

Collaborative Care: Registry Innovations

April 18, 2023

Advancing Integrated Mental Health Solutions (AIMS) Center Introductions



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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

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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.

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COLLABORATIVE CARE REGISTRY

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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

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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...”

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Source: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

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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*

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Registry Options

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

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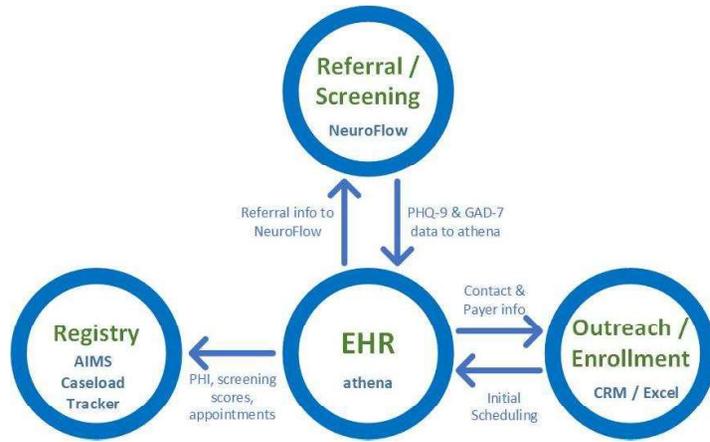


HEALTH FIRST

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Health First Registry



Elements of CoCM Data System

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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

Pre-Admission Screening
PHQ-8 and/or GAD-7
Initial Session
PHQ-9 and GAD-7
AUDIT-C or MOCA if needed

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DEMO REFERRAL WORKBOOK

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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

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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”

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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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DEMO AIMS CASELOAD TRACKER

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UW Health Behavioral Health Collaborative Care

Shanda Wells, PsyD
Tristan Laszewski, Senior Applications Analyst

UWHealth

20 **UWHealth**

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.



Madison Hospitals

- University Hospital
- American Family Children's Hospital
- UnityPoint Health-Meriter*
- UW Health at The American Center
- UW Health Rehabilitation Hospital

Regional Hospitals

- SwedishAmerican Hospital, Rockford, IL
- Belvidere Medical Center, Belvidere, IL

UW Health Clinics

UnityPoint Health-Meriter Clinics*
Throughout Wisconsin and Northern Illinois

UW Medical Foundation
UW faculty physician practice

Joint Ventures and Affiliations

Cancer centers, surgery centers, dialysis programs, home health, infusion and many other programs and services including a Joint Operating Agreement with UnityPoint Health-Meriter*



UW Carbone Cancer Center
Comprehensive Cancer Center, designated by the National Cancer Institute (NCI)

Quartz

Health insurance products of Unity Health Insurance, Gundersen Health Plan and Physicians Plus

University Health Care
Regional relationships and contracting

UW Health is the integrated health system of the University of Wisconsin-Madison caring for more than 600,000 patients each year, realizing \$3.4B in annual revenues and comprised of seven hospitals, 1,600 employed physicians, 87 outpatient clinics and a partnership in a 343,000 member health plan.

UW Health is governed by the UW Hospitals and Clinics Authority and partners with the UW School of Medicine and Public Health to fulfill its patient care, research, education and community service missions.



Madison Hospitals

- University Hospital
- American Family Children's Hospital
- UnityPoint Health-Meriter*
- UW Health at The American Center
- UW Health Rehabilitation Hospital

Regional Hospitals

- SwedishAmerican Hospital, Rockford, IL
- Belvidere Medical Center, Belvidere, IL

UW Health Clinics

UnityPoint Health-Meriter Clinics*
Throughout Wisconsin and Northern Illinois

UW Medical Foundation
UW faculty physician practice

Joint Ventures and Affiliations

Cancer centers, surgery centers, dialysis programs, home health, infusion and many other programs and services including a * Joint Operating Agreement with UnityPoint Health-Meriter

UW Carbone Cancer Center

Only Comprehensive Cancer Center in WI designated by the National Cancer Institute (NCI)

Quartz

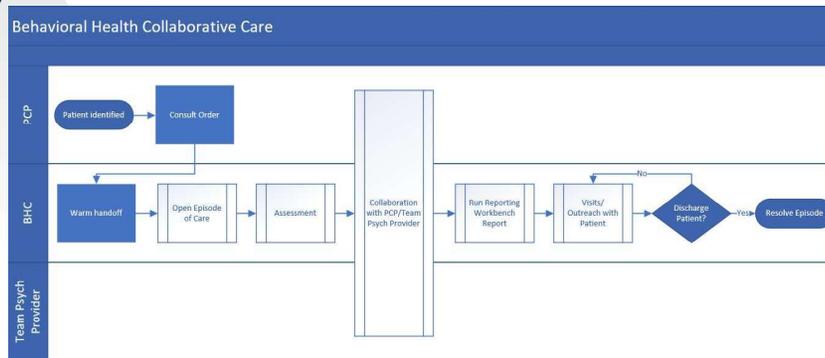
Health insurance products of Unity Health Insurance, Gundersen Health Plan and Physicians Plus



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



UWHealth

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

UWHealth

Tools

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

UWHealth

Tools – How do patients get on our report?

The screenshot shows the Epic SmartForm interface for 'Primary Care Behavioral Health Collaborative Care'. The 'Episodes' section is active, showing a table with columns for 'Linked', 'Name', and 'Type'. The table contains two entries: 'PCBH1' (PRIMARY CARE BEH HEALTH (PCBH) COL CARE) and 'Anticoagulation' (WARFARIN ANTICOAG MONITORING). Below the table, the 'Care Teams' section is visible, showing a 'Patient Care Team' with an 'Add PCP' field and an 'Add Team Member' field. A team member is listed as 'Diana McQueenie, MD' (General/Internal Medicine).

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Tools – Finishing Enrollment with Episode SmartForm

PCBH1: Uwop SF Primary Care Behavioral Health Collaborative Care

Primary Care Behavioral Health Collaborative Care

Who is the Behavioral Health Clinician for this episode?

If the patient is referred to the Primary Care Behavioral Health Collaborative Care program, select PCBH Collaborative Care - Active

To Which Segment Shall this Patient be Enrolled?

Adult Pediatric

Patient identified for PCBH Collaborative Care via:

MD/DO APP BHAT/BHAN
Patient self-identified MOUD Team Other

Reason for PCBH Collaborative Care:

Anxiety Attention Deficit Hyperactivity Disorder
Depression Medication for Opioid Use Disorder
Other

Please only select 1 of the 2 items below. *Reminder Resolve the Episode of Care AFTER documenting a declined or discharge reason from below*

Discharged: If patient is being discharged from PCBH Collaborative Care program, select the reason.

Unengaged/lack of program participation
Patient or guardian declines program participation
Patient already engaged in RH services
Referred to specialty care
Cost/insurance barriers
Patient goals and/or clinical targets met and relapse prevention completed
Patient goals and/or clinical targets met, but relapse prevention phase terminated early
Patient goals and/or clinical targets met, but did not participate in relapse prevention phase

Accept Cancel

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Tools – Updating the Care Team

Care Teams

Care Coordination Note

Patient Care Team

Add PCP: + Add Me

Add Team Member: + Add Me

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Team Member

PCPs

Diana McQueenie, MD

Additional Team Members

Coraline Afters, RN

2

3

4

5

6

Team Member

AFTERS, CORALINE [9907001]

Role

Primary Care Behavioral Health Clinician

Specialty

Licensed Professional Counselor

Comments

Receive Admission and Discharge Notifications?

Yes No

Receive Result Notifications?

All results Abnormal results only No results

Start

6/27/2022

End

Accept Cancel

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Tools – How do we list patients who are enrolled in Behavioral Health Collaborative Care?

Behavioral Health Outreach [17728211] as of Thu 4/6/2023 10:49 AM

Encounter	Orders Only	Tracked	Track PC Outreach	Detail List - Original										
Patient Name	BHC Time Spent (Min)	Enc Date	Discharge Reason	Team Psych Review	Next Psych	MOUD	Last BH RNCC Outreach	Next BH RNCC Outreach	Blind Bsh Intv	PCBH Status	RPP	PCP	APPs on Care Team	RNCC Episode
	0	1/24/2023		TP Review - Initial	Not Specified	N	Not Specified	Not Specified		Active				
	0	1/26/2023		1/26/2023	Not Specified	N	Not Specified	Not Specified		Active				
	0	3/17/2023	Patient goals and/or clinical targets met, but did not participate in relapse prevention phase	2/17/2023	Not Specified	N	Not Specified	Not Specified		Active - Post-Relapse	10/06/2022			
	0	3/14/2023	Unengaged/lack of program participation	TP Review - F/U, Last Review - 3/14/2023	Not Specified	N	Not Specified	Not Specified		Active				
	0	3/30/2023		3/30/2023	Not Specified	N	Not Specified	Not Specified		Active				
	0	3/27/2023			Not Specified	N	Not Specified	Not Specified		Active				
	0	3/21/2023			Not Specified	N	Not Specified	Not Specified		Active				

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Tools – Tracking Time Spent

Time Tracking

Time spent with patient (minutes):

Time spent performing chart review (minutes):

Total time (minutes):

Activity Performed

Psychiatric Consultation Registry Tracking
Telephone Encounter Case Collaboration/Review

Time Spent

Outreach Time in the Current Month

Encounter Date	Encounter Provider	Eligible Time with Patient	Eligible Time in Chart Review	Total
5/28/2021	Coraline Afters, RN	30 minutes		30 minutes

Outreach Time in the Previous Month

Encounter Date	Encounter Provider	Eligible Time with Patient	Eligible Time in Chart Review	Total
4/27/2021	Coraline Afters, RN			0 minutes, Non-Complex CCM

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Tools – Team Psychiatry Review

PCBH Plan & Intervention

Primary Care Behavioral Health (PCBH) Plan & Intervention

Team Psychiatrist Review

Date of Assessment:

Psychiatric Medications

Were any medication changes made? Yes No

Relapse Prevention Plan

Patient is in relapse prevention Relapse Prevention Plan No longer in Relapse Prevention

Number of relapse prevention sessions

**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!**

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WEBINAR FEEDBACK

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Thank you for joining us!

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