AIMS Caseload Tracker (ACT) Report Quick Guide

This quick guide provides instructions and suggestions for implementation leadership and clinical teams to use reports in the ACT for quality improvement and clinical care activities. The two reports are the *Caseload Statistics* report and the *CoCM Quality Metrics* report.

When reviewing reports, note that the ACT has blue tooltip symbols next to each metric. Hover your cursor over these icons to see details about each calculation. Additional information can be found in the User Guide, which is available by clicking the "Help" link in the ACT.

Using the Caseload Statistics Report

To view the Caseload Statistics report, navigate to *Caseload > Caseload Statistics*. This report contains immediately actionable information for your care team. It has the following headings:

Care Manager	Current Caseload	Care Manager Contacts							Psychiatric Consultation			Average PHQ		Average GAD		Average PCL-5		PHQ		GAD		PCL-5
		Pts w/ F/U	Avg # F/U	Avg Session Duration (mins)	Contacts w/ Scale	Avg # By Phone/Video	# in RPP	Avg Wks in Tx	# Flagged	# w/ P/C	Not Imprv w/o P/C	First	Last	First	Last	First	Last	No Response	No Remission	Not Improved	Score of 10+	Not Improved

The table below provides suggested targets for a mature caseload based on research literature and practice experience. It also includes consideration questions to help focus your clinical care and program quality improvement efforts. Consideration questions are a starting point as you consider changes to help your practice reach its targets.

Metric	Suggested Target	Questions to Consider
Current Caseload Patients on current caseload	50-75 patients for 1.0 FTE BHCM	• How does the current caseload compare to Behavioral Health Care Manager (BHCM) capacity? Could BHCMs take on more patients or should enrollment be limited? • If caseloads are low, what might be affecting patient enrollment? • If caseloads are full, are there patients who could be moved into Relapse Prevention (RPP) status or complete their CoCM episode? • Is there enough appropriate demand to warrant hiring more BHCM staff?

Metric	Suggested Targets	Questions to Consider
PTs w/ F/U Patients with at least one BHCM Follow-Up contact after Initial Assessment	80% or more of total caseload	• If consistently low, why are patients not making it past their initial assessment with BHCMs? Are contact attempts to engage the patient unsuccessful? Is a workflow change warranted? Should you consider using a different appointment modality?
AVG # F/U Average number of Follow-Up contacts for current caseload	N/A, varies by site	• If this number gets larger for one or more BHCMs as compared to their peers, why are patients staying on the caseload for so long? Are they not improving? If they are, could they either be moved into RPP status or complete their CoCM episode? • If this number is lower than for other BHCMs or clinics, should you consider using a different appointment modality?
AVG Session Duration (MINS) Average session duration (in minutes)	For a mature caseload with a mix of longer initial assessments and shorter follow-up visits, average session duration should be closer to 30-45 minutes	• What is your goal for average session duration? Do you have different visit lengths for new patients and follow-ups? What is the proportion of each on your schedule? • What is your goal for the number of unique patients seen in a specific period? Can you achieve your goal with the average length of visits you currently have, or are changes needed?
Contacts w/ Scale Patient contacts with a completed scale (e.g., PHQ-9)	At least 75% of patient contacts	• If lower than 75%, why are scales (e.g., PHQ-9, GAD-7) not being administered? Could appointment frequency, appointment modality, or patient preference (e.g., reluctance to complete scales) be affecting this?
AVG # By Phone/Video Patient contacts by phone/video	N/A, varies by site	• No specific issues with low or high numbers, but if other metrics indicate program issues, this could be an area to explore. For example, does the dominant modality present barriers for patient engagement? For collecting symptom measures? For making accurate assessments?
# in RPP Patients in Relapse Prevention (RPP) status	Between 10% and 20% of total caseload	• If this number is low, are there any patients who have improved and could be moved into RPP status? • If this number is high, are there any patients in RPP status who are ready to complete their CoCM episode to make room for new patients?
AVG WKS in TX Average weeks in treatment	Between 16 and 24 weeks (4-6 months) but could be less. This is an *average*, not a suggested duration for individual patients	• Are you ending episodes of care in a timely manner when patients are disengaged? Consider a 30-day period for contact attempts before ending episode • Do patients have high acuity and/or barriers to accessing specialty care or longer-term treatment? • Are most patients improving before ending episodes, or are they lost to follow-up?

Metric	Suggested Targets	Questions to Consider
# Flagged Patients flagged for psychiatric consultation	N/A, varies by site	• Is the BHCM using the yellow flag to help organize Systematic Caseload Review (SCR) time efficiently?
# w/ P/C Patients with psychiatric consultation	Over 50% of current patients but could vary depending on average baseline acuity Lower average baseline score may reduce this number, while a higher average baseline score could increase this number	• Are SCR sessions happening regularly? • Are 4-8 patients being discussed per session? • Are the appropriate patients being enrolled in CoCM? • Are the appropriate patients being prioritized for review? • What are the organizational goals for % of patients reviewed?
NOT IMPRV w/o P/C Patients who have not improved and have not had a psychiatric consultation in the last two months	No more than 20% of total caseload	• What is the current process for SCR? Could session preparation be more thorough to ensure optimal recommendations? Could the meetings be more efficient to cover more patients? • If patients had an individual case consultation during SCR older than 60 days, were any treatment change recommendations acted upon by the PCP and/or BHCM?
Average First and Last Scores Average baseline and most recent scores for current caseload	N/A, varies by site	• If multiple BHCMs, are there differences in initial symptom severity across patients on their caseloads? Are there differences in the percentage of patients who are experiencing improvement (50% reduction in PHQ-9, 5-point reduction in GAD-7, and/or 12-point reduction in PCL-5)? • What might account for differences in patient improvement? Consider factors such as caseload size, engagement in treatment, scale completion, SCR, and follow through on treatment recommendations
Scale Response or Improvement Patients with no depression response or no anxiety or PTSD improvement	No more than 50% of total caseload for depression response or anxiety improvement Caseload improvement targets for other measures can be determined by individual organizations as needed	• When did these patients last have scales (e.g., PHQ-9, GAD-7, PCL-5) administered? • How recently did these patients have individual case consultations during SCR? Were treatment change recommendations acted upon by the PCP, BHCM and/or the patient? • If treatment change recommendations were put into place, has enough time passed for the treatment change to take effect? • Is a referral to specialty care warranted?

Using the Collaborative Care (CoCM) Quality Metrics Report

The CoCM Quality Metrics report contains information about recent trends in your CoCM program and is less immediately actionable for clinical care. A pre-recorded Introduction to the CoCM Quality Metrics Webinar has further guidance on how to access, interpret, and use this report in your practice. The report includes headings for each metric, for the current month and past two months:

Care Manager	Caseload Reach			Engagement			Measures Completion			Depression Response			Anxiety Improvement			PTSD Improvement			Psychiatric Case Review		
	May 2024	Jun 2024	Jul 2024	May 2024	Jun 2024	Jul 2024	May 2024	Jun 2024	Jul 2024	May 2024	Jun 2024	Jul 2024	May 2024	Jun 2024	Jul 2024	May 2024	Jun 2024	Jul 2024	May 2024	Jun 2024	Jul 2024

These metrics are particularly useful for gauging if your program is on track and for driving continuous quality improvement efforts when you are not achieving your goals. The dates will change dynamically and will always reflect the current month and the prior two months. To see longer trends, follow the link at the bottom of the report to download the past 12 months of metrics data.

Metrics

The table below provides suggested targets for a mature caseload, based on research literature and practice experience. Consider where you are in your program development when determining an appropriate target. Consideration questions are a starting point as you consider changes to help your practice reach its targets. The tooltips within the CoCM Quality Metrics report provides the metrics descriptions and suggested targets described below.

Metric	Suggested Targets	Questions to Consider
Caseload Reach New patients enrolled in the registry	Around 10% of total caseload This will be higher in earlier months of implementation	• How large are caseloads compared to the capacity of Behavioral Health Care Managers (BHCMs)? Can more patients be enrolled? • If caseloads were full, could more patients be moved into RPP status or complete their CoCM episodes? • Are there enough available appointment slots for new patients to be seen? • Has your program reached a plateau of demand, or is demand decreasing?
Engagement Patients with at least one BHCM contact	At least 80% of total caseload	• Are patients being actively contacted when they have not been in for more than a couple of weeks or when they no-show for appointments? • Are patients being deactivated in the ACT after multiple unsuccessful contact attempts? • Are a high percentage of patients in RPP status not being seen monthly?

Metric	Suggested Targets	Questions to Consider

Measures Completion
Patient contacts with a completed scale
	At least 75% of contacts	• If lower than 75%, why are scales not being administered?
		  ○ Could appointment frequency, modality, or patient preference be affecting this?
		  ○ Is a workflow change needed?

Depression Response Patients that achieved 50% improvement on PHQ-9 score	At least 50% of total caseload We encourage practices to set higher aspirational targets when possible	• Are patients having frequent contact with BHCMs? • Are patients regularly having scales (e.g., PHQ-9, GAD-7, PCL-5) administered? • Are patients having individual case consultations completed during SCR? • Were treatment change recommendations acted upon by the PCP, BHCM and/or the patient?
Anxiety Improvement Patients that achieved 5-point improvement on GAD-7 score	Around 50% of total caseload	
PTSD Improvement Patients that achieved 12-point improvement on PCL-5 score	Research is ongoing in identification of accepted targets	

Psychiatric Case Review
Patients who have not improved and had psychiatric consultation in the past two months
	At least 80% of total caseload	• If consistently low, what is the current process for SCR?
		  ○ How are *Caseload Statistics* report metrics being used to identify patients for SCR?
		  ○ Could preparation be more thorough?
		  ○ Could sessions be more efficient to discuss more patients?