AIMS CENTER

UNIVERSITY of WASHINGTON

Psychiatry & Behavioral Sciences

Collaborative Care

Lessons Learned and Future Directions

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AIMS Center Introduction

Monica Harrison, MSW, LCSW

Clinical Trainer & Coach

Who Gets Treatment?

https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf

Mental Health Visits in the US

Primary Care



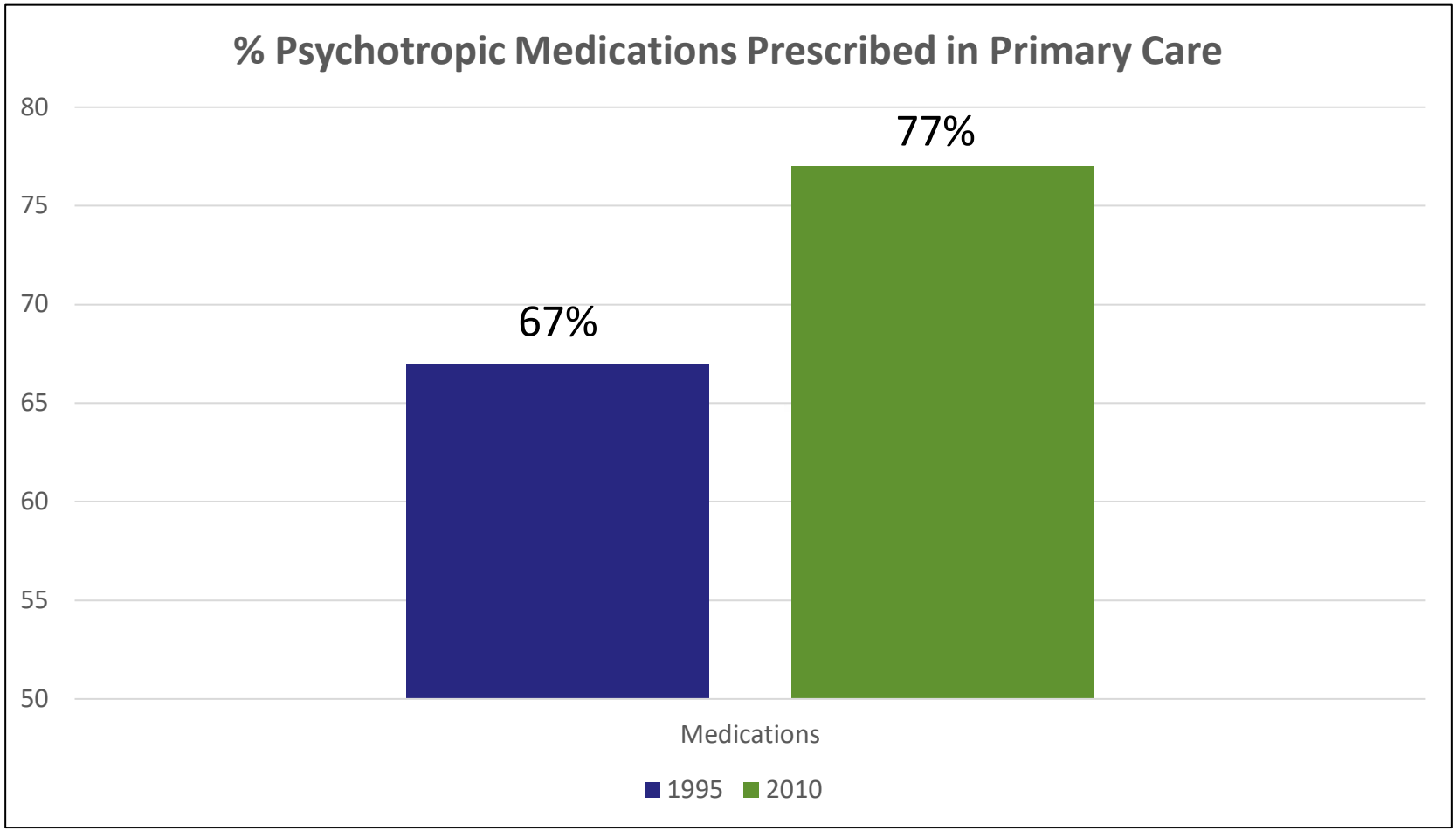



Specialty Behavioral Health




SAMHSA 2022; Kroenke et al. 2017 JGIM

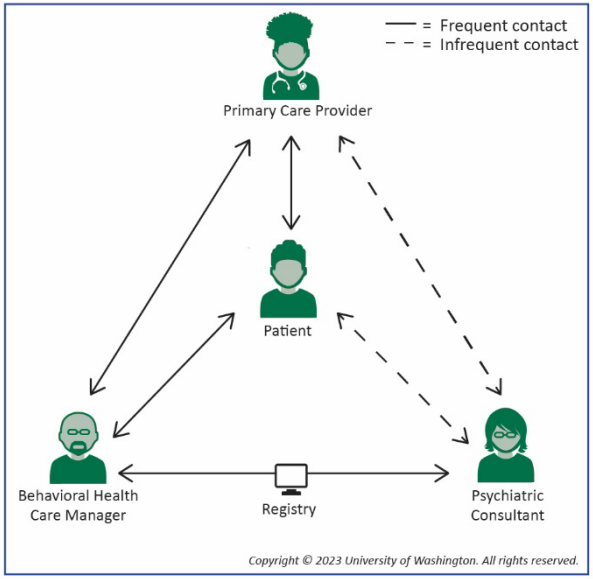
Medications Prescribed



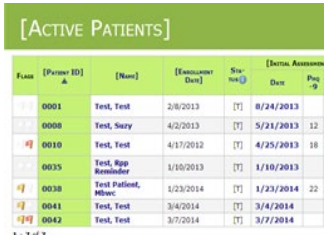
Kroenke et al. 2017 JGIM

Collaborative Care (CoCM)

Primary care patient-centered team-based care



Systematic caseload review with psychiatric consultant (focus on patients not improved)



Registry to track population

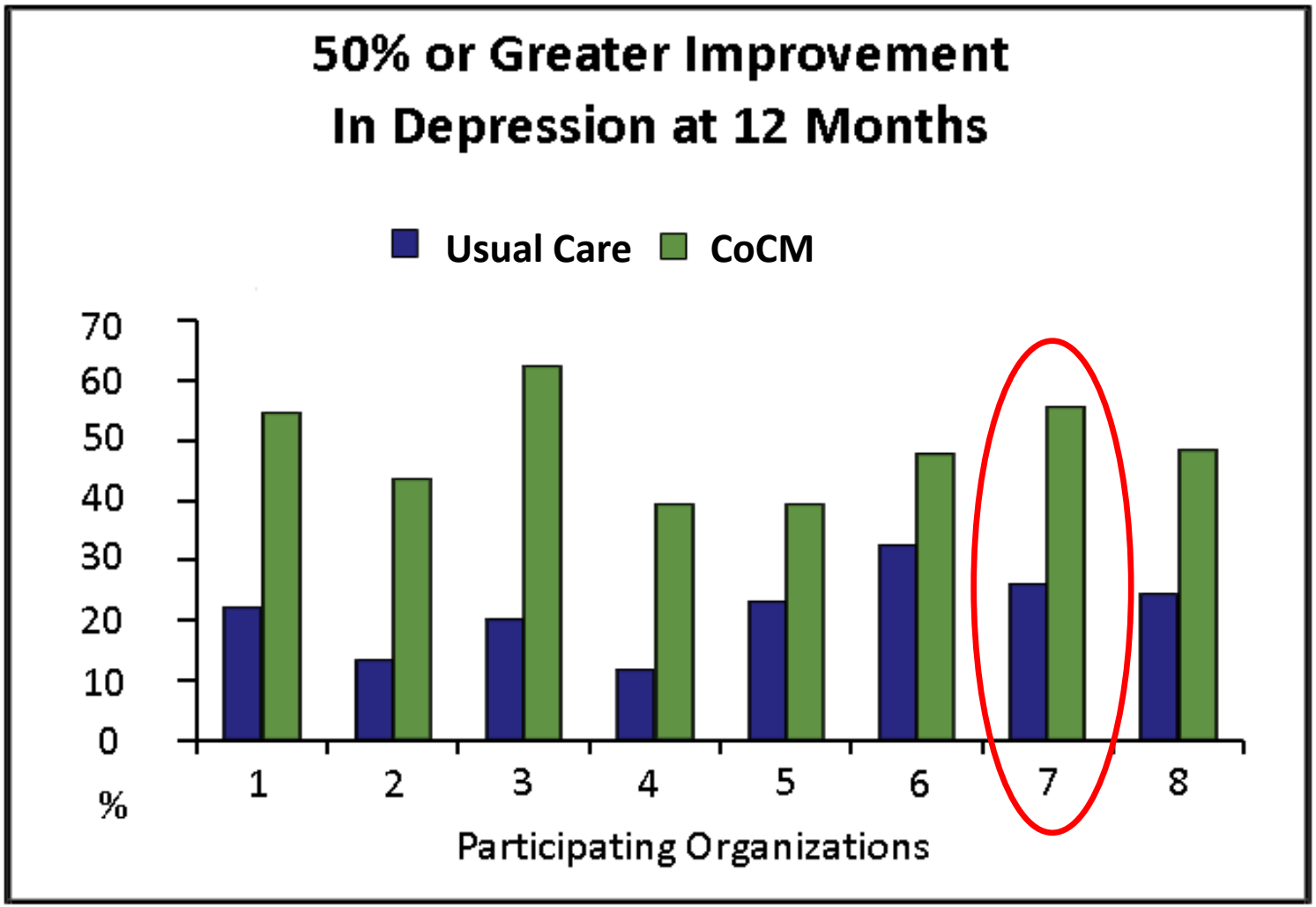
Active treatment with evidence-based approaches

Validated outcome measures tracked over time

LESSONS LEARNED IN THE FIRST 20 YEARS

LESSON 1:
CoCM EFFECTIVE

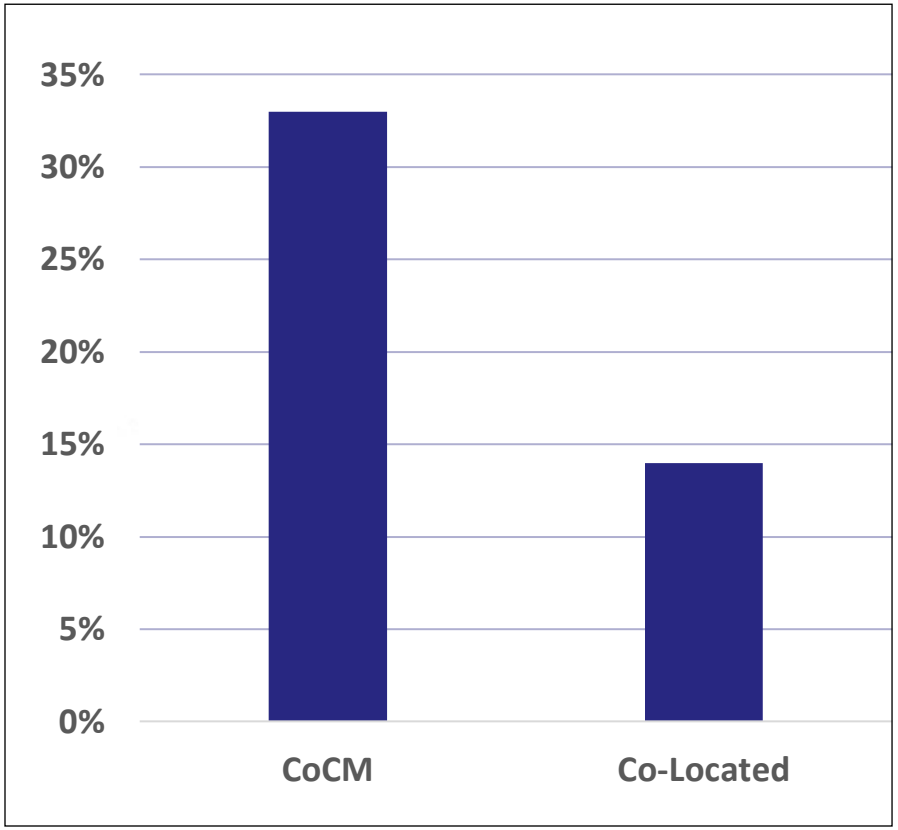
Twice as Many Patients Improve



Unutzer et al. Am J Managed Care 2008.

Collaborative Care Compared to Co-Location

- **Reduction in PHQ-9 scores**
- **Functional differences**
  - — Care management
  - — Measurement-based treat to target
  - — Registry
  - — Caseload review with Psychiatric Consultant



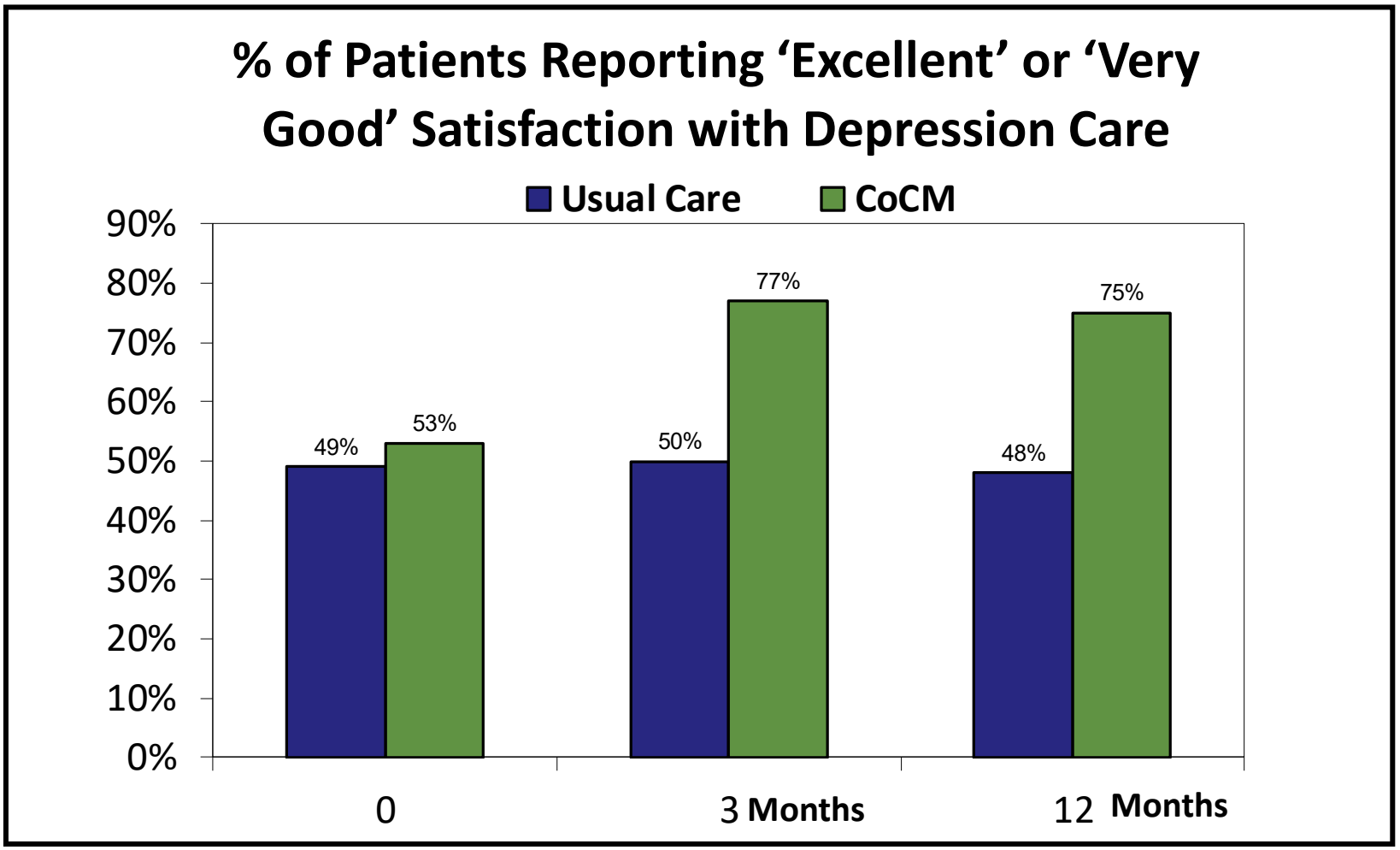
Blackmore et al, 2018

Treatment to Target Drives Early Improvement

In a retrospective study spanning 5 years and including over 7,000 patients:

Garrison et al., 2016

Patients and Providers Satisfied with Care



Similarly high rates of satisfaction among providers

(Unützer et al, 2002); (Levine et al, 2005)

Evidence Base for Collaborative Care

- **More than 90 randomized controlled trials have shown Collaborative Care (CoCM) to be more effective than usual care**

https://aims.uw.edu/collaborative-care/evidence-base-cocm

Collaborative Care for Various BH Conditions

Established Evidence-Base
• Depression - Adolescent Depression - Depression, Diabetes, and Heart Disease - Depression and Cancer - Depression in Women's Health Care
• Anxiety
• Post Traumatic Stress Disorder
• Chronic Pain
• Dementia
• Substance Use Disorders
• Bipolar Disorder

LESSON 2:
CoCM REDUCES HEALTH DISPARITIES

Health Disparities for Racial/Ethnic Populations

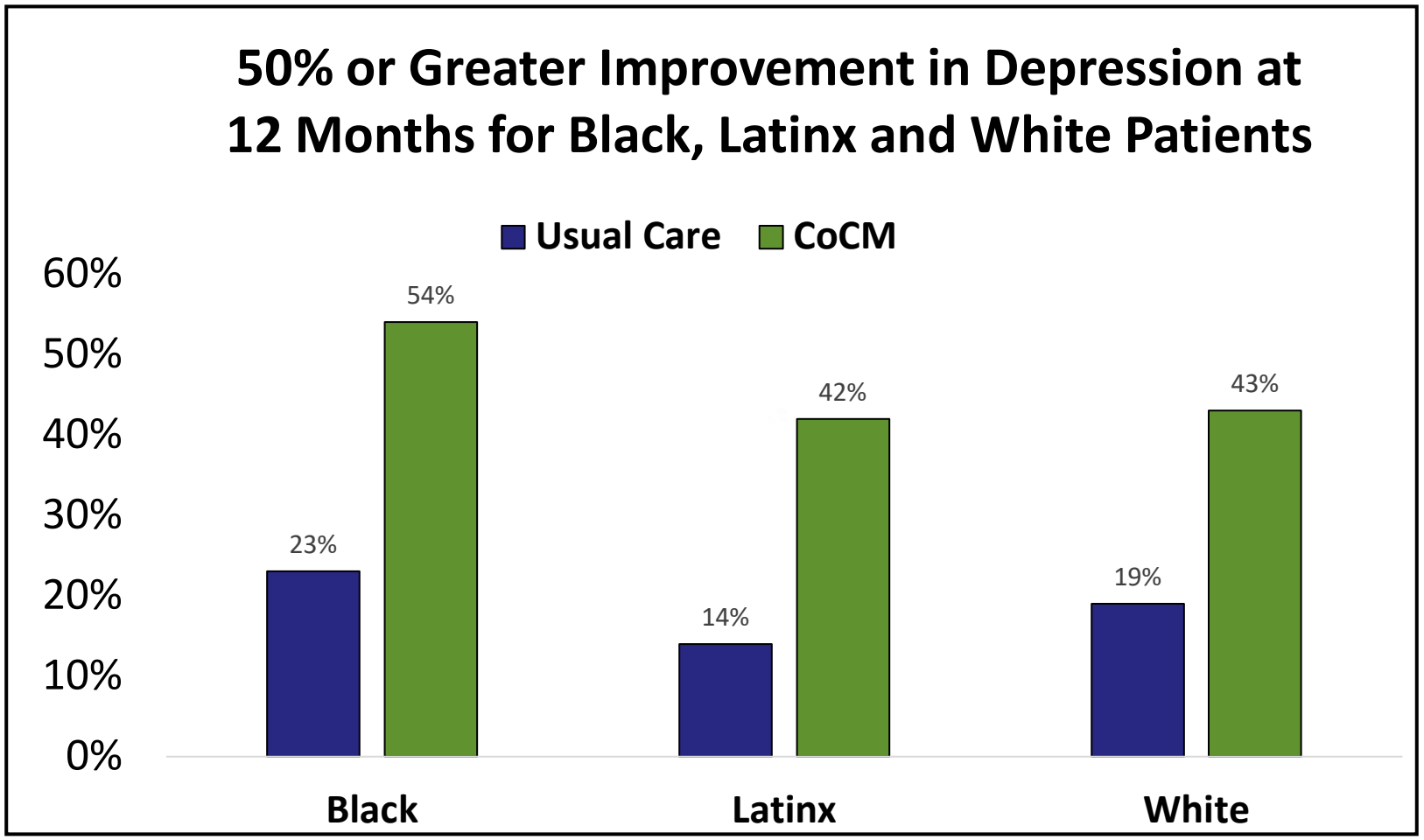
Prevalence of mental health conditions equal

Less likely to access to mental health services

More likely to receive lower quality care and have worse mental health outcomes

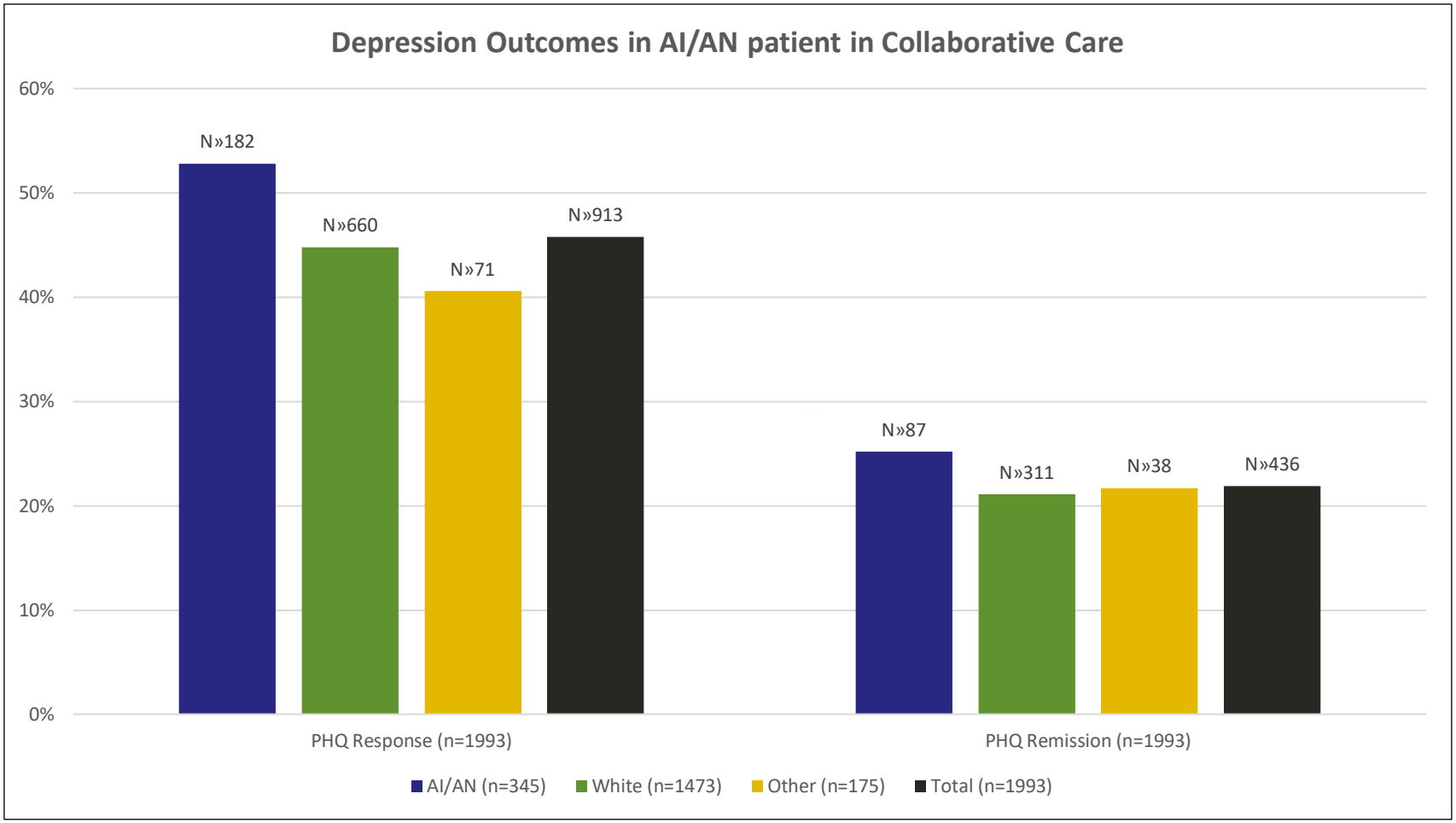
Alegria et al. Health Affairs 2016
Tiwari et al. Psychiatr Services 2008

Similar Improvement for Black, Latinx, and White Patients



(Arean et al., 2005)

CoCM for American Indian / Alaska Native Populations



Bowen et al. BMC Health Services Research 2020

Systematic Review of CoCM for Racial/Ethnic Groups

- 19 studies with AIMS Center core principles
  - 10 RCT, 9 observational
- Black or African American, Latinx, Asian, AI/AN
- No standard definition of culturally sensitive care
- CoCM, with or without cultural/linguistic tailoring, effective in improving depression

(Hu et al, 2020)

LESSON 3:
CoCM CAN SAVE MONEY

CoCM Reduces Health Care Costs

Cost Category	Average 4-year	CoCM	Usual Care	Difference
CoCM Program		$522.00	0	+ $522.00
Outpatient mental health	$661.00	$558.00	$767.00	- $210.00
Pharmacy	$7,284.00	$6,942.00	$7,636.00	- $694.00
Other outpatient	$14,306.00	$14,160.00	$14,456.00	- $296.00
Inpatient medical	$8,452.00	$7,179.00	$9,757.00	- $2,578.00
Inpatient specialty care	$114.00	$61.00	$169.00	- $108.00
Total	**$31,082.00**	$29,422.00	$32,785.00	**- $3,363.00**

Note: Costs shown are in 2002 – 2004 dollars.

Cost Savings

Unutzer et al. *Am J Managed Care 2008*.

Cost-effectiveness Meta-analysis

- 22 studies over 30 years
- Most studies showed CoCM cost savings
- One study compared clinics implementing CoCM to demographically similar UC clinics
  - HC costs increased for both groups of clinics
  - CoCM clinics saw only 73% of increase seen in UC clinics
  - CoCM patients
    - 54% less likely to use the ER
    - 49% less likely to use inpatient psychiatric care

Verughese **J, et. al. 2012 AJPM**

Integration Cost Savings

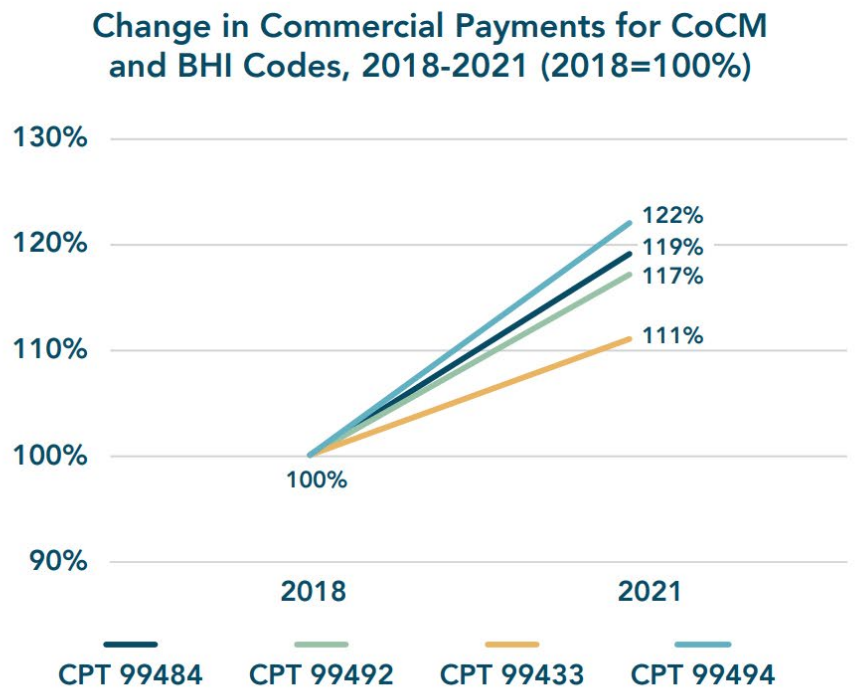
FIGURE 18: AVERAGE ANNUAL COST SAVINGS AND IMPACT THROUGH EFFECTIVE INTEGRATION, 2017 TOTALS (MILLIONS)

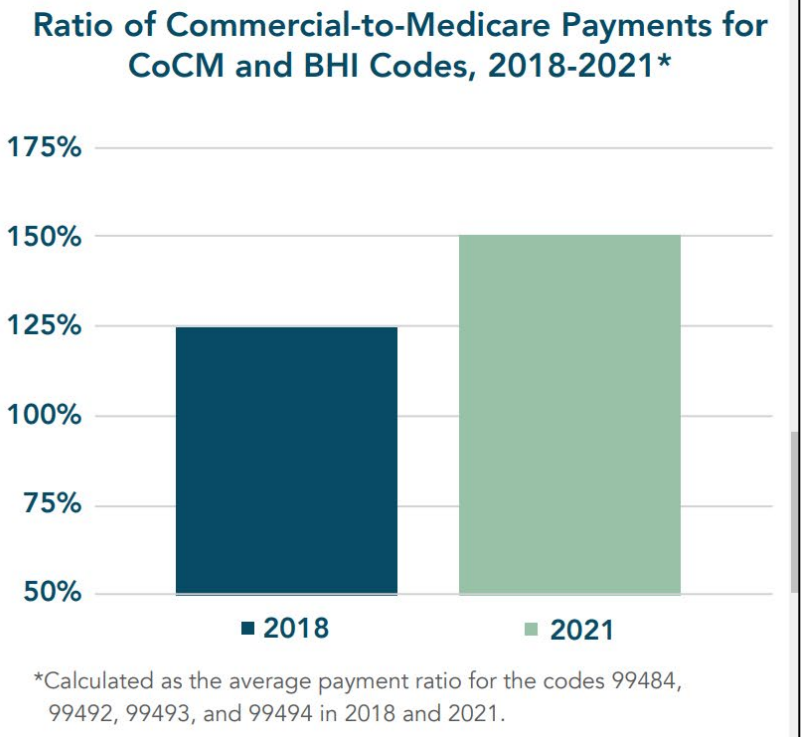
PAYER TYPE	MEMBER MONTHS	TOTAL CLAIMS	VALUE OPPORTUNITY	COST SAVINGS
COMMERCIAL	2,021,000,000	$1,098,193	$179,245	$19,284-$38,568
MEDICARE	656,000,000	$561,206	$51,909	$5,995-$11,990
MEDICAID	721,000,000	$531,324	$175,172	$12,320-$17,248
TOTAL	**3,399,000,000**	**$2,190,723**	**$406,326**	**$37,599-$67,806**

Melek SP, et. al. 2018

Commercial payments for integration

Commercial payments for the collaborative care and behavioral health codes in 2018 and 2021 were significantly higher than Medicare payments.

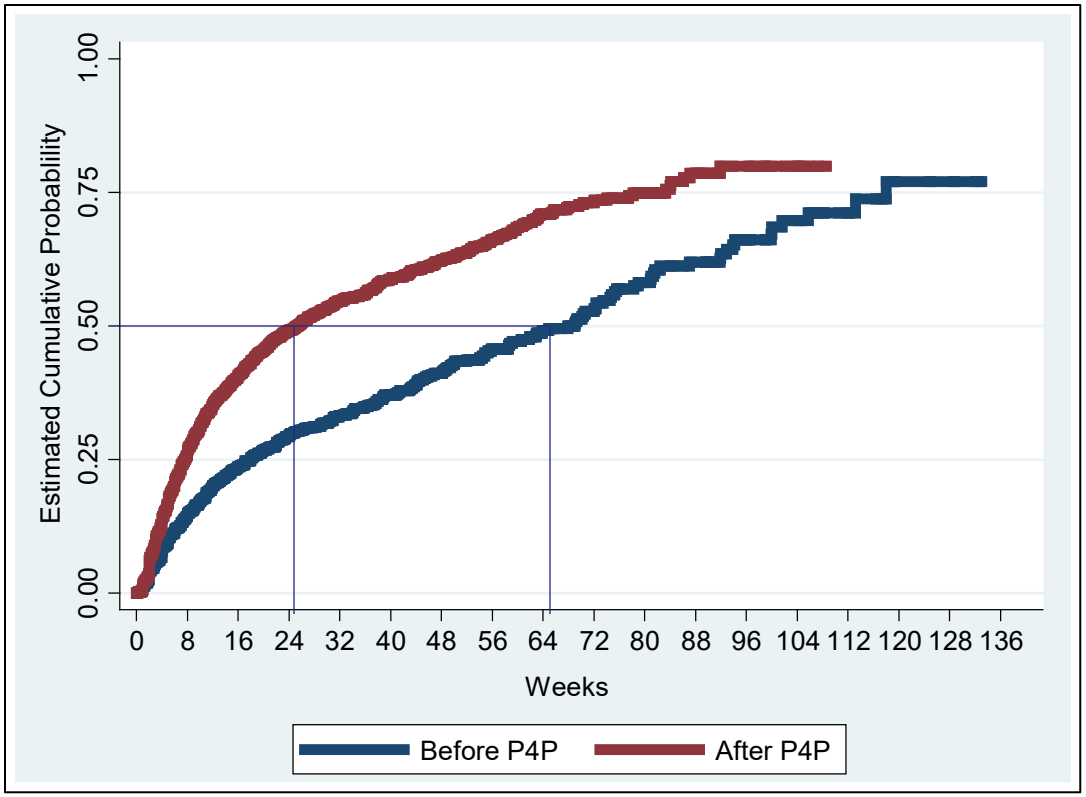




AHIP Report June 2023

Implementation: Using Pay-for Performance

Pay-for-performance cuts median time to depression treatment response **by more than half**

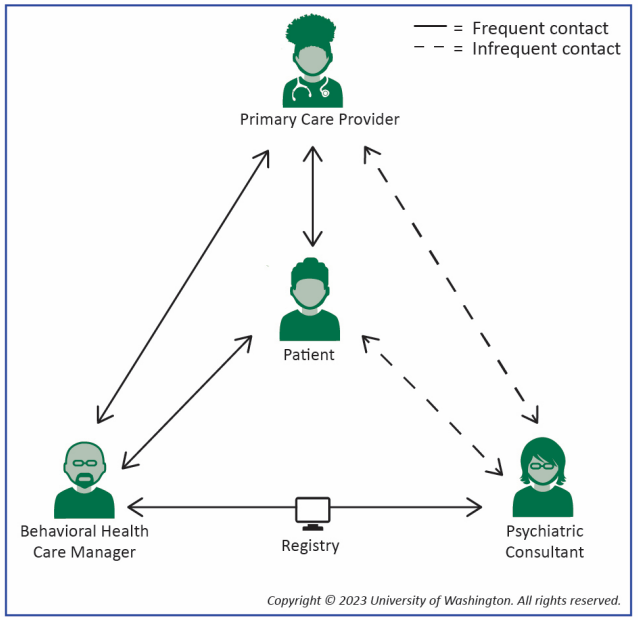


Unützer J. et al. 2012

LESSON 4:
PCP ENGAGEMENT

CoCM Starts with the PCP

- CoCM is a primary care model
- PCPs set the stage for effective CoCM
- Essential member of treatment team
  - PCP communicating confidence in team and strongly endorsing CoCM affects patient engagement



CoCM Starts with the PCP

- **Consider how to effectively engage PCP in care team**
  - **How will they know the patient is enrolled in CoCM?**
  - **How will they receive information about treatment progress?**
  - **How will they receive recommendations for treatment changes?**

Acknowledge Concerns PCPs May Have

Is this more work for me?

The psych med prescriber in this model is…***ME***?!

Don’t I already do a good job managing BH conditions?

Why can’t I just refer everyone out?

PCP Experiences of Collaborative Care

Before Implementation	After Implementation
This is going to slow me down.	This takes a load off my plate.
I don't have time to address one more problem.	This speeds me up.
I already do a good job of treating mental illness.	I always want to practice like this. I am providing better care.
This is going to drag on me like an anchor.	This gives me time to finish my notes.

Raney et al, Integrated Care: A Guide for Effective Implementation. 2017.

LESSON 5:
METRICS MATTER

Metrics Options: Population-Based

CoCM Principle	Evaluation	Metric	Target
Population-based	Does the screening workflow have adequate reach?	• % of patients screened for depression and anxiety • Screening data by race, ethnicity, language, and age	80% of target population
	Is there adequate access to the program?	• Average time between identification and first visit with BHCM	<2 weeks
	Is the referral rate of new patients adequate to build and sustain the program?	• % of eligible patients who enroll in CoCM • Enrollment data by race, ethnicity, language, and age	≥50%
		• % of active caseload that began treatment in the past month (caseload reach)	10-20%
	Are enrolled patients being followed regularly with proactive outreach?	• % of pts. With ≥1 contact/month • % of pts. With no contact for ≥2 months	≥80% ≤10-15%

Metrics Options: Measurement-based Care

CoCM Principle	Evaluation	Metric	Target
Measurement-based Care	Is the BHCM monitoring treatment with PHQ-9 and/or GAD-7?	% of contacts with BHCM that include a PHQ-9 or GAD-7 in the past month	≥75%

Metrics Options: Treatment to Target

CoCM Principle	Evaluation	Metric	Target
Treatment to target	Is the team meeting weekly for Systematic Caseload Review?	Average # of Systematic Caseload Review meetings per month	3-4
	On Average, does the team review at least 6 patients per week?	Average # of patients discussed per meeting	6-10[66]
	Are the appropriate patients prioritized for review?	% of patients without adequate improvement who have been discussed in the Systematic Caseload Review within the previous 60 days	90%
	How effective is the treatment provided?	• % of patients with baseline score >10 who achieve clinically significant response (≥50% decrease in PHQ-9 ≤5) • % of patients who achieve anxiety improvement (5 point improvement in GAD-7 score) and baseline score is ≥10	• 90% • 45-65%[67,68]

Bauer AM, et al. *Psychiatr Serv*. 2019. Blackmore MA, et al. *Psychiatr Serv* 2022.
Powers DM, et al. *Fam Syst Health*. 2020

Metrics Options: Patient Centered

CoCM Principle	Evaluation	Metric	Target
Patient-Centered	Are patients satisfied with CoCM experience?	• % of pts. Reporting satisfaction with care • Comparison from start of care to completion of care • Satisfaction data by race, ethnicity, language, and age	Compare to existing data re: BH and medical satisfaction

Metrics Options: Evidence-based Treatments

CoCM Principle	Evaluation	Metric	Target
Evidence-based treatment	Are evidence-based psychotherapeutic treatments being used?	Among patients treated with behavioral treatments, % of those who are not receiving evidence-based treatments	<10%

Metrics Options: Accountable Care

CoCM Principle	Evaluation	Metric	Target
Accountable	Do processes and outcomes align with your vision, goals, expectations?	Process and outcomes data since launch (by clinic)	80% Alignment
	Are you achieving expected cost savings?	% decrease in healthcare expenditures among target patient population	5-10%[73]

New York Five Year Sustainability: Quantitative Results

Clinic Sustained

- Care Manager: 1.0 FTE
- Number of Patients/FTE: 137
- Improvement Rate: 46%

Clinic Opted-Out

- Care Manager: 0.5 FTE
- Number of Patients/FTE: 58
- Improvement Rate: 7.5%

Moise N et al. *Implement Sci.* 2018.

LESSON 6:
SCR IS KEY

Systematic Caseload Review (SCR)

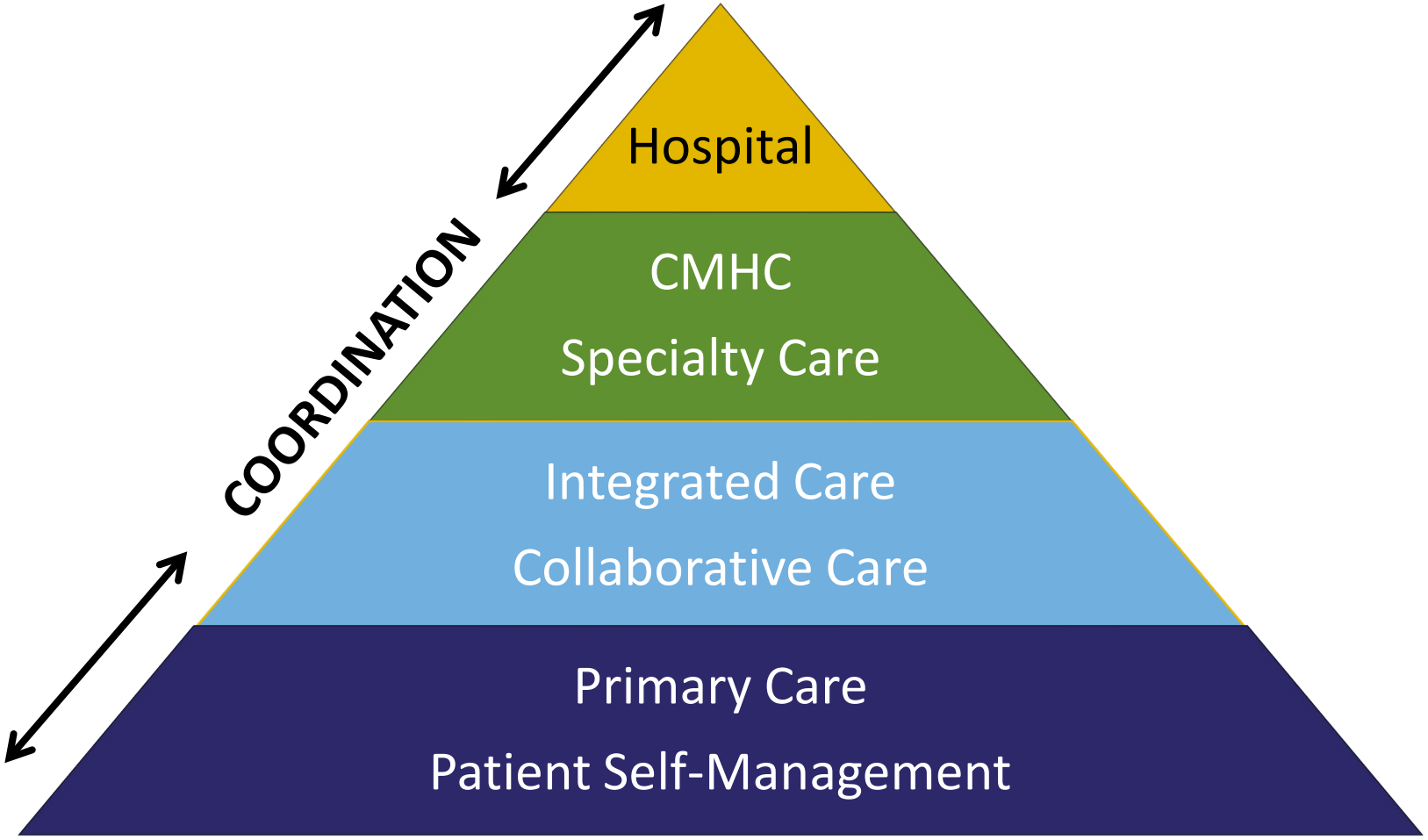
- Regular (weekly) meeting
- Between BHCM and Psychiatric Consultant
- Priority patients are reviewed, and treatment recommendations are provided
- Involves review of the registry to prioritize patients and support population health management

Measurement-Based Treatment to Target

- **Proactive treatment adjustment**
  - Avoid patients staying on ineffective treatments for too long
  - Treatment plan "shelf life" = 10-12 weeks max
  - Full, partial, no response
- **Know when to refer for consultation/get help**

FUTURE DIRECTIONS

Mental Health in Primary Care Settings



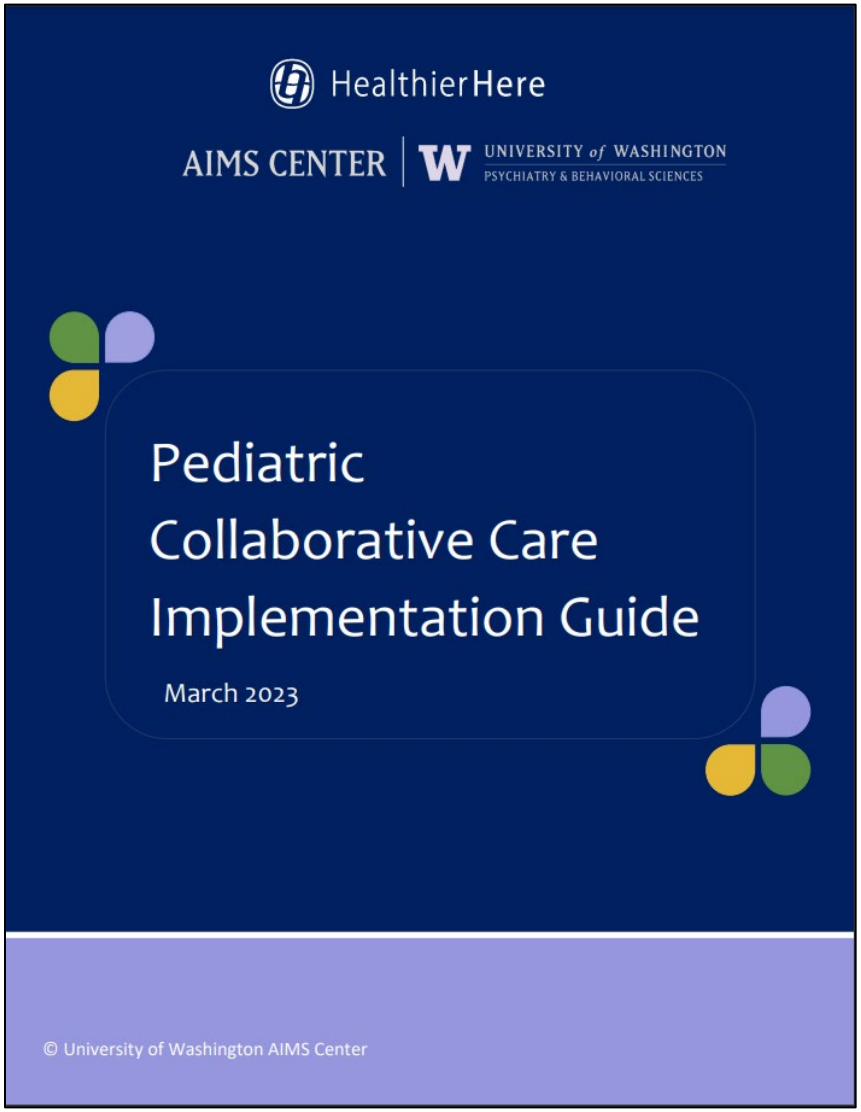
Pediatrics

CoCM equally effective for depression in youth aged 12 and older

- **Richardson et al. JAMA 2014**
  - **Response: CoCM 68%, Control 39%**
  - **Remission: CoCM 50%, Control 21%**
- **Shippee et al. Psychiatr Svcs 2018**
  - **Response: CoCM 44%, Control 30%**

CoCM effective for Latinx children with ADHD

- **Myers et al. Gen Hosp Psychiatry 2010**



CoCM is almost never the only form of care needed in the pediatric setting

Also:

- **Support for issues related to developmental concerns**
- **Management of issues related to medical care, and emotional and physical development (sleep, nutrition…)**
- **Support for family-related issues and referrals to BH for other family members**
- **Still a need for specialty care**

Meadows Mental Health Policy Institute White Paper

- **Improving Behavioral Health Care for Youth Through Collaborative Care Expansion**

https://mmhpi.org/topics/policy-research/improving-behavioral-health-care-youth-through-collaborative-care-expansion/

Perinatal CoCM

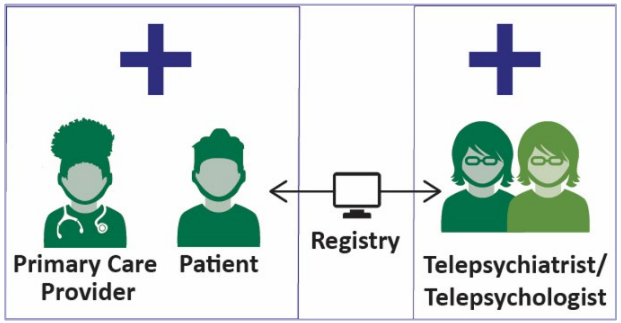
- Depression a significant burden
  - Underdiagnosed complication
  - Affects as many as 23% of postpartum people
- CoCM effective
  - 48% remission
- Cost effective
  - Untreated perinatal depression expensive
  - Costs for the whole family

CoCM in Specialty Settings

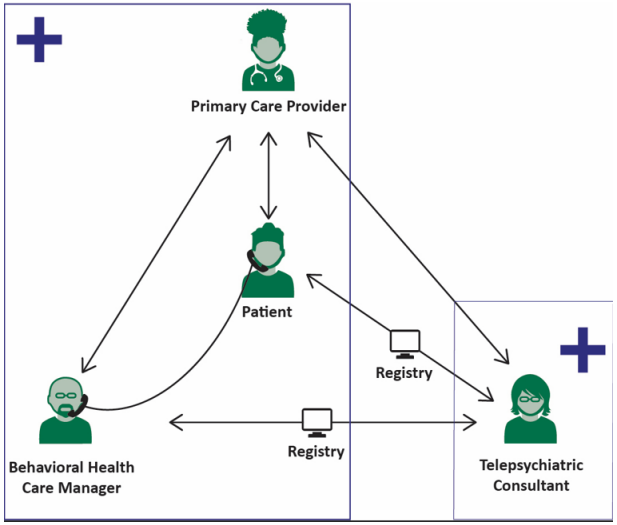
- Diabetes
- Coronary heart disease
- Cancer

Improving Access for Complex Psychiatric Disorders

Telepsychiatry Enhanced Referral Care



Telepsychiatry Collaborative Care



Fortney JC et al 2021 JAMA Psychiatry

CoCM for Complex Disorders

Depression

- Direct assessment by psychiatric consultant
  - As needed
- Contacts with BHCM:
  - Average 10 contacts
- Systematic Case Reviews
  - 2 systematic case reviews

Bipolar Disorder/PTSD

- Direct assessment by psychiatric consultant
  - Every patient
- Contacts with psychologist:
  - Average 11 contacts
- Systematic Case Reviews
  - 6 systematic case reviews

Care for more complex disorders may take more resources.

Unützer et al., 2002 JAMA

Fortney JC et al 2021 JAMA Psychiatry

Driving Adoption of CoCM

- **Categorize CoCM as preventive service**
  - BCBS Michigan
- **Defray start-up costs**
  - Training and technical assistance
    - Meadows Mental Health Policy Institute
  - Time to build sustainable caseload
    - Stepped payment rates
- **Pay for quality**
  - Processes of care
  - Clinical outcomes

Questions?