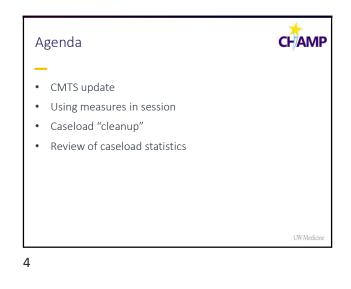


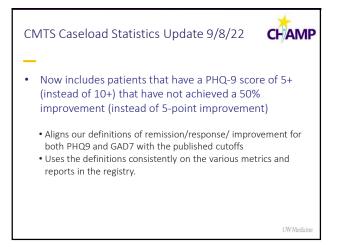
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CHECK IN
Any questions or concerns about CMTS/REDCap/ consenting or other research activities?
Anything else on your mind?







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

Opioid Treatment Response Inventory CHAMP (OTRI-4) Self Report Form Opioid-Treatment-Response-Inventory-OTRI-4¶ $\label{eq:constraint} The following-four-questions-ask-you-about-symptoms-of-opioid-use.-Please-indicate-you-answ circling-the-correct-response.--\P$ In the past week ¤ 1.-+ Have-you-had-any-opioid-withdrawal-symptoms?# Non 2.→ Have-you-had-any-opioid-craving?¤ Yest No¤ 3.→ Have-you-used-any-illicit-opioids?# Yesp No¤ 4.→ Have-you-had-any-medication-side-effects?¤ Yes¤ No¤ UW Media

8

Caseload Clean up



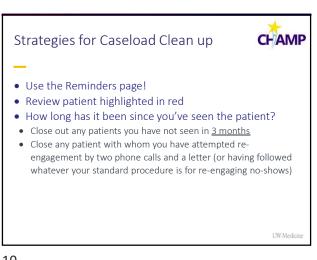
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CHAMP

- 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
- Removing 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
- In 35 clinical hours a week how many patients can you see in a month? 80? 90?

9

7



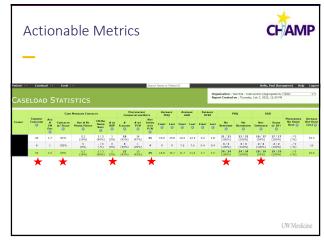
10

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

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Organization	CURRENT CASELOAD	CARE MANAGER CONTACTS					PSYCHIATRIC CONSULTATION NOTE			Average PHQ		Average GAD		Average	
		Avg # CM Enc	Contacts w/ Scale	Avg # By Phone/Video	CM No Show Rate	# IN RSP	# FLAGGED	# w/ P/N	Not Imprv w/o P/N	First		First		First	
Berkshire Health - Intervention	7	5.7	35%	3.6 (63%)	0 / 3 (0%)	0 (0%)	1 (14%)	6 (86%)	3	9.6	8.4	5.1	5.1	1	0
CHAS - Intervention	0		-%	(-%)	-/0 (-%)	(-%)	(-%)	(-%)	0						
Emory - Intervention	134	3.7	93%	0.9 (25%)	37 / 317 (12%)	0	6 (4%)	58 (45%)	31	14.1	11.8	12.1	11.0	0	0
Kootenai Health - Intervention	50	16.4	65%	4.5 (28%)	9 / 126 (7%)	0 (0%)	3 (6%)	24 (56%)	16	12.6	9.3	11.7	9.4	0.3	0
Morris - Intervention	96	9.5	73%	2.8 (30%)	0 / 153 (0%)	10 (11%)	0(0%)	70 (74%)	35	14.3	10.7	13.3	10.0	1.7	0
DneWorld CHC Intervention	31	13.4	68%	12.2 (91%)	5 / 90	2 (6%)	2 (6%)	23 (74%)	11	12.3	10.1	11.8	11.3	0.5	0.3
PeaceHealth -	114	7.4	55%	6.0 (81%)	2/348	0	3 (3%)	83	29	12.7	10.1	12.2	9.5	0.6	0.6
JWisconsin Tealth - Intervention	1	6	100%	5 (83%)	- / 0 (-%)	0(0%)	1 (100%)	(100%)	0	9	4	8	3	1	0
All	433	8.1	69%	3.9 (48%)	53 / 1037 (5%)	12 (3%)	16 (4%)	265 (66%)	125	13.4	10.7	12.2	10.2	0.2	0.1



