

AIMS CENTER W UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences

# **Psychiatric Consultant Guide CHAMP CMTS**

Care Management Tracking System

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# **TOP TIPS & TRICKS**

- 1. Enter your Psychiatric Consultation notes while consulting with the care manager. Concurrent documentation makes the process easier and more efficient!
- 2. On the Caseload List page, click the column headings to sort your caseload. You can easily see who has been in treatment longest, who is not improving, who hasn't been seen for a while, etc.
- 3. View your Care Managers' Caseloads by using the drop-down menu in the top-right corner of the Caseload List page.
- 4. See which patients have been flagged for discussion at your next consult by looking for the yellow flags in the leftmost column of the Caseload List page. Flags can be turned on/off by you or the Care Manager directly on the Caseload List page.
- 5. Identify which patients are not improving AND have not yet been discussed during your consultation sessions on the Caseload Statistics page. Click the number to see the list of patients included.
- 6. Any blue bold text is a clickable link and will take you to more information about that topic.
- 7. Use the "Add Icon" <sup>(Q)</sup> to open new contact notes directly from the Caseload List page.
- 8. Choose which page appears first each time you log in. Navigate to *Tools > Preferences*, and set your "First Page after Login."



# INTRODUCTION

The Care Management Tracking System (CMTS) is a population-based care management registry designed to facilitate Collaborative Care by tracking treatment outcomes and prompting action founded on evidence-based clinical algorithms. Collaborative Care requires the coordination of a PCP, care manager, and psychiatric consultant, and is by definition patient-centered and accountable. In contrast to electronic health records that simply collect and store information, CMTS helps facilitate clinical decision making and program management. Your version of CMTS has been customized to support the Collaborating to Heal Addiction and Mental health in Primary Care (CHAMP) study.

CMTS helps clinicians structure their encounters with patients, identify those who are not improving as expected, prompt changes in treatment as needed, and monitor a large caseload. Because it is web-based, the program has the ability to facilitate consultation from a mental health specialist even if the specialist is not onsite, a useful feature in rural or other resource-poor areas.

CMTS enables coordination of care across health care providers and organization and helps program managers track the effectiveness of treatments across different providers and caseloads.

# **PSYCHIATRIC CONSULTANT ACCOUNT ROLE**

The Psychiatric Consultant account is given privileges to view and enter protected health information. Although CMTS patient data is not considered the legal medical record, this information should be treated with the same policies that apply to any other protected health information. Psychiatric Consultant accounts should be issued only to those who require this level of access to complete their duties.

TIP: You should *never* share your username and password with another Psychiatric Consultant. CMTS accounts should be unique to each person.

On the login page, you will be prompted for your username and password. Your username and password will be issued to you by your Account Administrator. Account Administrators are responsible for setting and maintaining appropriate permissions for each account, including your Psychiatric Consultant account.

If you are unable to log in to CMTS, but you have the correct login information, it is possible that your account has been disabled. User accounts can be disabled manually by Account Administrators, or they can be automatically disabled after 5 incorrect login attempts or after 90 days of non-use. Contact your Account Administrator to regain access.

# ACCESSING CMTS

Because CMTS is a web-based software application, it requires an internet connection (broadband is recommended), and the latest version of one of the following internet browsers:



#### Microsoft Edge

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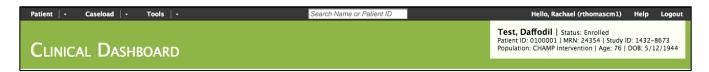
- Mozilla Firefox
- Google Chrome
- Apple Safari

It is not recommended that two or more of these browsers be used at the same time.

In the event that CMTS becomes unavailable, clinician will continue to see patients as usual. The screening tools and outcome measurement tools will be recorded on paper copies, or in the electronic medical record system. Data will be entered into CMTS when availability is reestablished. The PHQ-9 and GAD-7 screening tools are available at http://www.phqscreeners.com/ in a variety of languages.

# SITE NAVIGATION OVERVIEW

The navigation toolbar is located in the black bar at the top of the screen. The toolbar is context-dependent, so the options that are available in the menu will depend on which patient is currently selected (if any).



Basic patient information appears in a white box in the top-right corner of the page when a patient is selected. The following options appear in the navigation toolbar:

#### **Patient Menu**

These options are available only when a patient is selected:

- New Contact
- Patient Enrollment
- Encounter List
- Treatment History
- Clinical Dashboard
- Provider & Clinic List
- Appointment List
- Referral List

These options are always available:

- New Patient
- Search Patient

#### **Caseload Menu**

- Caseload List
- Caseload Statistics
- Monthly Time Tracker
- Quality Aims

#### **Tools Menu**

- Reminders
- Appointment Calendar
- Message Board
- Print
- Preferences
- Password

#### Logout

Sign out of your account when leaving your workstation to keep patient information secure.

#### Search Patient

This box is always visible in the navigation toolbar as a quick way to find patients using Patient ID or name. All matching patient records will be returned for patients assigned to your organization(s).

# SITE-WIDE FEATURES

These features apply to all pages throughout CMTS.

**Sortable Lists:** You can sort reports by clicking on the column header. Clicking once will sort from least recent to most recent, or in alphabetical order, and clicking again will sort in the opposite order.



**Tooltips:** Hovering the cursor over the blue tooltip icons <sup>(1)</sup> will display additional information about items and features throughout CMTS.

**Links to Patient Information:** Clicking on a Patient ID Number or Patient Name will display the Clinical Dashboard page for that patient. This preference can be changed by navigating to *Tools > Preferences*.

**Required Fields:** Indicated on questions with an asterisk (\*). These questions must be answered before a form can be submitted.

"Add" icons: Green plus icons can be clicked to add a new note or a new item.

"Delete" or "Remove icons: Clicking these icons ( 🔤 or 🔍 ) will permanently delete the associated data or item.

Information that was carried forward from one note to the next without changing is marked with a dagger symbol (†).

## **REMINDERS PAGE**

The Reminders page provide alerts about important due dates for BH Care Manager Encounters and Referrals. Hover your mouse over the blue tooltip icons in the column header to see complete descriptions of how each reminder is triggered.

See Reminders for Care Managers by selecting a name from the drop-down list in the top-right corner of the screen.

TIP: Patients who have no reminders will not be listed on this page.

# **CASELOAD LIST PAGES**

The Caseload List pages display an overview of all patients on your caseload, allowing you to manage populations and prevent patients from 'falling through the cracks.'

With these reports Psychiatric Consultants can sort their caseload by score severity, identify which patients are not improving as expected, identify patients who may need discussion with a consultant, and find patients who are due for an appointment.

TIP: You can view the caseload for any provider at your organization by selecting a name from the drop-down list located in the upper right-hand corner.

To view the Caseload List pages, navigate to *Caseload > Caseload Lists* and choose one of the following categories:

New Patients: Displays all patients for the selected provider that have not yet had a Care Manager Initial
 <u>Encounter entered.</u>



- 2. Active Patients: Displays all patients for the selected provider that are currently enrolled, including patients on a Relapse Prevention Plan.
- 3. Inactive Patients: Displays all patients for the selected provider that are currently discharged.
- 4. **Custom Search:** Displays a list of patients that can be filtered based on Patient ID, Membership Number, Enrollment Date, Discharge Date, First Name, Last Name, Care Manager, Site, Clinic, Flag, or Population.

	PATIENT					INITIAL ASSESSMENT		NT	# OF	WKS	LAST FOLLOW UP					RELAPSE	PSYCHIATRIC	NEXT	
FLAGS		Nаме	POPULATION	ENROLLMENT DATE	STA- TUS	Date	Рно -9	GAD -7	Sess- IONS	ın Tx	Date	Р <sub>НQ</sub> -9()	Dep Impr()	GAD	Anx Impr	MED	PREVENTION PLAN		Аррт. (1)

Each of the Caseload List pages shows a summary of information listed in columns:

- 1. **Flags:** Can be toggled on and off from the Caseload List page by clicking the flag icon. Flags can also be turned on/off from within contact notes, or from the Clinical Dashboard page.
  - Yellow Flag **?**: Indicates that the BH Care Manager wishes to discuss this patient with a Psychiatrist Consultant. When a new Psychiatrist Consultation Note is entered for the patient, this flag is automatically unchecked.
  - Blue Flag <sup>¶</sup> (Intervention Clinics only): Indicates an abnormal finding during the last PMP check (e.g. patient is receiving unknown controlled substances from other clinics, patient is not picking up prescribed Buprenorphine regularly).
- 2. **Patient ID:** Click to view the Clinical Dashboard page. You can customize this by navigating to *Tools* > *Preferences*.
- 3. MRN: Medical Record Number.
- 4. Patient Name: Click to view the Clinical Dashboard page.
- 5. **Population:** Indicates if patient is participating in CHAMP Intervention (I) or is Non-Study (N).
- 6. Status:
  - Newly Enrolled (E)
  - Active Treatment (T)
  - Recovery Support Plan (RSP)
  - Discharged (D)
- 7. Weeks in Treatment: Weeks since first Care Manager Encounter.
- 8. BH Care Management:
  - Tracks CM encounters, Psychiatric Consultant notes, and next appointment date
    - Next Appt. date will turn **red** if the appointment date has passed and there has not been a note entered by the provider who originally made the appointment

- Shows % of contacts with at least one BA activity recorded and % of CM appointments missed in last 90 days
- Records the first and last PHQ-9 and GAD-7 score entered for a patient in the current episode of care
  - Score in the **First** column will appear gray if it is the only score entered for that patient
  - Score in the **Last** column will have an asterisk (\*) if it is older than the specifications for that clinical measure (ex: if the PHQ-9 is older than 30 days)
- Improvement indicator colors appear for patients that have been in treatment for a minimum period. The tooltip (1) in each column describes how the indicator colors are determined

#### The following are only displayed for Intervention sites:

- 9. **OTRI-4 Score**: Displays last OTRI-4 score. The number is **red** if one or more item is answered Yes and **green** if all items were answered No.
  - a. Hover mouse over score to see detailed results.
- 10. **MOUD** 
  - a. Shows first and last MOUD Prescriber Encounter
  - b. No Show Rate: Shows % of MOUD Prescriber appointments missed in the past 90 days
  - c. Rx: Last recorded medication for OUD and daily dose
  - d. **Days Prescribed:** Number of days of medication prescribed at the last MOUD Prescriber Encounter
    - Alert appears one day before MOUD Prescriber Encounter is due

# **CASELOAD STATISTICS PAGE**

To view the Caseload Statistics page, navigate to *Caseload > Caseload Statistics*. This report displays data summarized by Provider, Clinic, or Organization rather than by individual patient.

With this information you can view the average status of patients at baseline and at their most recent visits, make comparisons between clinic vs. phone/video encounters, identify which patients are not improving AND have not yet had a Psychiatric Consultation note entered, and track CM no show rates.

Caseload Statistics displayed for an Intervention site will also include average OTRI scores, MOUD Prescriber no show rates, and average Buprenorphine doses.

	Current	CARE MANAGER CONTACTS							PSYCHIATRIC CONSULTATION NOTE				RAGE AD	PHQ		GAD	
BH Care Manager		Avg # CM Enc	CONTACTS W/ SCALE	Avg # By Phone/Video	CM No Show Rate	# IN RSP	# Flagged	# w/ P/N	Not Imprv w/o P/N	First	Last	First	LAST	No Response		Not Improved	SCORE OF 10+



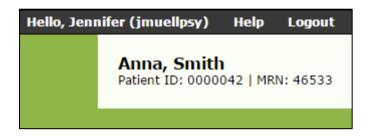
TIPS: Clicking any numbers that are blue links will allow you to drill-down and see the list of patients included in that particular calculation.

Use the drop-down menu in the top-right corner to aggregate the report by provider, clinic, or organization.

The sum of all the rows in the "# Pts" column may be more than the "All" total in the bottom row. This is because a patient may be assigned to multiple clinics or providers, but will not be counted more than once in the "All" total in the bottom row.

# **CONTACT NOTES**

This section will review the Psychiatric Consultant Note, as well as briefly summarize all notes that Care Managers can enter for a patient.



TIP: You may open CMTS in multiple browser windows or tabs by right-clicking any link.

## **Initial CoCM Screening**

BH Care Managers may optionally enter a PHQ-9 and/or GAD-7 scale score that was collected up to 30 days before the patient's Enrollment Date by navigating to *Patient > New Contact >* Initial CoCM Screening. This preenrollment screening score will be used as the patient's baseline score throughout CMTS and must be dated before the first Care Manager Encounter.

## **Psychiatric Consultation Note**

The Psychiatric Consultation Note should be completed during consultation sessions between Psychiatric Consultants and Care Managers.

Before proceeding to the Psychiatric Consultation Note, ensure the correct patient is displayed in the white patient information box at the top right corner of the screen. Then, navigate to *Patient > New Contact > Psychiatric Consultation Note*. This note contains sections for Assessment and Treatment Recommendations, and Comments. You can document your notes concurrently while speaking with a Care Manager.

You will be added to the patient's care team when entering a Psychiatric Consultation Note if there is no other Psychiatric Consultant already assigned to the patient.



Patient   Caseload   Tools   Search Name or Patient ID	Hello, Jennifer (jmuellpsy) Help	Logout
PSYCHIATRIC CONSULTATION NOTE	<b>Anna, Smith</b> Patient ID: 0000042   MRN: 46533	
Date of Contact : * 🔻 / 💌 / 💌 today 🛅		
Assessment and Treatment Recommendations		history
Comments		history
B I U ABC   E E E E E   -Fontfamily- ▼ -Fontsize-▼   E E E F F A * 2 *   ×, ×' X B C O D A A A A A O C   - E O Ω Ω   ♥ +   2 ♥ WITTL	<ul> <li>∞ <sup>*</sup>/<sub>2</sub></li> </ul>	
Path:		1.
This session was * v with v.	and took 🗾 minutes	

## **Care Manager Contact Notes**

The following sections describe the types of contact notes entered by Care Managers during patient visits.

#### Care Manager Encounter

The first encounter with the patient after enrollment is called the Care Manager Initial Encounter. The care manager will see an alert on the Reminders page to complete the Care Manager Initial Encounter immediately after enrollment. Subsequent Care Manager Encounter notes are similar, with some information such as diagnoses and psychotropic medications carried forward from the last visit.

#### **MOUD Prescriber Encounter**

Encounters with the Medication for OUD Prescriber capture the date of each prescription and information about the medication dispensed. The days dispensed is used to calculate the reminder for the next prescriber follow up. The first Prescriber Encounter will include a drop-down list of medications and the selection will carry forward to subsequent MOUD Prescriber Encounters.

#### **Recovery Support Plan**

The Recovery Support Plan (RSP) is completed by the Care Manager when the patient is in maintenance phase and is ready for less frequent follow up visits OR when the patient is being discharged from treatment. Once an RSP note has been entered, Follow up reminders may decrease in frequency, as described in the tooltip on the Reminders page.



#### **Contact Attempt Note**

Care Managers can use Contact Attempt notes to document unsuccessful outreach attempts to reach the patient, such as a voicemail message.

#### No Show

Track patient engagement by documenting missed appointments with the BH Care Manager and the MOUD Prescriber here. Each patient's No Show rate will be displayed on the Caseload List and Caseload Statistics reports.

#### Discharge

Patients should be discharged when a BH Care Manager will no longer monitor or follow their care. CHAMP study patients must be enrolled at least 6 months before discharge. For assistance with early discharge, contact your CHAMP Study Manager. After a Discharge Note is entered, the patient will be removed from your Active Caseload List. All patient information and data is archived and retained, and the patient will be visible on your Inactive Patients Caseload List. Reminders are not received for Inactive (Discharged) patients.

## **Errors and Alert Messages**

Your Contact Note will not be accepted unless all required questions, indicated with an asterisk (\*) have been completed. The AIMS Center has developed a minimum standard set of questions that require responses in order to facilitate the delivery of collaborative care.

If a required question is missed, an alert message will appear. After closing the dialogue box you will be taken back to the form, and will see new icons or messages in red that will prompt you to add or change your answers.

**Red arrow(s):** by itself, the red arrow denotes a required response that is blank and must be filled in to submit the form.

"Not valid" or "Wrong format": denotes an integer response that requires a specific number of integers, where the current entry must be changed to include less or more numbers, or only numbers.

"Must be unique": occurs for unique identifiers such as ID numbers, where the current entered value is a duplicate that has already been entered for a different patient/site/user.

"An error occurred while processing": This usually denotes an error or bug which requires the attention of CMTS support staff. CMTS programmers will be notified automatically by email and will work to address the problem.

# **PATIENT SUMMARY PAGES**

## **Encounter List Page**

To view a patient's Encounter List, confirm that the appropriate patient is selected in the white summary box on the upper-right corner of the screen, then navigate to *Patient > Encounter List*.

The Encounter List displays all contacts during the course of treatment, including Care Manager Encounter Notes, Psychiatric Consultation Notes, Recovery Support Plan Notes, Discharge Notes, Contact Attempts, and No Shows. Clicking a particular "Date of Contact" will open that note, where you can then view and/or update information.

## **Treatment History Page**

To view a patient's Treatment History page, confirm that the appropriate patient is selected in the white summary box on the upper-right corner of the screen, then navigate to *Patient > Treatment History*.

The Treatment History page displays a summary of information including Diagnoses, Contact History, a Patient Progress graph, and Referrals.

The "Contacts" section displays one row for each note, not including Contact Attempts. Click any date to view the complete note. The "Weeks in Tx" column shows how many weeks the patient had been in treatment, i.e. the number of weeks elapsed since the Initial Encounter note.

The "Current Medications" column shows which Psychotropic medications the patient was taking at the date of each visit, as well as MOUD prescriptions (if applicable). Medications carried forward from the previous note without changing are marked with a dagger symbol (†).

## **Clinical Dashboard**

The Clinical Dashboard page contains ALL data that has been recorded for a patient. Other than the Caseload List page, most of a Care Manager's work can be done from the Clinical Dashboard.

There are several ways to navigate to a patient's Clinical Dashboard:

- Confirm that the appropriate patient is selected in the white summary box on the upper-right corner of the screen, then navigate to *Patient > Clinical Dashboard*.
- Click on a patient's name or Patient ID number from the Caseload List page.

#### Navigating the Clinical Dashboard

To make this large amount of data more manageable, the page is divided into sections which can be toggled on and off using the buttons on the left-hand side of the page.





TIP: You can customize the sections that are turned on by default each time you visit the Clinical Dashboard page by setting your preferences. Navigate to *Tools > Preferences*.

#### Viewing Patient History in the Clinical Dashboard

As new notes are entered for a patient, historical information will remain available in the Clinical Dashboard, allowing you to track changes over time. To see the dated history log for most items, click on a 'History' button on the section heading.

#### **Reminders in the Clinical Dashboard**

Reminders and current patient status information appears in the bottom-left side of the Clinical Dashboard.

Last Contact: Information about the most recent Contact Note entered for the patient.

**Next Appointment:** Contains information for the next appointment date. If the next appointment for the patient has passed and there is not an accompanying note entered on or after the appointment date by the scheduled provider, the text will turn red.

**Flags:** Indicates if any provider has flagged this patient for discussion during the next Psychiatric Consultation, and if the patient is a safety risk. These flags also appear on the Caseload List page and on Contact Notes.

Status: Indicates the current status of the patient as:

- Enrolled: If the patient has not yet had a Care Manager Initial Encounter entered
- In Treatment: If the patient is in treatment
- **Recovery Support Plan:** If the patient has a Recovery Support Plan note with no "End Date" recorded.
- **Discharged:** If a Discharge Note has been entered

#### **Provider & Clinic List**

Current providers and clinics are displayed and updated here.



## **Appointment List**

The Appointment List page gives you the ability to track and schedule your patient appointments on an appointment list and calendar.

To view upcoming appointments for a specific patient, confirm that the appropriate patient is selected in the white summary box on the upper-right corner of the screen, and navigate to *Patient > Appointment List*.

Appointments can be scheduled by clicking the "Add" icon in the Appointments section. You will be asked for the following information:

- Date & Time: may be entered in many formats
  - Example: Next Thursday 3pm
  - Example: 09/21/2020 3pm
- **Provider:** The list will include all providers assigned to the patient.
- Visit Type
- Add'l Info

TIP: To view your Appointment Calendar, including scheduled visits with ALL patients, navigate to *Tools > Appointment Calendar*.

## **Referral List**

Patient referrals to specialty mental health and/or addictions treatment are tracked and managed on the Referral List page. To view a patient's Referral List, confirm that the appropriate patient is selected in the white summary box on the upper-right corner of the screen, then navigate to *Patient > Referral List*.

Referral Date         Referring Provider         Type         Detail         Status         Closed Date
---

Any existing referrals will be displayed with the following information:

- **Referral Date:** date referral was made
- **Referring Provider:** provider the referral is made to
- **Type:** type of referral
- Referral Reason: additional information about referral, including provisional diagnoses
- **Status:** options include Pending (an open referral), or Closed. Changing the Referral Status to "Closed" will prevent additional reminders from occurring for this Referral.
- Closed Date: date the referral was closed

# ACCOUNT PREFERENCES

The Preferences page allows you to customize several options for your CMTS account.

To view the Account Preferences page, use the navigation toolbar to select *Tools > Preferences*. Customizable options include:

- Number of Records per Page: how many patient records show on Caseload Lists pages
  - First Page after Login: which page you see first each time you log in

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- Page after Clicking on Patient ID: which page you are directed to upon clicking on any Patient ID link
- **Diagnosis Sort Method:** determines how patient diagnoses are sorted on the Clinical Dashboard: alphabetically, chronologically, or both
- **Medication Sort Method:** determines how the medication lists are sorted for Prior and Current Medication sections alphabetically, chronologically, or both
- Calendar options: manage the calendar view on the Appointment List page

# SYSTEM TIMEOUT

As a security measure, you will be automatically logged out of after 30 minutes of inactivity.

# **EXPORTING AND PRINTING DATA**

#### **Export as Text**

While viewing (not editing) any Contact Note, the "Export as Text" button will appear at the top of the page. Click this button to strip all formatting from the note and display the information as unformatted text. This feature allows you to easily copy-and- paste information from CMTS to an EHR or another platform.



## **Printing from CMTS**

For best results when printing from CMTS, use the built-in "Print" function, not the print function in your browser. To access the built-in CMTS print function, navigate to *Tools > Print*.

Patient - Caseload -	Tools - Sea	arch Name or Patient ID	Hello, Jennifer (jmuellcm)	Help	Logout
	Reminders				
	Appointment Calendar				
Message Board	Message Board				
	<u>Print</u>				
Posted By	Preferences	Message			
	Password				
	Providers				



# MOUD FEATURES FOR INTERVENTION CLINICS

CMTS appears slightly differently for CHAMP Control and CHAMP Intervention clinics. These features are outlined below, along with brief descriptions of where information for Intervention clinics is displayed differently.

### OTRI-4

The OTRI-4 is a 4-point Opioid Treatment Response Inventory screener. Patients indicate either Yes (1) or No (0) to the four questions below.

Opioid Treatment Response Inventory: OTRI-4 🕕 (Score: 📃 )							
IN THE PAST WEEK, HAVE YOU EXPERIENCED ANY:							
1. Opioid withdrawal symptoms							
2. Opioid craving							
3. Illicit opioid use							
4. Medication side effects							

The OTRI-4 is administered during BH Care Manager Encounters. The yellow flag indicating need for a Psychiatric Consult will be turned on (as shown in the Caseload List for that care manager) when a patient answers Yes to any of those four questions.

#### **MOUD Prescriber Encounters**

The registries of Intervention clinics include information pertaining to an MOUD (Medication for Opioid Use Disorder) Prescriber. MOUD Prescriber Encounters are entered as contact notes and collect information about the OUD medication and dosage administered. If a patient has been prescribed MOUD, Care Managers can then track on the patient's MOUD adherence during subsequent Care Manager Encounters.

Medication for OUD Adherence	
	Last prescriber encounter: 9/9/2020 (7 days ago) Dispensed: 14 days supply of Buprenorphine-Naloxone Frequency: once a day
Since your last BH Care Manager appointment, did you take MOUD at the dosage prescribed every day?*	○ Yes ○ No
Adherence Notes :	

Care Managers receive reminders one day before an MOUD Prescriber Encounter is due (i.e. 6 days after a 7-day prescription is administered).



## **Caseload Lists**

Patient Caseload Lists display several additional data points related to MOUD, listed below. If you have patients from both Intervention and Control populations, all of the below columns will be displayed. The Population column indicates whether the patient is CHAMP Intervention (I), CHAMP Control (C), or Non-study (N).

- Flags
  - **Blue** flag indicates an abnormal finding was presented in the last PMP check (e.g. patient is receiving unknown controlled substances from other clinics, patient is not picking up prescribed Buprenorphine regularly).
- Most recent OTRI-4 score
- MOUD Initiation Date (first MOUD Prescriber Encounter in current episode of care)
- Last Prescriber Encounter
- Rx (last recorded MOUD name and daily dose)
- Days Prescribed
- Last Reported Adherence



Caseload Lists also display Yes/No results from the patient's most recent Urine Drug Screen. This section shows presence of (as denoted by Y/N) prescribed MOUD, illicit opioids, and other illicit substances (not including cannabis or alcohol).

#### **Caseload Statistics**

The Caseload Statistics page also displays additional data points for Intervention Clinics:

- Average first and last OTRI-4 scores
- MOUD Prescriber no-show rate
- Average Buprenorphine dose (mg)