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 AIMS Caseload Tracker 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 depression and/or anxiety symptoms that are being followed with active measurement-based treatment using the PHQ-9 or GAD-7.

⏸ The ACT does not track additional symptoms for patients with cognitive, personality, adjustment, or psychotic disorders but can track patient contacts, psychiatric consultations and PHQ-9 or GAD-7 scores.

✕ The ACT is not designed to track pediatric patients under 12, as the PHQ-9 and GAD-7 are not validated for that population.

Monitoring Active Patients

The ACT provides a convenient way for BHCMs to monitor their active patients because it tracks contacts (in-person, telehealth, and phone), care team collaboration activities and psychiatric case consultations.

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

Patients to Enroll in the ACT

- Patients with symptoms or a diagnosis of depression and/or anxiety, that have consented to treatment and have completed an Initial Assessment with the BHCM.

  Note: It is most useful to enroll patients with initial PHQ-9 or GAD-7 scores of 10 or more. Patients with baseline scores under 10 will __not__ be included in certain reports that measure improvement from baseline.

- Patients being billed for using the CoCM codes (99492-99494, G2214 or G0512 for FQHC/RHCs).

  Note: A registry tool must be used to bill for patients with any behavioral health diagnosis that have consented to treatment.

Patients to Consider Enrolling into the ACT

Your program can also consider whether additional patients would benefit from inclusion in the ACT. Keep in mind that ACT metrics and reports are designed for patients with depression and/or anxiety and calculations may be affected by enrolling patients who do not fit those criteria. We strongly recommend developing enrollment and deactivation guidelines for BHCMs to ensure consistency in reports/metrics and to keep caseloads up-to-date.

- Patients that have been identified for and engaged in CoCM but have not had an Initial Assessment *(will need a process to de-activate patients that do not engage in the program)*
- Patients who screen positive for depression and/or anxiety but do not consent to treatment
- Patients referred for or currently receiving specialty behavioral health care who do not need additional behavioral health services
- Patients with a depression and/or anxiety disorder diagnosis whose symptoms are low severity, cause minimal impairment, and who do not need proactive outreach or treatment
- Patients with serious mental illness that do not have elevated depression and/or anxiety symptoms
- Patients primarily being served for psychosocial situations (domestic violence, divorce, housing, unemployment) that do not have elevated depression and/or anxiety symptoms
- Children under age 12

Existing Behavioral Health Programs Transitioning to the ACT

Enroll patients you are currently serving and intend to continue serving who:

- Have had a behavioral health contact in the last 60 days
- Are still experiencing depression and/or anxiety symptoms with more improvement expected or are in Relapse Prevention Plan status but continued monitoring is needed

When enrolling currently active patients into the ACT, we recommend entering the following data:

- Date and scores of initial elevated PHQ-9 and/or GAD-7
- Date of most recent contact and PHQ-9 and/or GAD-7 scores
- If applicable, the most recent psychiatric case review date
- Optional: contact dates after the initial assessment (that are not the most recent contact) with PHQ-9 and/or GAD-7 scores done at the time of those contacts

Additional Resources

This webpage has user guides and short video tutorials covering specific tasks, including how to enroll patient into the ACT. https://aims.uw.edu/aims-caseload-tracker-resources