



CHAMP Active Caseload Review

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Please send your "Name, Role, Site" in the chat box.
This is required for attendance.

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CHAMP Introductions



Mark Duncan, MD
Psychiatric Consultant
& PCP Trainer



Paul Barry, MSW, LICSW
Behavioral Health
Clinician Trainer

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Learning Objectives



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

- Recall the critical role the registry plays in supporting care
- Understand how to use the registry to identify patients who need additional support
- Practice prioritizing patients to review

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How Does a Registry Help?



- Keep track so no one "falls through the cracks"
 - Ensures all patients are treated
 - Keeps the BHCM aware of what's happening for each patient
- Shows who needs additional attention
 - Not in contact
 - Not improving
 - Outcome of referrals
- Facilitates communication with PCP and psychiatric consultant

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Measurement-Based Treatment to Target



- Proactive treatment adjustment
 - Avoid patients staying on ineffective treatments for too long
 - Treatment plan “shelf life” = 10-12 weeks max
 - Full, partial, no response
- Know when to refer for consultation/get help

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The Registry Provides Critical Information about Patient Progress



- Track and consider:
 - 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?

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Generating a Caseload Review List: BHCM



- Each Appointment is a decision point
 - Is my patient making progress?
- Three-step process
 1. Use a BH measure each time to provide data
 - E.g., PHQ-9, OTRI-4
 2. Track and consider what is happening
 3. Do I need to consult and/or change what I am doing?
- Make a note to add these patients to your review list, if needed

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Generating a Caseload Review List: PC



- Leveraging the registry
 - Use the sorting feature
 - Compare your list with the BHCMs
 - Save time at the end of the caseload review to cover any additional patients that you prioritized

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Care Management Tracking System (CMTS)

Practice Caseload

ACTIVE PATIENTS Report for: [BH Care Manager / MOUD Prescriber / Psychiatric Consultant / PCP / Clinic]
Report created on: 3/31/2021

Pt ID	Status	Wks in Tx	BH Care Management				PHQ-9	GAD-7	CHAMP INTERVENTION													
			Last CM Encounter	# CM Encounters	Last PIN	Next Appt			BA Contacts	CM No Show Rate	MOUD				Urine Drug Screen							
											First	Last	First	Last	OTR-4	Initiation Date	Last Prescriber Encounter	Prescriber No Show Rate	Rx	Days Prescribed	Last Reported Adherence	Rx
1	T	6	3/29/21	6	1/24/21	4/12/21	100%		17	10*	7	5	0	1/20/21	3/28/21	0%	Suboxone 16mg/4mg	14	Y	Y	N	N
2	T	20	3/14/21	8	2/7/21	4/17/21	50%	25%	10	4	10	4*	2	11/25/20	3/15/21	10%	Suboxone 8mg/2mg	14	Y	Y	Y	Y
3	T	2	3/24/21	2		4/1/21		0%	12	12	8	7	4	3/24/21	3/24/21	0%	suboxone 8mg/4mg	7	N	Y	Y	Y
4	T	15	10/24/20	8	3/12/21	4/4/21	100%	10%	15	20*	10	15*	0	12/14/20	3/24/21	0%	suboxone 12mg/3mg	30	Y	Y	N	N
5	T	3	3/30/21	5	3/21/21	4/10/21		0%	15	22	12	13	3	3/13/21	3/24/21	0%	Suboxone 16mg/4mg	7	N	Y	Y	Y
6	T	11	3/25/21	10	2/15/21	4/8/21	33%	20%	15	8	14	9	0	1/14/21	3/24/21	20%	suboxone 24mg/6mg	14	N	Y	N	N
7	T	1	3/29/21	1		4/5/21			21		17		3	3/29/21	3/29/21		Suboxone 16mg/4mg	7	Y	Y	Y	Y
8	RSP	22	3/15/21	12	1/12/21	4/17/21	75%	20%	22	7	19	3	1	10/30/20	3/29/21	0%	suboxone 8mg/4mg	30	Y	Y	N	N
9	T	16	3/20/21	7	3/7/21		50%	15%	18	15	16	3	2	11/8/20	2/26/21	15%	suboxone 12mg/3mg	30	N	N	Y	N

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Opioid Treatment Response Inventory-4

A PHQ9 for OUD?



Any Questions?

Name: _____ Date: _____

Opioid Treatment Response Inventory – OTRI-4

The following four questions ask you about symptoms of opioid use. Please indicate your answer by circling the correct response.

In the past week...		
1. Have you had any opioid withdrawal symptoms?	Yes	No
2. Have you had any opioid craving?	Yes	No
3. Have you used any illicit opioids?	Yes	No
4. Have you had any medication side effects?	Yes	No

Scoring: Yes=1, any score ≥1 should prompt consideration for a treatment course change.

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BHCM Encounter



Care Manager (Initial) Encounter

Date of Contact: * 1/15/2020

Urine Drug Test:
 Prescribed MOUD: Yes No
 Illicit Opioids: Yes No
 Other Illicit Substance: Yes No

Diagnoses *
 Opioid Use Disorder SUD - Alcohol
 Anxiety SUD - Stimulants
 Bipolar Disorder SUD - Cannabis
 Depression SUD - Tobacco
 PTSD SUD - Benzodiazepine
 Schizoaffective Disorder Other (Specify below):

PHQ-9
 GAD-7
 PCL-5 (one week look-back)

Opioid Treatment Response Inventory (OTRI-4)
 In the past week, have you experienced any:
 Opioid withdrawal symptoms Yes No
 Opioid craving Yes No
 Illicit opioid use Yes No
 Medication side effects Yes No

Medication for OUD Adherence
 Last prescriber encounter: 1/10/2020 (7 days ago)
 Since your last BH Care Manager appointment, did you take MOUD at the dosage prescribed every:
 yes
 no
 # No, did you take? _____
 Days not prescribed: _____
 Adherence notes: _____

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Medical Encounter



MOUD Prescriber Encounter

* = required fields
 This note type appears for all pa

Date of Prescription: * #####

Medication for OUD

Last prescriber encounter: 1/10/2020 (7 days ago)
 Dispensed: 7 days supply of Buprenorphine
 Frequency: twice a day

Name *	Frequency *	Daily Dose *	Days prescribed (Days to next prescriber follow up)
Buprenorphine	Twice a day	16 mg	7

If MOUD was discontinued, indicate why medication was stopped: *
 Patient decision

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CMTS Handout: Page 1



Practice Caseload Activity

The purpose of the following activity is to practice identifying and prioritizing patients to talk about in a caseload review. The addition of OUD to a typical collaborative care registry will necessitate understanding the impact of OUD-specific treatment markers and how to weigh their importance versus mental health treatment markers. This exercise will help develop that knowledge base to support efficient data review and patient prioritization.

Instructions:

1. Look at the CMTS "Active Patients" list below.
2. Identify **4 patients** you would want to prioritize for a weekly caseload review, using points below as a guide.
3. With your team member, compare the patients you each identified for prioritization. If different, discuss why you chose to prioritize that patient.
4. If you have time, look at the rest of the patients on the caseload and discuss what's going on with them: Who is not engaging or having other difficulties? Who is ready for a Recovery Support Plan and the end of this episode of care?

CHAMP Systematic Caseload Review: Things to Consider

1. Identify patients presenting with acute safety risks.
2. Identify patients who may be out of their Medications for Opioid Use Disorder (MOUD).
3. Identify patients with high Opioid Treatment Response Inventory (OTRI) scores.
4. Identify patients facing challenges to OUD treatment adherence.
5. Identify patients with no contact with a BHCM in the past 2 weeks.
6. Identify patients with significantly elevated PHQ scores.
7. Identify patients who have been in treatment for 10+ weeks without significant improvement.
8. Identify patients without a psychiatric consultation note, and a PHQ and/or GAD score above 10, or OTRI score of 1 or above.
9. Identify patients who are ready for recovery support planning, as indicated by:
 - OTRI score less than 1, over past 8 weeks
 - PHQ score less than 10
 - GAD score less than 10, or 5 points improved from first score
 - PCL-5 score over 33, or a 15-point reduction from baseline

Collaborating to Heal Addiction and Mental Health in Primary Care

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Activity Instructions



- Review the registry individually
- Mark the four patients who you would prioritize for discussion
- Compare your two lists, and discuss why you chose each
- If you have time: What's going on with the other patients on the "caseload"
- Prepare to report out to the larger group why you prioritized these patients

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Zoom Breakout Rooms



- Each clinic team will have their own breakout room
- We will notify when to start role plays, and after each 5 minute block
- You will be notified 1 minute before end of session
- Return to main session will happen automatically
 - **Do NOT click "Leave Meeting"**
- Need help?
 - Designate 1 person to return to the main session to talk with the facilitators

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Debrief Activity



- Poll: Which 3 patients would you prioritize highest for a caseload review?
 - Select your choices in the pop-up window
- Any patients that you prioritized that the other teams didn't prioritize?
- Do you want to share your rationale for your choice?

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Answer Key



This is one way to prioritize the list, but any of the top 4 patients would be good to start with.

Pt	Reasoning
9	Patient appears to have relapsed and is out of meds now. Needs outreach.
5	Early in treatment with ongoing substance use and worsening PHQ-9. High risk for drop-out. Needs to discuss engagement, OUD treatment.
2	Poor engagement. Opioid and other drug use is ongoing.
3	New patient and needs review. High OTRI-4. PHQ-9 is moderate and may represent more of a substance-induced mood disorder.
7	New patient and needs review. Scores are all high. OUD is still stabilizing.
4	Worsening depressive symptoms OUD looks stable. How is MHD treatment going?
6	Need to start RSP.
8	Need to discuss when termination of episode is happening.
1	Doing well currently. I would continue with the current treatment plan.

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QUESTIONS?



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Feedback Survey



- Please complete our feedback survey:
<https://redcap.link/champevalint2>

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Upcoming Team Trainings



- Clinical Delivery Training #2.....4/7/21 @ 1:00 pm (PDT)

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THANK YOU FOR
JOINING US TODAY!



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