Collaborative Care: Registry Innovations

April 18, 2023

AIMS Center Background

The purpose of the AIMS Center is to inspire providers, researchers, and decision-makers to transform healthcare and improve patient outcomes. We accomplish this by translating and researching evidence-based approaches to behavioral health integration.

Zoom Housekeeping

• This webinar is being recorded
  — Link to recording and slide set will be sent out following the presentation

• Using the Q&A function
  — Enter your question at any time
  — We’ll answer questions when all presenters are done
  — General questions about Collaborative Care Model (CoCM) Implementation and Financing can be answered at Implementation and Financing Office Hours or the AIMS Center website FAQs
Learning Objectives

By the end of this presentation, participants should be able to:

— Understand population-based treatment in CoCM
— Identify registry options in utilization with the electronic health record
— Describe registry use examples/resources to help with CoCM
— Identify resources for registry build in CoCM

Principles of Collaborative Care

Patient-Centered Team. The patient, primary care and mental health providers collaborate effectively using shared care plans that incorporate patient goals.

Population-Based. A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the caseload and clinic level.

Measurement-based Treatment to Target. Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.

Evidence-Based Treatments. Providers use treatments that have research evidence for effectiveness.

Accountable. The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

Why is a Registry Essential?

• Treat populations, not just individuals
• Ensure patients receive follow-up
• Track patient outcomes
• Prompt treatment-to-target
• Prioritize patients for systematic case review and treatment adjustment
• Program monitoring
Making the Business Case

Medicare and Medicaid Reimbursement for Psychiatric Collaborative Care Services requires:

“Entering patient in a registry and tracking patient follow-up and progress using the registry...”

Registry Options

• Build functions into EHR
• Build separate from EHR
• Excel spreadsheet
• Software product
  —AIMS Caseload Tracker
    • Stand alone
    • EHR interoperable

Today’s Panelists

• John Eiler, PhD, System Vice President of Behavioral Services; Health First
• Suzy Hunter, Technical Project Manager; AIMS Center
• Shanda Wells, PsyD, Behavioral Health Manager for Primary Care; University of Wisconsin Health
• Tristan Laszewski, Senior Analyst; University of Wisconsin Health

HEALTH FIRST
Health First Registry

Elements of CoCM Data System

CoCM Intake Workflow

- PCP refers patient in athena EHR
- Clinical Intake Specialist
  - Registers patient in NeuroFlow
    - This emails invitation to NeuroFlow app
  - Enters patient in CoCM Referral workbook (Excel)
  - Verifies insurance and patient responsibility
  - Contacts patient to explain CoCM, administer screening and schedule initial appointment
  - Enters enrolled patient in AIMS Caseload Tracker – registry
- BHCM schedules subsequent appointments
  - Enters process notes in CoCM Referral workbook

CoCM Clinical Workflow

- BHCM uses NeuroFlow to:
  - Set cadence for remote screening delivery
  - Select Digital Therapeutics – Templates & Journeys
- Track minutes in athena EHR
  - Maintain an “open encounter” until month end
  - Maintains an audit trail for compliance
- Systematic Caseload Review prep using AIMS Caseload Tracker
  - Review all new patients
  - Select 6-10 patients each week

DEMO REFERRAL WORKBOOK
Program Quality Metrics

- **Process Measures**
  - Enrollment rate: 47.2% of referrals
  - “Could not Contact” rate: 11%
  - Average Treatment Duration: 4.6 months
  - Days to 1st contact: 2.3
  - Days to 1st appointment: 12.3
  - Worked RVUs generated by each BHCM as a monthly productivity index

- **Patient Satisfaction**
  - Press Ganey unavailable
  - BHCM is “Rendering Provider”

Clinical Quality Metrics

- **Clinical Outcome Measures**
  - PHQ-9: avg. change=7.3, avg. discharge score = 4.56
  - GAD-7: avg. change=8.7, avg. discharge score = 4.30

- **Depression Response/Remission after 10 Weeks**
  - PHQ-9: 50% lower than initial score / <5

- **Anxiety Improvement after 10 Weeks**
  - GAD-7 score improved by at least 5 points

- **Caseload Reach:**
  - % of caseload beginning treatment during the month

- **Engagement:**
  - % of caseload with at least one contact during the month

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**UW Health Behavioral Health Collaborative Care**

Shanda Wells, PsyD
Tristan Laszewski, Senior Applications Analyst
Agenda

- About UW Health
- Terms
- Process
- Tools

What is UW Health?

UW Health is the integrated health system of the University of Wisconsin Madison, governed by the UW Hospitals and Clinics Authority. UW Health partners with the UW School of Medicine and Public Health to fulfill its patient care, research, education and community service missions. More than 600,000 patients from the Upper Midwest and beyond are served annually by 1,500 physicians and 17,000 staff at seven hospitals and 87 outpatient clinics.

Terms

- Registry – A list of patients/patient population
- Reporting Workbench – On demand reporting tool to list patients
- Episodes of Care – A tool in the EHR that indicates which programs a patient is participating in
- Population for Behavioral Health Collaborative Care – Patients with an active Episode of Care for Behavioral Health Collaborative Care
Process

- How does someone get added to the RWB?
- Open the Episode
- BHC adds themselves to the Care Team
- How do things get pulled into the RWB?
- Navigator has discreet data in the Smart Form that populates into the RWB

Tools

- Episode and SmartForm
- Reporting Workbench
- Time Tracking
- Team Psychiatrist Review

Tools – How do patients get on our report?
Tools – Team Psychiatry Review

Primary Care Behavioral Health (PCBH) Plan & Intervention

Team Psychiatrist Review

Psychiatric Medications
Were any medication changes made? Yes No

Relapse Prevention Plan
Patient is in relapse prevention: Yes No

Number of relapse prevention sessions: 1 2 3 Other

MANY THANKS TO OUR PANELISTS!

Q & A

Resources

- Registry Requirements:
  https://aims.uw.edu/resource-library/integrated-care-registry-requirements

- AIMS Registry Tools:
  https://aims.uw.edu/resource-library/aims-caseload-tracker

- AIMS Center Implementation and Financial Office Hour Info:
  https://aims.uw.edu/what-we-do/office-hours
Upcoming Quarterly Webinars

• 3rd Tuesdays 10-11 AM Pacific
  — July 18, 2023
  — October 17, 2023
• Upcoming topics
  — Pediatric CoCM
• Let us know what you’d like to hear about!

Thank you for joining us!

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