

# Systematic case review tool and psychiatric consultation



# Learning objectives

- List the required and recommended features of a systematic case review (SCR) tool.
- Prioritize patients to be discussed during systematic case review (SCR).



# Structured behavioral health assessment

- After receiving a referral for CoCM, the BHCM completes a comprehensive behavioral health assessment with the patient:
  - Presenting symptoms
  - Psychiatric treatment history
    - Medications
    - Therapy
  - History of psychosis
  - Risk assessment
  - Substance use
  - Psychosocial factors
  - Administer outcome measures (PHQ-9, GAD-7)



# Purpose of a systematic case review tool

- Facilitates a **population health approach** (no one falls through the cracks)
- Easy reference for **caseload management**
- Facilitates systematic case review
- Tracks **patient engagement** (dates of contact, etc.)
- Tracks **outcomes** (PHQ-9 and GAD-7)
- Identifies patients who are **not responding to treatment**

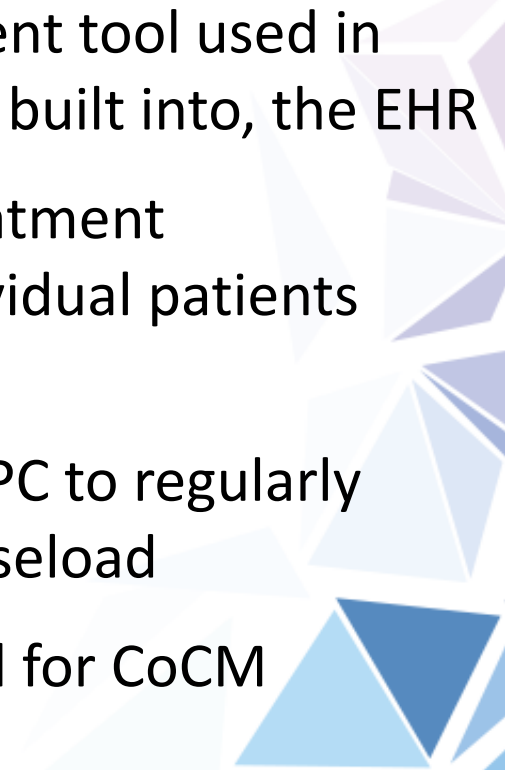


# Disease registry vs. systematic case review tool

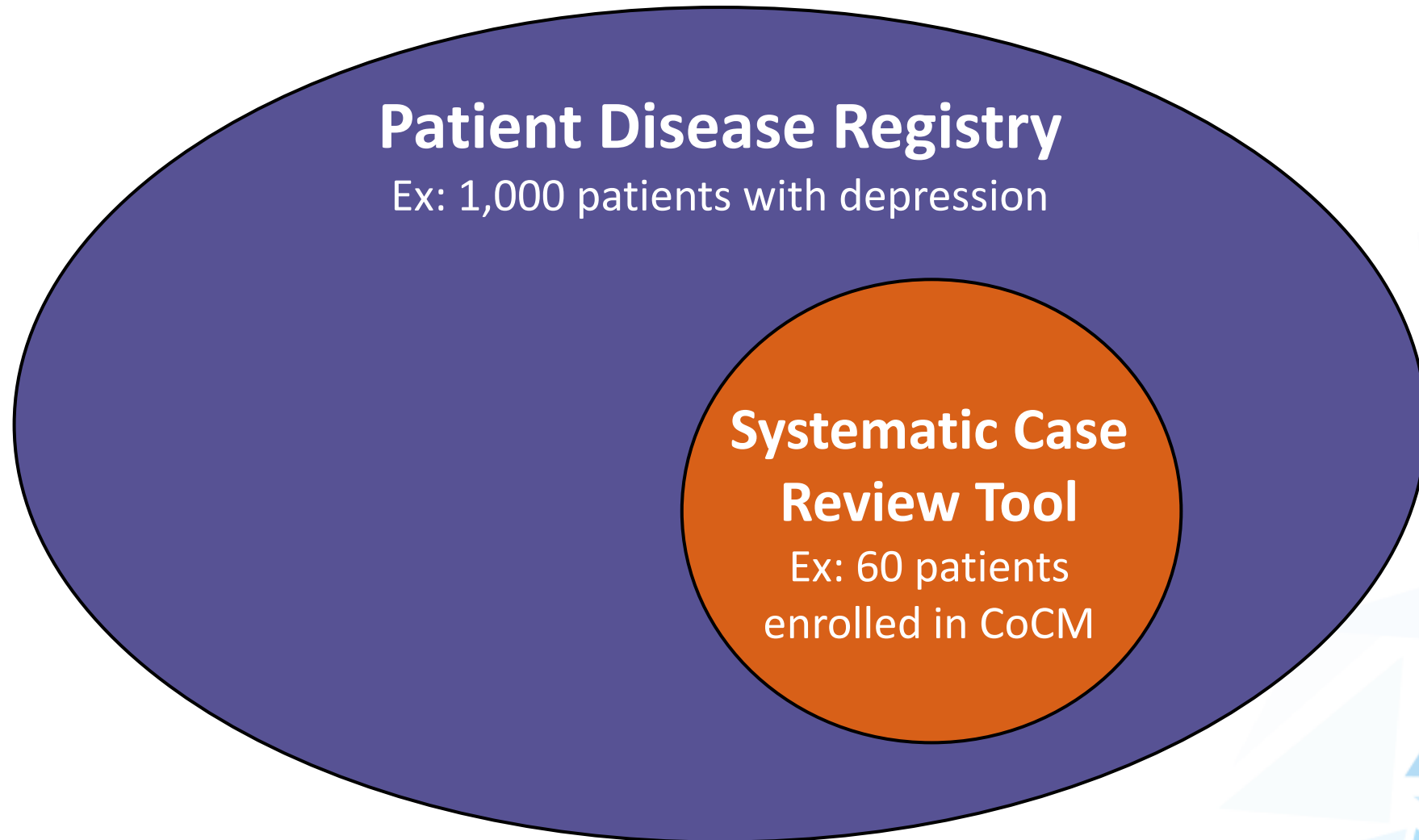
## Disease Registry

- List of patients with a diagnosis of depression, anxiety, or other behavioral health condition
- Could be incorporated into existing chronic disease registry
- Could be used to identify patients who are eligible for the CoCM services
- Often static

## Systematic Case Review Tool

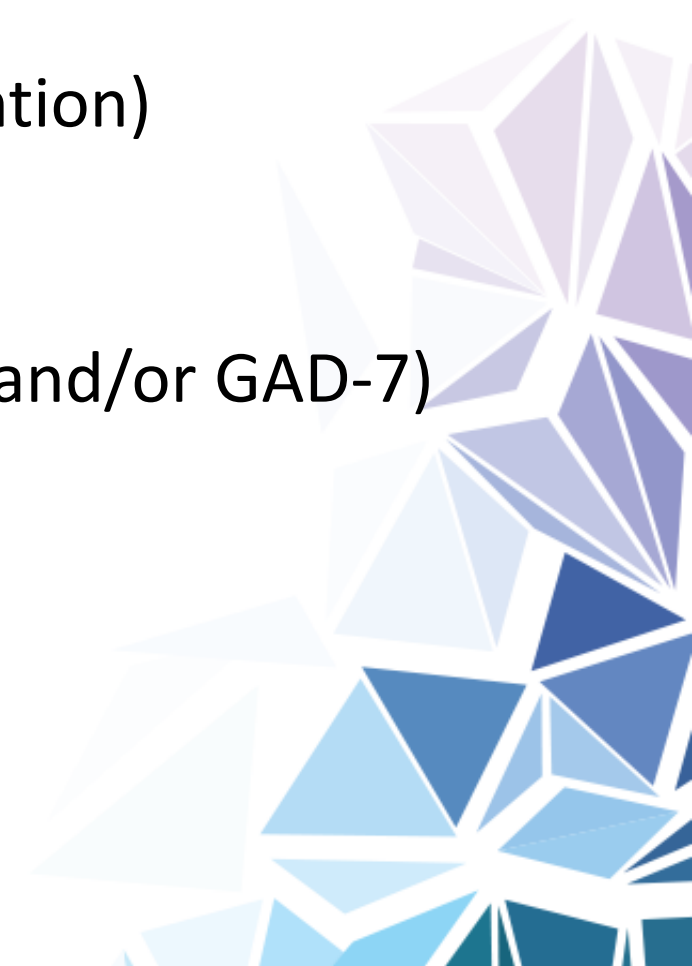
- Caseload management tool used in conjunction with, or built into, the EHR
  - Summary of key treatment information for individual patients and entire caseload
  - Used by BHCM and PC to regularly review the CoCM caseload
  - Clinical tool required for CoCM service delivery
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# Relationship of registry and SCR tool



# Systematic case review tool components required by Blue Cross Blue Shield of Michigan

- Patient identification
- Treatment status (e.g., active, inactive, relapse prevention)
- Date of enrollment and disenrollment
- Baseline and most recent outcome measures (PHQ-9 and/or GAD-7) and dates



# Recommended components of a systematic case review tool

- Overall change in outcome scores (i.e., difference between initial and most recent scores)
- Most recent change in outcome scores (i.e., difference in two most recent scores)
- Date of most recent BHCM contact or next scheduled contact date
- Date of most recent systematic case review discussion
- Outstanding psychiatric treatment recommendations
- Flags to
  - Discuss in panel review
  - Visualize how patient conditions are improving or worsening
  - Indicate patients who would benefit from contact or updated outcome measures





# Systematic case review tool example

Patient Information		Contact Information					Depression Outcomes					Psychiatric Panel Review Information			
Name	Treatment Status	Date of Initial Contact	Date of Most Recent Contact	Number of Patient Contacts Completed	Weeks in Treatment	Date Next Contact Due	Initial PHQ-9	Most Recent PHQ-9	Difference in Most Recent PHQ-9	Most Recent PHQ-9 #9	Date of Most Recent PHQ-9	Date of Most Recent Panel Review	Flag to Discuss	Patients Not Improving at 8 Wks	Outstanding Psych Recs
Lion, Leo	Active	12/17/18	▶ 3/29/19	3	19	▶ 4/28/19	21	21	0	0	▶ 3/29/19	▶ 4/5/19			
Doe, Jane	Active	4/12/19	▶ 4/22/19	3	2	▶ 4/29/19	17			0	▶ 4/12/19	▶ 4/19/19	Flag to Discuss		
Green, Sky	Active	12/24/18	▶ 4/17/19	6	18	▶ 5/1/19	17	5	-5	0	▶ 4/17/19	▶ 4/17/19			
Smith, John	Active	2/28/19	▶ 4/17/19	2	9	▶ 5/1/19	7	8	▶ 1	0	▶ 4/17/19	▶ 4/19/19		Attn Needed	

# Categories of psychiatric consultation recommendations

## Diagnosis and level of care recommendations

- Consolidate or clarify other diagnoses listed in medical record
- Recommend alternative level of care

## Information gathering recommendations

- Asking patient or their loved ones for more information
- Conduct lab testing or other medical workups

## Treatment and monitoring recommendations

- Review safety concerns including suicide risk and controlled substances
- Recommend or adjust psychotropic medications, or other medications that impact mental health
- Guide behavioral intervention approach
- Ensure ongoing outcome measures are completed

# 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. Use systematic case review tool to sort:
  - 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



# Systematic case review demonstration



# Guidelines for SCR meeting times in established, high functioning teams<sup>1</sup>

Caseload size	SCR time allocation*
0-15 patients	½ hour every other week
15-30 patients	½ hour weekly
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 psychiatrists to prepare, document and follow-up on recommendations.

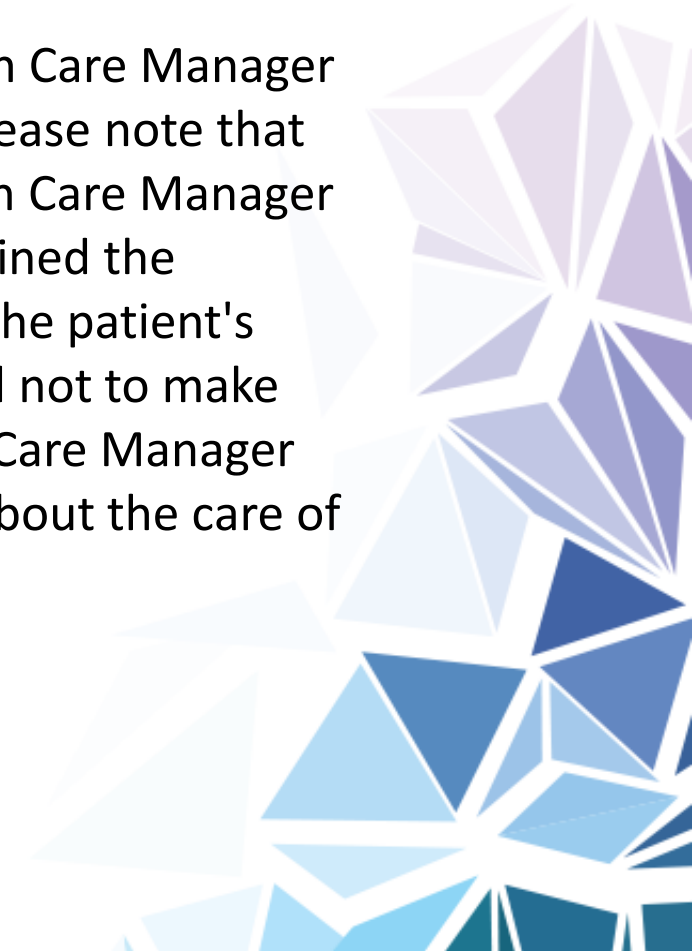
# Sample psychiatric consultant systematic case review documentation (1 of 2)

Hello [REFERRING PROVIDER NAME],

I had the opportunity to discuss patient @NAME@ with our Behavioral Health Care Manager in our weekly clinical meeting. Please see below for my recommendations. Please note that these recommendations are based on consultation with the Behavioral Health Care Manager and a review of information available in the chart. 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. The patient is/was instructed not to make any medication adjustments until instructed by you or the Behavioral Health Care Manager after consulting with you. Please feel free to contact me with any questions about the care of this patient.

[PSYCHIATRIC CONSULTANT NAME]

**Brief Summary**



# Sample psychiatric consultant systematic case review documentation (2 of 2)

## Recommendations

- Behavioral health care manager, [NAME], will continue to follow patient for symptom monitoring and support.

## Possible Side Effects

## Scores

- PHQ-9:            GAD-7:

## Background and Decision-Making

## Safety Concerns

## Substance Use Concerns

## Previous Medication Trials





# 21st Century Cures Act

- Impact on medical documentation visibility by patients
- In your Collaborative Care program, which notes will be visible to patients?



# Communication and documentation

- How will the Psychiatric Consultant's recommendations reach the referring provider?
- How will the behavioral health care manager know when the referring provider has reviewed the recommendations and decided about implementation?



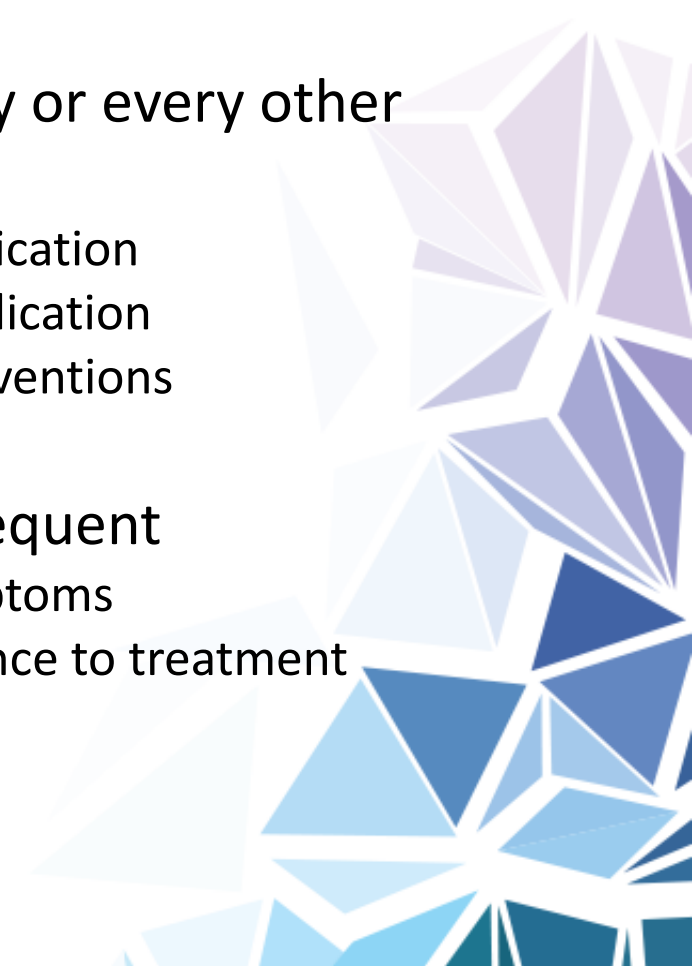
# BHCM interventions

## Types of interventions

- Motivational Interviewing
- Problem-Solving Treatment
- Behavioral Activation
- Medication monitoring
- Psychoeducation
- Relapse prevention planning

## Frequency of contact

- Initial focus: Weekly or every other week
  - Adherence to medication
  - Side effects of medication
  - Follow-up on interventions
- Later focus: Less frequent
  - Resolution of symptoms
  - Long-term adherence to treatment



# Treat-to-target: defining improvement

## **Adjust the treatment plan until targets are achieved**

- Monitor patient's progress
- Provide robust outreach to the patient
- Assess patient's adherence throughout treatment
- Adjust treatment as indicated

## **Validated Outcome Measures**

- PHQ-9 (Patient Health Questionnaire)—Depression screening
- GAD-7 (Generalized Anxiety Disorder)—Anxiety screening

## **Improvement**

- 5-point reduction in score = Improvement
- 50% reduction in score = Response
- Score less than 5 = Remission



# Resources

- [Systematic Case Review Guidelines](#)
- [Psychiatric Consultant EHR Documentation Workflow](#)
- [Documentation Toolkit](#)



# References

1. Bauer AM, Williams MD, Ratzliff A, Unützer J. Best Practices for Systematic Case Review in Collaborative Care. *Psychiatr Serv.* 2019;70(11):1064-1067. doi:10.1176/appi.ps.201900085

