

## AIMS Caseload Tracker Practice Scenario

This exercise is designed to help Behavioral Health Care Managers learn to use the AIMS Caseload Tracker registry. Use your AIMS Caseload Tracker training account to practice entering information into the registry as you follow along with this example patient scenario.

- ✓ **Contact your clinic's Account Administrator if you don't have a training account.**
- ✓ **Click the "help" link in the AIMS Caseload Tracker to find detailed instructions for each task.**

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### June 1st

A Primary Care Provider approaches you in the clinic. She explains that a new patient, Mina Patil, came to the clinic reporting fatigue, upset stomach, and headaches. She has a PHQ-9 score of 18. You step into the exam room to introduce yourself. Mina explains she is a student at a local community college. She has been having difficulty managing the stress of school and is not sure if she can go on with her degree. She is the first person in her family to go to college and she tells you that she fears being a disappointment to everyone in her family if she cannot stay in school. Mina had treatment for depression in the past at another clinic but stopped because she didn't want her friends at school to think she is "crazy".

Mina agrees to start depression treatment at the clinic. The PCP already explained Collaborative Care to her, gave her a flyer that describes the team roles, and put a referral into the EHR.

You reiterate that this is a team approach that includes her, you, the PCP, and a psychiatric consultant who helps guide treatment.

Since you don't have much time before Mina needs to leave the clinic, you schedule an appointment with her for the following week on June 8th at 3:30 pm to complete the Initial Assessment.

Thank Mina for agreeing to work with you and let her know you're looking forward to getting started next week.

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### June 8th

Mina comes into the clinic for her Initial Assessment. While in the waiting room she completes a PHQ-9 and gives it to you as you walk to a consultation room.

When you get to the consultation room you thank Mina for completing the PHQ-9. You explain how she will be asked to complete this questionnaire at each visit because it helps the team track progress.

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If her depressive symptoms are not improving, the team will know it is time to consider making a change in treatment. You normalize for Mina that MOST patients need at least 1 change in the treatment plan before they get better and that it's not uncommon to make 2, 3, or more changes in treatment to get a patient feeling better. This is a normal part of the treatment process.

You give Mina a blank copy of the PHQ-9 to take home to use as a reference when you talk on the phone because it's easier to do the PHQ-9 over the phone if you have a copy to look at.

Mina tells you that her greatest concern is that she may have to drop out of school if her depressive symptoms don't improve. Mina explains she was briefly in treatment for depressive symptoms in the past and was given citalopram in March two years ago. She doesn't remember the dose. She stopped taking the medication that summer because she was feeling fine. In the fall, she began experiencing depressive symptoms again.

Mina is not doing well in school because she doesn't feel motivated to do homework or go to class and she is having a hard time concentrating. She was recently let go from her job as a hostess because she kept cancelling her shifts. Mina explained: "I was too tired and didn't think it was worth it and I'm not good with people anyway". At school Mina has a close group of friends but has fallen out of contact with them in the last few months. She usually enjoys playing guitar and running but now has little interest in these activities.

Mina lives with her parents. Her mother has told Mina that she herself has struggled with depressive symptoms off and on over the course of her adult life and is currently taking medication, but Mina doesn't know which kind.

You review the PHQ-9 that Mina completed in the waiting room as you put it into the EMR and tell her that the score indicates moderately severe depressive symptoms.

1. Little interest or pleasure in doing things: **Nearly every day**
2. Feeling down, depressed, or hopeless: **Nearly every day**
3. Trouble falling or staying asleep, or sleeping too much: **More than half the days**
4. Feeling tired or having little energy: **Nearly every day**
5. Poor appetite or overeating: **More than half the days**
6. Feeling bad about yourself-or that you are a failure and letting yourself or your family down: **More than half the days**
7. Trouble concentrating on things, such as reading the newspaper or watching television: **Nearly every day**
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual: **Not at all**
9. Thoughts that you would be better off dead, or of hurting yourself in some way: **Not at all**
10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **Somewhat difficult**

Total Score: **18** (Moderately Severe Depressive Symptoms)

Mina reports she has never been suicidal.

Now you talk with Mina about the options for treatment. You let her know that the clinic can offer medication and/or brief evidence-based behavioral interventions. You tell her that research shows that both are effective, but for moderate to severe depression and anxiety, the combination of brief behavioral interventions with medication has been shown to be most effective. If the first treatment doesn't work, there are many other treatments to try. There are over 20 FDA approved antidepressant medications available and there are also several different types of brief behavioral interventions that are effective for depressive symptoms.

You say there are several things to consider when deciding where to start with treatment, and the most important among these is what the patient prefers. You ask Mina if she has a preference for medication, brief behavioral interventions, or both.

Mina says that the citalopram worked so well the last time she was experiencing depressive symptoms that she would like to try that again. She says that she's so busy with school that she is concerned that the time commitment necessary for other interventions would add to her stress rather than help with it.

You tell her that you'll let the PCP know she is interested in re-starting citalopram. You say that you will call her on the phone to see if she wants to meet in person again before starting the medication, and to make sure she was able to pick up the medication from the pharmacy.

Next, you let Mina know that it often takes time for the medication to start working. You tell her that it's important that she start re-engaging in the kinds of activities she enjoyed before she started experiencing depressive symptoms, even if she doesn't feel like it yet. You discuss a care plan activity with her to play the guitar for 10 minutes on Fridays and Sundays.

You are concerned with the severity of Mina's depression and want to schedule an appointment with her for the following week. However, Mina says that she doesn't have time because of her school schedule. You make an appointment to talk with her by phone a week later, on June 13th, to see how she's doing and to check-in on progress toward activating the treatment plan.

You log into the registry on the computer that is in the exam room and add Mina as a new patient, entering the PHQ-9 score of 18 that was collected at the time of the PCP's referral, as well as today's score. You can see Mina's information on your Caseload List.

You flag Mina for Psychiatric Consultation so you can get information for the PCP about medication dosage and titration recommendations.



**Skills to Practice:**

- ✓ Enroll a new patient
- ✓ Initial CoCM Screening
- ✓ Initial Assessment
- ✓ Caseload List page
- ✓ Flag for Psychiatric Consultation

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**June 11th**

During your weekly systematic caseload review with the Psychiatric Consultant, he recommends that the PCP prescribe citalopram 20mg once daily, since that medication worked for Mina in the past and was well-tolerated.

You document the case review by adding a Psychiatric Consultation Note in the registry. You note that the yellow Psychiatric Consultation flag in the registry automatically turns off after the case review is recorded.

**Skills to Practice:**

- ✓ Psychiatric Consultation

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**June 12th**

You call Mina to let her know that her prescription is ready at the pharmacy. You leave a message on her voicemail reminding her about your phone appointment tomorrow and encouraging her to call if she has any questions before then.

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**June 22nd**

When you log in to the registry, you notice that Mina is listed on your Reminders Page. She missed her phone appointment last week. You call Mina again and this time she answers. She tells you that she picked up the prescription and started taking it but doesn't feel much better yet. You ask to complete the PHQ-9 over the phone but she declines, and she sounds quite depressed. You ask about her care plan activity to play the guitar and she says that she did it once but not again. She agrees to come in on June 27th at 4:00pm.

**Skills to Practice:**

- ✓ Reminders Page
- ✓ Follow Up Contact



## June 27th

Mina completes the PHQ-9 in the waiting area before her appointment.

1. Little interest or pleasure in doing things: **More than half the days**
2. Feeling down, depressed, or hopeless: **More than half the days**
3. Trouble falling or staying asleep, or sleeping too much: **More than half the days**
4. Feeling tired or having little energy: **More than half the days**
5. Poor appetite or overeating: **Nearly every day**
6. Feeling bad about yourself-or that you are a failure and letting yourself or your family down: **Several days**
7. Trouble concentrating on things, such as reading the newspaper or watching television: **More than half the days**
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual: **Not at all**
9. Thoughts that you would be better off dead, or hurting yourself in some way: **Not at all**
10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **Somewhat difficult**

Total Score: **14** (Moderate Depressive Symptoms)

Mina reports that she doesn't feel much better yet. You acknowledge that she still feels pretty bad and still has moderate symptoms but also point out that some of her symptoms have gotten a little bit better since last time. She is surprised by this and says "Maybe the medicine is starting to help. I don't know".

You check in with Mina about her care plan activity to play the guitar. She says that it was helpful for you to ask about that last time when you spoke on the phone and that she has played again a few more times but not as consistently as she would like. She still doesn't really feel like playing. You give her reinforcement for pushing herself to do something for herself even when she didn't feel like it.

You ask her to make a new care plan activity and she says that she wants to try to reach out to one of the friends that she used to hang out with. She makes a plan to send her friend a text message by the end of the week to suggest getting together over the weekend for coffee.

Since Mina's symptoms are improving, you introduce the concept of Relapse Prevention Planning and let her know that it is important to have this plan in place before transitioning to the monitoring phase where contact is less frequent.

Mina schedules a phone appointment with you in two weeks on July 11th at 1pm.

**Skills to Practice:**

- ✓ **Follow Up Contact**

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**July 11th**

At her phone follow-up, Mina explains she has been feeling much better and doesn't think she needs to continue treatment. She plans to continue the medication, but she is really busy with school and doesn't want more things on her plate.

She completes the PHQ-9 with you over the phone:

1. Little interest or pleasure in doing things: **Several days**
2. Feeling down, depressed, or hopeless: **Several days**
3. Trouble falling or staying asleep, or sleeping too much: **Several days**
4. Feeling tired or having little energy: **Several days**
5. Poor appetite or overeating: **Several days**
6. Feeling bad about yourself-or that you are a failure and letting yourself or your family down: **Several days**
7. Trouble concentrating on things, such as reading the newspaper or watching television: **Several days**
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual: **Not at all**
9. Thoughts that you would be better off dead, or hurting yourself in some way: **Not at all**
10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **Somewhat difficult**

Total Score: **7** (Mild Depressive Symptoms)

Since Mina's score continues to improve and is now under 10, you suggest that the two of you complete the Relapse Prevention Plan over the phone right now. You let her know that you'll call her once a month for the next couple of months to check in with her to see how she's feeling. If she's still doing well in a couple of months she will complete the episode of Collaborative Care. She agrees to this.

Mina plans to continue taking her medication. You provide some psychoeducation about the importance of taking the anti-depressant medication for 6-12 months after she is feeling better to decrease the risk of relapse of depressive symptoms.

Mina reports that her personal warning signs are feeling tired, eating less, and spending more time alone. To minimize her symptoms, Mina will reduce her time spent alone or online, spend more time doing physical activity and playing guitar, and be sure to stay in contact with her friends.

**Skills to Practice:**

- ✓ Relapse Prevention Plan

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**July 11th**

You have a hallway conversation with the PCP to share an update on Mina's care and take five minutes to show her the Relapse Prevention Plan in the EHR as you review the continued medication plan, recommendations on how the PCP can support behavioral modifications Mina has made, and the possibility to reengage with CoCM if Mina experiences another episode or the treatment plan is no longer working.

**Skills to Practice:**

- ✓ Care Team Collaboration

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**August 8th**

When you log in to the registry, you notice that Mina is listed on your Reminders Page. You call Mina to check-in with her to see how she's doing. She doesn't answer so you leave a voicemail message and ask her to call you back.

**Skills to Practice:**

- ✓ Reminders page
- ✓ Contact Attempt

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**August 22nd**

You call Mina to check in with her. She doesn't answer again so you leave a voicemail message and ask her to call you back.

**Skills to Practice:**

- ✓ Contact Attempt



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## September 5th

You call Mina to check in with her. She doesn't answer again. You leave a voicemail message letting her know that you're going to end the active episode of Collaborative Care but that she should make sure to call the clinic if symptoms start to return.

### Skills to Practice:

- ✓ Discharge a patient

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## November 4th

The PCP pulls you aside in the clinic - Mina broke her knee playing soccer. She stopped taking her antidepressant medication several months before the accident, but after breaking her knee, her symptoms returned with increased severity. The PCP has restarted the citalopram and wants you to reach out to Mina for care management support until she's stable again. She also wants you to suggest to Mina to add brief behavioral interventions to the treatment plan.

You re-enroll Mina into a new Episode of Care in the registry.

### Skills to Practice:

- ✓ Re-enroll a patient into a new episode of care

