

**Change Idea Presentation/Exercise:
Systematic Caseload Reviews (SCR)
(Care Coordination Clinical Team
Meetings)**

July 23rd, 10:15-11:30am

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Learning Objectives

Conducting Systematic Caseload Review team meetings to systemically review care coordination caseload using population management principles to assess and adjust care for patients with complex conditions.

- Identify at least three approaches to holding care coordination meetings for clients with complex conditions.
- CCC teams will develop structure, identify participants and initial schedule for their CCC population-based care coordination meeting(s).
- Teams will share “Systematic Caseload Review” team meeting strategies with other CCC teams.

Overview of Session Process

- **(15 min)** Goals and elements of CC Systematic Caseload Review (CC-SCR) meetings
- **(30 min)** Teams design CC-SCR meeting structure and process for their partnership
- **(20 min)** Report out on teams' CC-SCR plans—how will you test and modify, if needed?
- **(10 min)** Teams identify/make adjustments in CC-SCR plan based on ideas from prior discussion

Types of CC Meetings

Effective communication requires various kinds of meetings. Today we are focused on CC-Systematic Caseload Reviews. Here are some examples of other CC meeting types:

Table 1: Example Clinical Meeting schedule for non-co-located Integrated care teams.		Patient / Consumer	Care Coordinator	PCP	Nurse	SU Counselor	Medical Consultant	Psychiatric Consultant	Others
Daily Medical Huddle	Daily		(x)	x	x				
Care Coordination Meeting	Weekly	x	x						
Systematic Caseload Review	Weekly		x				x	x	
CD Caseload Review	Monthly		x			x			
Multidisciplinary Meeting	Quarterly	x	x		x	x			MH Case Manager Family / Advocate Psychiatrist Peer Counselor

Elements of/Conducting CC-SCR Meetings

Key Principles of CC-SCR Meetings

- **Population-based:** Assure all patients in a given population or caseload receive systematic care oversight and necessary care coordination
- **Treat to target:** Use structured data (such as PHQ nine scores or be the most recent blood pressure) to guide us in selecting patients for discussion
- **Evidence-based:** Use evidence to guide decisions re : how the care plan should be adjusted. ‘Evidence’ could be know effective treatments, or information obtained from the team/CC, consumer or family

Doing Population-Based Care in a CC-SCR Meeting-How is it Different?

- Identify population using registry or spreadsheet
- Establish process for who gets discussed...how many clients?
- Structure for CC-SCR case review-what gets discussed?
- Technology and space for meeting
- Who needs to be present routinely?
 - medical expertise (Psychiatrist and Primary Care MD)
 - Care Coordinator
 - Other Providers?
 - Note: Patients/significant others would participate in individual Care Conferences
- Results-Recommendations (based on Treat to Target/Evidence) and how are CC-SCR results shared?

Teams design CC-SCR meeting structure and process for their partnership (30 min)

Use the CC-SCR Planning Worksheet (in packet)

1. Who will routinely attend the CC-SCR meeting?
2. How often? Where? How long?
3. Who runs the meeting?
4. Logistics: What do you need for space, telephone, computers, etc?
5. What patient information will you bring to the meeting? A registry/spreadsheet? Patient files?
6. Who takes notes?
7. How will recommendations be communicated to care providers and incorporated in CC Plan?
8. How can you test CC-SCR plan prior to full implementation?

Report Out and Discussion of Teams' CC-SCR Plans

- Briefly describe your planned CC-Systematic Caseload Review process
 - Structure, use of registry or spread sheet, frequency, participants, communicating results, etc...
- What challenges do you anticipate?
- How might you test and then implement using PDSA Cycles?

Teams identify/make adjustments in CC-SCR plan based on full group discussion

- In the next 10 minutes, discuss and add to your worksheet any changes that you may want to make to your CC Systematic Caseload Review plan.