Registry Components Helpful to Consider for CoCM

Category	Data points	Purpose and details
Patient identifiers	**General:** Name, identification number, phone number(s)	Ensuring accurate identification of patient, facilitating ability to contact patient
	Demographics: age, self-identifiers (ex: cultural, preferred pronouns), social determinant of health needs (housing, urban / rural, food, employment, transportation, etc)	Sorting by population and care needs
	Insurance designation: Medicaid, Medicare, Commercial	Addressing requirements that may differ by insurer, reporting data to the state, billing / coding needs
Treatment identifiers	**Treatment status:** Enrolled, active in treatment, RPP status, inactive	Ability to sort by care status to inform current and future treatment
	Episode of care	Billing / coding requirements for treatment extension applications, understanding treatment history
	Next follow-up: PCP follow-up, BHCM follow-up	Tracking on engagement needs, facilitating timing of systematic case review, facilitating care coordination needs for PCP follow-up as a part of BHCM care planning
Encounter details	**Encounter type:** Contact attempt, initial assessment, follow-up, care team collaboration, psychiatric case note, RPP	Tracking on engagement patterns and current treatment status, informs if adequate attempts being made by the BHCM to engage the patient
	BHCM Initial assessment and follow-up engagement components: Date, reason for encounter, status of treatment goals, measurement-based screeners completed, safety status / severe symptoms, substances, other contributing conditions (ex: medical diagnoses / symptoms), medications (effectiveness, side effects), care plan (homework, goal changes, next follow-up, next treatment steps), allocated minutes spent documenting / engaging patient or care team	Minimum need to know clinical documentation, progress tracking, billing / coding requirements
	Psychiatric case note components: date, reason for review, patient identifiers, reason for review, CoCM care course, depression (first and last PHQ-9), anxiety (first and last PHQ-9), severe symptoms (PHQ-9 item 9 / C-SSRS / safety, substance use, current / history of mania and psychosis)	Ensuring effective and efficient psychiatric case reviews
Registry list sorting capabilities	**By provider & care type:** By care manager, psychiatric consultant, clinic, PCP, diagnosis category, & insurance type	Facilitating systematic case review, tracking on population reach and penetration, billing / coding needs
	By psychiatric case review need: Patients not improving without a psychiatric case note (patients active in treatment for >60 days not improving AND most recent PHQ-9 / GAD-7 score >10 AND scores have not improved by more than 5 points from first score)	Facilitating effective and efficient systematic case review
	By measurement-based scores: first and last metrics (PHQ-9, GAD-7, etc)	Helps with ensuring billing / coding needs met (ex: at least one completed in the last calendar month), tracking on patient progress, facilitates identifying patients for case review
	By monthly minute counts: ability to sort by calendar month from most to least minutes per month	Identify patients for psychiatric case review (ex: not engaged, ready for graduation),billing/coding needs
	By last psychiatric case note	Facilitating effective and efficient systematic case review, informs timing of next review
	By initial assessment date	Informs number of new patients BHCM reaches each month, informs timing of psychiatric case reviews
	By last follow-up	Helps identify patients for review who have not followed-up in the last calendar month
	By next BHCM appointment	Helps to inform case reviews for inadequate engagement and track on how well BHCM doing engaging all patients on registry
	Demographic: age, LGBTQ+ designation, housing insecurities, etc	When customized, can help with tracking on unique needs for identified population
Flagging capabilities	**Psychiatric case review:** ideally with color designations for review category prioritization and anticipated review date (ex: BHCM / PCP clinical question, safety concern, patient not improving despite adequate time in treatment, engagement difficulties in the last calendar month of care, implementation status for previous case review recommendations, ready for deactivation)	Organizing and streamlining systematic case reviews, constructing a case review agenda
	Safety flag status: ideally with ability to indicate color to designate severity	Identifying patients with acute, greater than baseline, risks of lethal harm to self / others