



AIMS CENTER

W UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

AIMS Caseload Tracker

User Guide

Table of Contents

INTRODUCTION	3
LOGGING IN.....	3
Web Browser Requirements	3
Account Security	3
Preferences	4
Business Continuity	4
TYPES OF ACCOUNTS	4
BASIC NAVIGATION TIPS	5
ENROLLING AND DEACTIVATING PATIENTS CM	6
Enrolling New Patients	6
Updating Patient Information	6
Deactivating Patients	6
Re-enroll Deactivated Patients into a New Episode of Care	7
Transitioning to the AIMS Caseload Tracker	7
RECORDING PATIENT CONTACTS CM PC	8
Initial CoCM Screening	8
Initial Assessment.....	8
Follow Up	9
Relapse Prevention Plan.....	9
Psychiatric Consultation	10
Care Team Collaboration Activities	10
Contact Attempt.....	11
Saving Contacts	11
Updating Contacts.....	11
Deleting Contacts	11
Working Alongside your EHR	11
PATIENT SUMMARY PAGES CM PC CLT	12
Treatment History Page	12
Clinical Dashboard.....	12
POPULATION AND CASELOAD REPORTS CM PC AA SM CLT	13

Reminders Page.....	13
Caseload List Page.....	13
Caseload Statistics Page.....	16
CoCM Quality Metrics.....	16
Depression Remission or Response Report.....	17
Monthly Time Tracker Report.....	17
MANAGING PROVIDER ASSIGNMENTS CM PC SM	18
Adding a Provider Assignment.....	18
Removing a Provider Assignment.....	18
Transferring a Patient to a New Provider.....	18
MANAGING CLINIC ASSIGNMENTS CM AA SM	18
Adding a Clinic Assignment.....	19
Removing a Clinic Assignment.....	19
BULK PATIENT TRANSFERS AA SM	19
ORGANIZATION SETUP AND CONFIGURATION AA	19
MRN Format.....	20
Use of Additional Scales.....	20
Use of Flags.....	20
Time Tracking.....	21
Creating New Clinics.....	21
MANAGING USER AND PROVIDER ACCOUNTS AA	21
Supporting Users.....	22
Understanding User/Provider Roles.....	22
Account Types.....	23
Creating Care Manager and Psychiatric Consultant Accounts.....	23
Creating Login Accounts for Non-Providers.....	24
Creating PCP Provider Accounts.....	24
Resetting Passwords.....	25
Managing Accounts.....	25
Tracking User Activity.....	26
DELETING PATIENT RECORDS AA	27
EXPORTING DATA DM	28



INTRODUCTION

The AIMS Caseload Tracker is a cloud-based, HIPAA-compliant registry for prioritizing and managing behavioral health caseloads in integrated care settings. General information about the AIMS Caseload Tracker can be found on the AIMS Center's website:

<https://aims.uw.edu/aims-caseload-tracker/>

This user guide is intended for use by staff and clinicians who have been issued login accounts and are ready to get started using the AIMS Caseload Tracker. Further resources, including an example patient scenario and short video tutorials can be found at:

<https://aims.uw.edu/aims-caseload-tracker-resources>

This user guide covers all aspects of the AIMS Caseload Tracker. Depending on your role, you may not have access to all the features described here. Find relevant information by looking for the symbols next to each section. Roles are described in the [Types of Accounts](#) section of this user guide.

CM = Care Manager

PC = Psychiatric Consultant

AA = Account Administrator

SM = Site Manager

CLT = Consultant

DM = Data Manager

LOGGING IN

Web Browser Requirements

Because the AIMS Caseload Tracker is web-based, it requires an internet connection (broadband is recommended), and the latest version of one of the following internet browsers:

- Microsoft Edge
- Mozilla Firefox
- Google Chrome
- Apple Safari

Account Security

Username and passwords are issued by your organization's Account Administrator. You will be prompted to change your temporary password the first time you log in. Keep your password in a secure place, and never share your username and password with anyone. You can change your password at any time by navigating to *Tools > Password*.

Passwords must be at least eight characters and contain at least one uppercase letter, lowercase letter, symbol, and number. Passwords from the past 12 months cannot be reused and cannot contain the same character repeated more than 2 times. You can change your password at any time by navigating to *Tools > Password*.

TIP: You should *never* share your username and password with anyone. Each person should have their own unique account.

Although the AIMS Caseload Tracker is not the legal medical record, patient information should be treated with the same policies that apply to any other Protected Health Information (PHI). To keep data secure, remember to save your work and click *Logout* on the toolbar at the top of the screen when



leaving your workstation. Your session will end automatically after 30 minutes of inactivity as a security measure.

If you are unable to log in, it is possible that your account has been deactivated. Accounts are automatically deactivated after 5 incorrect login attempts or after 90 days of non-use. Contact your organization's Account Administrator for assistance. If you are the Account Administrator, contact aimstech@uw.edu.

For security reasons, you must use a VPN to access the website from outside the United States.

Preferences

The Preferences page allows you to customize several options for your account. Navigate to *Tools > Preferences*. Customizable options will depend on what type of account you have, and may include:

- **Number of Records per Page:** How many patient records show on Caseload List and other reports.
- **Home Page:** Which page appears first each time you log in, and when you click the "home" button in the top navigation menu bar.
- **Page after Clicking on Patient ID:** Which page you are directed to upon clicking on any Patient ID link.
- **Sorting options:** On the Caseload List and Reminders pages.
- **Dashboard default selection:** Customize the sections that are turned on by default each time you visit the Clinical Dashboard page.

Business Continuity

In the event that the AIMS Caseload Tracker becomes unavailable, clinicians will continue to see patients as usual. Clinicians can record screening and outcome measurement scores on paper or in the electronic health record system, and then transfer scores into the AIMS Caseload Tracker when access is restored. The PHQ-9 and GAD-7 screening tools are available at www.phqscreeners.com in a variety of languages. The PCL-5 scale is available from the [US Department of Veterans Affairs](http://www.ptsd.va.gov).

TYPES OF ACCOUNTS

AIMS Caseload Tracker accounts are assigned to a specific role, which determines the permissions and features available for each user. Account Administrators are responsible for ensuring each user has the correct level of access to complete their job duties. Find relevant information in this guide by looking for the symbols next to each section.

Care Manager Role

Care Managers can enroll new patients, record contacts and scale scores, and deactivate patients from treatment. They can be assigned to patients' care teams, carry a caseload of patients, and view caseload summary reports.

Psychiatric Consultant Role

Psychiatric Consultants can view entries made by the Care Manager, such as contacts and scale scores, and can record Psychiatric Consultation contacts. They can be assigned to patients' care teams, carry a caseload of patients, and view caseload summary reports.



The AIMS Center strongly recommends that the Psychiatric Consultant have direct access to your clinic's Electronic Health Record (EHR). Reviewing the patient's complete chart enables the Psychiatric Consultant to make better informed treatment recommendations, and to route those recommendations directly to the Primary Care Provider.

Primary Care Provider Role

Primary Care Providers (PCPs) can be assigned to patients' care teams. PCPs do not typically use the registry, but if desired, could view caseload summary reports and patient treatment history details.

Account Administrator Role

Account Administrators create and manage clinics and user accounts. They can also manually delete incorrect patient data. They can view de-identified versions of Care Manager contacts, scale scores, Psychiatric Consultation contacts, and caseload summary reports. Account Administrators should refer to the [Managing User Accounts](#) section of this user guide.

Site Manager Role

Site Managers can view caseload-level reports for providers at their organization, as well as manage provider assignments and clinic assignments for patients. Site Manager accounts have privileges to view protected health information (PHI).

Consultant Role

Consultant accounts may view de-identified reports and statistics.



Data Manager Role

Data Managers may download tables of data in comma separated value (.csv) format for reporting and analysis. These accounts may be given full PHI access OR de-identified access to this data. Data Manager – no PHI accounts will have access to all the available tables with all patient identifiers hidden. Data Manager – PHI accounts will have restricted access to download only specific data tables selected by the Account Administrator. Data Managers can skip to the [Exporting Data](#) section of this user guide.

BASIC NAVIGATION TIPS

- The navigation toolbar is located in the black bar across the top of the screen. The menu options will vary depending on what type of account you have, and 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. When a patient is selected, the Patient menu lists further actions and reports for the selected patient.
- You can change your home page by navigating to *Tools > Preferences*. Your home page is the first page you see each time you log in, and when you click the "home" icon in the top navigation bar.
- Care Managers may flag patients to discuss with the Psychiatric Consultant during the next case review by turning on the yellow flag on the Caseload List report, or by checking the box at the bottom of any contact.
- Care Managers may write specific questions or concerns in the "Notes for Psychiatric Consultant" box at the bottom of any contact. These notes are displayed on the Psychiatric Consultation template for easy reference during case reviews for that patient.



- 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 is due for an appointment, etc.
- Use the “Add” symbol  to open new contacts directly from your Caseload List page.
- Hover your cursor over the tooltip symbol  to display additional information about that item.
- For best results when printing any screen, navigate to *Tools > Print* rather than using the print function in your browser.
- Access this user guide at any time by clicking the “Help” link on the toolbar.

ENROLLING AND DEACTIVATING PATIENTS

Care Managers can control which patients appear on their caseload by enrolling and deactivating patients.

Enrolling New Patients

Care Managers can enroll new patients by navigating to *Patient > New Patient*. Complete the required fields marked with an asterisk (*) and click “Add” at the bottom of the form.

IMPORTANT: Before enrolling a new patient, confirm that they have not been previously enrolled. To avoid creating duplicate records, search by name and then by MRN using the search box in the top black navigation bar.

The AIMS Caseload Tracker checks each Medical Record Number (MRN) for uniqueness and will alert you if the MRN already exists to prevent creation of duplicate records.

The Patient ID number will be automatically generated. This number can be used to communicate about a patient record in the AIMS Caseload Tracker without disclosing PHI.

If a Care Manager, Psychiatric Consultant, or PCP name does not appear in the list of providers, contact your clinic’s Account Administrator.

Updating Patient Information

Patient information such as name, date of birth, enrollment date and MRN can be updated on the Clinical Dashboard page. Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen, then navigate to *Patient > Clinical Dashboard*. You can also access the Clinical Dashboard by clicking any patient’s name or Patient ID number from the Caseload List page. In the Patient Information section, each gray heading contains an “update” button, allowing you to edit information as needed. Once complete, click the “update” button at the bottom of the section to record your changes.

Deactivating Patients

Care Managers should deactivate patients when treatment is complete or has ended.

Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen. Navigate to *Patient > New Contact* and select Deactivation. You can also deactivate a patient from the Caseload List page by clicking the red icon in the “Deactivate” column.



A Deactivation Reason must be selected from the list of options. If you did not see the patient, select the "no patient contact" option at the bottom of the form.

After the Deactivation is entered, the patient will be removed from your Active Caseload List. All patient information is archived, and the patient will be moved to your Inactive Caseload List. Reminders are not received for Inactive patients.

Re-enroll Deactivated Patients into a New Episode of Care

Care Managers may enter Follow Up contacts for Deactivated patients. However, even if a Follow Up contact is entered, the patient will remain on your Inactive Caseload List and you will not receive Reminders for the patient.

If a Deactivated patient returns to treatment, you may re-enroll them onto your Active Caseload by navigating to *Patient > New Episode*. By selecting this option, you are creating a second episode of care for the patient. You will be asked to re-enroll the patient by updating the Patient Enrollment page before entering a new Initial Assessment.

TIP: If a patient returns to care soon after being deactivated and you wish to resume the previous episode of care rather than beginning a new episode, ask your Account Administrator to delete the Discharge contact to bring the patient back into active treatment status. Refer to the [Deleting Patient Records](#) section of this user guide.

If a patient has multiple episodes of care, the Treatment History pages will include a drop-down menu at the top of the screen that will allow you to review each episode of care separately. The Caseload List page will display information only from the most recent episode of care.

Transitioning to the AIMS Caseload Tracker

Practices with existing caseloads can get started on the AIMS Caseload Tracker by back-entering some basic information to populate the Caseload List report. You should enroll patients that are currently being served who:

- Have had a behavioral health provider contact in the last 60 days
- Are still experiencing behavioral health symptoms with the goal of further improvement
- Are in Relapse Prevention Plan status where continued monitoring is needed

Enter the following information for each of these patients:

- Initial CoCM Screening (optional): Any elevated baseline symptom scores that were collected prior to the first Care Manager visit.
- Initial Assessment - First Care Manager contact date and baseline scores
- Follow Up - Most recent Care Manager contact date and symptom scores
- Psychiatric Consultation - Most recent psychiatric consultation date (if applicable)
- It is optional to enter other behavioral health contact dates after the Initial Assessment (that are not the most recent contact) and symptom scores. This will give a more complete picture of the patient's treatment history, but will not affect the caseload-level report needed for prioritization and decision-making.



RECORDING PATIENT CONTACTS

Care Managers and Psychiatric Consultants enter contacts to document their patient encounters, psychiatric case reviews, and care team collaboration activities.

Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen. Navigate to *Patient > New Contact* and select the appropriate contact type. You can also open a new contact by clicking the green “add” icon on the Caseload List page.

The types of contacts available will depend on the patient’s treatment status. For example, a Follow Up contact cannot be entered until an Initial Assessment has been entered. Contacts must be added sequentially; an alert message will appear if you try to enter contacts out of order.

The AIMS Caseload Tracker includes several scales for monitoring symptoms over time. Each organization can choose which of these scales to use. Depending on your organization's settings, you may not have access to all the scales listed here.

- **PHQ-9:** Depression Scale Questionnaire
- **GAD-7:** Generalized Anxiety Disorder subscale
- **PCL-5:** PTSD Checklist for DSM-5
- **SCARED:** Screen for Child Anxiety Related Disorders (Child and Parent versions)
- **SMFQ:** Short Mood and Feelings Questionnaire (Child and Parent versions)
- **Vanderbilt:** NICHQ Assessment Follow Up for ADHD (Parent and Teacher versions)

If your organization uses only two symptom scales, they will appear expanded on contact templates for all patients.

If your organization has chosen to use three or more symptom scales, the Outcome Measures section is shown on Initial CoCM Screening and Initial Assessment contacts. The PHQ-9 and GAD-7 are selected by default for new patients. Check the appropriate box for each scale you'd like to appear in the contact below. Your selections will carry forward to subsequent contacts for this patient and your selections can be adjusted as needed by clicking the "Expand" button on the Outcome Measures section.

Scores can be entered by either typing the total into the “Score” box above the scale (except the Vanderbilt), or by clicking on each answer item separately and allowing the total score to be automatically calculated. Choose the method that is most efficient for your workflow.

TIP: While you are entering a new contact, nobody else will be able to simultaneously enter information for the same patient. The AIMS Caseload Tracker locks the patient’s record to prevent conflicts.

Initial CoCM Screening

Care Managers may optionally enter scale scores that were collected up to 30 days before the patient’s Enrollment Date by navigating to *Patient > New Contact > Initial CoCM Screening*. Any pre-enrollment screening scores will be used as the patient’s baseline scores throughout the AIMS Caseload Tracker and must be dated before the Initial Assessment contact.

Initial Assessment

Care Managers complete the Initial Assessment during their first encounter with the patient after enrollment or re-enrollment. Care Managers receive an alert on the Reminders page to complete the



Initial Assessment one week after the patient's Enrollment Date. Once the Initial Assessment is completed, Care Managers may subsequently add Follow Up, Deactivation, and Relapse Prevention Plan contacts. These options will be visible in the *Patient > New Contact* navigation toolbar.

TIP: Ensure that the Initial Assessment is entered as soon as possible upon enrollment. No further contacts can be entered for the patient until the Initial Assessment is complete.

Follow Up

Care Managers record Follow Up contacts at each encounter or when a scale score is collected outside a BH contact. Care Managers will see an alert on the Reminders page to complete a Follow Up contact for patients every 2 weeks, or every 4 weeks for patients in Relapse Prevention Plan status.

At the bottom of the contact, select the appropriate type of session from the list:

- in clinic
- by phone
- by video
- in group
- at other location
- portal/text clinical exchange
- no patient contact

Recording Asynchronous Clinical Contacts

Asynchronous contacts such as patient portal and text messages should be recorded if the content was clinical in nature and the patient responded to the message. Care Managers can do this by entering a Follow Up contact, scrolling to the bottom, and selecting the “portal/text clinical exchange” option in the drop-down menu.

Recording Scale Scores collected outside a BH contact

Scale score such as PHQ-9 that were collected outside a BH contact (for example, during a medical visit) should be recorded as part of the patient's treatment episode. Care Managers can do this by entering a Follow Up contact, selecting the date that the scale was administered. Fill in the scale score. At the bottom of the contact, select the “no patient contact” option in the drop-down menu. The provider name is optional and can be left blank.

Relapse Prevention Plan

Care Managers should record a Relapse Prevention Plan (RPP) when a patient is in maintenance phase and is ready for less frequent follow-up visits. Once an RPP contact has been entered, Follow Up reminders will decrease from every 2 weeks to every 4 weeks. The length of time that a patient should be in maintenance varies based on clinical factors, including severity of symptoms at start of treatment, number of prior depressive episodes, and number of treatment changes necessary to achieve significant improvement. Most care teams follow patients in maintenance for 3-6 months before being deactivated from treatment.

Guidance around Relapse Prevention Planning can be found in the [AIMS Center's Resource Library](#).

Ending a Relapse Prevention Plan

If a patient needs to come back into active treatment, Care Managers can edit the existing Relapse



Prevention Plan contact and enter an End Date. This will remove the patient from Relapse Prevention Plan status, and reminders will revert to their original frequency.

1. From the caseload list page, click the date of the R/P to open the record
2. Click the update button on the top of the page
3. Enter the end date (just under the date of contact)
4. Click update at the bottom of the page
5. The patient's status will be reverted back to Treatment

Psychiatric Consultation

A Psychiatric Consultation should be recorded each time the Care Manager and Psychiatric Consultant discuss the patient during case review. It may be entered either by the Psychiatric Consultant or by the Care Manager.

Anything Care Managers have written in the "notes for Psychiatric Consultant" box during Initial Assessments or Follow Up contacts will appear at the top of the Psychiatric Consultation contact for reference.

The Psychiatric Consultant's assessment and treatment recommendation notes are not recorded in the registry. Instead, they should be recorded directly in the EHR where they are accessible by the entire care team and can be routed to the Primary Care Provider.

If the yellow flag was turned on for the patient, it will be automatically turned off when a new Psychiatric Consultation contact is entered.

TIP: The Caseload Statistics report displays information about how regularly you are discussing patients during case review. It can be used to identify patients that may need to be discussed.

Care Team Collaboration Activities

Care Managers may choose to record minutes of indirect service when treatment was not directly provided to patients by navigating to *Patient > Care Team Collaboration*.

TIP: Discussion with the Psychiatric Consultant should NOT be recorded as Care Team Collaboration activities, but should be recorded as Psychiatric Consultation contacts, by navigating to *Patient > Psychiatric Consultation*.

Care Team Collaboration activities will count towards the patient's minute total on the Monthly Time Tracking report, however they will not affect the Care Manager contact reminder or be displayed as the most recent Follow Up contact date on the Caseload List reports. Examples of Care Team Collaboration activities include:

- Warm connections
- Conferring with the Primary Care Provider in-person or by secure messaging
- Conferring with other Primary Care team members like the medical assistant, registered nurse, social worker, or nutritionist



- Conferring with patient-defined care team members outside of the clinic about patient care, such as community resource providers or medical specialists
- Conferring with patient’s support network (with current Release of Information on file)

Contact Attempt

Care Managers should enter contact attempts in the event of unsuccessful outreach (such as voicemail messages) to patients. The last recorded Contact Attempt will be displayed on the Reminders page. Minutes that are recorded here will be included in the Monthly Time Tracker report.

Saving Contacts

When the contact is complete, click the “Add” button at the bottom of the page. If there is a problem with any of the information you entered, you will see an alert message. Red arrows will point to sections with missing or incorrectly formatted information.

Once the contact has been saved, you will be able to review the information that you just entered. If you need to make changes to an existing contact, click the “Update” button at the top of the page.

Updating Contacts

You can make updates to existing contacts to correct mistakes if needed. From the Clinical Dashboard page, click the date of the contact in the “Treatment History” section. Click the “Update” button at the top of the page to edit any field.

Deleting Contacts

Only Account Administrators can delete contacts completely. Contact your Account Administrator for assistance. Refer to the [Deleting Patient Records](#) section of this user guide.

Working Alongside your EHR

The basic version of the AIMS Caseload Tracker is a stand-alone system and cannot transfer information to/from your electronic health record. While the AIMS Caseload Tracker is designed to minimize double documentation while producing the most actionable real-time reports possible, there are a few practical tips for using two systems in parallel.

Export as Text

While viewing (not editing) any contact, the “Export as Text” button will appear at the top of the page. Click this button to strip all formatting from the contact and display the information as unformatted text. This feature allows you to easily copy-and- paste information from the AIMS Caseload Tracker to an EHR or another platform:

1. Open windows for the AIMS Caseload Tracker and your EHR at the same time.
2. In the AIMS Caseload Tracker, navigate to the contact you want to export.
3. Click the “export as text” button at the top of the contact.
4. Highlight the text and right-click, choose Copy.
5. Switch to your EHR window and paste the text into your EHR.



Printing

For best results when printing any screen, navigate to *Tools > Print* rather than using the print function in your browser.

Screen Capture

Images such as PHQ-9 graphs can be pasted into an EHR. A simple method for this uses the Microsoft Windows Snipping Tool.

1. In the AIMS Caseload Tracker, navigate to the page you want to take a screenshot of.
2. In the Windows Start Menu, click on All Programs
3. Select Accessories.
4. Click on Snipping Tool.
5. The Snipping Tool will open and should automatically have “New” selected.
6. Use your cursor to select the portion of the screen you would like to take a screenshot of. (Note: The Snipping Tool window will remain on your screen, but will not be in the screenshot.)
7. Once you have selected a rectangular portion of your screen, a new window will open with the screenshot in it. Save the image by going to *File > Save As* or copy/paste the image by going to *Edit > Copy* and then pasting it into the desired location.

PATIENT SUMMARY PAGES

Treatment History Page

The Treatment History page displays a summary of information including contact history and a Patient Progress graph. Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen, then navigate to *Patient > Treatment History*.

The “Contacts” section displays one row for each contact, which includes pre-enrollment Initial CoCM Screening scores, but not Contact Attempts. Click any date to view details from that contact. The “Weeks in Tx” column shows how many weeks the patient had been in treatment, measured as the number of weeks elapsed since the Initial Assessment.

Clinical Dashboard

The Clinical Dashboard page contains all information that has been recorded for each patient.

Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen, then navigate to *Patient > Clinical Dashboard*. You can also access the Clinical Dashboard by clicking any patient’s name or Patient ID number from the Caseload List page.

The Dashboard page is divided into sections that can be toggled on and off using the buttons on the left-hand side of the page. The sections that are “on” are visible on the right 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*.



Many section headings contain “update” buttons, allowing you to edit information directly from the dashboard. Other section headings contain a “history” button to see a list of previously entered information.

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

- **Reminders:** Appear if the patient is overdue for an appointment. The same alerts also appear on the Reminders page.
- **Last Contact:** Information about the most recent contact entered for the patient.
- **Flags:** Indicates if any provider has flagged this patient for discussion during the next Psychiatric Consultation or for safety risk issues to be considered by the care team. These flags also appear on the Caseload List page and on Contacts.
- **Status:** Indicates the current status of the patient as:
 - **Enrolled (E):** The patient has been enrolled into the AIMS Caseload Tracker, but an Initial Assessment has not yet been entered.
 - **Treatment (T):** The Initial Assessment has been entered and the patient is in active treatment.
 - **Relapse Prevention Plan (RPP):** The patient has a Relapse Prevention Plan with no “End Date” recorded.
 - **Deactivated (D):** A Deactivation contact has been entered for the patient.

POPULATION AND CASELOAD REPORTS

Reminders Page

Reminders use evidence-based best practices to alert you when a patient is due for an appointment. The Reminders page can be accessed by navigating to *Tools > Reminders*.

Hover your cursor over the blue tooltip symbols in the column headers to see descriptions of each reminder. Select a Care Manager’s name from the drop-down list in the top-right corner of the screen to view reminders for that Care Manager.

TIP: The Reminders page only lists patients who are due for an appointment.

- **Initial Assessment:** A reminder appears here if the Initial Assessment has not been entered 7 days after the patient is enrolled.
- **Follow Up:** A reminder appears here if the patient has not had a Care Manager contact entered in the past 2 weeks, or in the past 4 weeks for patients in Relapse Prevention Plan status.
- **Last Contact Attempt:** Displays the date of the most recent contact attempt that has occurred since the last patient contact. In parentheses, you will also see the number of attempts that have been made since the last patient contact.

Caseload List Page

The Caseload List reports display an overview of all patients on your caseload, helping to prevent patients from falling through the cracks. This report allows providers to sort their caseload by symptom



severity, identify which patients are not improving as expected and/or may need discussion with the Psychiatric 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 list in the upper right-hand corner.

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

- **New Patients:** Includes patients without an Initial Assessment.
- **Active Patients:** Includes newly enrolled patients, those in active treatment, and those in Relapse Prevention Plan status.
- **Inactive Patients:** Displays all patients that have been deactivated from treatment.
- **Custom Search:** Allows you to search for patients by name, clinic, status, or other criteria.

The Caseload List displays one row for each patient, and shows a summary of information listed in columns:

- **Flags:** Can be toggled on/off by clicking the flag symbol. Flags can also be turned on/off from within contacts and from the Clinical Dashboard page.
 - **Psychiatric Consult:** Use the yellow flag when you wish to discuss a patient with a Psychiatric Consultant. When a new Psychiatric Consultation contact is entered for the patient, this flag is automatically turned off.
 - **Safety Risk:** Care Managers may turn on the red flag when patient safety issues (such as risk of harm to self or others) would be a consideration for the care team. The flag should be used within the context of your clinic's overall safety protocols.
 - Additional resources can be found at:
<http://aims.uw.edu/resource-library/suicide-prevention-protocol>
 - **Blue Flag:** The blue flag can be custom labelled for any purpose that would make the AIMS Caseload Tracker more useful in your program operations. This flag will only be available if it has been activated by your Account Administrator.
- **Patient ID:** This number is automatically generated. It can be used to communicate about a patient record without disclosing Protected Health Information (PHI). Click to view the Clinical Dashboard page.
- **MRN:** The Medical Record Number from the electronic health record is entered on the Patient Enrollment page when enrolling a new patient.
- **Patient Name:** Click to view the Clinical Dashboard page.
- **Status:** Indicates the patient's treatment status.
 - **Enrolled (E):** The patient has been enrolled, but an Initial Assessment has not yet been entered.
 - **Treatment (T):** The Initial Assessment has been entered and the patient is in active treatment.
 - **Relapse Prevention Plan (RPP):** The patient has a Relapse Prevention Plan contact with no "End Date" recorded.
 - **Deactivated (D):** A Deactivation contact has been entered for the patient.



- **Clinical Measures:** Displays the first and last score entered in the current episode of care.
 - Score in the “First” column will appear gray if it is the only score entered for the patient.
 - Score in the “Last” column will have an asterisk (*) if it is older than 30 days.
 - Scores are displayed in red/yellow/green according to the standard score interpretation. The tooltip ⓘ describes how the indicator colors are determined.
- **I/A:** The date of the Initial Assessment (first Care Manager contact) for the current episode of care. A "DUE" reminder will appear 7 days after the patient's enrollment date. Click the date to view the contact or click the green “plus” symbol to add the Initial Assessment.
- **F/U:** The date of the most recent Follow Up contact, excluding those marked as no patient contact. A red asterisk or a "DUE" reminder to complete a Follow Up will appear every 14 days, or 28 days if patient is in RPP status. Click the date to view the contact or click the green “plus” symbol to add a new Follow Up.
- **P/C:** The date of the most recent Psychiatric Consultation. Click the date to view the contact or click the green “plus” symbol to add a new Psychiatric Consultation.
- **RPP:** The date of the patient's Relapse Prevention Plan if one has been created. A suggestion to consider patients for RPP will appear when patients have shown significant improvement on any scales that had an elevated baseline score. Click the date to view the RPP or click the green “plus” symbol to create an RPP. To remove a patient from RPP status, click the date to open the RPP, then update the contact and enter a Plan End Date.
- **# of Sessions:** Counts the number of Care Manager contacts including Initial Assessment, Follow Up, and Relapse Prevention Plan contacts. Does not count Deactivation, Psychiatric Consultation, Contact Attempts, or Care Team Collaboration activities.

TIP: Use the Care Team Collaboration activity template to track minutes when you did not actually provide treatment to the patient, e.g. discussions with PCP, case management tasks, etc.

- **Wks since I/A:** Number of weeks elapsed since the Initial Assessment in the current episode of care.
- **Minutes This Month:** Sum of session minutes in the current calendar month. Includes Care Manager contacts, Care Team Collaboration activities, Contact Attempts and Psychiatric Consultations.
- **Deactivate:** Deactivates new or active patient and moves them to the Inactive Caseload List.
- **Re-Enroll:** Starts a new episode of care for inactive patient.

The Caseload List report can be run for any Care Manager, Psychiatric Consultant, PCP, or Clinic within your organization by using the "Report for" menu on the right side of the page. The list of names will include:

- Care Managers and Psychiatric Consultants with active provider roles.
- PCPs with at least one active patient assigned. The count of active patients is updated each night. The Inactive Caseload List includes all PCPs with an active provider role.
- All Clinics locations within your organization(s).



Caseload Statistics Page

To view the Caseload Statistics report, navigate to *Caseload > Caseload Statistics*. This report displays information about patients that are currently in active treatment. Inactive patients are not included in these calculations. Information is summarized by Provider, Clinic, or Organization rather than by individual patient.

This report allows you to view the average symptom severity of patients at baseline and at their most recent visits, see information about average session duration, use of phone/video visits, average length of treatment, and also identify which patients may benefit from Psychiatric Consultation.

TIPS: Clicking any numbers that are blue links will display a list of patients included in that calculation. Use the drop-down menu in the top-right corner to run the report by Provider, Clinic, or Organization.

The sum of all the rows in the “Current Caseload” 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.

CoCM Quality Metrics

To view the Collaborative Care (CoCM) Quality Metrics report, navigate to *Caseload > CoCM Quality Metrics*.

The CoCM Quality Metrics are a set of measures to give visibility to key process and performance data. By referencing these metrics over time, providers and managers can assess program trends to identify areas for improvement and areas where successes should be recognized.

Hover your cursor over the tooltip symbol in each column heading to see details about how each metric calculated. The AIMS Center has also included suggested targets for each metric based on practice experience, but we encourage practices to set higher aspirational benchmarks when possible.

Care managers and psychiatric consultants only see metrics for their own caseload, but administrators and program leads can see metrics for all providers at their clinic/clinics. This report displays the current and past two months and rolls over automatically each month to include the current month. To look further back, a Data Manager account holder can download a CSV file of metrics for the prior 12 months.

The CoCM Quality Metrics report only displays the past 3 months of data. To see longer trends, follow the link at the bottom of the report to download the last 12 months of metrics data. This link is available to Care Managers with a provider role, Account Administrators, Site Managers and Consultants.

TIP: A pre-recorded webinar is available on the [AIMS Caseload Tracker Resources webpage](#) with guidance on how to access, interpret, and utilize the CoCM Quality Metrics report.

Click on the bold blue numbers to open a detailed list of exactly which patients are included in each calculation. You can use this feature to identify which patients qualify for the numerator and denominator and drill down into why certain patients are meeting (or not meeting) each measure.

Metrics:



- 1. Caseload Reach**
Evaluates program reach by measuring the proportion of new patients that are enrolled into the program. This reinforces healthy caseload turnover and appropriate completion of active care management as patients achieve their treatment goals, ensuring more patients are able to receive care.
- 2. Engagement**
Evaluates the proportion of patients that receive frequent treatment contacts with the BH care manager. Early and frequent contacts are associated with better outcomes.
- 3. Measures Completion**
Evaluates the consistent use of evidence-based symptom measurement tools. This is a foundational task for measurement-based treatment to target.
- 4. Depression Response**
An outcome measure to evaluate the proportion of patients that are achieving significant reduction in depression symptoms. This metric is informed by the HEDIS Depression Response metric.
- 5. Anxiety Improvement**
An outcome measure to evaluate the proportion of patients that are achieving significant reduction in anxiety symptoms. This measure appears only if your organization is using the GAD-7 scale.
- 6. PTSD Improvement**
An outcome measure to evaluate the proportion of patients that are achieving significant reduction in PTSD symptoms. This measure appears only if your organization is using the PCL-5 scale.
- 7. Psychiatric Case Review**
Evaluates the proportion of patients in need of case review who receive timely psychiatric consultation. Prompt treatment change recommendations for patients who are not improving are associated with better outcomes.

Depression Remission or Response Report

To view the Depression Remission or Response Report, navigate to *Caseload > DRR Report*. This report displays data summarized by Provider or Clinic rather than by individual patient.

With this information you can track the HEDIS measure for Depression Remission or Response for Adolescents and Adults (DRR) for your caseload. The report can be run for the current year or past two years using the selection menu at the bottom of the page.

Clicking any numbers that are blue links will navigate to the list of patients included in that calculation. Use the drop-down menu in the top-right corner to aggregate the report by Provider or Clinic.

More information about the HEDIS DRR measure can be found on the [NCQA website](#).

Monthly Time Tracker Report

To view the Monthly Time Tracker report, navigate to *Caseload > Monthly Time Tracker*. This report displays the number of session minutes recorded each month for the past 12 months. Minutes are a sum of all minutes that were recorded for the patient, including Care Manager contacts, Care Team Collaboration activities, Contact Attempts and Psychiatric Consultations.

With this information, you can track real-time statistics on minutes for CPT and CoCM Code billing.



This report rolls over automatically each month to include the current month. Clinics should run and save reports annually to avoid losing information from the previous year(s). The report may be copy-and-pasted directly into a spreadsheet, saved to pdf, or a Data Manager account holder can download a CSV file with data from the past 12 months.

MANAGING PROVIDER ASSIGNMENTS

Care Managers, Psychiatric Consultants and Site Managers can manage patient-provider assignments. One or more Care Manager, Psychiatric Consultant, and PCP can be assigned to each patient's care team. To prevent patients from falling through the cracks, a Care Manager, and (optionally) a Psychiatric Consultant and PCP, are assigned to new patients upon enrollment. Patients must always have at least one Care Manager assigned.


TIP: If you don't see a provider's name listed, contact your organization's Account Administrator.

Once patients are enrolled, provider assignments are managed on the Clinical Dashboard page. Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen. Navigate to *Patient > Clinical Dashboard*. You will see a list of all providers currently assigned in the Patient Information section.

Adding a Provider Assignment

Click the "Update" button in the gray "Current Providers" heading. Select the appropriate type of provider, the provider's name, and click "Assign". This process can be repeated to add multiple providers to the patient's care team. Patients will appear on the Caseload List and Reminders pages for the provider(s) assigned to them.

Removing a Provider Assignment

Click the "Update" button in the gray Current Providers heading. Click the "Deactivate" symbol  to remove provider assignments. Patients will no longer appear on the Caseload List and Reminders pages for past providers. A Care Manager assignment is required, so you cannot remove the last Care Manager from the care team. Past providers can be displayed by clicking the check box labeled "Show all providers including past providers" located in the section header. Inactive assignments will appear in grey.

Transferring a Patient to a New Provider

To transfer a patient from one provider's caseload to another, first add the new provider assignment, then remove the existing provider following the instructions above.

MANAGING CLINIC ASSIGNMENTS

Care Managers, Account Administrators, and Site Managers can manage patient-clinic assignments. The AIMS Caseload Tracker allows patients to be assigned to one or more clinics. To prevent patients from



falling through the cracks, a clinic assignment is required at the time of enrollment and all patients must have at least one clinic assigned.


For existing patients, clinic assignments are managed on the Clinical Dashboard page. Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen. Navigate to *Patient > Clinical Dashboard*. You will see a list of all clinics currently assigned to the selected patient in the Patient Information section.

Adding a Clinic Assignment

Click the “Update” button in the gray Current Clinics heading. The “Select New Clinic” drop-down menu displays all clinics within your organization. Once you click “Assign”, the patient will be included on the Caseload Statistics report for the new clinic.

Newly assigned clinics are automatically designated as the patient’s primary clinic. If this is incorrect, select the blue “Update” link for the clinic you would like to set as the patient’s primary clinic, and select “Set as Primary”.

Removing a Clinic Assignment

To remove a patient’s clinic assignment, click the “deactivate” symbol . The inactive clinic will now appear in the Past Clinics list. A clinic assignment is required, so you cannot remove the last clinic assignment for a patient.

To view past clinic assignments, select the “Show all clinics including past clinics” check box. Inactive assignments will appear in grey.

BULK PATIENT TRANSFERS

Account Administrators and Site Managers can transfer multiple patients or entire caseloads to another provider or clinic. Navigate to *Tools > Caseload Manager*. **Use this page with extreme caution, as your changes cannot be undone.**

Find the patients you'd like to transfer by selecting the clinic, provider type, and provider name. Select patients from the list by checking the box in the "Select" column or using the "Select All" link below the list.

To assign a new provider to all selected patients, use the “assign selected patients to” section. Select the provider type and name from the respective drop-down menus, then click either the “Add this Provider to selected patients” or “Transfer selected patients to this Provider” button to complete the change.

To assign a new clinic location to all selected patients, use the “Transfer selected patients” section. Select the current and destination clinic from the respective drop-down menus. Indicate whether to remove the current clinic assignment, and whether to set the destination clinic as the primary clinic, then click the "Transfer selected patients" button to complete the change.

ORGANIZATION SETUP AND CONFIGURATION



Account Administrators can configure several settings for their organization. Navigate to *Tools > Organizations* and click the name of your organization to bring up the settings menu.

MRN Format

Each patient must have a unique medical record number (MRN) in the AIMS Caseload Tracker to reduce the risk of accidentally creating duplicate patient records. The AIMS Caseload Tracker can enforce the correct format of the MRN to reduce data entry errors. To activate this feature, email your MRN format request to aimstech@uw.edu.

- Example: between 6-8 digits, or, 000 followed by 5 digits

Use of Additional Scales

These scales are available in the AIMS Caseload Tracker:

- **PHQ-9:** Depression Scale Questionnaire
- **GAD-7:** Generalized Anxiety Disorder subscale
- **PCL-5:** PTSD Checklist for DSM-5
- **SCARED:** Screen for Child Anxiety Related Disorders (Child and Parent versions)
- **SMFQ:** Short Mood and Feelings Questionnaire (Child and Parent versions)
- **Vanderbilt:** NICHQ Assessment Follow Up for ADHD (Parent and Teacher versions)

Scales other than the PHQ-9 can be turned on or off for your organization. For each scale that is activated, the following features will be available for all providers at your organization:

- The scales will appear on all patient contact templates with the option to show/hide each scale for the patient, and a "history" button to view past scores for the patient.
- The Caseload List report will include columns to display scores for each patient.
- The Caseload List report will include a column to display patients' age (for organizations using the SCARED, SMFQ or Vanderbilt only).
- The Caseload Statistics report will include columns to display Average First and Last Score, and percent of patients with improvement (for PHQ-9, GAD-7 and PCL-5 only).
- The CoCM Quality Metrics report will include improvement measures (for PHQ-9, GAD-7 and PCL-5 only).

Use of Flags

There are 3 types of flags available to use, as described in the [Population and Caseload Reports](#) section of this user guide:

- Psychiatric Consult (yellow) - turned on by default
- Safety Risk (red) - turned on by default
- Custom Flag (blue) - turned off by default

You can select which of these flags are visible to Care Managers at your organization by turning them on or off. We recommend leaving the Psychiatric Consult flag turned on, since it is crucial for calculating the related columns on the Caseload Statistics report.

Use the blue custom-labelled flag for any purpose that would make the AIMS Caseload Tracker more useful in your program operations. You can type in any label you would like to use for the flag. If you leave this blank, the flag will be labelled as "Custom". Once the blue flag is activated it will appear with



its custom label on the Caseload List page to join the existing red safety risk flag and yellow psychiatric consultation flags.


Time Tracking

Enabling the Time Tracking option allows organizations to use these minutes tracking functions:

- The "Session Duration" field at the bottom of contacts and contact attempts
- The "Monthly Time Tracker" report on the Caseload menu
- The "Minutes this Month" column on the Caseload List page
- The "Session Duration" column on the Treatment History page
- The "Session Duration" column on the Treatment History section of Clinical Dashboard
- The "Session Duration" information next to the contact date at the top of existing contacts

Creating New Clinics

To create a new clinic within your Organization, navigate to *Tools > Organizations*. A list of all clinics will be displayed.

- In the rightmost column labeled "Clinics," you will find the "Add"  icon.
- Click the "Add" icon to bring up a dialogue box where new clinic information can be entered.
- Once saved, the new clinic will be visible on the Organizations Page in the rightmost column.

New patients can be assigned to this clinic by Care Managers on the Patient Enrollment page. Existing patients can be assigned to this clinic on the Clinical Dashboard page. Patient data is visible across clinics within the same Organization.

MANAGING USER AND PROVIDER ACCOUNTS

Account Administrators can manage user accounts within their organization and are responsible for setting and maintaining appropriate permissions for each account. For security reasons, a separate user account should be set up for each individual. Accounts must never be shared by more than one person.

The Account Administrator is also responsible for deactivating user accounts immediately when individuals leave the organization. The list of user accounts should be audited at least monthly. Accounts are automatically locked after 5 incorrect login attempts or after 90 days of non-use.

Account Administrators have access to caseload and patient-level reports, however all Protected Health Information (PHI) is hidden. You will see the message "*Identifying information hidden*" wherever patient identifiers would normally be displayed.

TIP: An account can have multiple roles as long as the PHI access for both roles match. For example: it is not possible to have simultaneous Account Administrator and Care Manager roles, because Account Administrators have de-identified access, while Care Managers have full PHI access. In this scenario, the individual will need two separate login accounts to fulfill their job duties. If this causes your organization to reach the user account limit, please contact aimstech@uw.edu and we will adjust your limit to accommodate.



Account Administrators can create and manage accounts by navigating to *Tools > Users/Providers*. On this page, a list of all active accounts will be displayed. Locked (inactive) user accounts are hidden by default.

Information about existing accounts shown here includes:

- **General Information:** Name, Organization(s) to which the account has permission to access, and Contact Information.
- **User Account Information:** User role/permission level, User ID, whether user is currently logged in, and date/time of last login. The columns under the “User” heading will be gray if the account does not have a User Role.
- **Logged In:** A checkmark appears if the user is currently logged in. Clicking on the linked value will take you to the User’s viewing and action history (see the [Tracking User Activity](#) section of this user guide).
- **Provider Account Information:** Provider role and number of active patients currently assigned. Click the number to see the list of patients. The columns under the “Provider” heading will be gray if the account does not have a Provider Role
- **Locked:** The entire row is highlighted in gray if both the user and provider roles are locked/deactivated.

Supporting Users

Account Administrators are typically responsible for fielding questions from Care Managers and other users at their clinic. You should familiarize yourself with Care Manager functions by:

- Reviewing the Care Manager portions of this user guide
- Creating a training Care Manager account for yourself and entering sample patients
- Reviewing the mini-video tutorials

Account Administrators may refer questions to the AIMS Center as needed by emailing aimstech@uw.edu. **Please include the Patient ID number for questions about a particular patient – never include PHI such as a patient’s name or Medical Record Number.**

TIP: Administrators may create a Care Manager account for themselves at the “Training Site” to become familiar with Care Manager functionality.

Understanding User/Provider Roles

One of the most important concepts for Account Administrators to understand is the difference between User Roles and Provider Roles. When creating AIMS Caseload Tracker accounts, you may specify whether the person should have login access; this is called a “User Role”. You may also specify whether the person provides care to patients; this is called a “Provider Role”.

User Role: If you answer “Yes” to the “Allow Login” question, you will be asked to provide a User ID and temporary password. Any person who needs login access to complete their job duties should be given a User Role.

Provider Role: If you answer “Yes” to the “Provide Care to Patients” question, the person can have patients assigned to their caseload. Provider Roles include Care Managers, Psychiatric Consultants and Primary Care Providers.




Account Types

Summary of Account Type Permissions										
	View PHI	Enter CM Contacts & Scale Scores	Enter Case Reviews	Enroll & Deactivate Patients	Carry a Caseload	View Caseload Reports	Manage User Access	Manage Provider Assignments	Manage Clinic Assignments	Export Data Tables
CM Care Manager	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO
PC Psychiatric Consultant	YES	NO	YES	NO	YES	YES	NO	YES	NO	NO
AA Account Administrator	NO	NO	NO	NO	NO	YES	YES	NO	YES	NO
SM Site Manager	YES	NO	NO	NO	NO	YES	NO	YES	YES	NO
CLT Consultant	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO
DM Data Manager	YES/NO	NO	NO	NO	NO	NO	NO	NO	NO	YES
PCP	YES	NO	NO	NO	YES	YES	NO	NO	NO	NO

Creating Care Manager and Psychiatric Consultant Accounts

Care Managers and Psychiatric Consultants will need login access, and also a provider role so that patients can be assigned to their caseload.

- Navigate to *Tools > User/Providers*.
- Do a preliminary “Quick Search” for the person you wish to add. This helps avoid the creation of duplicate accounts. Ensure the person you wish to add is not already listed in the search results, and then click on the “Add”  icon to create a new account.
- In the pop-up window, type in the person’s name, contact information, and organization access.
- Select Yes for “Allow Login?”
- Create a User ID and temporary Password.




- Assign appropriate “Care Manager” or “Psychiatric Consultant” User Role permissions using the checkboxes. To keep patient data secure, only give users the minimum access permissions they need to complete their job responsibilities.
- Select Yes for “Provide Care to Patients?”
- For Provider Role, select “Care Manager” or “Psychiatric Consultant”

Once this form is saved, the new provider will be listed on the Users/Providers Page. Care Managers may now assign patients to the new provider on the Patient Enrollment page (when enrolling a new patient), and on the Clinical Dashboard page.

You are responsible for notifying the person of their new account information, giving instructions on accessing the AIMS Caseload Tracker, and instructing the user to change their password at first login. Templates can be found on the [ACT Resources](#) webpage.

Creating Login Accounts for Non-Providers

Account Administrators, Site Managers, Consultants, and Data Managers can be given login access without an associated provider role, since they don’t provide direct patient care.


- Navigate to *Tools > User/Providers*.
- Do a preliminary “Quick Search” for the person you wish to add. This helps avoid the creation of duplicate accounts. Ensure the person you wish to add is not already listed in the search results, and then click on the “Add”  icon to create a new account.
- In the pop-up window, type in the person’s name, contact information, and organization access.
- Select Yes for “Allow Login?”
- Create a User ID and temporary Password.
- Assign appropriate Account Administrator, Site Manager, Consultant, or Data Manager User Role permissions using the checkboxes. To keep patient data secure, only give users the minimum access permissions they need to complete their job responsibilities.
 - Data Manager-PHI accounts will have restricted access to download only the specific data tables selected in the checklist. A description of the most-used tables can be found in the [Exporting Data](#) section of this user guide.
 - Data Manager-No PHI accounts will have access to all available data tables, but all patient identifiers will be hidden with the message *Identifying Information Hidden*.
- Select No for “Provide Care to Patients?”

Once saved, the new account will immediately be active, and will be visible on the Users/Providers Page.

You are responsible for notifying the person of their new account information, giving instructions on accessing the AIMS Caseload Tracker, and instructing the user to change their password at first login. Templates can be found on the [ACT Resources](#) webpage.

Creating PCP Provider Accounts

Providers such as PCPs can be given provider accounts so that patients can be assigned to their caseload for tracking purposes, but without an associated user account to allow direct login.

- Navigate to *Tools > User/Providers*.
- Do a preliminary “Quick Search” for the person you wish to add. This helps avoid the creation of duplicate accounts. Ensure the person you wish to add is not already listed in the search results, and then click on the “Add”  icon to create a new account.



- In the pop-up window, type in the person’s name, contact information, and organization access.
- Select No for “Allow Login?”
- Select Yes for “Provide Care to Patients?”
- Assign appropriate PCP User Role permissions using the checkboxes.

Once saved, the new provider will be visible on the Users/Providers Page. Care managers can now assign this provider to the patient’s care teams.

Resetting Passwords

To change your own password, navigate to *Tools > Password*.

To reset another person’s password, navigate to *Tools > Users/Providers*. Search for the person and click on their name.

Type in the new temporary password twice. Passwords must be at least eight characters and contain at least one uppercase letter, lowercase letter, symbol, and number. Passwords from the past 12 months cannot be reused and cannot contain the same character repeated more than 2 times. The Account Administrator is responsible for notifying the person of their new temporary password and instructing them to change their password at first login.

Managing Accounts

To modify an existing account, navigate to *Tools > Users/Providers*. Deactivated accounts are hidden by default. Use the “Quick Search” box, or “Advanced Search” functions to find the account. Click on the user’s name to:

- Change user account permissions
- Update contact information
- Deactivate or re-enable the account
- Reset a password

TIP: Changing a user’s role does not automatically change the person’s provider role. Be sure to check both the user role and provider role for accuracy.

Unlocking Accounts

As a security measure, accounts will automatically lock after 5 incorrect login attempts or after 90 days of non-use. To unlock an account that has been locked, go to the bottom of the User Information section and change the “Account locked” button from “Yes” to “No”. Click the “Update” button to save the changes. Leave the password fields blank unless the user has also requested a password reset.

Locking/Unlocking/Deactivating Accounts

User accounts must be locked by Account Administrators when staff leave the organization or when they no longer require login access to complete their job duties. As a security measure, accounts will automatically lock after 5 incorrect login attempts or after 90 days of non-use.

Provider accounts cannot be deactivated if any active patients are still assigned. You can see the number of active patients assigned to each provider on the Users/Providers page. A Care Manager should either



deactivate or transfer any active patients to another provider before proceeding (see the [Managing Provider Assignments](#) section of this user guide).

To lock any account, navigate to *Tools > Users/Providers*. Search for the person and click on their name.

To lock the user login access, go to the bottom of the User Information section and change the “Account locked” button from “No” to “Yes”. Click the “Update” button to save the changes. The user will no longer be able to log in.

To deactivate the provider account, go to the bottom of the Provider Information section and change the “Provider Deactivated” button from “No” to “Yes”. Click the “Update” button to save your changes. Once a provider’s account has been deactivated, that provider will no longer be displayed in the list of providers available for patient assignment. However, if the individual also has a user role that has not been locked, their login account will remain active.

Deleting Accounts

Accounts can only be deleted if the person has never logged in or had any patients assigned to them. An account should only be deleted if it was created by mistake and needs to be removed. In most situations, the account should be locked rather than deleted.

To delete an account, navigate to *Tools > Users/Providers*. Search for the person and click on their name. In the dialogue box, click the “Delete” button. If the delete button does not appear, it means the user has logged in or had patients assigned to their caseload, and their account should be locked instead of deleted.

Tracking User Activity

To view a complete historical log of all user activity, navigate to *Tools > Access Log > Session Log or Action Log*. These pages display a complete audit trail of each time any user has ever logged in or taken an action in the AIMS Caseload Tracker which can be useful for monitoring use or troubleshooting browser issues. Use the “Quick Search” box to find a specific person or click the “Advanced Search” link to search by other criteria.

The Session Log includes a record of each time a user has logged in, including:

- User name and role
- Login date
- Duration of login session
- Computer operating system and version of internet browser
- IP Address of workstation

The Action Log displays a record of each action that was ever taken, including:

- User name and role
- Page Name: The page accessed
- Page Action/Login Result: Displays if the action was “Successful” or resulted in an “Error.”
- Database Name: The name of the database table that was accessed.
- Database Action: The action the database took as a result of the Page Action.
- Data: The particular data viewed during an Action.
- Date Time: The date and time the action was recorded.



DELETING PATIENT RECORDS AA

The AIMS Center strongly advises against deleting any part of a patient’s record. Although AIMS Caseload Tracker data is not designated as the patient’s legal medical record, we suggest archiving and retaining all patient data as a safeguard.

State laws require many health care providers to keep a patient medical record for a specific period of time. For example, hospitals generally must keep medical records no less than ten years following the most recent deactivation of the patient. Hospitals must keep the medical records of minors until the minor reaches the age of 21, or for at least ten years following the minor’s deactivation, whichever is longer. In practice, many health care providers keep their medical records longer. Similar rules apply to mental health providers and psychiatric consultants.

Patients have a right to see, get a copy of, and amend their medical record for as long as your health care provider has it. Once a patient requests their medical record, the provider must keep the record until they respond to the request (even if the general record retention period has expired). For further record-keeping policies, please refer to your respective hospital or provider, and/or your respective state’s policy guide.

Be sure the correct patient is selected by confirming their information in the white box on the upper-right corner of the screen and navigate to *Patient > Edit Patient Data*. Use this page with extreme caution. **Once patient data is deleted, it cannot be recovered.**

TIP: When searching for a patient, use the Patient ID rather than MRN or Name. Account Administrators do not have access to PHI and cannot search patients using fields that are patient identifiers.

A list of all data elements for the selected patient will be displayed:

[Patient] : [Patient ID]: 000064 [Delete](#)

- **PersonName** ([Patient ID]: 000064, Jane Smith) [Delete](#)
- **PersonOrganization** ([Patient ID]: 000064, Organization Name: Test Clinic, Role Type: 1) [Delete](#)
- **MembershipNumber** ([Patient ID]: 000064, Organization: Test Site) [Delete](#)
- **PatientProvider** ([Patient ID]: 000064, Provider Name: Jennifer Mueller, Role: [Care Manager]) [Delete](#)
- **PatientStatus** ([Patient ID]: 000064, Reference: Treatment Status, Status: 1) [Delete](#)
- **PatientStatus** ([Patient ID]: 000064, Reference: Treatment Status, Status: 3) [Delete](#)
- **Diagnosis** ([Patient ID]: 000064, [Depression], 1) [Delete](#)
- **CarePlanEvent** ([Patient ID]: 000064, Category: [Psychiatric], Subcategory: Depression) [Delete](#)
- **PatientInformationPage** ([Patient ID]: 000064, Note Type: Patient Information, DateContact: 1/20/2015) [Delete](#)
- **InitialAssessmentPage** ([Patient ID]: 000064, Note Type: Initial Assessment, DateContact: 1/20/2015) [Delete](#)
 - **ContactEventDiagnosis** ([Patient ID]: 000064, [Depression], 1) [Delete](#)
 - **IntegerEvent** ([Patient ID]: 000064, Element: MedicationConfirmedPatient) [Delete](#)
 - **ScaleEvent** ([Patient ID]: 000064, Element: PHQ) [Delete](#)

55 records in the database

Deleting the Entire Patient Record

To delete the entire patient record, click the “Delete” link at the top of the page next to the Patient ID number and Current Episode information. This will completely delete all information about the patient and all contacts.



Deleting Individual Data Elements

Following the page header, a list of all data elements that have been entered for the selected patient is displayed. The label for each data element contains at least two of:

- The element name of the record
- The field name, and
- The data entered for a given field

Each item has a “Delete” link for the purpose of deleting the discrete data element. Upon clicking the “Delete” link, a dialogue box will appear to confirm the action to delete the individual data element.

Restrictions on Deletion

Deleting certain data elements will result in a change in the patient’s treatment status. Deleting records that revert patient treatment statuses will be allowed only if no other data elements have been entered after the record in question. This means that any contact other than the most recent can only be deleted if it is not associated with a status change or if all newer contacts have first been deleted. Additionally, deletion will be denied if patient status is out of order (e.g. if the Patient Enrollment date is after the date of the Initial Assessment).

Records that will result in a change in patient status when deleted include:

- Entire Patient Enrollment records: this will be allowed only if the patient is enrolled in 2 or more episodes of care
- Entire Initial Assessment contacts
- Entire Relapse Prevention Plan contacts
- Relapse Prevention Plan End Dates: this will be allowed if no other status change occurred afterwards
- Entire Deactivation contacts

TIP: To delete a status-changing contact without having to delete all more recent contacts, Care Managers can edit the contact date to make it the most recent contact and then that single contact can be deleted.

EXPORTING DATA DM

Data Managers may download clinical data in .csv file format for reporting and analysis by navigating to *Tools > Exports*.

There are two types of Data Manager accounts depending on whether access to Protected Health Information (PHI) is needed. Data Manager-PHI accounts can be given restricted access to only specific data tables. Data Manager-No PHI accounts will have access to all available data tables, but all patient identifiers will be hidden with the message *Identifying Information Hidden*.

Data fields in the AIMS Caseload Tracker are designated as identifiers as consistent with the 18 types of designated HIPAA identifiers (<https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html#standard>), including patient name, medical record number, and date of birth. All free-text (unstructured) data fields are also hidden as they could potentially contain PHI.

Data Exports

The data included in the downloaded tables will be filtered to include only data for patients that are assigned to the clinical organization(s) that your login account has permission to view. For each data export, the following information is displayed:



- **Name:** Name of the data export table.
- **Description:** Description of the data export table.
- **Included Columns:** Click the `show` icon to display all included columns for each export.
- **Codebook:** Click the “Download” link to download the data export codebook in plain text (.txt file) format. The codebook describes the text equivalent for any coded integer values that are included in that data export.
- **Data:** Click the “Download” link to download the data export in comma separated value (.csv) format.

The most used data exports are the “Treatment History” data exports:

- The Patient export includes one row for every patient ever enrolled and includes patient-specific information such as MRN, Name, DOB, current clinic and provider assignments.
- The Episode export includes one row for each patient treatment episode and includes episode-specific information such as enrollment and deactivation dates, first and most recent contact dates, number of contacts during the episode, and first, last and maximum scale scores during the episode.
- The Contact Note export contains one row for each patient contact and includes contact-level information such as date, provider name, contact type, location, session duration, scale scores, whether each scale is the baseline score.

Linking or Joining Multiple Export Tables

Multiple export tables may be joined to each other using the idPatient field. idPatient is the unique database identifier for each patient record and will never change over time.

Patient ID is the AIMS Caseload Tracker ID number automatically assigned during patient enrollment. It is unique but can potentially be changed over time by the system owner and should not be used to link multiple data export tables to each other (use idPatient instead). Patient ID can be used as a non-identifying (non-PHI) reference to patients in the AIMS Caseload Tracker interface, or for reporting purposes.

