

CHAMP
BHCM

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Land Acknowledgment





The University of Washington acknowledges the Coast Salish people of this land, the land which touches the shared waters of all Tribes and bands within the Suquamish, Tulalip and Muckleshoot nations.

Photo Credit: Paul J Barry

<https://native-land.ca/>

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• CHECK IN

- Any questions or concerns about CMTS? New Year, new start!
- August end of recruitment- 360 (reduced) target- let's pull together!
- Any Fentanyl woes?
- Anything else on your mind?

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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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Questions from last week



- Why do you think we call it an "SCR"?
- What have you found works best in these consultation sessions?
- How do you incorporate OUD info in the session and how helpful is your PC around this issue?
- How is "managing up" for you?

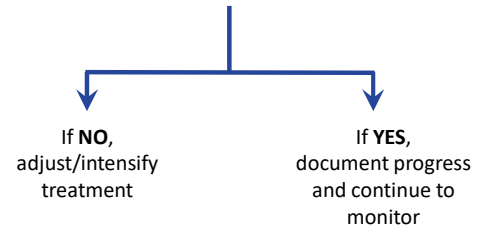
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Core Question in Reviewing a Case



Have the patient's goals been reached?



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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?

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Each Appointment is a Decision Point

Three Step Process

1. Use a BH measure (e.g. PHQ-9, OTRI) 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 get some new ideas with a case consult?

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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

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Job Aid – Preparing for SCR

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Psychiatry & Behavioral Sciences

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

Reflect on your own updates to your scratch/line or workflow and prepare to share with your psychiatric consultant.

Identify patient cases to consider bringing to SCR by reviewing the registry for the following:

Case Prioritization 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 scores indicate worsening symptoms
Directly involved patients who have not been reviewed and have a diagnostic or treatment question
Improved patients ready for relapse prevention planning
Patients with a PCP that is requesting a case consultation

Prioritize 3-7 of the identified cases. Set down preparation notes with concerns/questions and why you 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 clinical outcomes, patient or PCP engagement strategies, or ongoing education on related topics.

Check the date/times of the next SCR session.

BHCN: UNIVERSITY OF WASHINGTON | AIMS CENTER | 2022.04.01


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DURING THE SYSTEMATIC CASELOAD REVIEW

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Model Consultation Hour

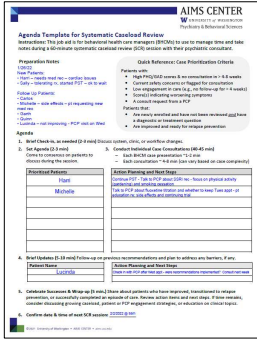


- Set an agenda
- Brief check-in
 - Changes in the clinic
 - Systems questions
- Identify patients and conduct reviews
 - Follow-up on prior week's recommendations
 - Presentation to consultant of cases for review
 - Diagnostic and treatment decision making
 - Action planning, next steps
- Brief Updates
 - 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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 Agenda Template for Systematic Caseload Review
 Intention: This job aid is for behavioral health case managers (BHCMS) to use to manage time and make notes during 30-minute systematic caseload review (SCR) sessions with their psychiatric consultant.

Preparation Items:

- Review patient chart
- Review patient history
- Review patient current medications
- Review patient current diagnoses
- Review patient current treatments
- Review patient current support services
- Review patient current goals
- Review patient current needs
- Review patient current barriers
- Review patient current strengths
- Review patient current resources
- Review patient current supports
- Review patient current community
- Review patient current culture
- Review patient current values
- Review patient current beliefs
- Review patient current attitudes
- Review patient current behaviors
- Review patient current emotions
- Review patient current thoughts
- Review patient current feelings
- Review patient current perceptions
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- Review patient current thoughts
- Review patient current feelings
- Review patient current perceptions
- Review patient current opinions

Agenda:

1. Brief check-in
2. Review updates
3. Review cases
4. Review recommendations
5. Review action plans
6. Review patient progress
7. Review patient needs
8. Review patient barriers
9. Review patient strengths
10. Review patient resources
11. Review patient supports
12. Review patient community
13. Review patient culture
14. Review patient values
15. Review patient beliefs
16. Review patient attitudes
17. Review patient behaviors
18. Review patient emotions
19. Review patient thoughts
20. Review patient feelings
21. Review patient perceptions
22. Review patient opinions

Review/Feedback:

- Review patient progress
- Review patient needs
- Review patient barriers
- Review patient strengths
- Review patient resources
- Review patient supports
- Review patient community
- Review patient culture
- Review patient values
- Review patient beliefs
- Review patient attitudes
- Review patient behaviors
- Review patient emotions
- Review patient thoughts
- Review patient feelings
- Review patient perceptions
- Review patient opinions

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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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Sample OUD presentation



- *This is a [age, sex, gender] who presents for [mental health symptoms] and OUD. Their mental health symptoms include the following and their PHQ9 is [x] and GAD is a [x]. They have [yes/no] SI.*
- *Their OUD is being treated with Buprenorphine-Naloxone [x]mg daily and they have been on it for the past [x] days/weeks.*
- *They are taking their Bup daily [or not] and have /have not missed their Bup appointments.*
- *Their OTRI is [x], and their current opioid use is This is within/exceeds their personal goals*
- *They have [or have not] been in OUD treatment before and...*

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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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Questions & Discussion



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THANK YOU FOR
JOINING US TODAY!



Next time-

- Enhancing efficiency in sessions
- CMTS review

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