Driving Improvement For Patients On Your Caseload: Active Treatment To Target

Session 4
Learning Objectives

• Define measurement-based care and treatment-to-target and give an example of using a registry as a RN care manager.

• Describe how a registry is a tool used with a caseload of behavioral health patients in primary care.

• Practice with a patient caseload the actions you would take as a RN care manager.
Measurement-Based Treatment to Target

1. Identify & Engage
2. Establish a Diagnosis
3. Initiate Treatment
4. Follow-up Care & Treat to Target
5. Complete Treatment & Relapse Prevention

System Level Supports
Why Track Outcomes

• Proactive treatment adjustment
  – Avoid patients staying on ineffective treatments for too long
  – Treatment plan “shelf life” = 10-12 weeks maximum
  – Full, partial, no response

• Know when to refer for consultation/get help
Use of Measurement-Based Tools for Monitoring Progress

• Repeat them at every visit unless scores were in normal/mild range in the beginning

• This is useful to:
  – Provide structure
    • Begin the appointment with patient
  – Use as a psychoeducation tool
  – Help ground patients in current issues/symptoms
  – Help with engagement – shared goals!
  – Help guide discussion with psychiatrist
How Does a Registry Help?

• Keeps track so no one “falls through the cracks”
  – All patients being treated reviewed for engagement and adherence
  – What is happening for each patient
• Shows who needs additional attention
  – Not in contact
  – Not improving
  – Outcome of referrals
Why Use a Registry?

• Track patients’ symptoms with measurement tools (PHQ-9)
• Track medication side effects and concerns
• Facilitates communication with PCP, consulting psychiatrist, other providers
# Registry: Patients in Active Caseload

<table>
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<tr>
<th>Treatment Status</th>
<th>MRN</th>
<th>Date of Initial Visit</th>
<th>Date of Most Recent Contact</th>
<th>Date Next Follow-up Due</th>
<th># of Contacts</th>
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Each Appointment is a Decision Point - GPS

Three step process:
1. Use a BH measure each time
   • E.g., PHQ-9
2. Track and consider what is happening
3. Answer this question: Do I need to consult and/or change what I am doing?
Track and Consider

• Review the treatment history page and the graph of PHQ-9

• Think:
  – How long has the patient been in treatment?
  – Improving or not, could they improve more?
  – Are they engaged?
  – Are there other challenges and how will we overcome them?
Typical Duration of Care Management

Six Months (average)

- 50%-70% of patients need at least one change in treatment to improve
- Only 30-50% patients respond fully to first treatment
- Each change of treatment moves an additional ~20% of patients into response or remission
Follow-Up Contacts

• Initial focus
  – Adherence to medications
  – Side effects
  – Follow-up on activation and PST plans

• Later focus
  – Complete resolution of symptoms and restoration of functioning
  – Long-term treatment adherence
Typical Frequency of Care Management Contact

• Active Treatment
  – Until patient significantly improved/stable
  – Minimum two contacts per month
    • Mix of phone and in-person

• Monitoring
  – One contact per month
    • After 50% decrease in PHQ-9
    • Monitor for ~three months to ensure patient stable
    • Complete relapse prevention
Practice:

Identify Next Steps in Clinical Care for Patients

• Materials
  – Handouts
    • Practice Caseload
    • Care Manager Weekly Task list

• Instructions
  – Work in small groups
  – Review the practice caseload and Care Manager Weekly Task List
  – Identify next steps in clinical care for each patient in the practice caseload
## Practice Caseload

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*Flags: ✓ Flags for discussion, ! Flags for discussion & safety risk, ⬇ Flags as safety risk*
Questions and Discussion
Evaluations & Adjourn

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.