



Guidelines for Enrolling Patients in the AIMS Caseload Tracker

These recommendations for determining which patients to include in the AIMS Caseload Tracker (ACT) are intended to help your program develop consistent enrollment and deactivation guidelines.

Overview

The ACT is a tool for Behavioral Health Care Managers (BHCMS) and Psychiatric Consultants on a Collaborative Care (CoCM) team to monitor caseloads of patients, track treatment progress, and identify patients that are not improving as expected and may need treatment adjustments.



The ACT is designed to track patients with behavioral health symptoms that are being followed with active measurement-based treatment to target using the PHQ-9, GAD-7, PCL-5, SCARED, SMFQ or Vanderbilt scales.



The ACT is not designed for patients who are not being tracked with a measurement-based symptom monitoring tool or that fall outside the population of focus of your CoCM program, i.e. patients with psychotic disorder or patients under age 6.

Monitoring Active Patients

The ACT provides a convenient way for BHCMS to monitor patients by tracking contacts (in-person, telehealth, and phone), care team collaboration activities and Systematic Caseload Review activities.

Active patients include those newly enrolled, in active treatment, or in Relapse Prevention Plan status. Inactive patients are no longer engaged in CoCM because they had a positive response to treatment and no longer need proactive care management, have been referred to specialty behavioral health care, or are lost to follow-up. Any patient can be re-enrolled into a new episode of care if they need treatment in the future.

Each program should develop enrollment and deactivation guidelines for BHCMS to ensure caseloads are consistent and up-to-date and reports/metrics are accurate.



Patients to Enroll in ACT

CoCM programs should always track these patients in the ACT:

- Patients with behavioral health symptoms in the population of focus of your CoCM program that have consented to treatment and have completed an Initial Assessment with the BHCM.
- Patients may be receiving brief evidence-based behavioral interventions, medication management, or both.
- Patients being billed for using the CoCM CPT codes. Use of a registry tool for measurement-based treatment to target is one of the requirements for billing the CoCM CPT codes.
- It is most useful to enroll patients with an elevated baseline score (e.g. a PHQ-9 or GAD-7 score of 10 or more, or a PCL-5 score of 33 or more). Patients with lower baseline scores will not be included in certain reports that measure improvement. The ACT does not currently include improvement measures for the pediatric scales.



Patients less likely to be Enrolled in ACT

While these additional patients would not typically be tracked in ACT, some programs may find it helpful to include them. Keep in mind that ACT metrics and reports are designed for patients with depression, anxiety, PTSD or ADHD symptoms, and calculations may be affected by enrolling patients who do not fit those criteria.

- Patients that have been identified for CoCM but have not yet had an Initial Assessment. If you choose to enroll these patients, you will also need a process to de-activate those that do not engage in the program.
- Patients waiting for connection to specialty behavioral health care
- Patients receiving specialty behavioral health therapy that need medication management support from the CoCM team
- Patients whose behavioral health symptoms are low severity or cause minimal impairment, and who do not need proactive outreach or treatment
- Patients with serious mental illness that do not have elevated behavioral health symptoms
- Patients primarily being served for psychosocial situations (domestic violence, divorce, housing, unemployment) that do not have elevated behavioral health symptoms



Transitioning to ACT

Existing behavioral health programs that are transitioning to the ACT 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 elevated (baseline) symptom scores and date
- Most recent symptom scores and behavioral health contact date
- 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 in ACT, but will not affect the caseload-level report needed for prioritization and decision-making.

Additional Resources

Visit the AIMS Caseload Tracker training resources page for more detailed instructions on how to complete these tasks: <https://aims.uw.edu/aims-caseload-tracker-resources>