



## Agenda



- CMTS update
- Using measures in session
- Caseload "cleanup"
- Review of caseload statistics

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### CMTS Caseload Statistics Update 9/8/22





- Now includes patients that have a PHQ-9 score of 5+ (instead of 10+) that have not achieved a 50% improvement (instead of 5-point improvement)
  - Aligns our definitions of remission/response/ improvement for both PHQ9 and GAD7 with the published cutoffs
  - Uses the definitions consistently on the various metrics and reports in the registry.

#### Integrating PHQ9 in Session-Telehealth



- Push out the screeners for telehealth/phone sessions
  - Aim for 50 % completion by phone (100% for live)
- Mail copies to patient ahead of time
  - Ask them to read results over phone/video to you

How can you send ahead of time in your clinic?

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# Integrating PHQ9 in Session- In-Person Visits



- Foundational element of Treatment to Target
  - Every patient every visit
- Use CMTS graphs with patients
  - Help patients understand change in scores over time and variability of symptoms
- Screeners assist in exploration of symptoms
  - A method of talking about depression as a constellation of symptoms
  - Critical psychoeducation

### Caseload Clean up



- All cases on the registry should be active cases
  - Patients with whom you have on-going regular contact (monthly at least)
- Episode of care approach
  - Deactivating completed/lost patients from the registry will make the registry a more useful tool
  - A contrast to *termination* these primary care patients can reenter your care at any time
- How many patients is a realistic goal given your appt lengths and hours in clinic?

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### Strategies for Caseload Clean up



- Use the Reminders page!
- Review patient highlighted in red
- How long has it been since you've seen the patient?
- Discharge any patients you have not seen in <u>3 months</u>
- Discharge any patient with whom you have attempted reengagement (e.g. two phone calls and a letter)
- Outreach attempt to remaining overdue patients

### Re-engaging no-shows



- Set aside a day to send out friendly letter to all patients who haven't been seen recently
- Mark your calendar to close their episode of care after two weeks if no return contact
- Set aside a list of folks with whom you are playing phone tag for more intensive outreach on a weekly basis
- Review EMR to see if a PCP appt is approaching, this may be an opportunity to reengage
- Put note in provider visit for the Provider/MA to grab you for a quick check in







