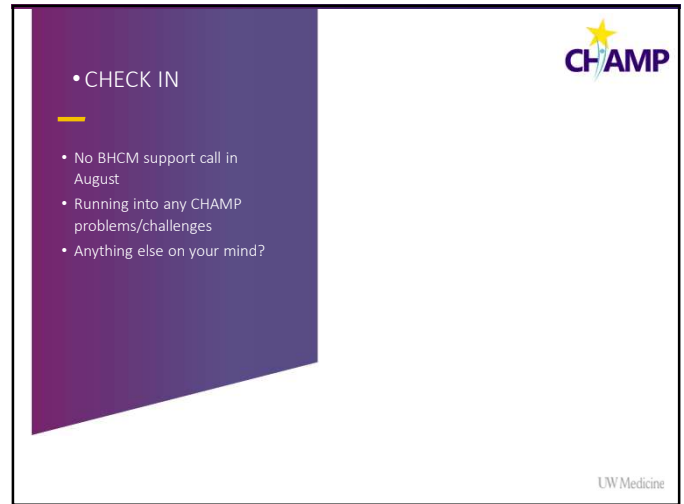**Slide 1**

CHAMP

Registry Metrics

PAUL BARRY, MSW, LICSW
CLINICIAN TRAINER AND PRACTICE COACH

UW Medicine
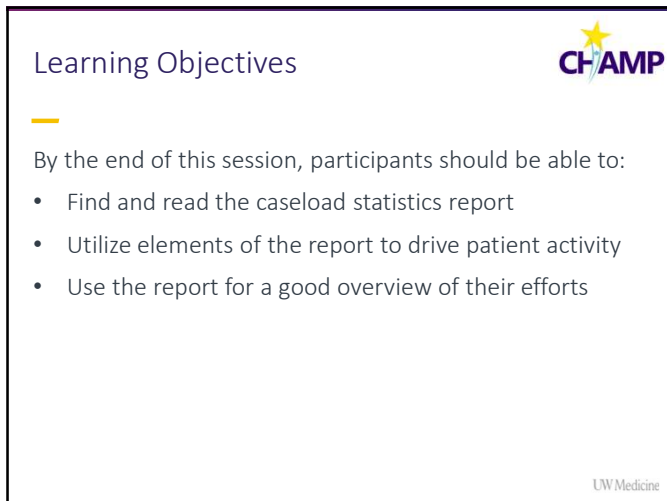
1

Slide 2

CHAMP

- CHECK IN

- No BHCM support call in August
- Running into any CHAMP problems/challenges
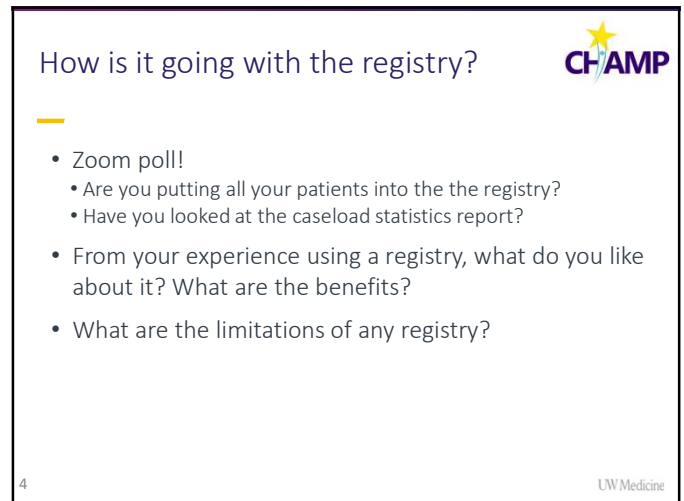- Anything else on your mind?

UW Medicine

2

Slide 3

Learning Objectives

CHAMP

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

- Find and read the caseload statistics report
- Utilize elements of the report to drive patient activity
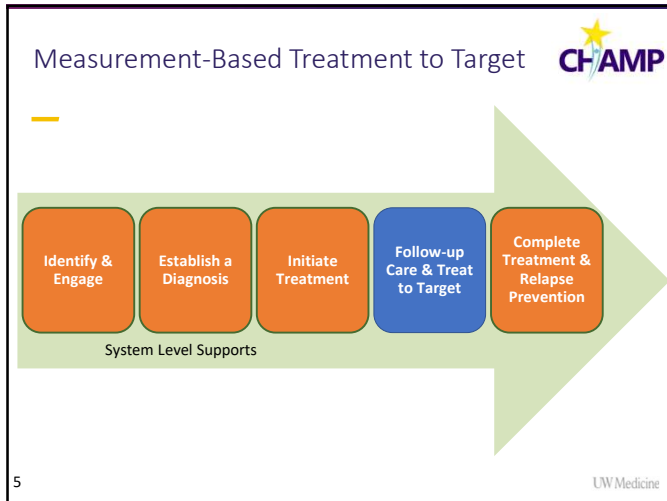- Use the report for a good overview of their efforts

UW Medicine

3

Slide 4

How is it going with the registry?
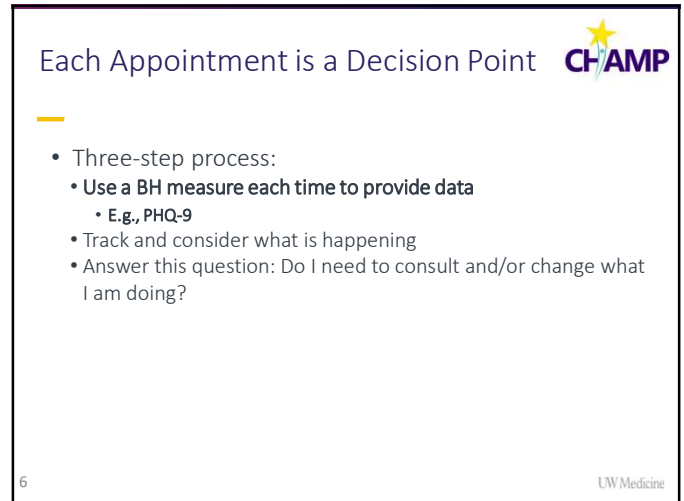
CHAMP

- Zoom poll!
  - Are you putting all your patients into the the registry?
  - Have you looked at the caseload statistics report?

- From your experience using a registry, what do you like about it? What are the benefits?

- What are the limitations of any registry?
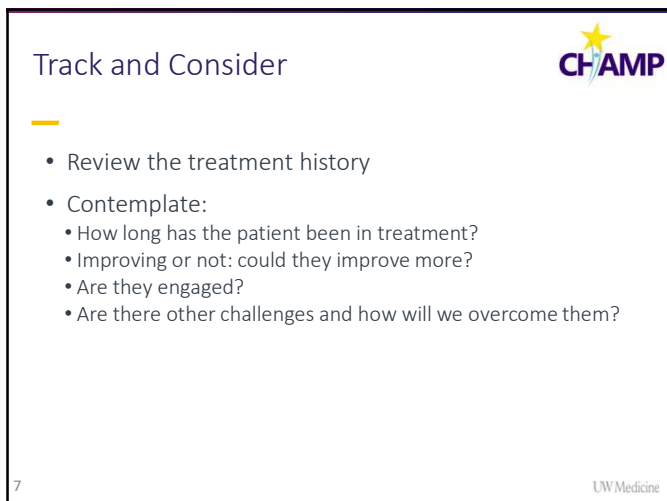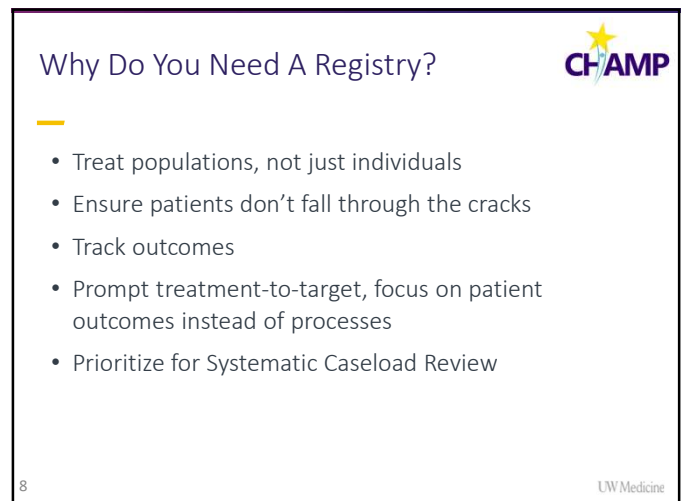
UW Medicine

4

Measurement-Based Treatment to Target — CHAMP

Identify & Engage | Establish a Diagnosis | Initiate Treatment | **Follow-up Care & Treat to Target** | Complete Treatment & Relapse Prevention

System Level Supports

5

Each Appointment is a Decision Point — CHAMP

- Three-step process:
  - Use a BH measure each time to provide data
    - E.g., PHQ-9
  - Track and consider what is happening
  - Answer this question: Do I need to consult and/or change what I am doing?

6

Track and Consider — CHAMP

- Review the treatment history

- Contemplate:
  - 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?

7

Why Do You Need A Registry? — CHAMP

- Treat populations, not just individuals

- Ensure patients don't fall through the cracks

- Track outcomes

- Prompt treatment-to-target, focus on patient outcomes instead of processes

- Prioritize for Systematic Caseload Review

8

Registry- Patients in Active Caseload

9

Utilizing Registry Metrics

- Where is this information located in my registry?
- What information does this metric provide and how is it useful to my role as a BHCM?
- Is this metric critical for taking immediate action with my caseload?

10

Caseload Statistics Report

11

Actionable Metrics

12

Actionable Metrics 1

CHAMP

| Clinic | Current Caseload | Avg # CM Enc | Care Manager Contacts | | | | Psychiatric Consultation Note | | | Average PHQ | | Average GAD | | Average OTRI | |
			Contacts w/ Scale	Avg # By Phone/Video	CM No Show Rate	# in RSP	# Flagged	# w/ P/N	Not Imprv w/o P/N	First	Last	First	Last	First	Last
Intervention Clinic	44	1.7	91%	0.3 (19%)	2/5 (40%)	1 (3%)	18 (41%)	14 (47%)	25	16.0	15.8	12.6	12.2	2.0	1.8
Intervention Clinic 2	8	1	100%	0 (0%)	-/0 (-%)	0 (0%)	4 (50%)	1 (20%)	4	9	9	7.6	7.6	0.4	0.4
All	52	1.6	92%	0.3 (18%)	2/5 (40%)	1 (3%)	22 (42%)	15 (43%)	29	14.8	14.7	11.7	11.4	1.7	1.5

⭐ ⭐ ⭐ ⭐ ⭐

UW Medicine

13

Actionable Metrics 2

CHAMP

| PHQ | | GAD | | Prescriber No Show Rate | Average Bup Dose (mg) |
No Response	No Remission	Not Improved	Score of 10+		
21 / 21 (100%)	21 / 21 (100%)	16 / 17 (94%)	17 / 17 (100%)	- / 0 (-%)	10.3
3 / 3 (100%)	3 / 3 (100%)	2 / 2 (100%)	2 / 2 (100%)	- / 0 (-%)	16
24 / 24 (100%)	24 / 24 (100%)	18 / 19 (95%)	19 / 19 (100%)	- / 0 (-%)	10.6

⭐ ⭐

UW Medicine

14

Caseload Size

CHAMP

- Current Caseload: # of active patients on your caseload
  - Compared to target caseload capacity
- Registry analysis and potential action items for BHCM if
  …the caseload is full?
  …the caseload is low?

15

UW Medicine

15

Screening Rate

CHAMP

- Contacts with Scale: percentage of contacts with active patients that have a completed scale/screening measure
  - Suggested target for measures completion is a minimum of 75% per month
- What are some possible reasons for this number being low?
- What are potential action items for the BHCM to improve screening rates?

16

UW Medicine

16

Recovery Support Plan(RSP)

CHAMP

- # in RSP: number and percentage of active patients who are in RSP status
  - Suggested target is 10-20%

- What are potential action items for the BHCM if this # in RSP metric is high or low?

17

UW Medicine

17

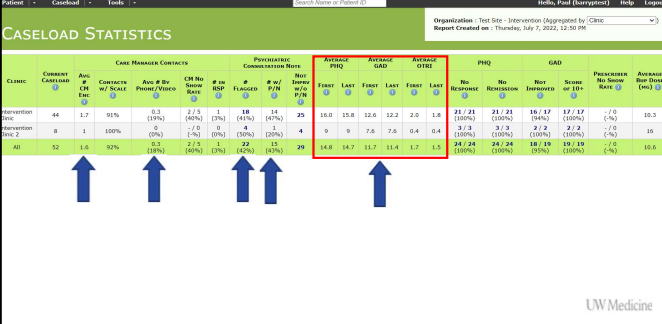## Clinical Outcomes

CHAMP

- Not improved without psychiatric consultation
- PHQ – no response/no remission
- GAD – not improved/score of 10+

- BHCM questions to consider:
  - How recent are the symptom measures?
  - Were the most recent treatment change recommendations acted upon by the Patient, PCP and/or BHCM?
  - Has enough time passed for the treatment change to take effect?
  - Has anything changed about the patient's situation?
  - Is a referral to specialty care warranted for any of these patients?

18

UW Medicine

18

Helpful Metrics

CHAMP

19

UW Medicine

19

CHAMP CMTS User Guide

CHAMP

CASELOAD STATISTICS PAGE

To view the Caseload Statistics page, navigate to *Caseload > Caseload Statistics*. This report displays data summarized by Provider, Clinic, or Organization rather than by individual patient.

With this information you can view the average status of patients at baseline and at their most recent visits, make comparisons between clinic vs. phone/video encounters, identify which patients are not improving AND have not yet had a Psychiatric Consultation note entered, track CM and Prescriber no show rates and average prescribed Buprenorphine doses.

TIPS: Clicking any numbers that are blue links will allow you to drill-down and see the list of patients included in that particular calculation.

Use the drop-down menu in the top-right corner to aggregate the report by provider, clinic, or organization.

The sum of all the rows in the "# Pts" columns may be more than the "All" total in the bottom row. This is because a patient may be assigned to multiple clinics or providers, but will not be counted more than once in the "All" total in the bottom row.

https://aims.uw.edu/sites/default/files/CHAMP_CMTS_User_Guide_CMI.pdf

UW Medicine

20

CHAMP

Questions & Discussion

UW Medicine

21

CHAMP

THANK YOU FOR JOINING US TODAY!

If you'd like a private caseload statistics consult LMK!!

Paul Barry, LICSW
barryp@uw.edu

UW Medicine

22