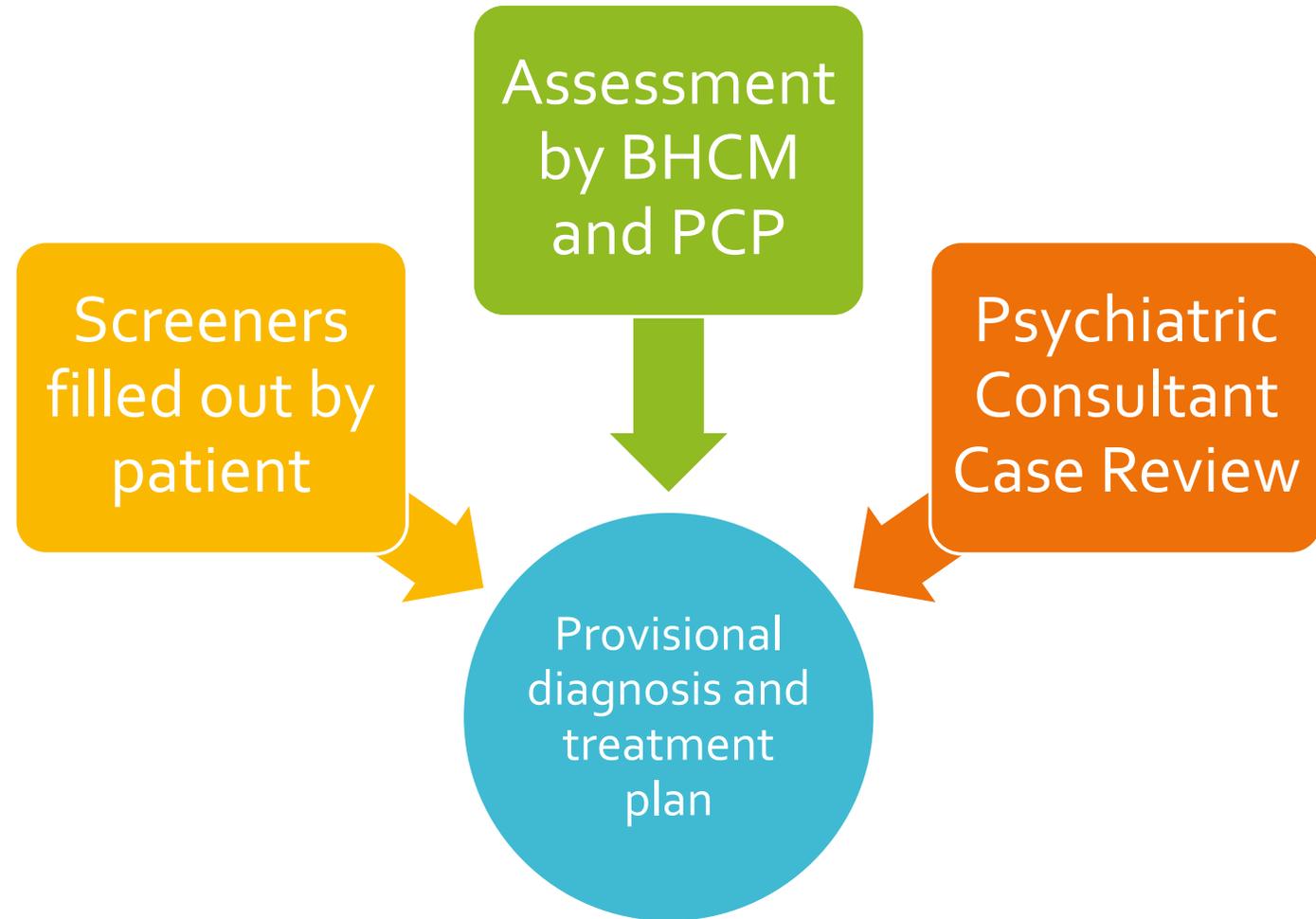


Preparing for Weekly Caseload Review

Recognize why Psychiatric
Consultants ask for certain
information:

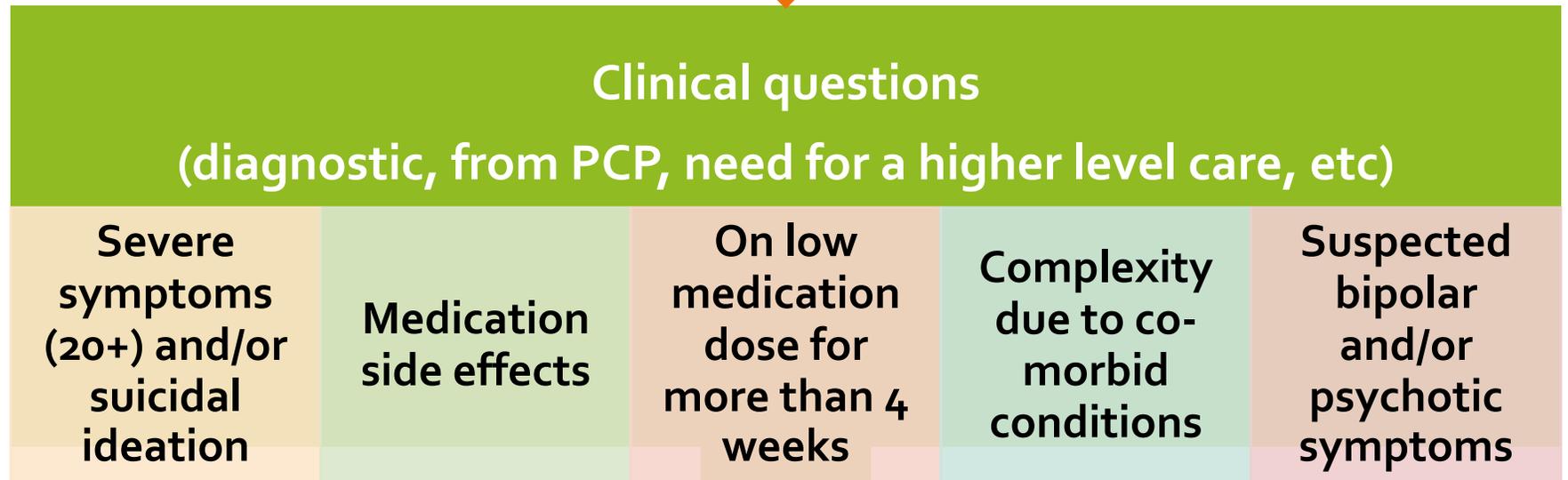
- Provisional Diagnosis: Team Decision
 - Basic Differential Diagnosis
- 
- 

Provisional Diagnosis: Team Decision



Priorities for Consultation

All patients who are nearing the 90-day mark after enrollment or have had more than 90 days of treatment with insufficient improvement



Recommended by BHCM for relapse prevention and graduation from treatment

***Once you've reviewed all priority cases for the month, begin reviewing all clients on your caseload, starting with recently enrolled clients.

Considerations Before Caseload Review

1

Plan the cases you want to present based on these guidelines

2

Review cases to think about what your concern/question is

3

Think or review chart: Do I have the material/ information to aid in answering this question?

Target: 6-10 cases reviewed per hour

Practical Tips for First Few Case Review Sessions w/ Psychiatric Consultant

1. Get into the habit of setting agendas – from the beginning
2. Ask the Psychiatric Consultant what information s/he expects you to present
3. Use as an opportunity to learn from Psychiatric Consultant about disorders, medications, therapies, etc.!

Preparing for the Psychiatrist Consultation

- Identify and Prioritize Patients –
 - Patients flagged for suicide/homicide
 - Patients not getting better or who are getting worse
 - Patients with side effects
 - Patients the PCP wants reviewed
 - New Patients
 - Rotate through caseload
- Tips: Flag patients for review as you identify them
- Organize and Prepare Information

Best Practices

Psychiatric Consultations

- How often is your Psychiatric Consultant meeting with your BHCM?
 - 1 FTE – 1 hour per week
- How many clients are being reviewed in each hourly consultation?
 - Target: 6-10 clients
- Which clients are you reviewing in your consultations?
 - clients enrolled for more than 70 days, who aren't getting better
- How often are you reviewing clients?
 - within first 3 months, every month thereafter
- How are you documenting Psychiatric Consultations in your registry? Is this being accurately captured in your quarterly CCMP metrics?

Best Practices

Changes in Treatment

- Are you currently tracking changes in treatment?
- Which clients are you prioritizing for changes in treatment?
 - clients enrolled for more than 70 days, who aren't getting better
- When are you documenting changes in treatment and by whom?
 - Changes in tx can be initiated by any care team member
- How often are you recommending changes in treatment?
 - within first 3 months, every month thereafter as clinically appropriate
- How are you documenting changes in treatment? Is this being accurately captured in your quarterly CCMP metrics?

Recommendations for Progress Note Content

Topics

- Review of PHQ-9/GAD-7 and symptoms
- Medication information
- Patient progress
- Treatment modality
- Diagnosis and functional status
- Plans/goals

Style

- Concise
 - Avoid excess information

Foundational Information for Consult

Presenting History:

Depressive Symptoms:

Risks:

Anxiety Symptoms:

Sleep:

Initial Date: PHQ9: GAD7:

Follow-up Date: PHQ9: GAD7:

Past Treatments:

Substance Abuse:

Psychosocial Factors:

Family History:

Medical & Surgical History:

Recent Labs:

Current Medications:

This is the foundation of the consult and where it is important to have clear, concise, systematic communication from a BCM!

MRN NUMBER	DAYS ENROLLED	NEXT CONTACT ...	G BS	G LS	G % CHANGE	P BS	P LS	P % CHANGE	BEHAVIORAL
1	51	6/14/2019				13.0	21.1	-62	Yes
2	30	6/5/2019	10	8	20	13.0	9.0	31	
3	317	6/6/2019	6	4	33	17.1	6.0	65	Yes
4	25	6/4/2019				19.1	15.0	21	No
5	312	6/6/2019	15	14	7	18.0	11.0	39	Yes
6	304	6/5/2019	17	13	24	11.0	6.0	45	Yes
7	22	6/7/2019	14	11	21	16.0	9.0	44	Yes
8	43		11	19	-73	11.0	23.0	-109	Yes

Activity: Caseload Review

Questions and Discussion

