Working with your Psychiatric Provider: Systematic Caseload Review

RMHII June 2020

Tyler Stewart, LMFT, LMHC

Clinical Trainer & Practice Coach, UW AIMS Center

Copyright ©2019 University of Washington

Learning Objectives

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

- Understand how to prepare for weekly caseload reviews with the psychiatric consultant
- Understand how to discuss the active caseload with the psychiatric consultant
- Provide a brief and concise presentation to the psychiatric consultant

Copyright © 2020 University of Washington

UNDERSTANDING THE CASELOAD REVIEW

Copyright © 2020 University of Washington

Basic Differential Diagnosis

Mood
- Depression
- Mania/hypomania

Anxiety & Related Disorders
- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis
- Primary
- Secondary

Substance Use
- Alcohol
- Illicit
- Prescription

Organic
- Cognitive function
- Relevant medical history

Copyright © 2020 University of Washington

Provisional Diagnosis: Team Decision

Assessment by BHCM and PCP

Screeners filled out by patient

Psychiatric Consultant Case Review or Direct Evaluation

Provisional diagnosis and treatment plan

Copyright © 2020 University of Washington

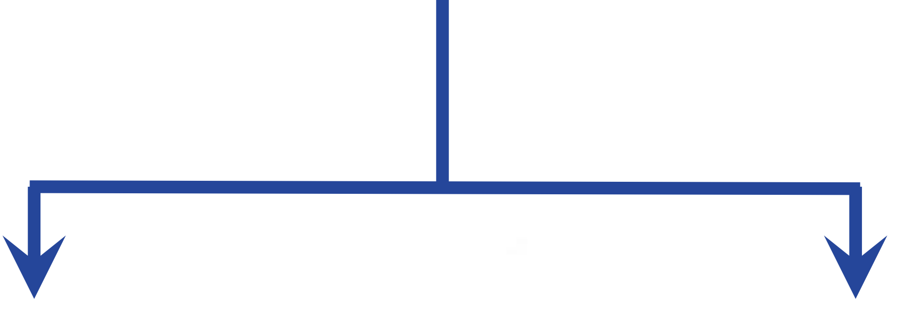
Model Consultation Hour

- **Set an agenda**
- **Brief check-in**
  - Changes in the clinic
  - Systems questions
- **Identify patients and conduct reviews**
  - Follow-up on prior week's recommendations
  - Presentation to consultant of cases for review
  - Diagnostic and treatment decision making
  - Action planning, next steps
- **Wrap up**
  - Celebrate successes!
  - Confirm next consultation hour
  - Send any educational resources discussed

Copyright © 2020 University of Washington

Core Question in Reviewing a Case

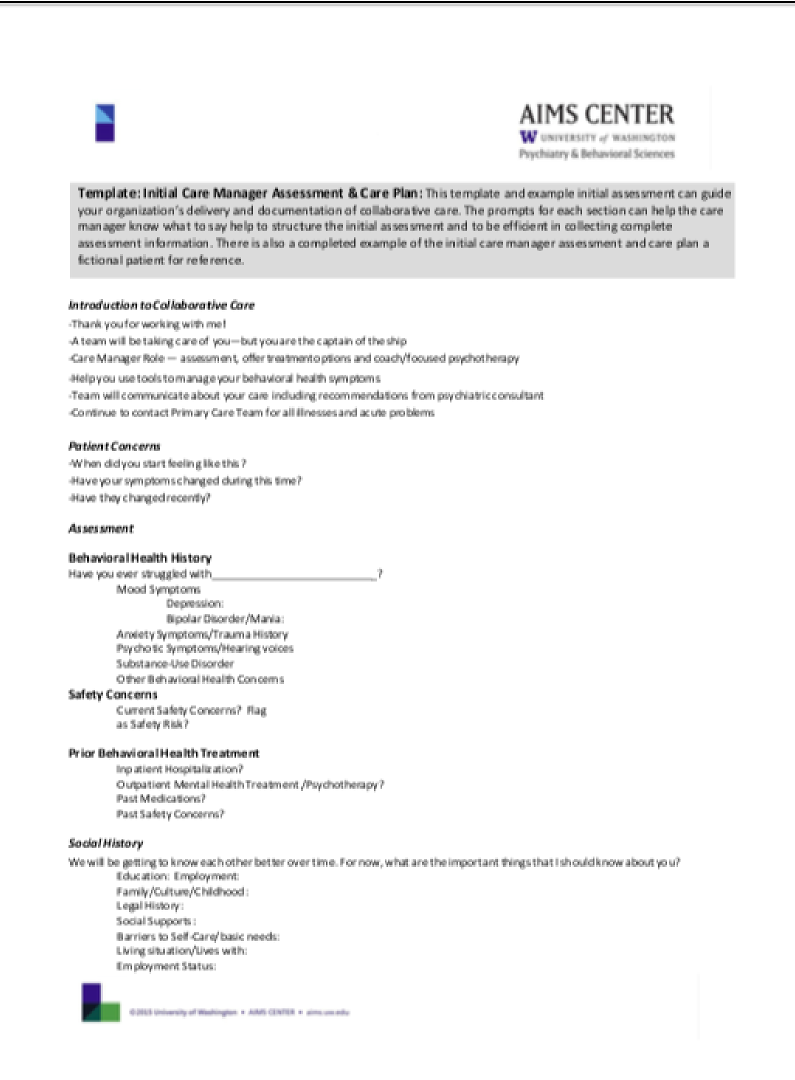
Have the patient's goals been reached?



If **NO**,
adjust/intensify treatment

If **YES**,
document progress and continue to monitor

Initial Assessment Note Example



AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Template: Initial Care Manager Assessment & Care Plan: This template and example initial assessment can guide your organization's delivery and documentation of collaborative care. The prompts for each section can help the care manager know what to say help to structure the initial assessment and to be efficient in collecting complete assessment information. There is also a completed example of the initial care manager assessment and care plan a fictional patient for reference.

Introduction to Collaborative Care
-Thank you for working with me!
-A team will be taking care of you—but you are the captain of the ship
-Care Manager Role — assessment, offer treatment options and coach/focused psychotherapy
-Help you use tools to manage your behavioral health symptoms
-Team will communicate about your care including recommendations from psychiatric consultant
-Continue to contact Primary Care Team for all illnesses and acute problems

Patient Concerns
-When did you start feeling like this?
-Have your symptoms changed during this time?
-Have they changed recently?

Assessment

Behavioral Health History
Have you ever struggled with_______________________?
Mood Symptoms
Depression:
Bipolar Disorder/Mania:
Anxiety Symptoms/Trauma History
Psychotic Symptoms/Hearing voices
Substance-Use Disorder
Other Behavioral Health Concerns

Safety Concerns
Current Safety Concerns? Flag as Safety Risk?

Prior Behavioral Health Treatment
Inpatient Hospitalization?
Outpatient Mental Health Treatment /Psychotherapy?
Past Medications?
Past Safety Concerns?

Social History
We will be getting to know each other better over time. For now, what are the important things that I should know about you?
Education: Employment:
Family/Culture/Childhood:
Legal History:
Social Supports:
Barriers to Self-Care/basic needs:
Living situation/Lives with:
Employment Status:

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Significant Medical Problems and History
-Tell me about your current medical problems.

Current Medications
-What are your current medications? How do you take them?
-It's hard for most of us to take medications regularly. Is that a problem for you?

Patient Goals for Treatment

Mental Status Examination

Validated Behavioral Health Measures

Summary of Problems/Provisional Diagnosis

Plan
Treatment options discussed: Schedule follow-up:
Care Manager:
PCP:
Discuss with Psychiatric Consultant?

(Ratzliff, et al, 2016)

Copyright © 2020 University of Washington

Follow-up Note Template

Topics

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

Style

-Concise

- Avoid excess information
- Incomplete sentences?

Template: Follow-up Care Manager Note: The following template shows a sample care manager follow-up note. The note should be organized and focused. Note can be brief – summarizing patient progress and agreed upon next steps. There is also an example follow-up care manager note of a fictional patient for reference.

Symptom Check

Check-in: How was your week?
Ask to complete appropriate behavioral health measures.
Discuss any changes.
If started on new medication: How's it working? Able to take every day? Any side effects?
If working on psychotherapy of other behavioral targets: How is it going?

Treatment Review

Medications

Let's take some time to check our clinic information and make sure the medications are written correctly.
It's hard for most of us to take our medications every day. How are you doing with______?
Check each medication for dosage, timing, and number of times taken last week.
Troubleshoot problems with medications not being taken as ordered.

Behavioral Treatment Review

Describe your current progress on behavioral strategies.
What success have you had? Reinforce any gains however small.
Have you had any challenges? Help adjust goals and engage appropriate treatment.

Referrals

Did you connect with the referral? Problem-solve any challenges.

Assessment/Provisional Diagnosis

Progress towards Goals

What are they currently doing well?
Do we need to intensify treatment?
Other options supported by research. What else do you think might be helpful?

Care Plan

Medication treatments
Reviewed Behavioral
Treatments Reviewed Referrals
Schedule Follow Up

- Remind of any outstanding tests or follow-up due.
- Complete care plan and review.
- Set next appointment. Care manager? PCP?
- Do you need to discuss patient psychiatric consultant?
- Care plan updates communicated to PCP?

Time Spent: __________

PREPARING FOR THE CASELOAD REVIEW SESSION

Copyright © 2020 University of Washington

BHCM Considerations Before Caseload Review

- Plan cases you want to discuss
- Review those cases and identify your concern and/or question
- Think about and/or review chart:
  - Do I have the information to aid in answering this question?

Copyright © 2020 University of Washington

Using the Registry to Prioritize Patients for Caseload Review

Patient ID	PHQ-9		GAD-7		Contacts						Flags
	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		8/11/2018	11/21/2018	11/29/2018		14	25	
2	17	4	4		2/23/2018	1/9/2019	7/19/2018		18	46	
3	16	7	6		8/23/2018	1/16/2019	1/9/2019	1/16/2019	14	24	
4	25	25	2		12/7/2018	1/17/2019	12/13/2018		4	5	
5	20	12	10	10	2/21/2018	1/7/2019	9/20/2018	12/7/2018	16	46	
6	19	9	19	6	9/6/2018	12/19/2018	10/4/2018		7	18	
7	11	12	19	13	11/28/2018	1/16/2019	11/29/2018		3	6	
8	21	5	13	5	11/16/2018	12/23/2018	12/20/2018		8	10	
9	9	8*	13	6*	11/25/2018	1/6/2019	1/6/2019		2	7	
10	17	13	3		6/21/2018	12/23/2018	11/29/2018		15	36	
11	19	13*	19	18*	11/17/2018	1/12/2019	1/7/2019		3	8	
12	18	6	0		9/9/2018	12/21/2018	12/22/2018		14	20	
13	11	0	11	2	7/20/2018	1/9/2019	11/29/2018	10/6/2018	8	25	
14	17	9	6		3/9/2018	12/28/2018	6/29/2018		13	45	
15	13	20	11	11	11/9/2018	1/8/2019	12/21/2018		7	10	

Key

Indicates patient has been flagged for discussion during next psychiatric consultation

Indicates patient has been flagged as a safety risk

* Score in the Last column will have an asterisk (*) if it is older than the specifications for that clinical measure (e.g., if the PHQ-9 is older than 30 days)

Copyright © 2020 University of Washington

Cases to Prioritize for Consultation

- **Newly enrolled patients who have not been reviewed and have a diagnostic or treatment question**
- **Patients with current concerns necessitating review (e.g., safety risks, side effects, not tolerating treatment, recent emergency room visits or hospitalizations)**
- **Patients who may benefit from direct psychiatric evaluation**
- **Patients with elevated symptom scores (e.g., PHQ-9, etc.) who have not been reviewed in the last 4-8 weeks**
- **Patients who are not adequately engaged in care (e.g., no follow-up with care manager for 4 weeks or more)**
- **Patients who have achieved treatment target and may be appropriate for relapse prevention planning and program graduation**

(Bauer et al, 2019)

Preparation for Caseload Review: Prioritizing Patients

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Preparation for Caseload Review: Prioritizing Patients

1) **Plan the cases you want to present based on the following:**

- ☐ Newly enrolled patients who have not been reviewed and have a diagnostic or treatment question
- ☐ Patients with current concerns necessitating review (e.g., safety risks, side effects, not tolerating treatment, recent emergency room visits or hospitalizations)
- ☐ Patients who may benefit from direct psychiatric evaluation
- ☐ Patients with elevated symptom scores (e.g., PHQ-9, etc.) who have not been reviewed in the last 4 weeks
- ☐ Patients who are not adequately engaged in care (e.g., no follow-up with care manager for 4 weeks or more)
- ☐ Patients who have achieved treatment target and may be appropriate for relapse prevention planning and program graduation [1]

2) **Note ahead of time your specific concerns/questions for the psychiatric consultant on each patient you want to consult about. You may use the registry to record these so they can see it before the case review.**

3) **Prepare the information needed to assist in presenting these questions or concerns. Brief notes on the main points of the case may save time (in Situation, Background, Assessment, Recommendations (SBAR) or other concise format).**

- [1] Bauer et al. (2019) Best Practices for Systematic Case Review in Collaborative Care, *Psychiatric Services in Advance*, 1-4. https://ps.psychiatryonline.org

©2017 University of Washington • AIMS CENTER • aims.uw.edu

Copyright © 2020 University of Washington

QUESTIONS?

Copyright © 2020 University of Washington

DURING THE CASELOAD REVIEW

Copyright © 2020 University of Washington

Practical Tips for First Few Caseload Review Sessions

1. **Set the Agenda**
   - Get into this habit from the beginning
2. **PC and BHCM should discuss case presentation expectations**
3. **Use this time as an opportunity to learn together about diagnosis, medications, therapies, etc.!**

Using Psychiatric Consultation Time Efficiently During Caseload Review

- **From the registry:**
  - Acute Safety Risk (if flagged for this reason)
  - High PHQ scores
  - Patients not responding to treatment
- **Other patients:**
  - PCP questions
  - Medication side effects
  - Diagnostic complexity

Common Consultation Topics

- **Identify areas for improvement:**
  - Clinical:
    - # of patients without 2+ contacts in first month
    - Patients on the caseload past response or remission (after treatment goals achieved)
  - Operational:
    - Challenges to consistent measurement administration (using the PHQ-9 every time)
    - Challenges with and warm connection protocol or engagement of the clinical team
    - Training/education topics for the team

Copyright © 2020 University of Washington

CASE PRESENTATION SKILLS

Copyright © 2020 University of Washington

Translating Between Professions

- **The in-depth relationship you build is critical**
- **All the information you gather is important**
  - **However, it does not all need to be shared with the psychiatric consultant**

What Information Does the BHCM Need to Convey to the PC?

Case Presentation Format

- Psychosocial history
  - Briefly give a snapshot
- Symptoms and history supporting diagnosis
  - Including those suggesting more serious conditions
- Medical history
- Psychiatric treatment/medication history
- Risk assessment
- Provisional plan

Learning Activity:
Case Narrative #1 – Billy

Instructions

1. Read Billy's Case.
2. Reflect on the following:
   - Working diagnosis?
   - Questions for psychiatrist?
3. Group Discussion

AIMS CENTER
W UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Maximizing the Psychiatric Case Review

Case Narrative #1: Billy

Billy is a 24-year-old gay male and recent college graduate, who works as a baggage handler at the airport. He has medical insurance through work and lives in an apartment with roommates. He is referred by his PCP, based on his report of feeling tired all the time for several months. He has trouble falling asleep, but he can get up with his alarm. He reports some trouble focusing at work. His performance reviews are only ok, though he doesn't think the job is hard and he rarely misses work. He admits to some low mood and feeling like life is just not that great over the last 4-5 months. He notes these feelings get worse during the dark winter months.

Billy was treated briefly once in the past for "nerves," he thinks with an antidepressant. He took the medication for 2-3 weeks, and then stopped because he felt better and thought the medication was making him gain weight. He's unsure about taking medications again, but he is willing to talk about it and learn more. Today, his PHQ-9 score is 14, and his GAD score is 10.

He does not endorse symptoms consistent with mania, and he denies ever having heard voices, or had paranoid thinking. He has occasional fleeting thoughts of wishing to be dead when he is unhappy with his life but does not have any active suicidal plan or intent, and no history of suicidal behavior.

He reports that his mother has been in treatment for depression with medication, and that his father and brother have a history of alcoholism. In college, Billy would sometimes drink to intoxication and use recreational drugs, but he no longer uses alcohol or drugs as he worries he is "susceptible to addiction." He has some close friends, but has not been in a romantic relationship yet, and he is concerned he'll always be alone, since he is "24 already, and not really even dating." He reports his family's southern Baptist affiliation makes it hard for him to talk to them about his sexual orientation.

He is generally in good health, though somewhat overweight and his BMI is 31. He thinks that he should exercise regularly but doesn't find this enjoyable. He reports infrequent sexual encounters and practices safe sex; however, he still worries about STDS and gets tested regularly. His results have been negative. He does not have a significant history of traumatic experiences and gets along fairly well with his family.

He would like to not be so tired all the time, and to "be making more progress" in his life.

Working diagnoses:

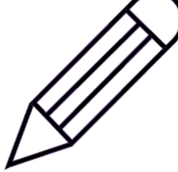
Questions for psychiatrist:

- Diagnosis?
- Treatment?
- Medications?

©2020 University of Washington • AIMS CENTER • aims.uw.edu

Copyright © 2020 University of Washington

Example Case Presentation - Billy



- **Psychosocial history:**
  - Billy is 24 yo single gay male. He is employed as a baggage handler and lives with friends.
- **Symptoms and history supporting diagnosis:**
  - Some Sx of depression over several months, including fatigue, lowered mood, difficulty concentrating, poor work performance. PHQ 14, GAD 10
- **Medical history**
  - No current medications or significant medical history; Mildly overweight
- **Psychiatric treatment history/Risk assessment:**
  - No suicide risk, remote substance use only, no bipolar symptoms for him or family. Prior prescription medication unknown, stopped prematurely. No therapy.
- **Provisional Plan:**
  - Behavioral Activation, PT interested in medication
- **Questions:**
  - Establish diagnosis? Initial treatment plan?

Copyright © 2020 University of Washington

Presenting a Follow-Up for Case Review

- **Even shorter**
- **Include:**
  - Brief reminder of patient and initial presentation
  - Clinical updates and current life circumstances
  - Current question(s)

Example Follow Up for Case Review - Billy

- **Brief Reminder:**
  - Billy is 24 y.o. single gay male who presented with an episode of major depression
- **Clinical updates:**
  - Tolerating the citalopram 20mg and PHQ-9 14 → 12 after 8 weeks, engaged in BA
- **Questions:**
  - Additional adjustment for medication?

Copyright © 2020 University of Washington

QUESTIONS?

Copyright © 2020 University of Washington

Preparing for the Caseload Review Case Call in July

- 3-5 BHCMs will present
- Everyone come prepared
- If you don’t have patients, you can use the example patient “Jane” to prepare
- Complete the EMR Scavenger Hunt Activity

Copyright © 2020 University of Washington

EMR SCAVENGER HUNT ACTIVITY

Activity: EMR Scavenger Hunt for BHCMs

Below are some common questions your psychiatric consultant may ask you to provide in your initial assessment or subsequent case presentations. The purpose of this activity is to give you the opportunity to familiarize yourself with your EHR and where you can locate this information to prepare you for case reviews with your Psychiatric Consultant.

Work with other clinical team members or your IT department to learn where to find this information in patient's charts in your EHR. Utilize as many patients as you need to practice finding this information. Make sure to have data for each item below.

Before beginning this activity, work with the appropriate members of your team to ensure that you are accessing patient charts in accordance with HIPAA. For example, only accessing charts for patients you are directly involved in the care of, or using test patients for this training activity.

If using actual patient charts, you may want to use several different patients so the information noted below could not identify any one person. Be sure to not include any Protected Health Information (PHI) that could potentially identify a patient.

1. Scanned medical records from past/previous mental health care, or any outside medical records that can be accessed through the EMR. Indicate the month and year of their most recent outside care and indicate if it is primary care or mental health. Do not provide more specific information.

2. Does this person have any inpatient hospitalizations and/or have they had a psychiatric evaluation in the past that is documented in their chart?

3. Does this patient have any ER visits that are related to mental health symptoms? If so, what were the presenting symptoms, ie, Panic, suicidal behavior etc.?

4. List one chronic medical condition or indicate if they have none.

5. List 1 item from the patient's current problem list.

6. A1C score for patient with diagnosis of diabetes.

7. Find and identify a lab that has been ordered. Some common labs that are pertinent to Systematic Case Review include: TSH, B12, folate, HIV or HCV, fasting LDL and glucose, liver function tests (eg., AST, ALT, bilirubin, alkaline phosphatase), tox screen, blood alcohol

concentration, CBC, renal function (Cr). See if you can find one of these labs in the patient's chart.

FYI: The CBC and chem panels return a lot of results that aren't important. It can be helpful to know the ones that are for example: for CBC typically Hct, WBC, plt are informative for a Systematic Case Review. It may be useful to discuss these labs further with your PC.

8. Find labs that have been completed and where to find results. (You will not interpret or necessarily inform patients of results but it is useful to know where to find this information and how to tell if the lab has been ordered versus completed.) Indicate the most recent completed lab.

9. List a current medication.

10. Find previous medications. Select one previous psychopharmaceutical medication and indicate the dose and for how long they were prescribed the medication. If there is no previous psychopharmaceutical medication in their chart, select another kind of medication and provide the same information.

11. Find and identify one discontinued medication.

12. Find the patient's signed privacy or release of information document so you know who you can speak with. Make sure it is specific to BH/MH. Note the month and year it was signed.

13. Find the note from their most recent primary care provider visit, and indicate the chief complaint and vital signs (blood pressure and heart rate).

14. Find the list of upcoming appointments and note the date and reason for visit for one upcoming appointment.

15. Find the patient's attendance/cancellation/no show record and indicate how many medical visits, cancelled medical visits and no shows for medical visits they have had in the past 2 months (or go farther back if there is not a more recent appointment history).

Copyright © 2020 University of Washington

INSERT CASE PRESENTATION FORM

AIMS CENTER
W UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Case Presentation – Working with your Psychiatric Provider

(No PHI or information that could inadvertently identify a patient - please!).

1. Choosing a Case

Look at your caseload in the registry. Talk to your team. Utilize the "Preparation for Caseload Review: Prioritizing Patients" handout. You can also use the fictitious case example of "Billy" that is included in the slide deck from the June training call to guide the amount and kind of information to provide.

You can pick a patient you have already presented to your Psychiatric Provider and reflect on that experience or a patient you have not yet discussed during your case review and use this opportunity as a chance to prepare.

If you do not have a patient on your caseload yet, please use the example patient "Jane" and complete this form.

2. Prepare Case Presentation

Complete the following for the patient you've chosen.

- **Psychosocial history:**
- **Symptoms and history supporting diagnosis:**
- **Medical history**
- **Psychiatric treatment history/Risk assessment:**
- **Provisional Plan:**
- **Questions you, the PCP or the patient have for your Psychiatric Provider:**

In addition to what information you'll include above to present to the PC, consider the following:

- What information did you pull from the EMR to support your presentation of this patient?
- What questions do you have for the purposes of this training call about preparing to discuss this patient with your PC?

Copyright © 2020 University of Washington

QUESTIONS?

Copyright © 2020 University of Washington

References

- Bauer et al. (2019) Best Practices for Systematic Case Review in Collaborative Care, *Psychiatric Services in Advance*, 1-4. https://ps.psychiatryonline.org
- Ratzliff, A., Unützer, J., Katon, W., & Stephens, K. A., (2016). Integrate Care: Creating Effective Mental and Primary Health Care Teams. Wiley.

Copyright © 2020 University of Washington