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Psychiatry & Behavioral Sciences

Working with your Psychiatric Provider: Systematic Caseload Review

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Learning Objectives

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

- Understand how to prepare for weekly systematic caseload reviews with the psychiatric consultant
- Understand how to discuss the active caseload with the psychiatric consultant
- Provide a brief and concise presentation to the psychiatric consultant

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Core Question in Reviewing a Case

Have the patient's goals been reached?

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graph TD; A[Have the patient's goals been reached?] --> B[If NO, adjust/intensify treatment]; A --> C[If YES, document progress and continue to monitor];
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PREPARING FOR THE SYSTEMATIC CASELOAD REVIEW SESSION

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BHCM Considerations Before Caseload Review

- Use registry to identify patients you want to discuss
- Review those cases and identify your concern and/or question
- Think about and/or review chart:
 - Do I have the information to aid in answering this question?

Each Appointment is a Decision Point

Three Step Process

1. Use a BH measure (e.g. PHQ-9) to provide data
2. Track and consider patient's context
 - 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?
3. Answer this question: Do I need to change treatment approach or a case consult?

Cases to Prioritize for Consultation

- New patients with a diagnostic or treatment question
- Existing patients with:
 - Current safety concerns or flagged for consultation
 - High PHQ/GAD scores and no recent review (> 4-8 weeks)
 - Potential benefit from direct psychiatric evaluation
 - Poor engagement in care (e.g., no follow-up for 4+ weeks)
 - Patients whose score indicates worsening symptoms
- Improved patients ready for relapse prevention planning
- Patients with a PCP that is requesting a case consultation

Job Aid – Preparing for SCR

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Guide to Preparing for Systematic Caseload Review
 Introduction: These prompts are intended to help a behavioral health care manager (BHCM) prepare for systematic caseload review (SCR).

Checklist:

- Identify dates the patients to your system/line or workflow and prepare to share with your psychiatric consultant.
- Identify patient cases to consider bringing to SCR to reviewing the registry for the following:
 - 1. Self-Administered Symptom Questionnaire (SASQ) (0-30)
 - 2. Self-Administered Symptom Questionnaire (SASQ) (0-30)
 - 3. Self-Administered Symptom Questionnaire (SASQ) (0-30)
 - 4. Self-Administered Symptom Questionnaire (SASQ) (0-30)
 - 5. Consider Successes & Worsen (0-30)
 - 6. Consider Date & Time of Next SCR Session

Case Identification Criteria

Patients with high PHQ/GAD scores and no recent review (> 4-8 weeks)
Patients with current safety concerns or flagged for consultation
Patients with poor engagement in care (e.g., no follow-up for 4+ weeks)
Patients whose score indicates worsening symptoms
Newly enrolled patients who have not been reviewed and have a diagnosis or treatment question
Improved patients ready for relapse prevention planning
Patients with a PCP that is requesting a case consultation

Additional Tasks:

- Review 5 of the identified cases. Set down preparation notes with concerns/questions and why they would like to discuss each case.
- Identify patients who have improved, transitioned to relapse prevention, or successfully completed an episode of Collaborative Care. Prepare to briefly share about and celebrate these successes!
- Consider if there are other things to discuss if there is extra time. Some ideas: growing your caseload or shared success, patient or PCP engagement strategies, or targeted education or check reports.
- Check the date/time of the next SCR session.

Reed et al., 2018

DURING THE SYSTEMATIC CASELOAD REVIEW

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Model Consultation Hour

- Set an agenda
- Brief check-in
 - Changes in the clinic
 - Systems questions
- Identify patients and conduct reviews
 - Follow-up on prior week's recommendations
 - Presentation to consultant of cases for review
 - Diagnostic and treatment decision making
 - Action planning, next steps
- Brief Updates
 - Follow-up on previous recommendations
- Wrap up
 - Celebrate successes!
 - Send any educational resources discussed
 - Confirm next consultation hour

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Job Aid – Agenda Template

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Practical Tips for First Few Caseload Review Sessions

1. Set the Agenda
 - Get into this habit from the beginning
2. PC and BHCM should discuss case presentation expectations
3. Use this time as an opportunity to learn together about diagnosis, medications, therapies, etc.!

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Using Psychiatric Consultation Time Efficiently During Caseload Review

- **From the registry:**
 - Acute Safety Risk (if flagged for this reason)
 - High PHQ scores
 - Patients not responding to treatment
- **Other:**
 - PCP questions
 - Interaction with the patient (e.g. patient reporting medication side effects)
 - Diagnostic complexity

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CASE PRESENTATION SKILLS

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Translating Between Professions

- **The in-depth relationship you build is critical**
- **All the information you gather is important**
 - However, it does not all need to be shared with the psychiatric consultant

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What Information Does the BHCM Need to Convey to the PC?

Case Presentation Format

- **Psychosocial history**
 - Briefly give a snapshot
- **Symptoms and history supporting diagnosis**
 - Including those suggesting more serious conditions
- **Medical history**
- **Psychiatric treatment/medication history**
- **Risk assessment**
- **Provisional plan**

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Presenting a Follow-Up for Case Review

- Even shorter
- Include:
 - Brief reminder of patient and initial presentation
 - Clinical updates and current life circumstances
 - Current question(s)

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QUESTIONS?

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References

- Bauer et al. (2019) Best Practices for Systematic Case Review in Collaborative Care, *Psychiatric Services in Advance*, 1-4. <https://ps.psychiatryonline.org>
- Ratzliff, A., Unützer, J., Katon, W., & Stephens, K. A., (2016). *Integrate Care: Creating Effective Mental and Primary Health Care Teams*. Wiley.

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