

Systematic Caseload Review (SCR) Best Practices

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Speaker Disclosures

- None

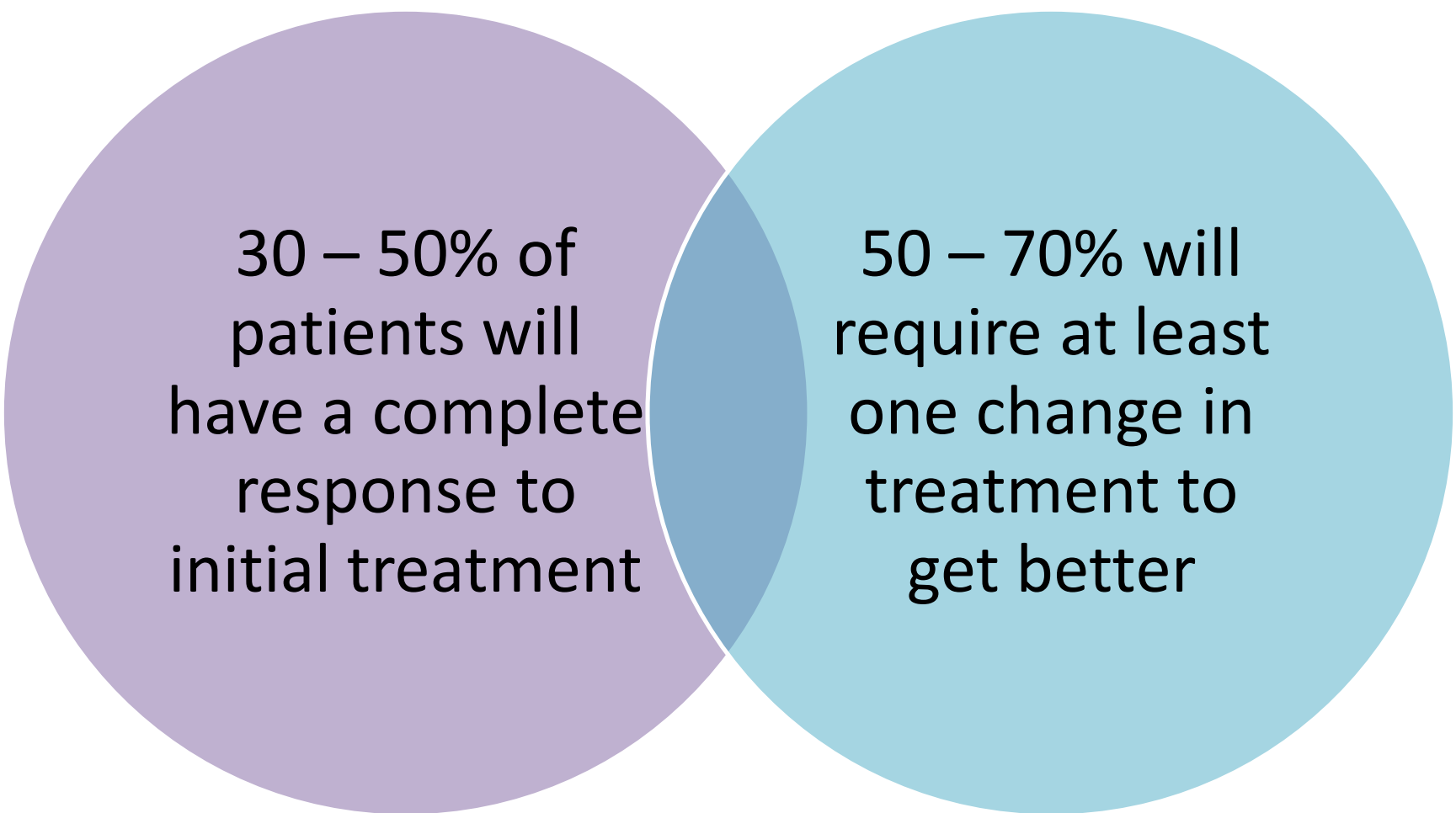
Learning Objectives

By the end of this session, you should be able to:

- Describe best practices for conducting a Systematic Caseload Review
- Identify areas for improvement in Systematic Caseload Review process by comparing current practices to best practices
- Explain how applying these strategies facilitates population-based care

Systematic Caseload Review is key to effective Collaborative Care

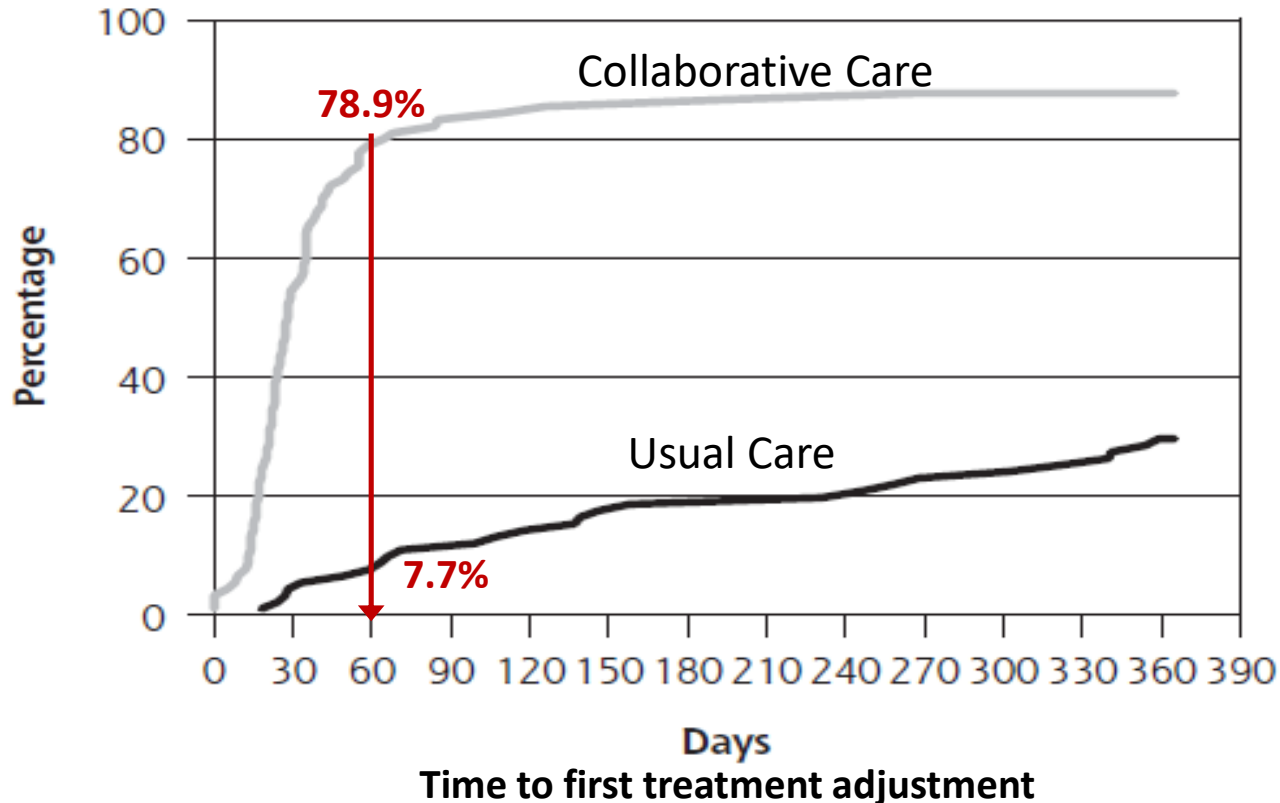
Most patients need treatment adjustments



30 – 50% of patients will have a complete response to initial treatment

50 – 70% will require at least one change in treatment to get better

Patients in Collaborative Care have more, earlier treatment changes



Lin et al. Treatment adjustment and medication adherence for complex patients with diabetes, heart disease, and depression: a randomized controlled trial. *Ann Fam Med*. 2012 Jan-Feb;10(1):6-14.

What is Systematic Caseload Review (SCR)?

- A type of indirect psychiatric care
- Psychiatric consultant and BH care manager meet regularly to review patients
 - Goal is to inform treatment delivery
 - Utilize registry to monitor patients systematically
 - Prioritize patients
 - Ensure nobody is “falling through the cracks”
 - Efficiently use psychiatric provider time to provide recommendations for patients most likely to benefit
 - May occur in-person or remotely

Best Practice: Meeting time

Caseload size	SCR Time Allocation*
0-15 patients	½ hour every other week
15-30 patients	½ hour weekly or 1 hour every other week
30-50 patients	1 hour weekly
50-75 patients	1 ½ hours weekly
75-100 patients	2 hours weekly

*This is SCR meeting time only and does not include the time required for behavioral health care managers and psychiatric consultants to prepare, document and follow-up on recommendations.

Bauer et al. (2019) Best Practices for Systematic Case Review in Collaborative Care. *Psychiatr Serv.* 70(11):1064-1067. doi: 10.1176/appi.ps.201900085.



Integrated Care Training Program

Assess Your SCR Process

Meeting Time

- Do I have a regular (weekly) time scheduled to meet with the behavioral health care manager to review patients?

- Is the amount of time adequate for the size and complexity of the caseload?

Best Practice: Preparation

- Set aside time before and after SCR for preparation and documentation
- Review registry to identify priority patients for review

Who should be prioritized for review?

- **New patients** with a diagnostic or treatment question
- **Existing patients** with:
 - Current concerns
 - e.g., safety risks, side effects, not tolerating treatment, recent emergency room visits or hospitalizations
 - High PHQ/GAD scores and no recent review (> 4-8 weeks)
 - Potential benefit from direct psychiatric evaluation
 - Poor engagement in care (e.g., no follow-up for 4+ weeks)
- **Improved patients** ready for relapse prevention planning

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Use registry to select patients

Report run on 7/29/20

Flags	Patient ID	PHQ-9		GAD-7		Contacts					
		First Score	Last Score	First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
🚩	1	23	10*	7	7*	2/21/2020	6/2/2020	6/10/2020		14	25
🚩	2	17	4	4	4*	9/5/2019	7/21/2020	1/29/2020		18	46
🚩	3	16	7	6	6*	3/4/2020	7/28/2020	7/21/2020	7/28/2020	14	24
🚩	4	25	25	2	2*	6/18/2020	7/29/2020	6/24/2020		4	5
🚩	5	8	7	19	17	9/3/2019	7/19/2020	4/1/2020	6/18/2020	16	46
🚩	6	19	9	19	6	3/18/2020	6/30/2020	4/15/2020		7	18
🚩	7	9	8	18	20	6/9/2020	7/28/2020	6/10/2020		3	6
🚩	8	21	5	13	5	5/28/2020	7/4/2020	7/1/2020		8	10
🚩	9	9	8*	13	6*	6/6/2020	7/18/2020	7/18/2020		2	7
🚩	10	17	13	3	3*	1/1/2020	7/4/2020	6/10/2020		15	36
🚩	11	10	10	19	18*	5/29/2020	7/24/2020	7/19/2020		3	8
🚩	12	18	6	0	0*	3/21/2020	7/2/2020	7/3/2020		14	20
🚩	13	11	0	18	2	1/30/2020	7/21/2020	6/10/2020	4/17/2020	8	25
🚩	14	17	9	6	6*	9/19/2019	7/9/2020	1/9/2020		13	45
🚩	15	13	20	11	11	5/21/2020	7/20/2020	7/2/2020		7	10

- 1) New: none
- 2) Existing patients with current concerns or safety concerns (usually flagged): 1
- 3) Existing patients with high score and no recent note (> 4- weeks): 4, 5, 7, 10
- 4) Existing patients who may benefit from direct psychiatric review: 15
- 5) Existing patients with poor engagement: 1, 6
- 6) Improved patients ready for relapse prevention planning or discharge: 2, 8, 13, 14

Assess Your SCR Process

Preparation

- Do I have time set aside before and after?
- Do I know how to use the registry identify priority patients for review?
- Do I come prepared with a list of patients to discuss? (Does the BH care manager come prepared?)
- Do we both have access to the EHR?

Best Practice: Conducting SCR

- Set an agenda
- Structure brief case presentations to guide on clinical decision-making
- Consider full range of treatment options
- Allocate time to check up on implementation of prior recommendations

SCR Agenda (Model Hour)

- Set an agenda
- Brief check-in
 - Changes in the clinic
 - Systems questions
- Identify patients and conduct reviews
 - Follow-up on prior week's recommendations
 - Discuss cases for review
 - Diagnostic and treatment decision making
 - Action planning, next steps
- Wrap up
 - Celebrate successes!
 - Confirm next consultation hour
 - Send any educational resources discussed

Brief, structured case review notes guide discussion

Initial Psychiatric Case Review

The below treatment considerations and suggestions are based on consultation with the patient's care manager and a review of information available in the (*registry +/- electronic health record*). I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call me with any questions about the care of this patient.

SUMMARY:

Depressive symptoms: PHQ-9:
Suicidality: (C-SSRS):
Bipolar symptoms: (CID-I or MDQ):
Anxiety symptoms: GAD-7:
PTSD symptoms: PCL-5:
Psychotic symptoms
Past Treatment:
Substance use: AUDIT:
Psychosocial factors:
Medical Problems:
Current medications:
Goals:

ASSESSMENT:

RECOMMENDATIONS:

Generally worded as suggestions rather than orders. These should be brief, practical and can include a teaching point for the primary care provider (e.g. how to cross taper or drug interactions).

Name, Psychiatric Consultant.
Telephone: XXX-XXX-XXXX.
Pager:
E-mail:

Follow-Up Psychiatric Case Review

The below treatment considerations and suggestions are based on consultation with the patient's care manager and a review of information available in the (*registry +/- electronic health record*). I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call me with any questions about the care of this patient.

SUMMARY / INTERVAL HISTORY:

Depressive symptoms: PHQ-9: (initial and most recent)
Bipolar symptoms:
Suicidality:
Anxiety symptoms: GAD-7:
PTSD symptoms: PCL-5:
ASSESSMENT:

RECOMMENDATIONS:

Name, Psychiatric Consultant.
Telephone: XXX-XXX-XXXX.
Pager:
E-mail:

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Treatment options



Bio

- Evidence-based Medications

Psycho

- Evidence-based Psychotherapeutic Interventions

Social

- Social support

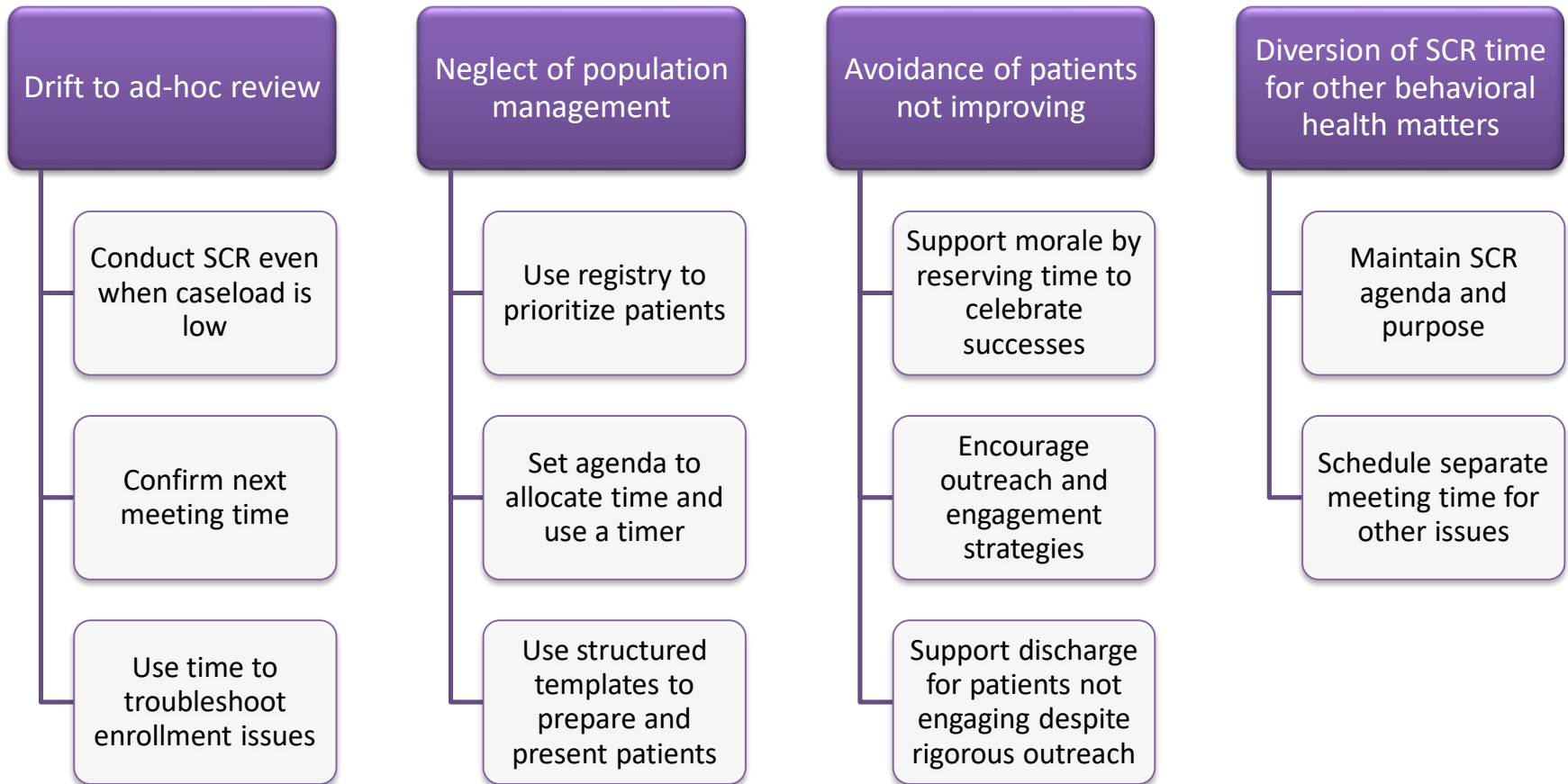
- Make BOTH medication and non-medication recommendations
- Supporting whole person treatment is important
- The treatment that WORKS is the best one
- Review all evidence-based treatment options available
- Discuss pros and cons of each option

Assess Your SCR Process

Conducting

- Are we reviewing enough patients?
- Does the BH care manager deliver concise, relevant case presentations including recent measures (e.g., PHQ-9, GAD-7)?
- Are we considering a full range of treatment options and accounting for barriers to their delivery?

Challenges and Solutions



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Takeaways

- Systematic caseload review is a key component of effective collaborative care
- Best practices reinforce population-based and measurement-based care
- Preparation and proficient use of the registry improves systematic caseload review efficiency and effectiveness
- Periodic self-assessment can identify areas for improvement and potential solutions

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

PCLC Testimonials

- Please consider submitting a testimonial about our program
 - Can be attributed to you or anonymous
- Now through the end of June
- To submit a testimonial:
<https://redcap.link/PCLCTestimonial>
- Examples: <http://ictp.uw.edu/programs/uw-pacc-testimonials>
- Questions? Please email uwictp@uw.edu