Managing Patient Throughput

Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

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Clinic Optimization Toolkit

Modules

- Clinic Gap Analysis
- **Patient Management**
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- Evaluation

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

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Learning Objectives

- Distinguish different factors affecting patient throughput in clinics

- Analyze strategies for addressing influx of patients, managing ongoing cases, and closing cases within a clinic

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OVERVIEW OF PATIENT THROUGHPUT

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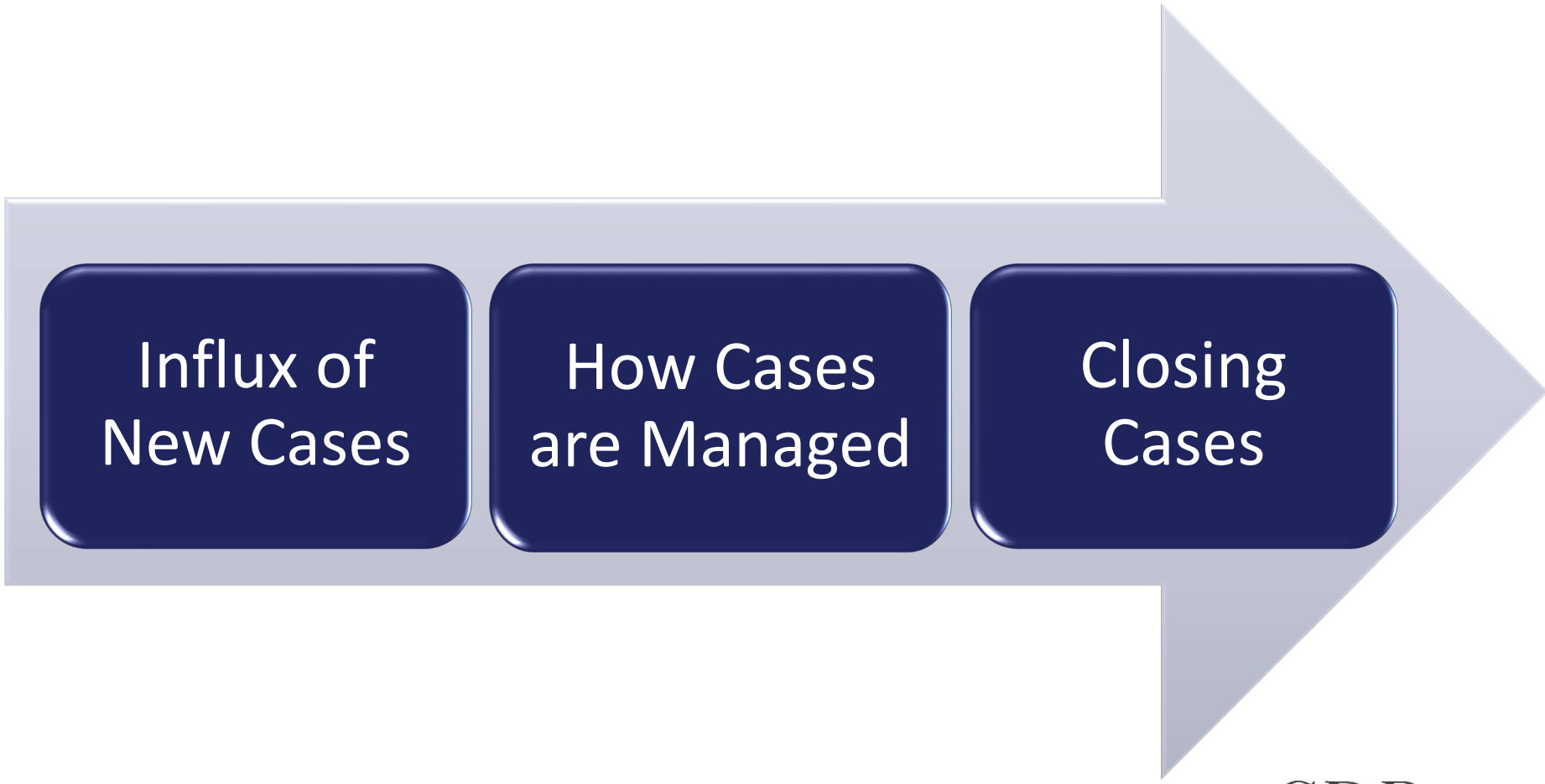
What is Patient Throughput?



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Why Regulate Patient Flow?

- Increase Quality of Care
- Improve Patient Satisfaction
- Reduce Provider Burnout
- Improve Clinic Functioning

Boden et al., 2021; DOD IG Report 2020

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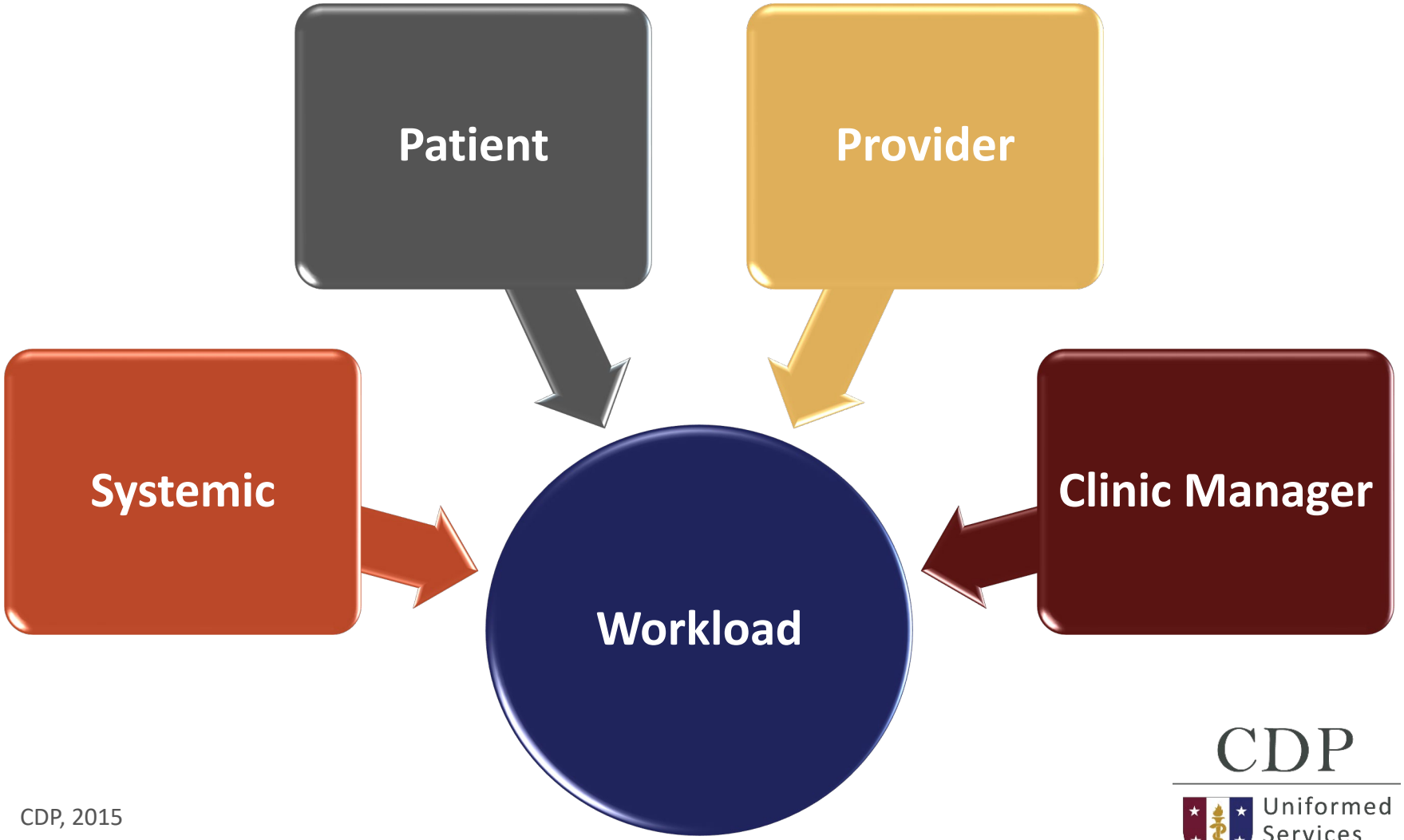
Factors Affecting MHS Workload



CDP, 2015

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Systemic Variables

Footer / CC Y-NC-ND http://foter.com/photo/girls-in-uniform_csa-2005-12-07-100854/

- More Exposure to Combat
- Greater Survivability
- De-Stigmatization of Treatment

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Patient Variables

- Free, Unlimited Care
- Scheduling Flexibility
- Expect Individual Therapy
- Misperceptions about Treatment

355th Medical Group Mental Health clinic personnel discuss routine tasks at Davis-Monthan Air Force Base, Arizona, Nov. 27, 2019.

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Provider Variables

Lack of EBP Training

Fear of Patient Complaints

Incentive to Keep Sub-clinical Patients

(August 23, 2019. U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released)

CDP, 2015; Frank et al., 2020; Skopp et al., 2022

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Clinic Manager Variables

Hesitancy to Triage Incoming Patients

Lack Tools to Analyze Provider Panels

Providers Avoid Complicated Cases

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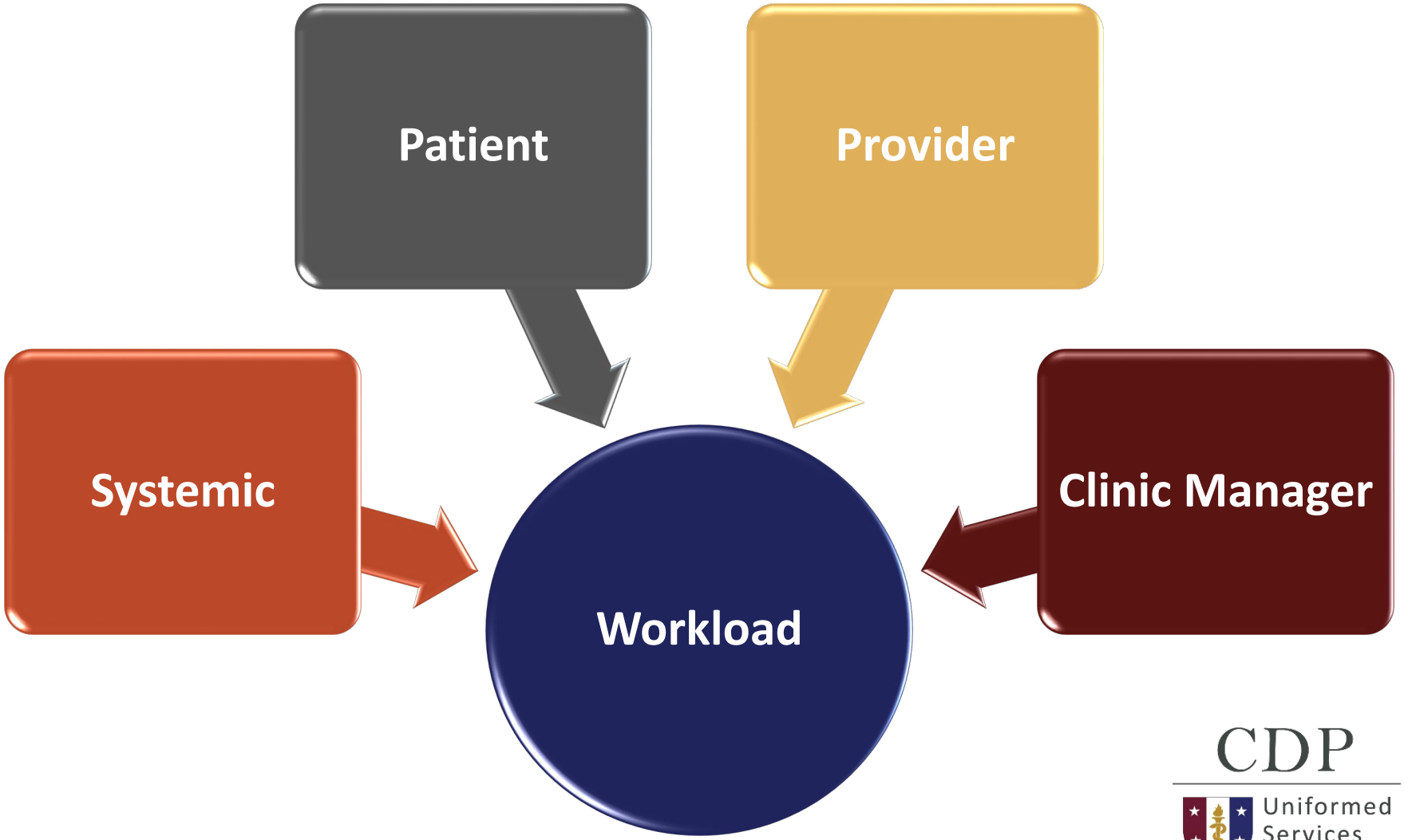
Summary of Variables



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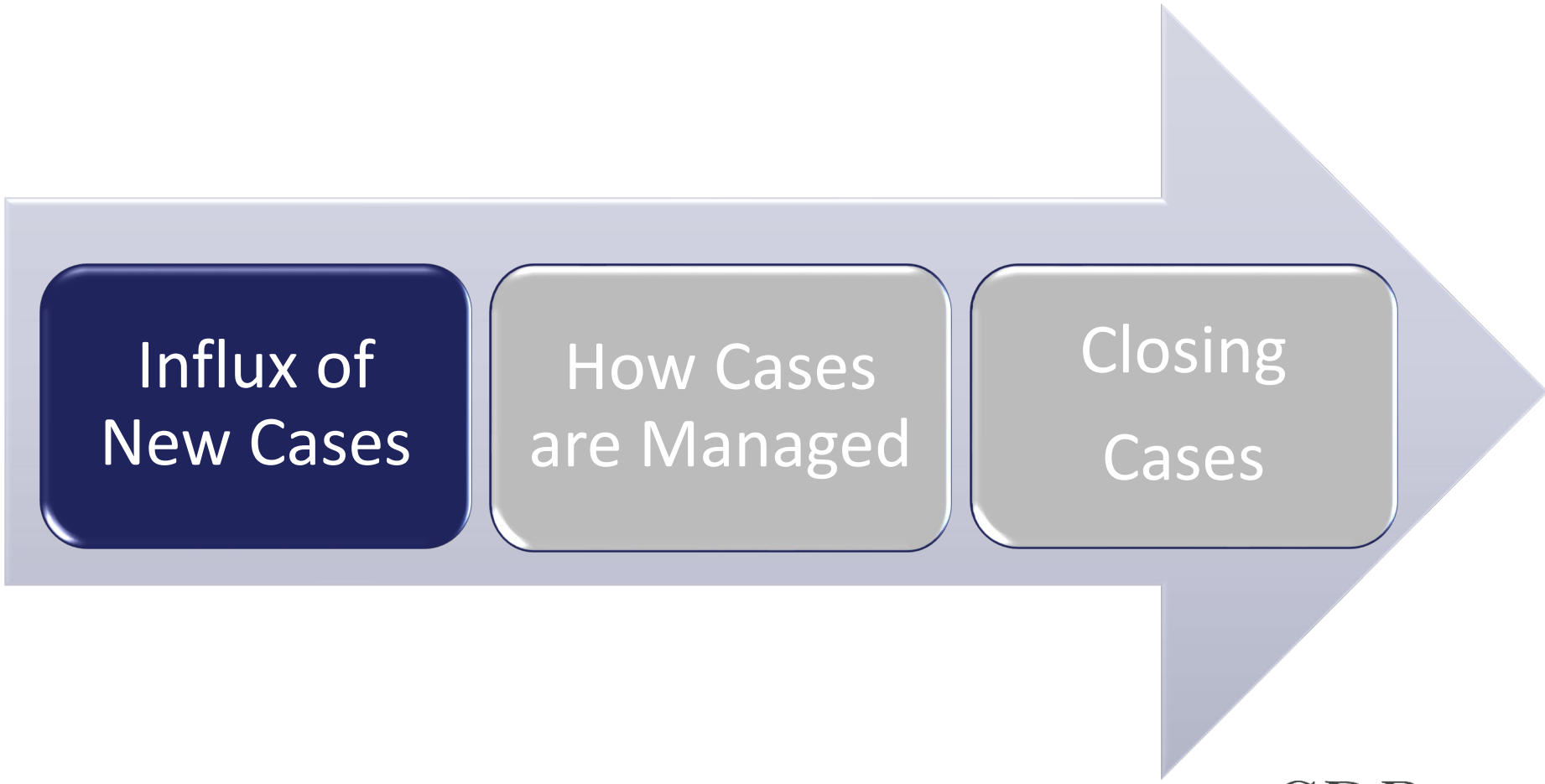
Step 1: Managing Influx



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Referral Sources for Patients

- Primary Care
- BH in Primary Care
- Self-referral
- Embedded Providers
- Leadership
- MFLC
- Chaplains
- Community Services

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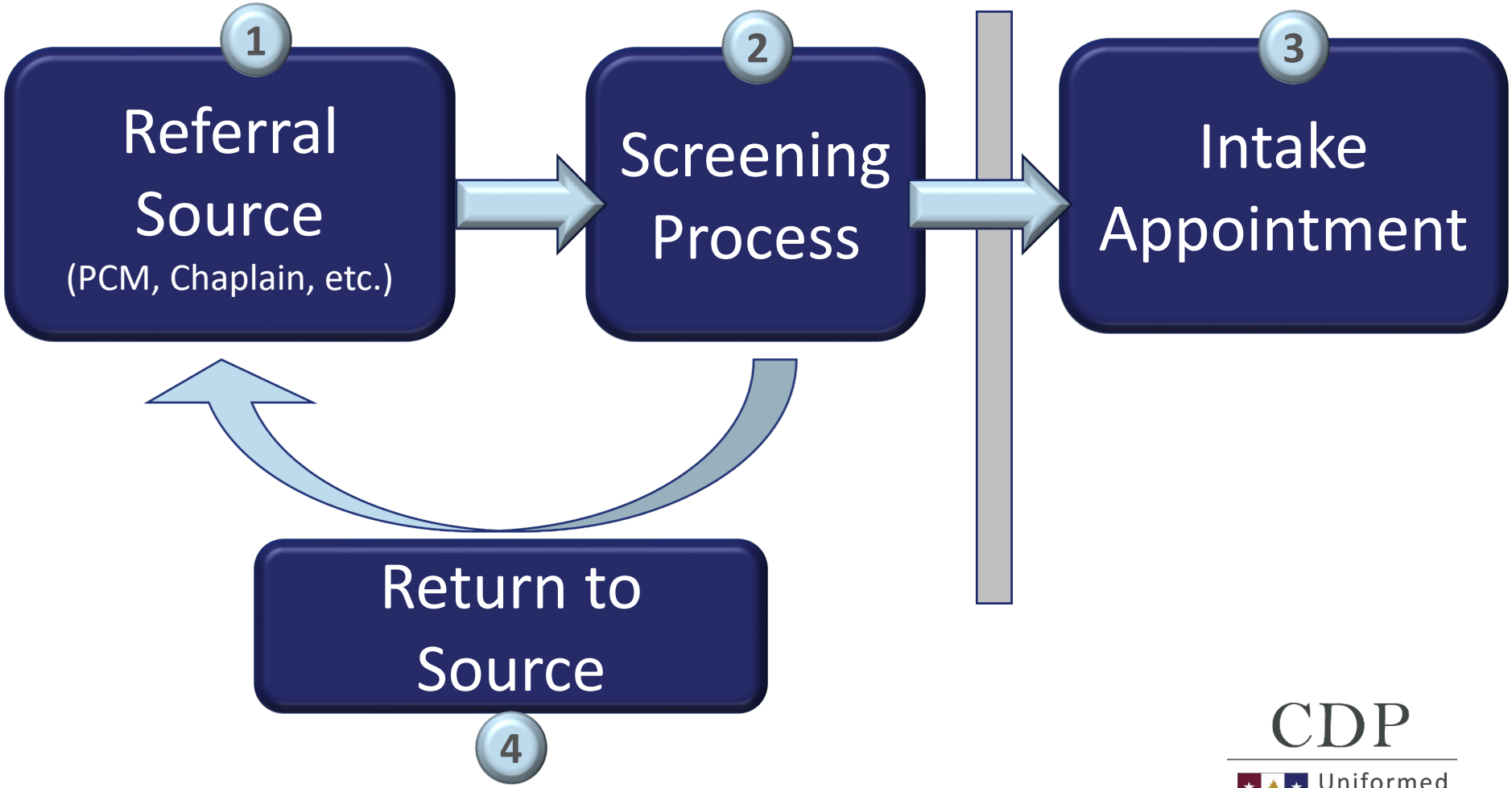
Referral Screening Process



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Barriers to Screening Referrals

- Time
- Complaints
- RVUs

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Implement a Screening Process

- Inform Chain of Command
- Consult with Referral Sources
  - Required Information
  - Triage Process
  - Expectations for Treatment

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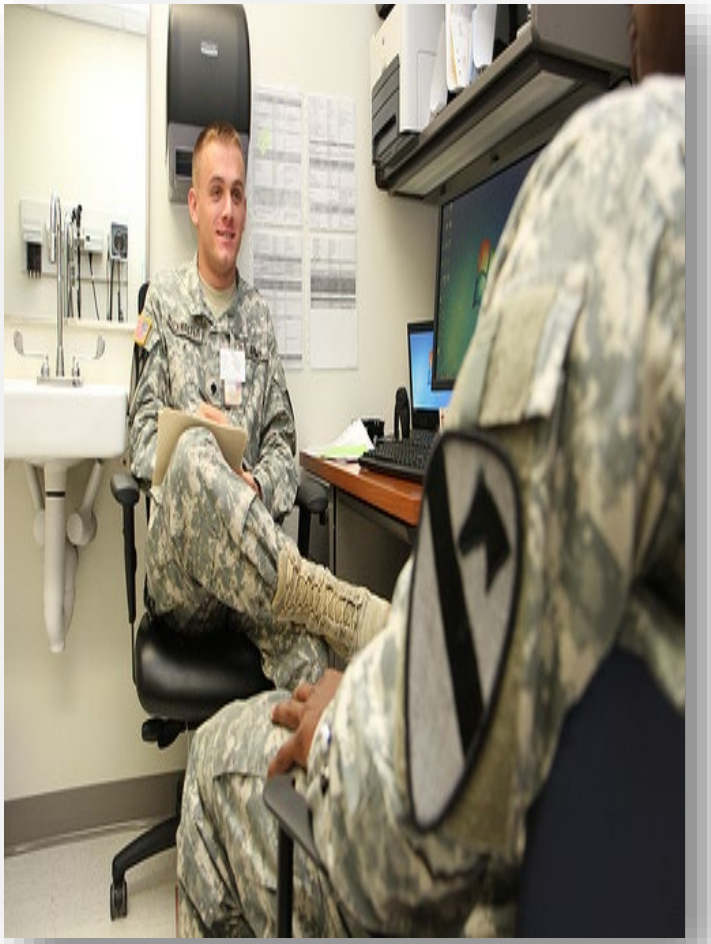
Delegate Screening to BHTs



U.S. Army photo by SGT Christopher Calvert.
http://www.dvidshub.net/image/1006077/ai r-cavalry-mental-health-specialist-helps -troops-combats-stigma

Assign/Train BHTs

Match Patients to EBPs Providers

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Utilize Other Treatment Options

- Primary Care
- BH in Primary Care
- Community Services
- Chaplains
- Military One Source

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Referral Screening Exceptions

- Training Sites
- Provider Specialties
- Network Recapture
- Military Evaluations

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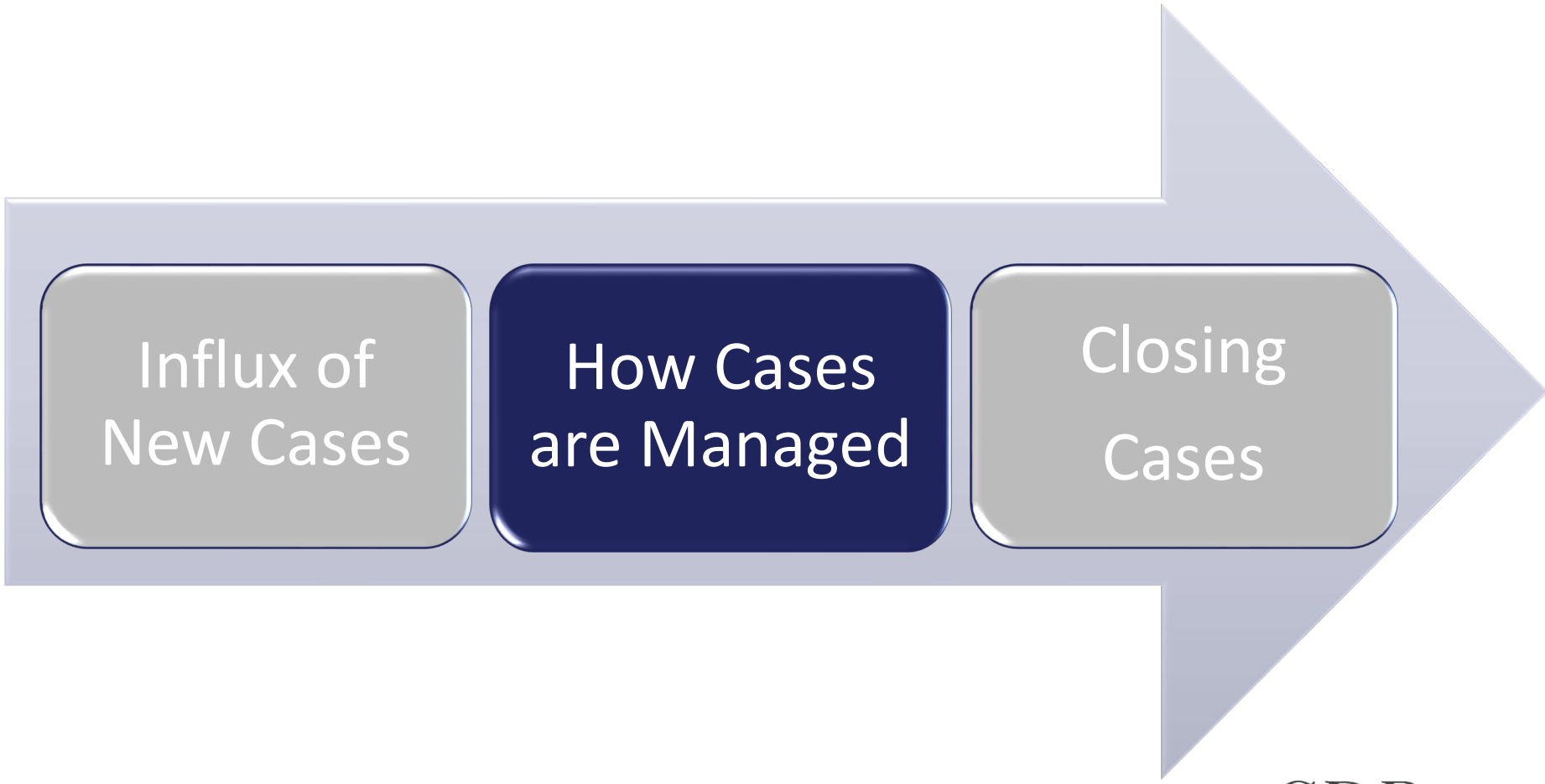
Step 2: Managing Cases



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Benefits of EBPs

- ↓ Lessen Patient Symptoms
- ↓ Reduce Appointments
- ↑ Improve Provider Satisfaction

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Assignment of New Cases

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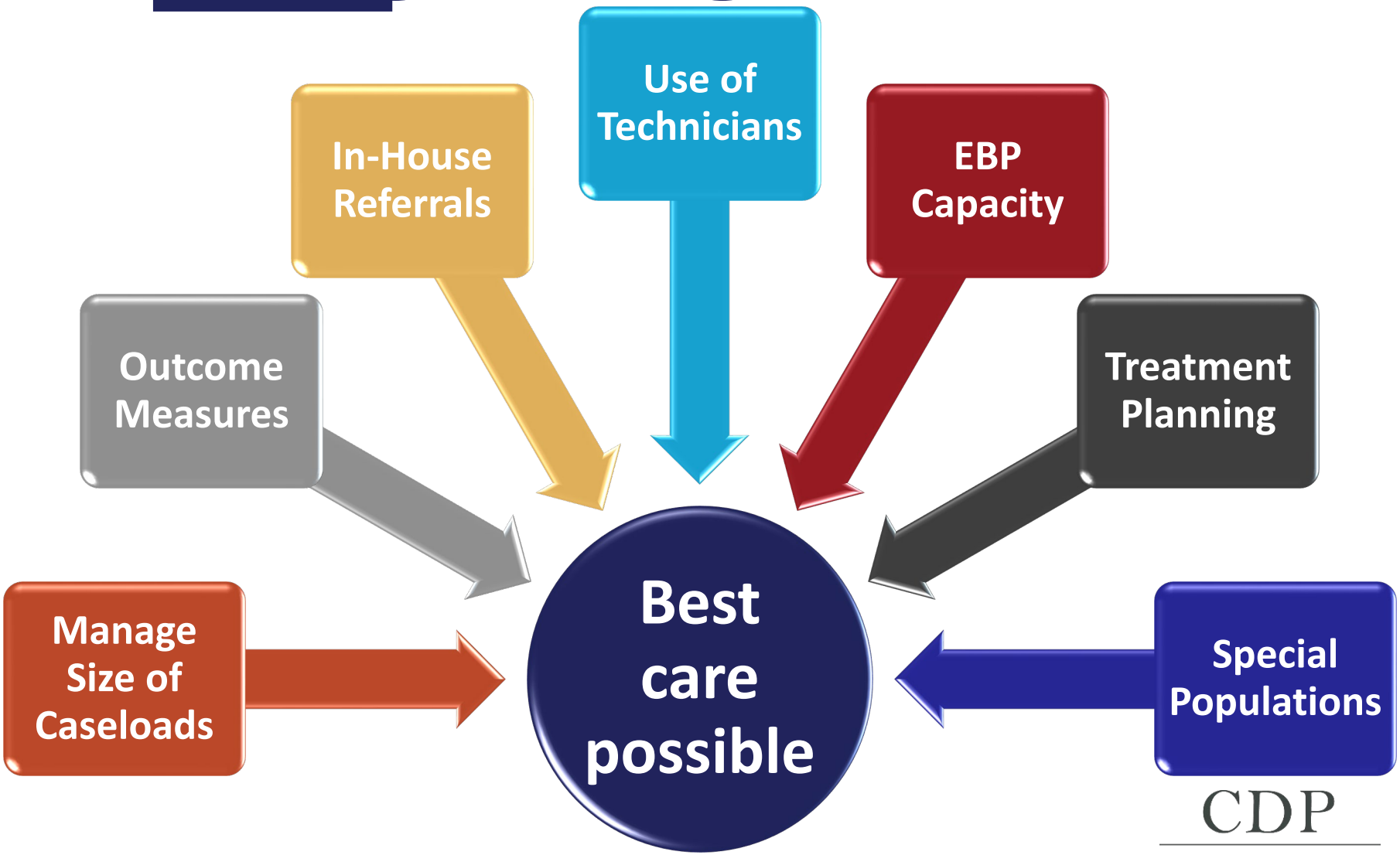
Setting the Stage for Success



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CDP, 2015; Frank et al., 2020 PHCoE, 2019

Managing Caseloads

Reduced Access to Quality Care

Increased Levels of Provider Burnout

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Use of Outcome Measures

- DoD Requirements
- Treatment Planning
- Identifying Sub-clinical Patients
- Process Improvement

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Within-Clinic Referral Process

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Individual Therapy Referrals

Option 1: Next Available with EBP Provider

Option 2: EBP Provider Briefed & Accepts Case

Option 3:
EBP Sub-clinic

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Group Therapy Referrals

Option 1: Next Available Group

Option 2: Screened by EBP Provider or BHT Before Enrollment

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Use of Technicians

Outcome Measures

Group Coordination

Patient Screenings

Photo by Christopher W. Cudney [Public domain], via Wikimedia Commons

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EBP Capacity

Lack of Trained EBP Providers

Providers not Comfortable Providing EBPs

Lack of Time for Consultation

CDP, 2015; Frank et al., 2020; Skopp et al., 2022

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Treatment Planning

Align Services to Patient Need

Objectively Examine a Case

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Challenges to Case Reviews

- Lack of Time
- Deciding which Cases to Review
- Obtaining Patient Input

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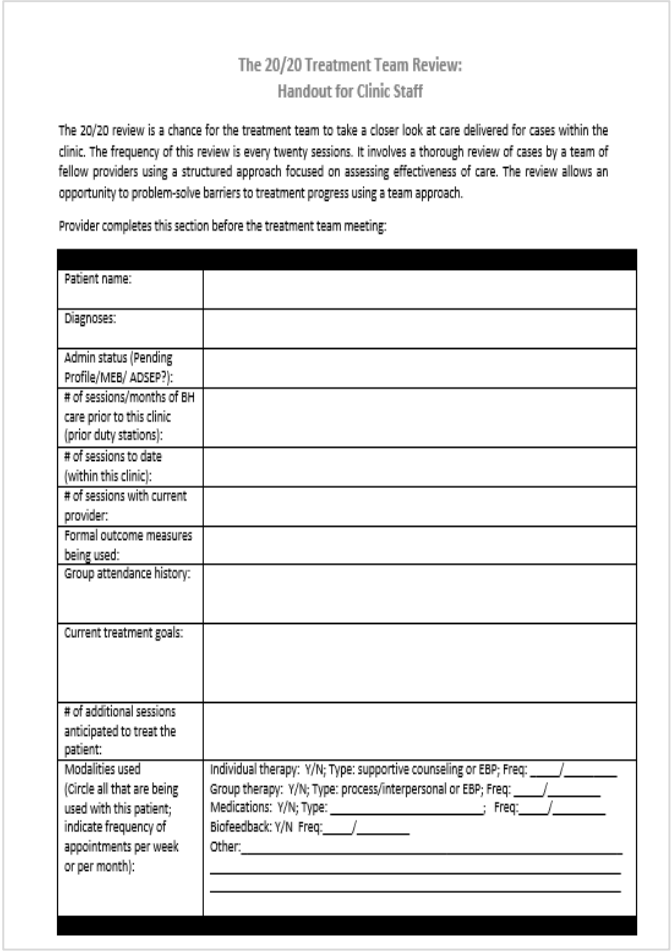
20/20 Review Process

- Set Time
- Build a Team
- Select Cases
- Complete Review Form
- Get Patient Input (optional)



The 20/20 Treatment Team Review:
Handout for Clinic Staff

The 20/20 review is a chance for the treatment team to take a closer look at care delivered for cases within the clinic. The frequency of this review is every twenty sessions. It involves a thorough review of cases by a team of fellow providers using a structured approach focused on assessing effectiveness of care. The review allows an opportunity to problem-solve barriers to treatment progress using a team approach.

Provider completes this section before the treatment team meeting:

Patient name:	
Diagnoses:	
Admin status (Pending Profile/MEB/ ADSEP?):	
# of sessions/months of BH care prior to this clinic (prior duty stations):	
# of sessions to date (within this clinic):	
# of sessions with current provider:	
Formal outcome measures being used:	
Group attendance history:	
Current treatment goals:	
# of additional sessions anticipated to treat the patient:	
Modalities used (Circle all that are being used with this patient; indicate frequency of appointments per week or per month):	Individual therapy: Y/N; Type: supportive counseling or EBP; Freq: ____/_____ Group therapy: Y/N; Type: process/interpersonal or EBP; Freq: ____/_____ Medications: Y/N; Type: _____; Freq:____/_____ Biofeedback: Y/N Freq:____/_____ Other:_____ _____ _____

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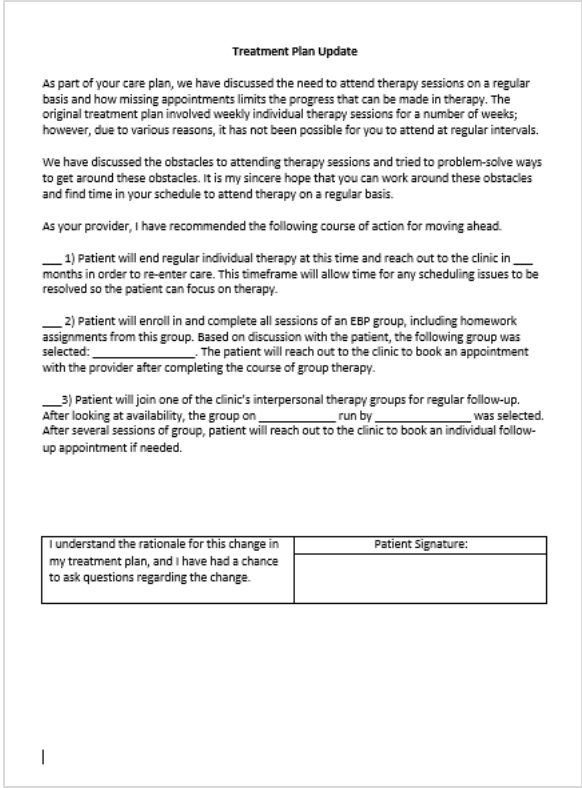
20/20 Review Meetings

Provider Presents Case

Team Updates Treatment Plan

BHT Tracks Taskings



Treatment Plan Update

As part of your care plan, we have discussed the need to attend therapy sessions on a regular basis and how missing appointments limits the progress that can be made in therapy. The original treatment plan involved weekly individual therapy sessions for a number of weeks; however, due to various reasons, it has not been possible for you to attend at regular intervals.

We have discussed the obstacles to attending therapy sessions and tried to problem-solve ways to get around these obstacles. It is my sincere hope that you can work around these obstacles and find time in your schedule to attend therapy on a regular basis.

As your provider, I have recommended the following course of action for moving ahead.

___ 1) Patient will end regular individual therapy at this time and reach out to the clinic in ___ months in order to re-enter care. This timeframe will allow time for any scheduling issues to be resolved so the patient can focus on therapy.

___ 2) Patient will enroll in and complete all sessions of an EBP group, including homework assignments from this group. Based on discussion with the patient, the following group was selected: _____. The patient will reach out to the clinic to book an appointment with the provider after completing the course of group therapy.

___3) Patient will join one of the clinic's interpersonal therapy groups for regular follow-up. After looking at availability, the group on _____ run by _____ was selected. After several sessions of group, patient will reach out to the clinic to book an individual follow-up appointment if needed.

I understand the rationale for this change in my treatment plan, and I have had a chance to ask questions regarding the change.	Patient Signature:

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Special Populations

(U.S. Navy photo by Mass Communication Specialist Seaman Conor Minto/Released, Sept 9, 2013

- Sub-clinical
- Under Engaged
- Seeking Administrative Outcome

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SUB-CLINICAL PATIENTS

Definition

Fear Complaints

Good Patients

Uncomfortable with Termination

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Identification

Number of Cases

Complexity

Outcome Data

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Ft. Somewhere

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High Utilizers

	A	B	C
1	Ft. Somewhere (High utilizer list)		
2			
3	**Patient ID**	**# of encounters**	**Bencat**
4	123456789	123	Active duty
5	123456790	110	Active duty
6	123456791	98	Retiree
7	123456792	96	Active duty
8	123456793	90	Active duty
9	123456794	88	Active duty
10	123456795	79	Active duty
11	123456796	76	Active duty
12	123456797	75	Active duty
13	123456798	71	Active duty
14	123456799	67	Active duty
15	123456800	66	Retiree

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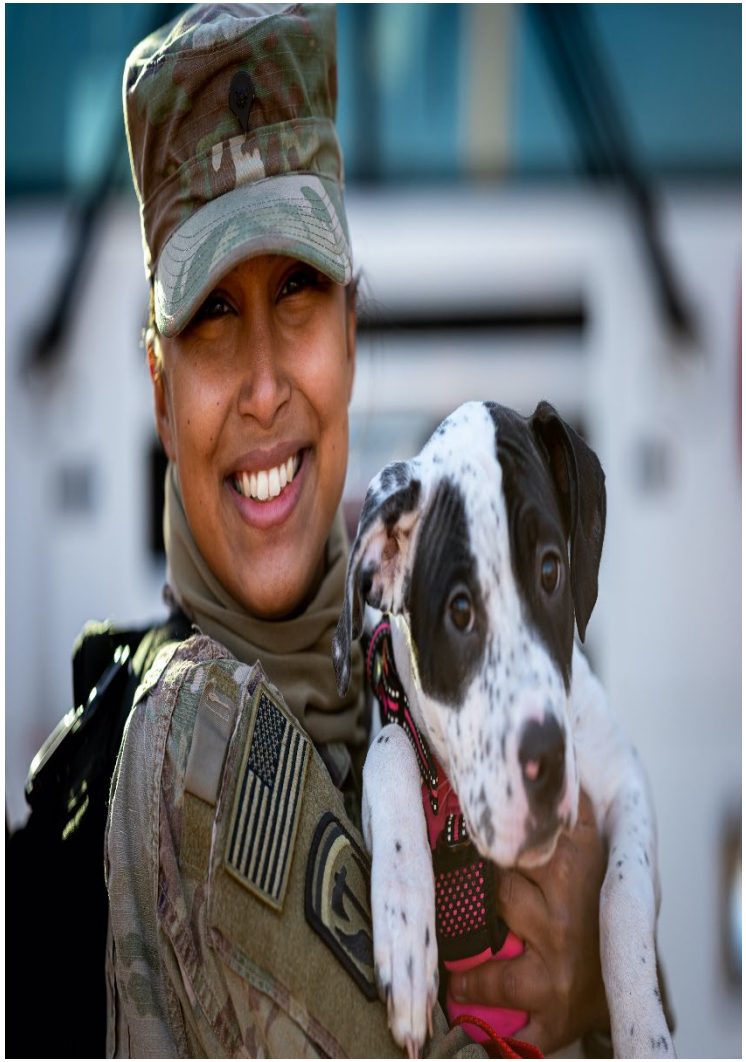
SPC Smith



(U.S. Army National Guard photo by Spc. Michael Schwenk March 19, 2021)

ID as High Utilizer

Mostly Follow-up Appts

Dx with Anxiety NOS

Outcome Measures Sub-clinical Range

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Management

End Therapy

Process Group

Alternate Schedule

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Prevention

- Policies & Guidelines
- Expectations
- Treatment Plan
- Chart Review
- EBP Groups

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UNDER ENGAGING PATIENTS

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Definition

Poor Attendance

Lack of Homework Compliance

Unprepared to Change

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CPT Gonzales

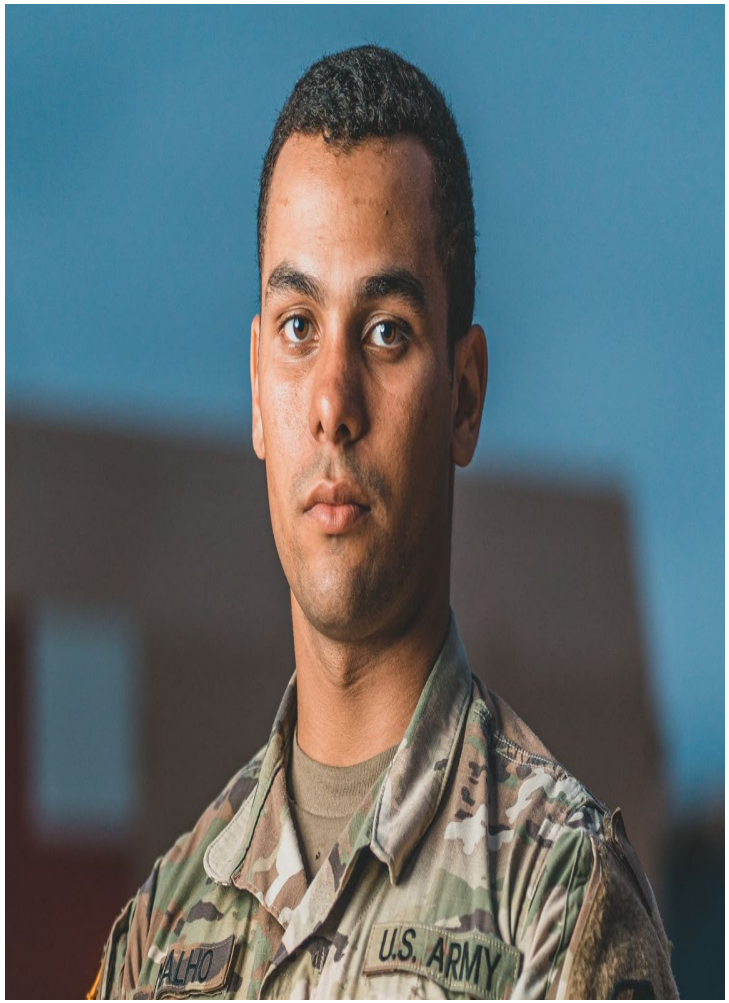

Photo taken by Spc. Maurice Cheeks Aug 20, 2019

ID as High Utilizer

Poor Homework Compliance

Shows up Late for Appts, Frequently Reschedules

PCLs in Clinical Range

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Management

Require Homework

Process Group

End Therapy

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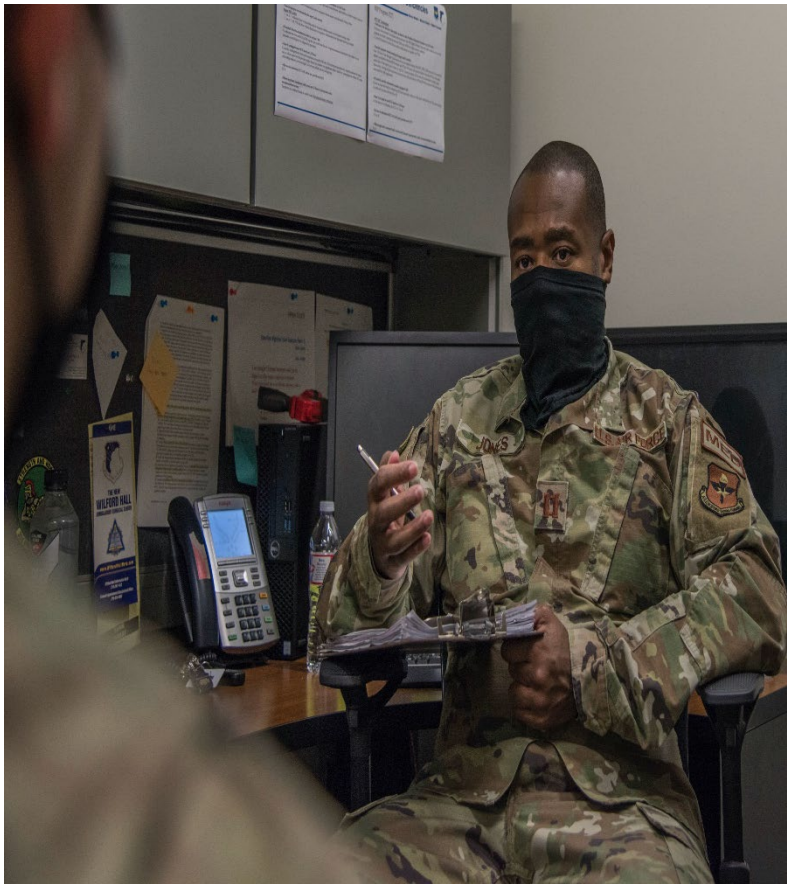
Provider Reluctance to End Therapy

Work as a Team

Share Complicated and Risky Cases

Plan to Address Provider Discomfort



(U.S. Air Force photo by Airman 1st Class Melody Bordeaux, Nov 24, 2020)

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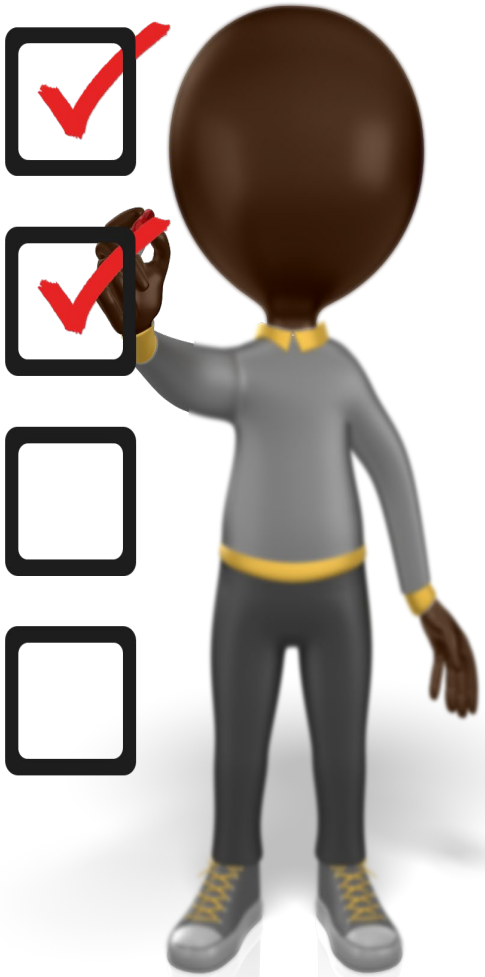
Clinic Manager Role



- Discuss Cases
- Encourage Professional Development
- Create Natural Contingencies
- Manage Provider Templates

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PATIENTS SEEKING ADMINISTRATIVE OUTCOMES

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Definition

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Identification

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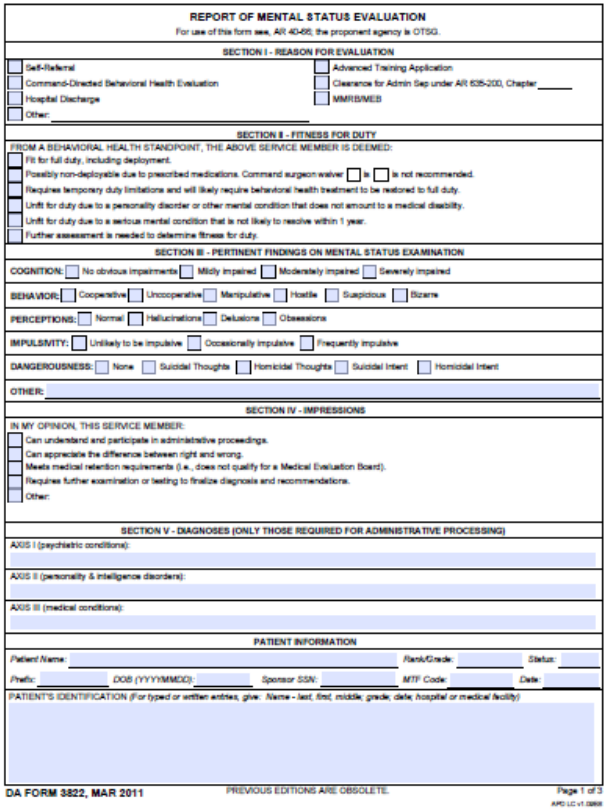
Administrative Outcomes

Discharge from Service

Change in Duty Status

Change in Duty Station



REPORT OF MENTAL STATUS EVALUATION

For use of this form see, AR 40-66; the proponent agency is OTSG.

SECTION I - REASON FOR EVALUATION

- Self-Referral
- Command-Directed Behavioral Health Evaluation
- Hospital Discharge
- Other:
- Advanced Training Application
- Clearance for Admin Sep under AR 635-200, Chapter ____
- MMRB/MEB

SECTION II - FITNESS FOR DUTY

FROM A BEHAVIORAL HEALTH STANDPOINT, THE ABOVE SERVICE MEMBER IS DEEMED:

- Fit for full duty, including deployment.
- Possibly non-deployable due to prescribed medications. Command surgeon waiver ☐ is ☐ is not recommended.
- Requires temporary duty limitations and will likely require behavioral health treatment to be restored to full duty.
- Unfit for duty due to a personality disorder or other mental condition that does not amount to a medical disability.
- Unfit for duty due to a serious mental condition that is not likely to resolve within 1 year.
- Further assessment is needed to determine fitness for duty.

SECTION III - PERTINENT FINDINGS ON MENTAL STATUS EXAMINATION

COGNITION: ☐ No obvious impairments ☐ Mildly impaired ☐ Moderately impaired ☐ Severely impaired

BEHAVIOR: ☐ Cooperative ☐ Uncooperative ☐ Manipulative ☐ Hostile ☐ Suspicious ☐ Bizarre

PERCEPTIONS: ☐ Normal ☐ Hallucinations ☐ Delusions ☐ Obsessions

IMPULSIVITY: ☐ Unlikely to be impulsive ☐ Occasionally impulsive ☐ Frequently impulsive

DANGEROUSNESS: ☐ None ☐ Suicidal Thoughts ☐ Homicidal Thoughts ☐ Suicidal Intent ☐ Homicidal Intent

OTHER:

SECTION IV - IMPRESSIONS

IN MY OPINION, THIS SERVICE MEMBER:

- Can understand and participate in administrative proceedings.
- Can appreciate the difference between right and wrong.
- Meets medical retention requirements (i.e., does not qualify for a Medical Evaluation Board).
- Requires further examination or testing to finalize diagnosis and recommendations.
- Other:

SECTION V - DIAGNOSES (ONLY THOSE REQUIRED FOR ADMINISTRATIVE PROCESSING)

AXIS I (psychiatric conditions):

AXIS II (personality & intelligence disorders):

AXIS III (medical conditions):

PATIENT INFORMATION

Patient Name: *Rank/Grade:* *Status:*

Prefix: *DOB (YYYYMMDD):* *Sponsor SSN:* *MTF Code:* *Date:*

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; grade; date; hospital or medical facility)*

DA FORM 3822, MAR 2011 PREVIOUS EDITIONS ARE OBSOLETE. Page 1 of 3

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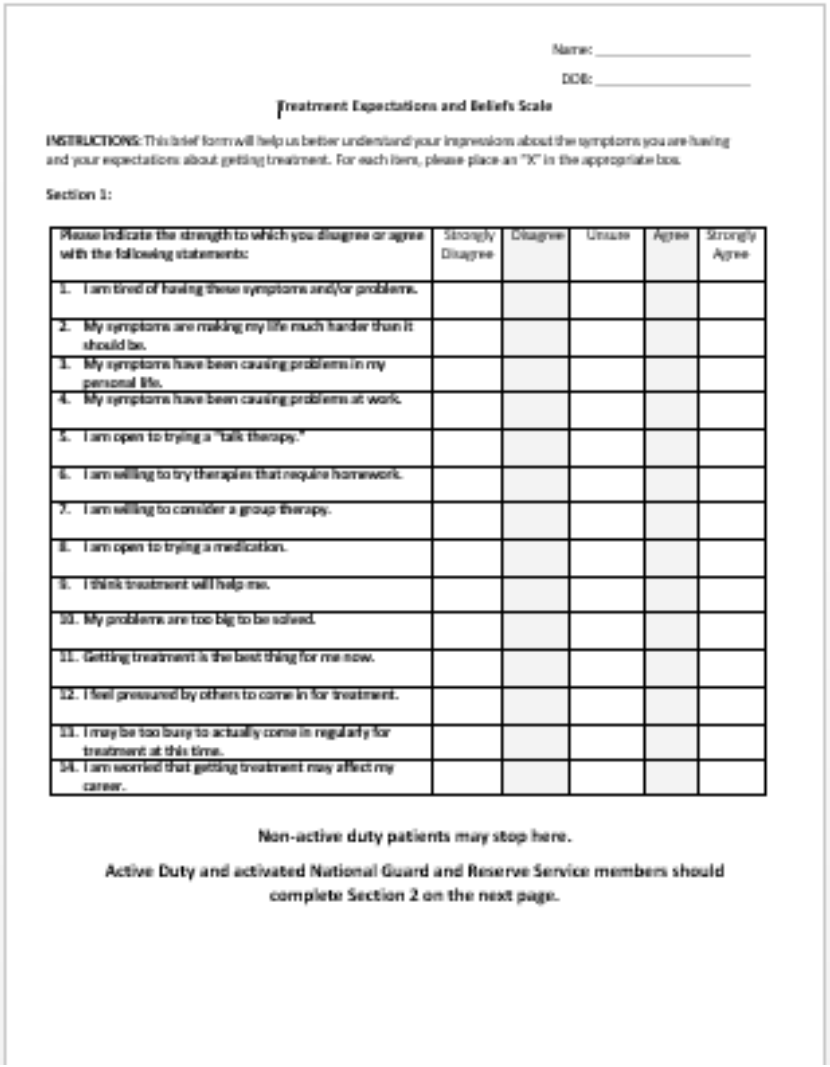
Assessing Patient Motivation



Name: _____

DOB: _____

Treatment Expectations and Beliefs Scale

INSTRUCTIONS: This brief form will help us better understand your impressions about the symptoms you are having and your expectations about getting treatment. For each item, please place an "X" in the appropriate box.

Section 1:

Please indicate the strength to which you disagree or agree with the following statements:	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. I am tired of having these symptoms and/or problems.					
2. My symptoms are making my life much harder than it should be.					
3. My symptoms have been causing problems in my personal life.					
4. My symptoms have been causing problems at work.					
5. I am open to trying a "talk therapy."					
6. I am willing to try therapies that require homework.					
7. I am willing to consider a group therapy.					
8. I am open to trying a medication.					
9. I think treatment will help me.					
10. My problems are too big to be solved.					
11. Getting treatment is the best thing for me now.					
12. I feel pressured by others to come in for treatment.					
13. I may be too busy to actually come in regularly for treatment at this time.					
14. I am worried that getting treatment may affect my career.					

Non-active duty patients may stop here.

Active Duty and activated National Guard and Reserve Service members should complete Section 2 on the next page.

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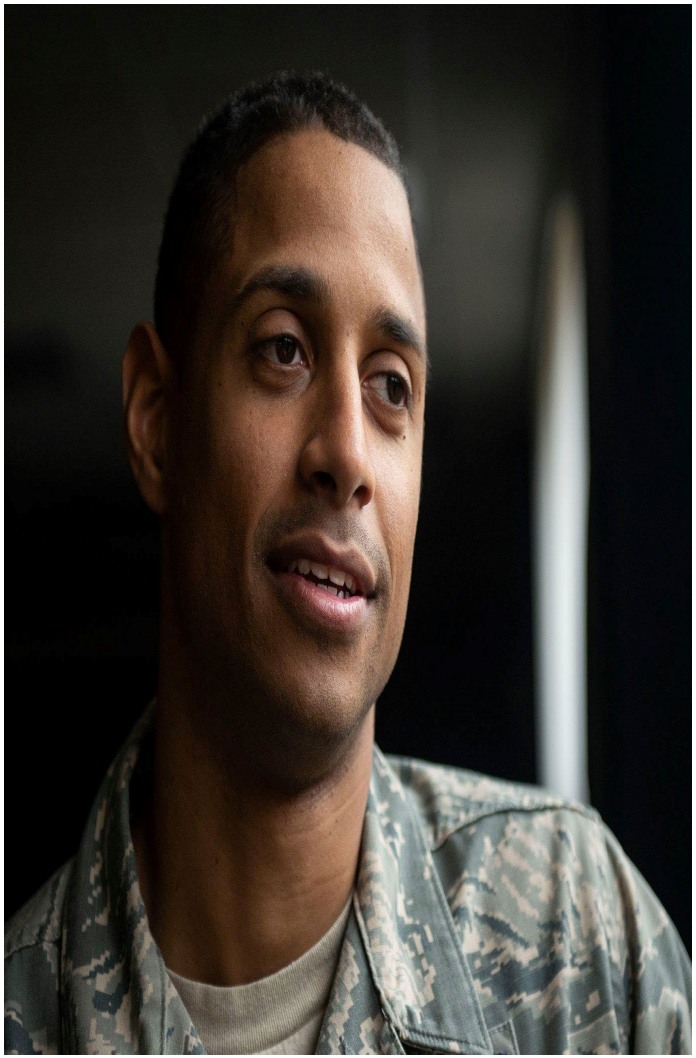
SSG Johnson



(Photo by TSgt Sydney Sullivan, Feb 8, 2019)

ID as High Utilizer

Lack of Improvement & Poor Treatment Compliance

High PHQ9 Scores

Wants Medical Separation

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Discussing Administrative Outcomes

- Reasons for Seeking Treatment
- Openness to Therapy
- Alternatives to Therapy if Appropriate

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Patient Management

(U.S. Air Force photo/Tech. Sgt. Marie Brown, Mar 16, 2015)

Clarify Goals

Encourage
Clinical improvement

Pursue
Administrative Action

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Management

Track Administrative Outcomes

Enroll in Process Group

Psychoeducational Groups

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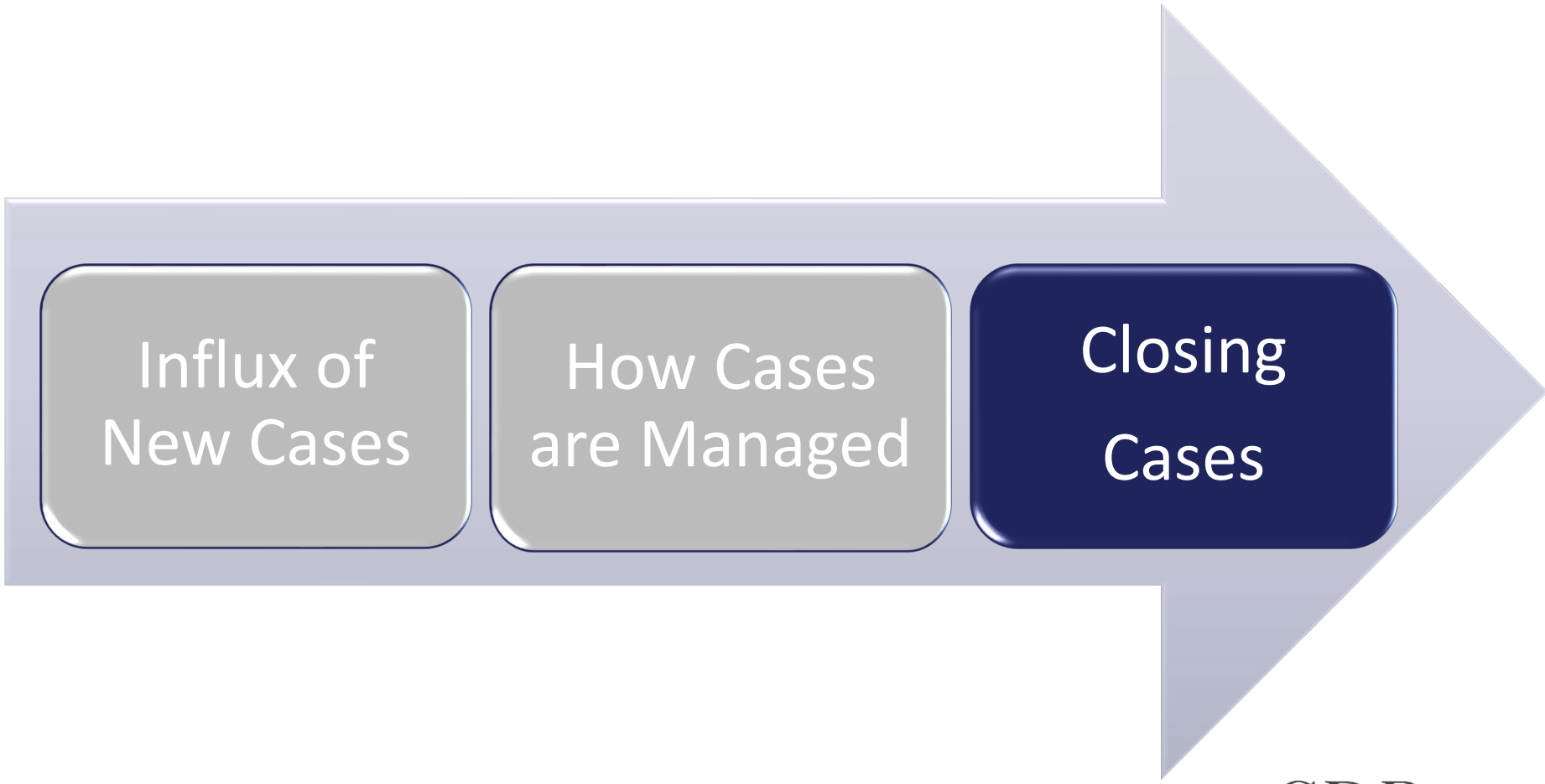
Step 3: Closing Cases



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Exiting the System

Successful Remission

Drop-out

Administrative Separation

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Management Effects on Pt Dispositions

Dispositions	Expected Change
Successful remission	**Increase**
Drop out of therapy early	**Decrease**
Medical Evaluation Board & ADSEP	**Decrease**
Become long-term case (fail to exit)	**Decrease**

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Toolkit Resources

- ***Training Decks***
- ***Factsheets & Handouts***
- ***Forms & Templates***
- ***Spreadsheets & Supporting Documents***
- ***Standard Operating Procedures***

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Toolkit Resources

- *Training Decks*
- ***Factsheets & Handouts***
- *Forms & Templates*
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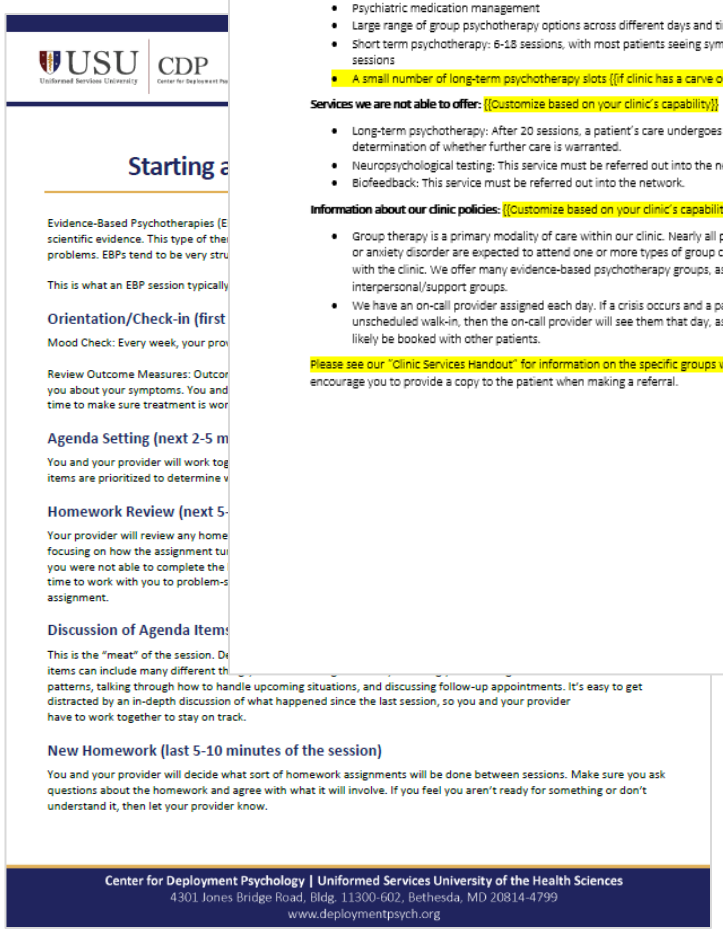

USU Uniformed Services University | CDP Center for Deployment Psychology

Starting a

Evidence-Based Psychotherapies (E
scientific evidence. This type of the
problems. EBPs tend to be very stru

This is what an EBP session typically

Orientation/Check-in (first

Mood Check: Every week, your prov

Review Outcome Measures: Outcor
you about your symptoms. You and
time to make sure treatment is wor

Agenda Setting (next 2-5 m

You and your provider will work tog
items are prioritized to determine v

Homework Review (next 5-

Your provider will review any home
focusing on how the assignment tu
you were not able to complete the
time to work with you to problem-s
assignment.

Discussion of Agenda Items

This is the "meat" of the session. De
items can include many different th
patterns, talking through how to handle upcoming situations, and discussing follow-up appointments. It's easy to get distracted by an in-depth discussion of what happened since the last session, so you and your provider have to work together to stay on track.

New Homework (last 5-10 minutes of the session)

You and your provider will decide what sort of homework assignments will be done between sessions. Make sure you ask questions about the homework and agree with what it will involve. If you feel you aren't ready for something or don't understand it, then let your provider know.

Center for Deployment Psychology | Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bldg. 11300-602, Bethesda, MD 20814-4799
www.deploymentpsych.org

Clinic Outreach Handout
Services and Policies at {{INSERT CLINIC NAME}}

Thank you for taking some time to learn more about our clinic! This handout helps ensure that the agencies and people who refer patients to our clinic have up-to-date information on the services we offer and know some of the important policies under which we operate.

Services we primarily offer: {{Customize based on your clinic's capability}}

- Psychiatric medication management
- Large range of group psychotherapy options across different days and times
- Short term psychotherapy: 6-18 sessions, with most patients seeing symptom relief after 8 sessions
- A small number of long-term psychotherapy slots {{if clinic has a carve out for this}}

Services we are not able to offer: {{Customize based on your clinic's capability}}

- Long-term psychotherapy: After 20 sessions, a patient's care undergoes a thorough review and a determination of whether further care is warranted.
- Neuropsychological testing: This service must be referred out into the network.
- Biofeedback: This service must be referred out into the network.

Information about our clinic policies: {{Customize based on your clinic's capability}}

- Group therapy is a primary modality of care within our clinic. Nearly all patients with a depressive or anxiety disorder are expected to attend one or more types of group classes when they start with the clinic. We offer many evidence-based psychotherapy groups, as well as interpersonal/support groups.
- We have an on-call provider assigned each day. If a crisis occurs and a patient requires an unscheduled walk-in, then the on-call provider will see them that day, as the primary provider will likely be booked with other patients.

Please see our "Clinic Services Handout" for information on the specific groups we offer. Also, we encourage you to provide a copy to the patient when making a referral.

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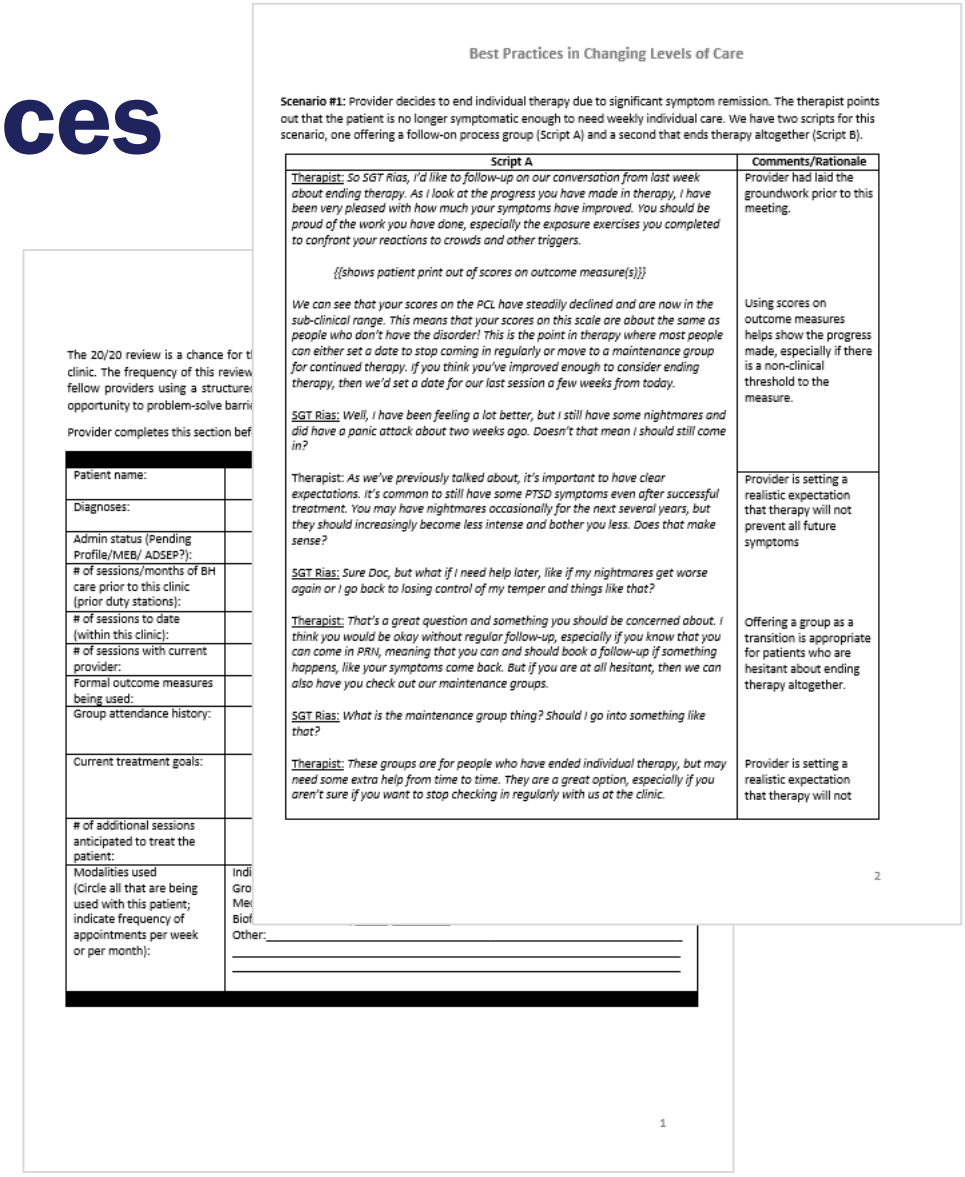
Toolkit Resources

- Training Decks
- Factsheets & Handouts
- **Forms & Templates**
- Spreadsheets & Supporting Documents
- Standard Operating Procedures



Best Practices in Changing Levels of Care

Scenario #1: Provider decides to end individual therapy due to significant symptom remission. The therapist points out that the patient is no longer symptomatic enough to need weekly individual care. We have two scripts for this scenario, one offering a follow-on process group (Script A) and a second that ends therapy altogether (Script B).

Script A	Comments/Rationale
Therapist: *So SGT Rias, I'd like to follow-up on our conversation from last week about ending therapy. As I look at the progress you have made in therapy, I have been very pleased with how much your symptoms have improved. You should be proud of the work you have done, especially the exposure exercises you completed to confront your reactions to crowds and other triggers.*	Provider had laid the groundwork prior to this meeting.
{{shows patient print out of scores on outcome measure(s)}}	
We can see that your scores on the PCL have steadily declined and are now in the sub-clinical range. This means that your scores on this scale are about the same as people who don't have the disorder! This is the point in therapy where most people can either set a date to stop coming in regularly or move to a maintenance group for continued therapy. If you think you've improved enough to consider ending therapy, then we'd set a date for our last session a few weeks from today.	Using scores on outcome measures helps show the progress made, especially if there is a non-clinical threshold to the measure.
SGT Rias: *Well, I have been feeling a lot better, but I still have some nightmares and did have a panic attack about two weeks ago. Doesn't that mean I should still come in?*	
Therapist: *As we've previously talked about, it's important to have clear expectations. It's common to still have some PTSD symptoms even after successful treatment. You may have nightmares occasionally for the next several years, but they should increasingly become less intense and bother you less. Does that make sense?*	Provider is setting a realistic expectation that therapy will not prevent all future symptoms
SGT Rias: *Sure Doc, but what if I need help later, like if my nightmares get worse again or I go back to losing control of my temper and things like that?*	
Therapist: *That's a great question and something you should be concerned about. I think you would be okay without regular follow-up, especially if you know that you can come in PRN, meaning that you can and should book a follow-up if something happens, like your symptoms come back. But if you are at all hesitant, then we can also have you check out our maintenance groups.*	Offering a group as a transition is appropriate for patients who are hesitant about ending therapy altogether.
SGT Rias: *What is the maintenance group thing? Should I go into something like that?*	
Therapist: *These groups are for people who have ended individual therapy, but may need some extra help from time to time. They are a great option, especially if you aren't sure if you want to stop checking in regularly with us at the clinic.*	Provider is setting a realistic expectation that therapy will not

2

The 20/20 review is a chance for t
clinic. The frequency of this review
fellow providers using a structured
opportunity to problem-solve barri

Provider completes this section bef

Patient name:	
Diagnoses:	
Admin status (Pending Profile/MEB/ ADSEP?):	
# of sessions/months of BH care prior to this clinic (prior duty stations):	
# of sessions to date (within this clinic):	
# of sessions with current provider:	
Formal outcome measures being used:	
Group attendance history:	
Current treatment goals:	
# of additional sessions anticipated to treat the patient:	
Modalities used (Circle all that are being used with this patient; indicate frequency of appointments per week or per month):	Indi Gro Me Biof Other:_____

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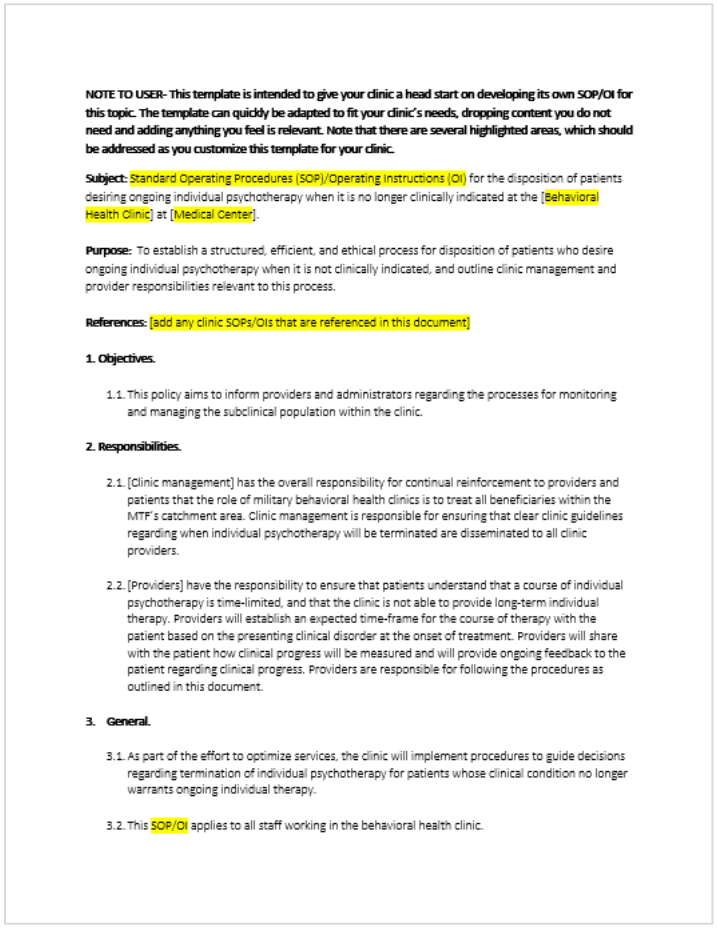
Toolkit Resources

- *Training Decks*
- *Factsheets & Handouts*
- *Forms & Templates*
- *Spreadsheets & Supporting Documents*
- ***Standard Operating Procedures***



NOTE TO USER- This template is intended to give your clinic a head start on developing its own SOP/OI for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas, which should be addressed as you customize this template for your clinic.

Subject: Standard Operating Procedures (SOP)/Operating Instructions (OI) for the disposition of patients desiring ongoing individual psychotherapy when it is no longer clinically indicated at the [Behavioral Health Clinic] at [Medical Center].

Purpose: To establish a structured, efficient, and ethical process for disposition of patients who desire ongoing individual psychotherapy when it is not clinically indicated, and outline clinic management and provider responsibilities relevant to this process.

References: [add any clinic SOPs/OIs that are referenced in this document]

1. Objectives.

1.1. This policy aims to inform providers and administrators regarding the processes for monitoring and managing the subclinical population within the clinic.

2. Responsibilities.

2.1. [Clinic management] has the overall responsibility for continual reinforcement to providers and patients that the role of military behavioral health clinics is to treat all beneficiaries within the MTF's catchment area. Clinic management is responsible for ensuring that clear clinic guidelines regarding when individual psychotherapy will be terminated are disseminated to all clinic providers.

2.2. [Providers] have the responsibility to ensure that patients understand that a course of individual psychotherapy is time-limited, and that the clinic is not able to provide long-term individual therapy. Providers will establish an expected time-frame for the course of therapy with the patient based on the presenting clinical disorder at the onset of treatment. Providers will share with the patient how clinical progress will be measured and will provide ongoing feedback to the patient regarding clinical progress. Providers are responsible for following the procedures as outlined in this document.

3. General.

3.1. As part of the effort to optimize services, the clinic will implement procedures to guide decisions regarding termination of individual psychotherapy for patients whose clinical condition no longer warrants ongoing individual therapy.

3.2. This SOP/OI applies to all staff working in the behavioral health clinic.

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Summary

- Distinguish different factors affecting patient throughput in clinics

- Analyze strategies for addressing influx of patients, managing ongoing cases, and closing cases within a clinic

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Clinic Optimization Toolkit

Modules

- Clinic Gap Analysis
- Patient Management
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- Evaluation

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

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