Systematic Case Review Guided Practice

This packet contains the instructions and materials needed for a behavioral health care manager (BHCM) to practice preparing for a systematic case review (SCR) session with their psychiatric consultant. (**Note**: systematic case review (SCR) is also sometimes referred to as "weekly caseload review.") Before you begin this activity, you are advised to complete all the online learning modules for BHCMs.

The following can be used to review CoCM care team roles and strategies for preparing for a SCR:

1. Online learning modules:
    a. Treatment Part 1:
        i. Caseload Management
        ii. Caseload Review with the Psychiatric Consultant
        iii. Intensify Treatment

2. Prioritizing Patients for Caseload Review (pg. 8)
3. BHCM Task List (pg. 9)

Overview

You will first watch an excerpt of an SCR demonstration from a live training session (linked on activity list), then follow the preparation notes and instructions below to guide you through a practice activity. When this practice is complete, you will compare your notes to an answer key for additional considerations. Then you can watch an optional debrief excerpt from a live training session (linked on activity list) to hear important discussion related to the registry and prioritizing patients for SCR sessions. You will then prepare for your next SCR session with your psychiatric consultant using the "BHCM Task List" (pg. 9) as guidance.

Demonstration excerpt: 23 minutes
Practice: 20 minutes
Debrief excerpt (optional): 16 minutes

Preparation

1. Watch the Weekly Caseload Review demonstration excerpt from a live training session (linked on activity list) to see a BHCM and psychiatric consultant discuss the weekly caseload.
2. Print the following:
    - ☐ Practice Caseload Activity (pg. 3-5)
    - ☐ Practice Caseload Activity Answer Key (pg. 6-7)
    - ☐ Prioritizing Patients for Caseload Review (pg. 8)
    - ☐ BHCM Task List (pg. 9)

Instructions

1. Read the example registry data on "Practice Caseload Activity" (pg. 3-5). *Assume that the example registry data is current. This means assuming today's date is 4/10/20, the day the report was run.*
2. In the space provided for part 1, take notes about next steps you would take to drive improvement for each patient. Then consider which patients you would prioritize for a systematic case review session with your

psychiatric consultant and fill out the table in part 2. If you need examples or guidance, refer to the BHCM Task List (pg. 9).

3. Compare your notes to the Practice Caseload Activity Answer Key (pg. 6-7). What was similar? What was different?

Next Steps

1. Optional: Watch the caseload review activity debrief video recorded from a previous live training session (linked on activity list) to hear and learn about how others analyzed this registry and prioritized the caseload. Topics discussed include:
    - Factors and implications to consider for intervention start dates and last-seen dates
    - Readiness for treatment completion/relapse prevention plan
    - Age of measurement scores when considering progress or treatment completion
    - Relapse prevention plan management & maintenance
    - Case review & safety plan for high PHQ-9
2. Using your experience with this activity, use the "BHCM Task List" (pg. 8) and "Prioritizing Patients for Caseload Review" (pg. 9) to prepare for your next SCR session with your psychiatric consultant.

Practice Caseload Activity

Example Registry Data - Report run on 4/10/20

Flags	Patient ID	PHQ-9		GAD-7		Contacts					
		First Score	Last Score	First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
🖐	1	23	10*	7	7*	11/3/2019	2/13/2020	2/21/2020		14	25
	2	17	4	4	4*	5/18/2019	4/2/2020	10/11/2019		18	46
	3	16	7	6	6*	11/15/2019	4/9/2020	4/2/2020	4/9/2020	14	24
	4	25	25	2	2*	2/29/2020	4/10/2020	3/6/2020		4	5
	5	8	7	19	17	5/16/2019	3/31/2020	12/13/2019	2/29/2020	16	46
	6	19	9	19	6	11/29/2019	3/12/2020	12/27/2019		7	18
	7	9	8	18	20	2/20/2020	4/9/2020	2/21/2020		3	6
	8	21	5	13	5	2/8/2020	3/16/2020	3/13/2020		8	10
	9	9	8*	13	6*	2/17/2020	3/30/2020	3/30/2020		2	7
	10	17	13	3	3*	9/13/2019	3/16/2020	2/21/2020		15	36
	11	10	10	19	18*	2/9/2020	4/5/2020	3/31/2020		3	8
	12	18	6	0	0*	12/2/2019	3/14/2020	3/15/2020		14	20
	13	11	0	18	2	10/12/2019	4/2/2020	2/21/2020	12/29/2019	8	25
	14	17	9	6	6*	6/1/2019	3/21/2020	9/21/2019		13	45
	15	13	20	11	11	2/1/2020	4/1/2020	3/14/2020		7	10

Key

🖐 Indicates patient has been flagged for discussion during next psychiatric consultation

* Score in the Last column will have an asterisk (*) if it is older than the specifications for that clinical measure; 30 days for both the PHQ-9 & GAD-7.

Last PHQ-9
Red: 10 or above *and* has not improved 50% from baseline
Yellow: 5-9 *or* has improved 50+% from baseline
Green: 4 or below

Last GAD-7
Red: 10 or above *and* has not improved 5 points from baseline
Yellow: 5-9 *or* has improved 5+ points from baseline
Green: 4 or below

Part 1: Review Your Caseload

What would be the next step(s) to drive improvement for each of these patients? In the spaces below make some notes about it describing why.

Pt ID	Notes & Next Steps
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Part 2: Prioritize Your Caseload for Systematic Case Review

After reviewing your full caseload, prioritize 5-7 patients to be sure to discuss during your next SCR session with your psychiatric consultant. Refer to "Prioritizing Patients for Caseload Review".

Pt ID	Why Prioritized?

Practice Caseload Activity – Answer Key

Part 1: Review Your Caseload

Compare your notes with the information below. At a minimum, your notes should include the text in **bold**.

Pt ID	Registry data tells us:	Next Step
1	**Pt has been flagged;** No appt for 2 months, PHQ-9 and GAD-7 >30 days.	• **Conduct case review** • This might mean engagement issues - reach out to patient to offer appointment.
2	**No psych note for 6 months. 46 weeks in tx;** pt has improved.	• **Conduct case review with psych consultant.** • Talk to patient and PCP about readiness for relapse prevention.
3	Doing well; in relapse prevention.	• **Schedule follow-up appointment in 1 month.**
4	Case review one month ago; pt not sufficiently improved	• **Check on status of last case review. Were recommendations implemented?** Barriers to address i.e., pharmacy or insurance issues? Did PCP see psych consultant's note? Has patient seen PCP since last recommendation? Did pt decline PCPs offer to adjust tx? It is early in treatment and PHQ-9 is high, is it appropriate to increase frequency with BHCM to weekly for now? **Safety plan?** • **New case review, if not now, within 1-2 weeks.**
5	**Last psychiatric case review 4 mo ago.** Pt has been in care for 46 weeks; pt was recently in RPP and appears to have had a recurrence of symptoms.	• **Consult with psychiatric consultant to determine if need to adjust Tx and return to active care or refer out?** • Discuss with patient.
6	Pt improved, in tx 18 wks, over 7 sessions - last appt 1 mo ago. (Why did they drop off lately? Is this the best we get, or what else can we do?)	• Reach out to patient to administer PHQ-9 / GAD-7 and discuss treatment. ○ Scores and pt report will inform whether this pt (a) needs treatment adjustment to improve further versus (b) has maximally benefitted and should go into RPP. • **Case review with psych consultant after outreach to patient for joint treatment planning.**
7	No case review for 6 wks; pt not improving, anxiety symptoms increased.	• **Re-review with psych consultant.** • Inquire about barriers to patient implementing previous recommendations/ medication or behavioral intervention consistency or efficacy of current treatment. Anxiety can sometimes take longer to respond to medication and pt has only had 3 visits, so it may take longer to see improvements.
8	Pt improved but has not had an appt in 1 mo. (Did they relapse or are they ready to graduate?)	• **Talk to pt, administer PHQ-9 and GAD-7, discuss need for treatment adjustment or if they're ready for relapse prevention.**

9	Pt has improved a little. No PHQ-9 or GAD-7 in more than 30 days. Only seen 2x in 7 weeks.	• **Focus on engagement with pt.**
10	Pt improving a little; last case review 10 wks ago; Last appt 1 mo ago; In tx 36 wks.	• Discuss tx with pt • **repeat case review with psych consultant**
11	Pt not improved; GAD-7 hasn't been done in last month; **3 sessions in 8 wks**	• **Administer GAD-7,** inquire if pt has been able to fill new meds if recommended from 3/31. ○ Has PCP seen note? Has pt been able to see PCP? • **Engagement issues to focus on?**
12	Last case review is more recent than last BHCM contact.	• **Outreach to pt and talk about if they're ready for relapse prevention and any other recommendations that came out of the case review.**
13	Pt has significantly improved!	• **Review RPP and conclude sessions with BHCM. Return pt to primary care.**
14	Pt has improved. No case review in a long time. In Tx 45 wks.	• Ready for Relapse Prevention and/or a **case review needed**. Can be helpful to provide PCP with final psych consultant recommendation even when pt is concluding BHCM appointments. Another time a final case review note can be meaningful is when a pt has disengaged from BHCM appointments entirely but remains a primary care patient. It is one way to support that PCPs ongoing care of that person.
15	Pt depression getting worse	• **Needs a case review (even though the last one is relatively recent)** • Talk with pt about current treatment efficacy or barriers to implement any of the pieces. Safety plan? Temporarily increase frequency of sessions?

Part 2: Prioritize Your Caseload for Systematic Caseload Review

Pt ID	Reason for Selection
4	Severe depression sx and last consult was over a month ago (check in on implemented recommendations from initial case review)
15	Severe depression sx which have increased since intake, last case review one month ago
5	Patient has not sufficiently improved, and no case review in last 4 months. Patient needs to be back in active treatment.
10	Depression sx not sufficiently improved, case review about 6 weeks back, in tx 36 wks
14	No psych case review for almost 7 months, in tx for 45 weeks, PHQ-9 has decreased, should be considered for RPP, check in on why patient still on caseload and not in RPP
1	Flagged for case review: there is an issue to be discussed
2	No case review for 6 months, should discuss why pt not on RPP or closed out. In tx 46 wks.

Preparation for Caseload Review: Prioritizing Patients

The caseload review between a behavioral health care manager (BHCM) and a psychiatric consultant is a powerful tool to organize care. It is critical to use this limited but valuable time with a psychiatric consultant efficiently to maximize the number of patients to benefit. This guide will help BHCMs to prepare for a caseload review session through prioritization of patients and questions, an essential task for an efficient caseload review session.

1. **Identify the cases you want to present based on the following criteria:**

   - ☐ Patients with current acute safety risks
   - ☐ New patients who need a medication consultation to support the PCP
   - ☐ Patients (new or established) where there is a diagnostic question or concern
   - ☐ Patients who have been on a medication trial for more than 4 weeks without improvement in symptoms
   - ☐ Patients who have had 8-10 weeks of treatment without significant improvement
   - ☐ Patients that may warrant referral to specialty mental health
   - ☐ Patients who aren't engaged or who have other difficulties in their care
   - ☐ Patients who appear ready for relapse prevention or discharge but may need further discussion about staying in care or not

2. **Review each identified case and note your specific concern or question for the psychiatric consultant.** It may be useful to use the registry to record these so the psychiatric consultant can see before the case review.

3. **For each case, gather the necessary information related to the specific concern or question to assist you in your presentation to the psychiatric consultant.** Providing brief notes on the main points of the case may save time (in SBAR or another concise format).

Behavioral Health Care Manager Task List: Driving Active Treatment to Target

This is a list of routine tasks that will guide a behavioral health care manager (BHCM) to effectively utilize registry data to drive active treatment to target and improve the clinical outcomes of their patients.

1. **Identify patients with no contact in the past two weeks.+**
   Sort the registry by the date of the last follow up contact.

   Action item(s):
   a. Schedule time for phone and other outreach efforts this week.
   b. If no care team members have had contact in 2 months consider discharging the patient.

2. **Identify patients with a PHQ-9 score of 10 or below or those showing other significant improvements that are ready to be moved to relapse prevention.** *Sort the registry by last available PHQ-9 score.*

   Action item(s):
   a. Flag patient to discuss during the next systematic case review (SCR) session with your psychiatric consultant.
   b. Consider if the patient has had sustained improvement or if they need further treatment.
   c. If the patient is improved, move to the relapse prevention stage.

3. **Identify patients in treatment for 10 weeks or more without significant improvement.**
   Sort the registry by number of weeks in treatment.

   Action item(s):
   a. Flag patient to discuss during your next SCR session with your psychiatric consultant.
   b. Consider if the patient is engaged in treatment. If not, develop a plan and enact.
   c. Determine what change in behavioral treatment may be required to help achieve improvement (e.g., if using CBT without improvement, what other brief evidence-based behavioral interventions could be helpful—behavioral activation?)

4. **Identify patients who have no psychiatric consultation note and scores that are over 10.**
   Sort the registry by most recent psychiatric case review note to identify patients who have never been reviewed or whose most recent note is very old.

   Action item(s):
   a. Flag the patient to discuss during your next SCR session with your psychiatric consultant.

5. **Identify patients with acute safety risks.**
   Review the registry for safety flags or patients who should have a safety flag.

   Action item(s):
   a. Ensure patients are flagged when higher safety risk to remind the team to frequently check in on the status of the patient.
   b. Consider if patient has had a recent consultation or not. If not, also flag patient to discuss during next SCR session with your psychiatric consultant.

Ensure actionable data is available in the registry:
- ✓ Complete screeners at every contact
- ✓ Enter contacts and screeners in the registry regularly
- ✓ Enter key information to guide SCR with your psychiatric consultant