

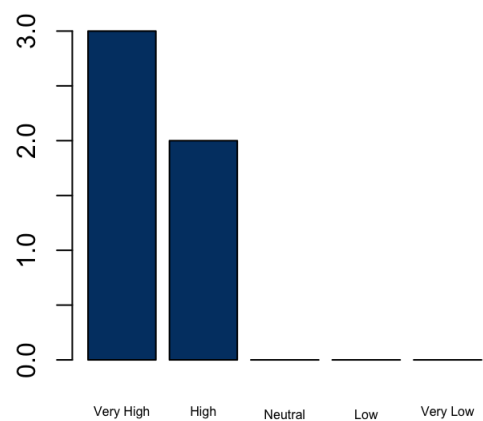


Team Time Report 1

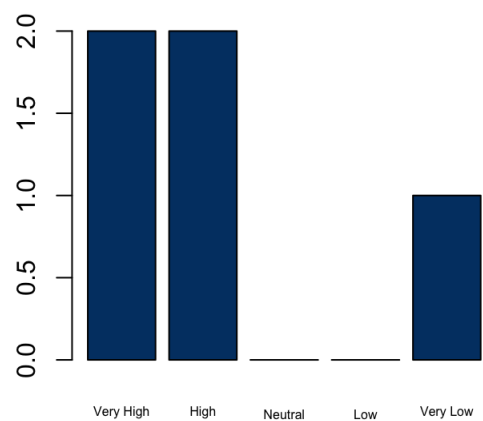
**Team 4 Team Vision: RESPECT - Really Effective
Streamlining Patients' Evidence- Based Clinical
Treatment**

MTL Menu

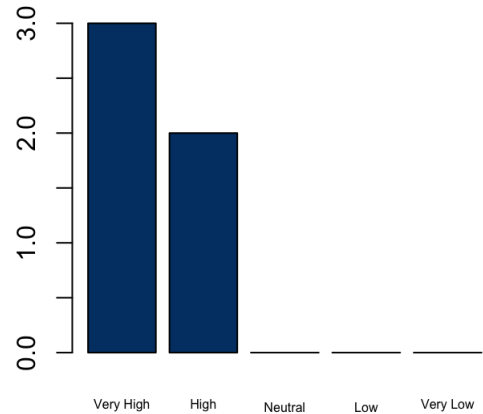
Schedule - How to manage team schedules (i.e. clinics/grids) to meet patients needs.



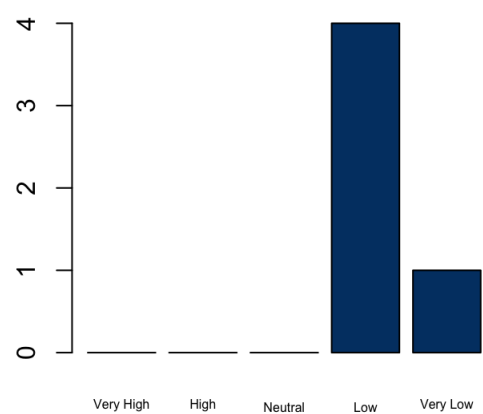
New patients - How to get new patients in care, while meeting existing patients needs.



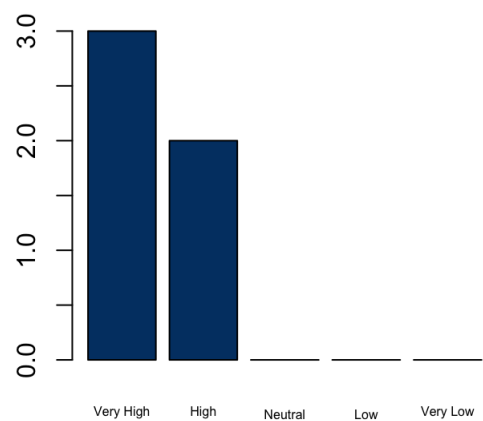
Return to clinic - How return to clinic orders free free us to get patients to the right treatment at the right time.



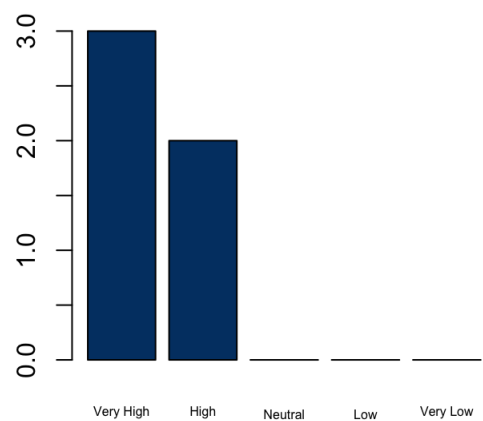
Overwork - How overbooking or overworking increases patient no shows.



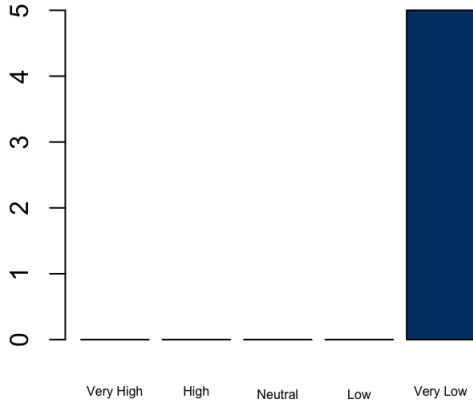
Psychotherapy - How to improve team psychotherapy and patients' patterns of engagement.



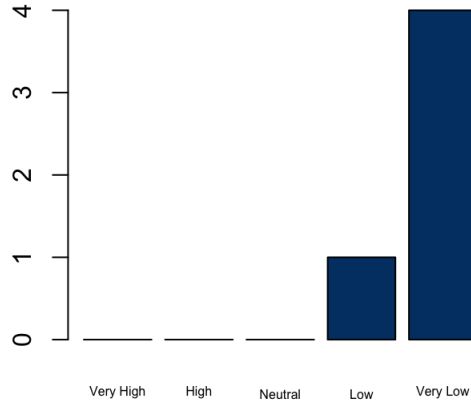
Evidence-based Psychotherapy - How to improve evidence-based psychotherapy in our team.



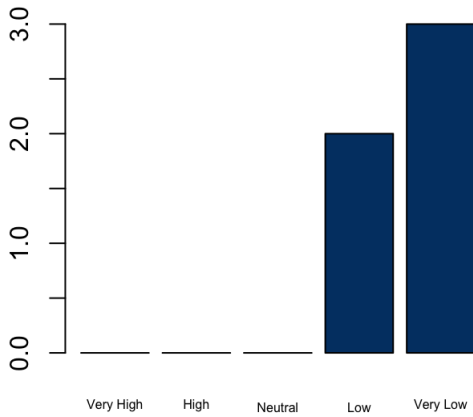
Evidence-based Pharmacotherapy - How to improve evidence-based pharmacotherapy in our team.



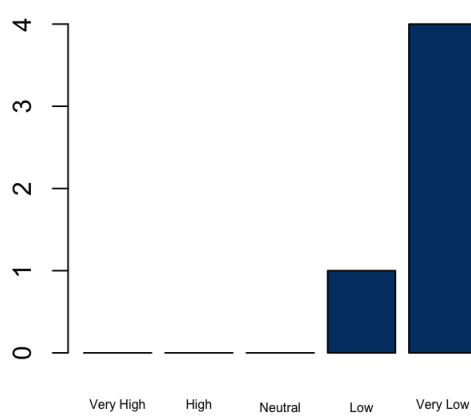
Referrals - How to manage referrals to our team and services (e.g. meds, therapy, group) within our team.



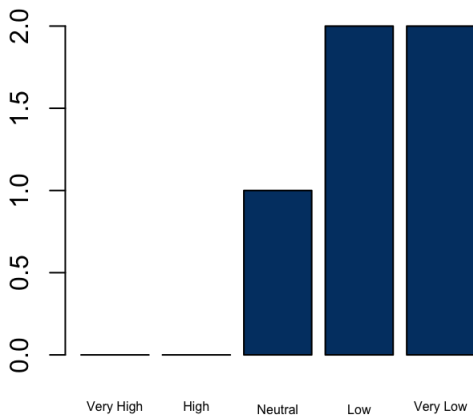
Mix of services - How our patients engage in our teams mix of services.



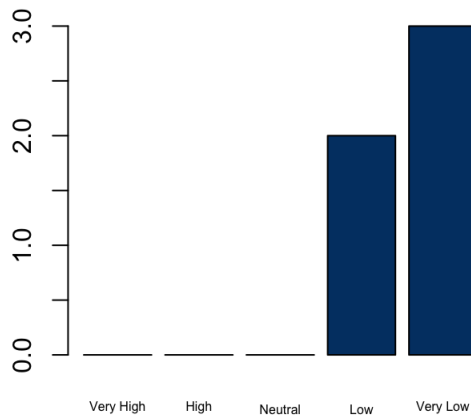
Improvement - Which improvements will have the best effects across our mix of services?



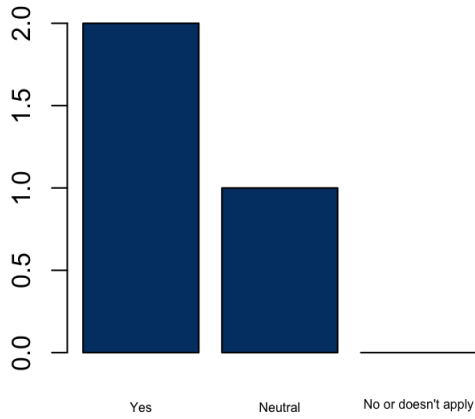
Burnout - How to reduce provider burnout and improve patient satisfaction with care.



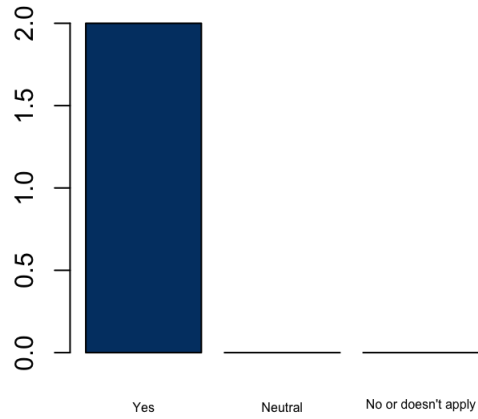
Staffing - How to improve team care with our existing staff mix.



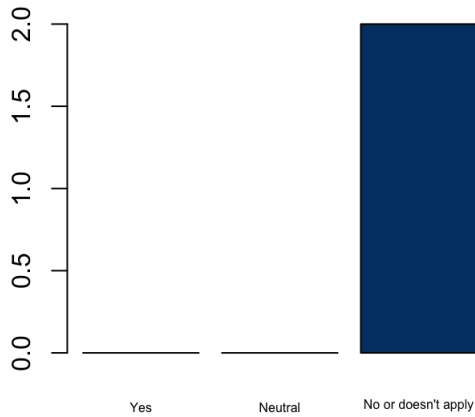
Suicide Prevention - How to manage high risk patients.



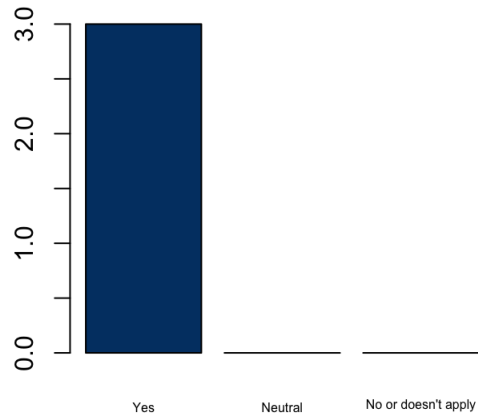
Stepped Care - How to decide when to step patients up to specialty care.



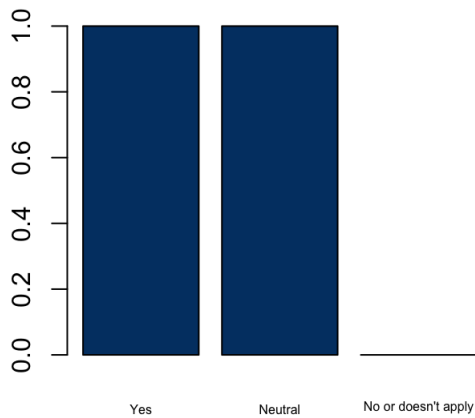
Stepped Care - How to decide when to step patients down to primary care.



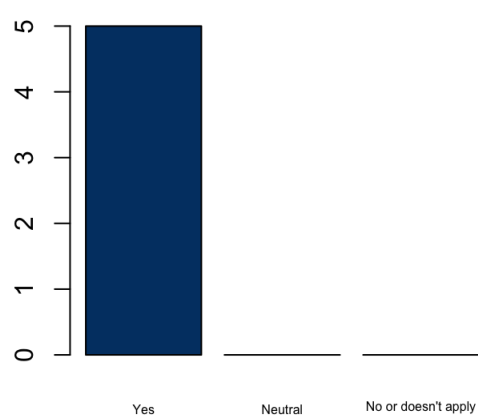
Care Continuum - How to manage patient care across care settings, e.g., primary care, general mental health and specialty mental health.



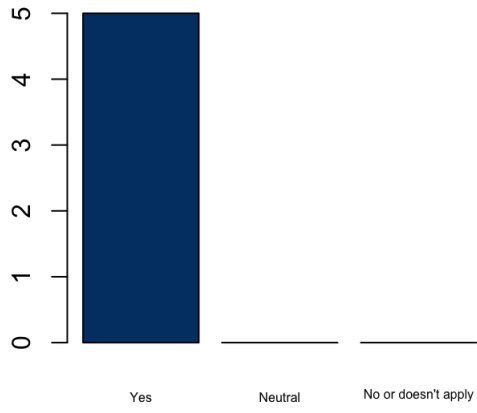
Measurement Based Care - How implementation of measurement based care will improve patient care or reduce patient risk.



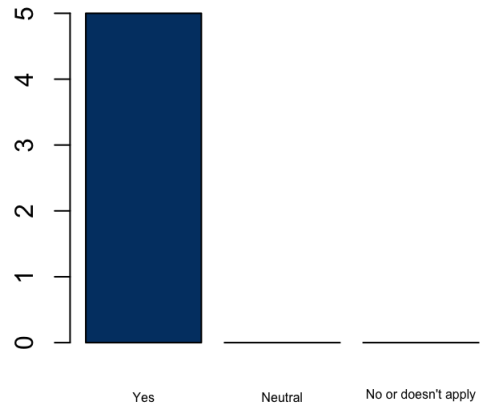
Intake evaluations



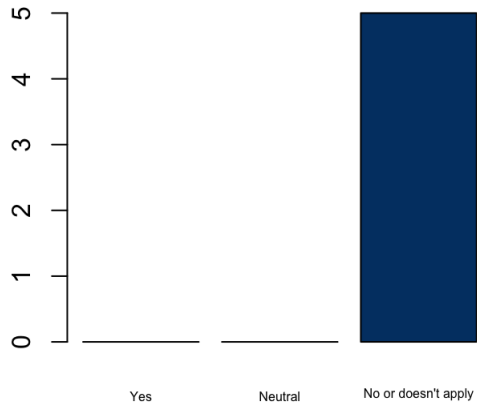
Care coordination



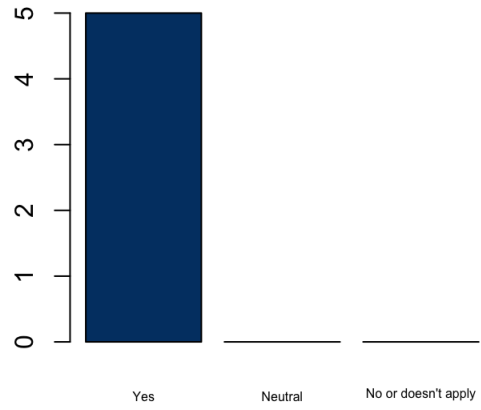
Medication management



Psychotherapy



Groups



Team Data Table - Suicide Prevention Module

SPParam Table without definition (similar to the UI)

Team Data

Measurement Based Care			
	GMH	PC/PCMHI	SMH
New Care Episode Start Rate (mean)(pts/wk)	15.04	3.1	2.27
User supplied Threshold (median)(wks)	39	39	39
High Risk Patient Flag Rates (mean)(pts/wk)	0.04	0.12	0.08
Time to Unflag High Risk Patients (median)(wks)	11	11	11
Engagement Time Before Ending (median)(wks)	3	9	4
Symptom Proportions (High Symptom %)	0.02	0.17	0.28
Time to Improve (wks)	4.86	7.43	6.96

Team Data

Stepped Care			
	Time from Flag to Step up/down	Engagement Time Before Step up/down (median) (wks)	Wait Times (median) (wks)
GMH to PC/PCMHI		4	2
GMH to SMH		2	1.2
GMH to Residential	0	2	
PC/PCMHI to SMH		2	1.9
PC/PCMHI to GMH	2	3	1.6
PC/PCMHI to Residential	15	0	
SMH to GMH	5	4	2.1
SMH to PC/PCMHI		9	2.6
SMH to Residential	1	3	

SPParam Table with definition (similar to the UI)

Team Data

Measurement Based Care				
	GMH	PC/PCMHI	SMH	Definition
New Care Episode Start Rate (mean) (pts/wk)	15.04	3.1	2.27	An estimate of the new care episode start rate, comprising patients starting a new episode of care after receiving no care in that setting within the last nine months (by default) or the user-defined threshold (shown below). (pts/wk)
User supplied Threshold (median) (wks)	39	39	39	This user-supplied threshold is what constitutes a big enough gap in treatment to be defined as a new care episode in each setting. (wks)
High Risk Patient Flag Rates (mean) (pts/wk)	0.04	0.12	0.08	An estimate of the rate at which patients are assigned a high risk for suicide flag while in treatment in each setting. (pts/wk)
Time to Unflag High Risk Patients (median) (wks)	11	11	11	Once a patient is assigned the high risk for suicide flag, this is the median number of weeks before the flag is removed. Or, if the patient already had the flag when they entered the setting, it is the median number of weeks from when they first engaged with the team to the flag removal. (wks)
Engagement Time Before Ending (median) (wks)	3	9	4	An estimate of the median engagement time for patients in each setting before ending. A patient ends a care episode in this setting if they have a gap between visits greater than the user-defined threshold and do not start a new care episode in another setting within this threshold. In the model, this estimate is limited to a minimum of 24 weeks. (wks)

Team Data

Measurement Based Care

	GMH	PC/PCMHI	SMH	Definition
Symptom Proportions (High Symptom %)	0.02	0.17	0.28	An estimate of the proportion of care episodes that have high symptoms for that setting, based on the proportion of patients who step up to a higher level of care or risk during their engagement with that setting. The model takes these known step up proportions into account to determine unknown initial symptom proportions and treatment effects for each setting. (pct)
Time to Improve (wks)	4.86	7.43	6.96	
