Preparing for systematic case review

Learning objectives

- List the essential information to include during a systematic case review presentation.

Sample agenda for systematic case review meeting

- **Brief administrative and workflow check-in** (3 minutes)
  - Changes in the clinic
- **Set agenda** (2 minutes)
- **Conduct case reviews** (40 minutes)
- **Brief updates** (10 minutes)
  - Follow up on recommendations for patients previously reviewed
- **Wrap-up** (5 minutes)
  - Set and assign action items
  - Confirm next SCR session date and time

Prioritizing patients for discussion during systematic case review

1. Urgent patients; patients with safety concerns
2. Specific questions from treating provider, patient, or BHCM
3. Newly enrolled patients
4. Systematic case review through registry sorting methods:
    a. Patients who are worsening or not improving
    b. Patients with PHQ-9 or GAD-7 scores in the severe range
    c. Patients not recently discussed
    d. Patients who are not engaging in care
    e. Patients in remission and may be ready for relapse prevention planning

Suggested case review format

1. BHCM **presents case** uninterrupted
2. PC asks **clarifying questions**
3. PC discusses **treatment recommendations**, explaining rationale and BHCM role in implementation
4. BHCM asks **clarifying questions**
5. Follow your practice protocol for **documentation**

Case presentation template

- **Medical record number**
- **Brief ID**: name, age, gender
- **Referred by**
- **Chief Complaint:** reason for referral, patient's main concern
- **Symptoms of concern:** diagnostic criteria: mood, affect, sleep, energy, memory, etc.
- **Outcome measure scores:** do individual items match up with symptoms of concern?
- **Suicidal ideation/homicidal ideation:** positive Q9? Elaborate on nature of SI, along with safety planning and history
- **Behavioral health history and treatment:** previous episodes, therapy, hospitalizations, effectiveness
- **Current and previous psychotropic medications:** length, dose, efficacy, side effects, compliance
- **Substance use:** current, past
- **Medical conditions**
- **Allergies**
- **Psychosocial concerns:** brief, high-level
- **Initial treatment plan**
- **Other important details**

Case presentation example

- Medical record number
- ☑ Brief ID
- ☑ Referred by
- ☑ Chief Complaint
- ☑ Symptoms of concern
- ☑ Outcome measure scores
- ☑ Suicidal ideation/homicidal ideation
- ☑ Behavioral health history and treatment
- ☑ Current and previous psychotropic medications
- ☑ Substance use
- ☑ Medical conditions
- ☑ Allergies
- ☑ Psychosocial concerns
- ☑ Initial treatment plan
- Other important details

Activity: preparing a case presentation

- Two documents:
  - Completed patient intake
  - Case presentation template
- Use the intake information to fill out the case presentation template
- Practice delivering your case presentation

Activity: case presentation template (1 of 2)

- **Medical record number:** 123456789
- **Brief ID**: Ukon Corneilus, 56-year-old cisgender, straight, male
- **Referred by:** Dr. Evermore Holiday
- **Chief Complaint:** Concern for depression
- **Symptoms of concern:** Flat affect, no enjoyment in anything anymore, sleeping a lot, self isolating, difficulty concentrating
- **Outcome measure scores:** PHQ-9=13, GAD-7 = 3, Endorsed items are consistent with history provided during interview
- **Suicidal ideation/homicidal ideation:** No current or historic S/H ideation, intent, plan or access, no weapons or medications in the home
- **Behavioral health history and treatment:** Brief, effective counseling in graduate school for depression; 6 months of effective counseling for prolonged grief following brother's suicide

Activity: case presentation template (2 of 2)

- **Current and previous psychotropic medications:** None
- **Substance use:** Tried marijuana 3 x in college, patient denies all other substance use (ETOH, illicit, nicotine, prescription)
- **Medical conditions:** None
- **Allergies:** None
- **Psychosocial concerns:** Recently retired, unemployed, no social interactions, interests or involvement
- **Initial treatment plan:** Next BHCM visit in 1 week to begin self management plan development and behavioral activation
- **Other important details:** Wife has expressed concern to him, he was surprised to learn that he scored as moderately depressed, he readily engaged in CoCM

Case presentation (1 of 2)

Ukon Corneilus is a 56-year-old cisgender man (MRN 1234567) who was referred by Dr. Evermore Holiday for symptoms of depression – primarily excessive sleep, low energy, difficulty concentrating and flat affect. Upon referral, his PHQ-9 was 13 and GAD-7 was 3.

He and his wife are recently retired university professors who moved from Alaska to Michigan 6 months ago to care for his wife's parents. He is currently un-employed with no activities, interests, or involvement outside of the home. He spends his days in his study with little interaction with anyone and often spends the night there as well. He has two adult children who do not reside locally and no friends in the area either.

He has no current or historic suicidal or homicidal ideation, plan, intent or means. There are no weapons or prescription medications in the home. He had one episode of depression in his early 20s for which he received effective therapy and required no medications. 9 years ago, he returned to counseling for 6 months to address prolonged grief after his brother took his own life. His brother carried a diagnosis of bipolar disorder. There is no other family mental health history known.

Case presentation (2 of 2)

Mr. Corneilus has never taken psychotropic medication or been hospitalized for mental health concerns. Beyond smoking marijuana 3 times in college, he denies all other substance use including alcohol, nicotine, illicit drugs, and tobacco. He has no significant history of illness or injury, acute or chronic and has no known allergies. He has no current medical conditions and takes no prescription medications. He does take vitamins and supplements as needed to manage acute physical concerns.

Scoring in the moderately depressed range on the PHQ-9 came as a bit of a surprise to him and piqued his curiosity. He planned to talk to his wife about her perspective on this as she has expressed some concern. He consented to, and enrolled in CoCM, identified his self-isolating behaviors as his first target for intervention and is not interested in medications at this time. I have a follow up appointment with him next week to begin self-management planning and behavioral activation surrounding self-isolation behaviors.

Resources

- Systematic Case Review Guidelines