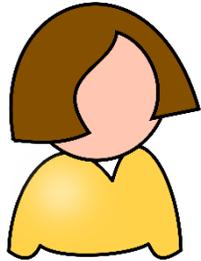
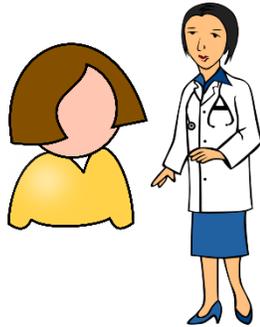


Case Vignette



Claire, a 32 year old woman with a history of anxiety and depression, makes an appointment with a new PCP.



Claire meets with her PCP and shares about her struggles with depression and anxiety. Her PCP completes a brief assessment, completing a GAD-7 and PHQ-9. She suggests enrollment in Collaborative Care, which Claire agrees to. The PCP defers making any treatment changes, pending further assessment by the Care Manager. The PCP facilitates a warm handoff by asking the Care Manager to follow-up with Claire, and Claire knows to expect her call.



The Care Manager contacts Claire by phone to introduce herself, complete a brief assessment, and to share a bit more about Collaborative Care. Claire agrees it could be helpful to enroll in the program. The Care Manager offers an intake by phone or in person, and Claire opts to schedule a face-to-face intake.

Case Vignette Continued



Claire and the Care Manager meet in person. A thorough assessment is completed, including the patient's behavioral health history, as well as her goals. Claire endorses severe test anxiety, as well as a trauma history, though she doesn't meet criteria for PTSD. She's never been in therapy or tried a psychotropic medication. The Care Manager presents various treatment options. Claire opts for a psychiatric recommendation, would also like to engage in therapy, and decides to more actively pursue an important personal goal of obtaining her GED. The Care Manager agrees to consult with a psychiatrist within the next week, provides a referral to a CBT group, and provides a resource for a GED program.

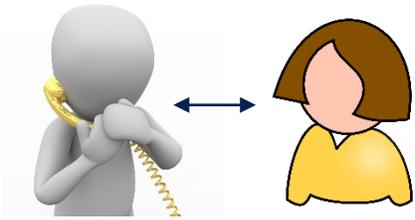


The Care Manager meets with the Consulting Psychiatrist later that week, and reviews the case. The Psychiatrist sends a recommendation to the PCP to consider starting a trial of Lexapro.

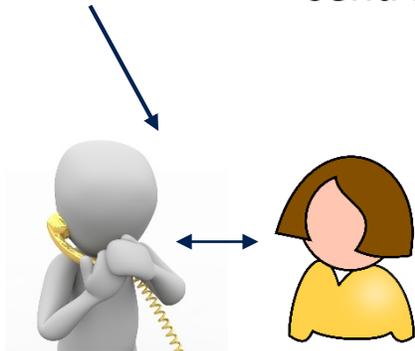


The PCP reads it over, and the Care Manager reaches out to discuss. They agree this trial is a good place to start.

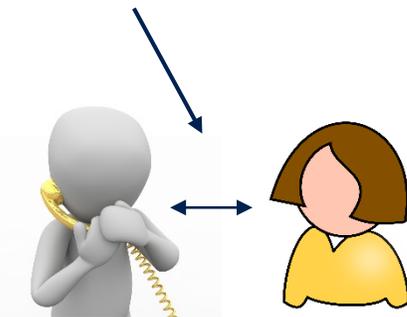
Case Vignette Continued



The Care Manager contacts Claire by phone to review the medication recommendation and provide education about potential side effects and what to expect. The patient agrees to start Lexapro, so the Care Manager asks the PCP to send it in to the pharmacy.



After 1-2 weeks, the Care Manager calls Claire for medication monitoring. She checks in on goals and provides support as appropriate.



With proactive follow-up by the Care Manager, Claire titrates her medication on schedule, per the recommendations of the Consulting Psychiatrist. Claire doesn't need to come into the primary care clinic during this time, which is convenient, due to her busy work schedule. Unfortunately, she sees no improvement in symptoms.

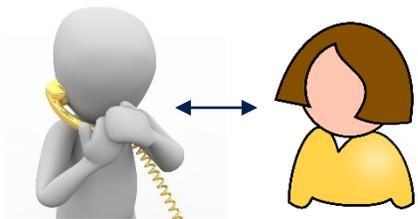
Case Vignette Continued



The Care Manager again discusses the case with the Consulting Psychiatrist, given Claire's lack of improvement over the past several months. A new recommendation is sent to the PCP to taper off Lexapro and begin a trial of Prozac.

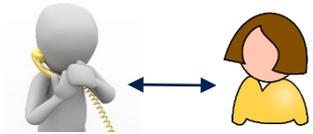


The Care Manager discusses with the PCP and with Claire- they both agree. Per request of the Care Manager, the new medication is sent to the pharmacy by the PCP.



This time, Claire begins to notice a benefit on her mood after several weeks. The Care Manager does proactive monitoring and follow-up, and helps facilitate the titration of her medication over several months, eventually up to 60mg daily.

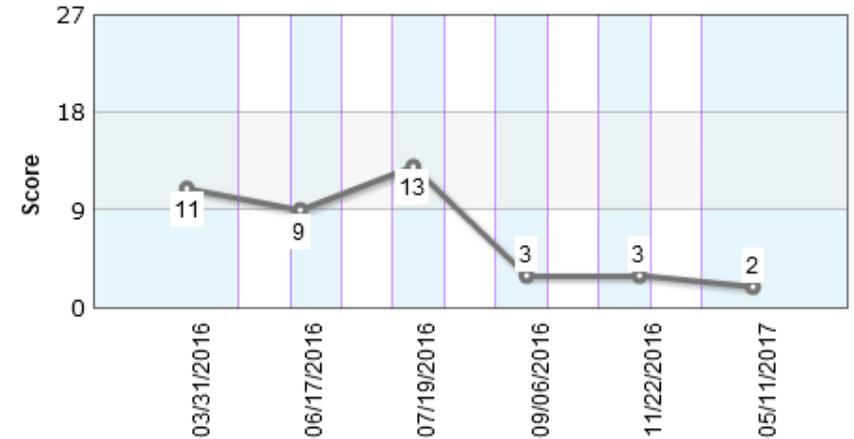
Case Vignette Continued



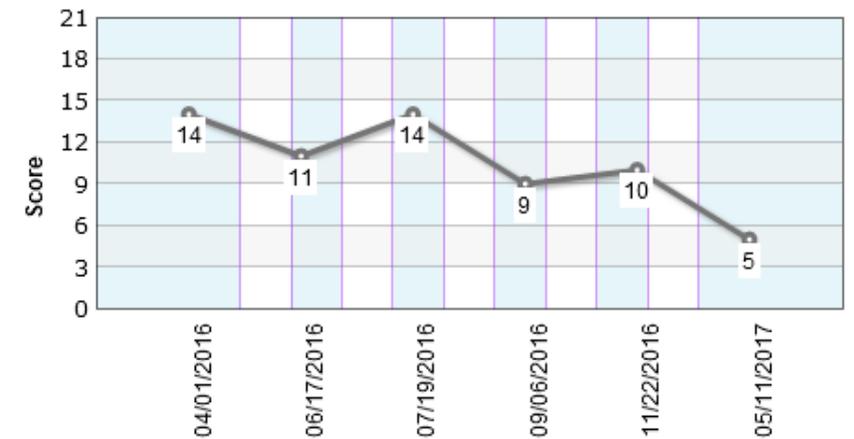
Over the next nine months, the Care Manager had regular, proactive contacts with Claire. The Care Manager administered outcome measures and reviewed her self-management plan, sending updates to her PCP over time. Prozac was gradually increased to 60mg daily. Claire was unable to fit the CBT Therapy Group into her schedule; in lieu of this, the Care Manager taught coping skills and provided additional resources as needed.

With better-managed anxiety, Claire was able to complete a course and earn her GED, as well as pass her driving test and earn her license. She'd been working on this goal for 16 years. She plans to enroll in college to become an electrician. Her symptoms responded to the medication and have further improved largely in part to achieving her goals.

PHQ Scoring Results



GAD Scoring Results



Relapse Prevention Planning

Relapse Prevention Plan

Patient Name: Claire

Today's Date: 5/11/17

Maintenance Medications

1. Prozac; 3 tablet(s) of 20 mg daily (60mg total).

Contact your provider if you'd like to make any changes to your medication(s).

Other Treatments

1. Collaborative Care

Personal Warning Signs

1. Having an attitude: feeling cranky, easily irritated
2. Exercising less
3. More arguments

Things I do to Prevent Depression

1. Walking away from arguments, taking a breath, taking a moment
2. Setting boundaries/being on the same page with parenting
3. Exercising regularly (boxing, flag football, etc.)
4. Engaging in hobbies, such as fishing
5. Living according to values (parenting, helping family, completing school)

If symptoms return, contact: Your Care Manager and/or your PCP

Contact/Appointment Information:

Primary Care Provider: Dr. Doctor, MD | Phone: (734) 482-6221

Next appointment: Date: 5/25/17 Time: 7:50 AM

My Primary Care Manager(s): Janice | Phone: (734) 936-8706

YHC Care Manager: Sara | Phone: 734-544-3284

A Relapse Prevention Plan was completed around one year after enrollment, given Claire's remission and low scores.

Claire will review her plan on a monthly basis, and the team will reach out every 3-6 months to have her complete outcomes and monitor for relapse.

