

Successful Collaborative Care Model Implementation:

The Financial and Clinical Benefits of the Collaborative Care Model

The Collaborative Care Model (CoCM) is an evidence-based approach designed to identify and treat behavioral health conditions within primary care settings. In 2017, the Centers for Medicare and Medicaid Services (CMS) introduced dedicated Current Procedural Terminology (CPT) codes for CoCM, leading many states to incorporate these services into their Medicaid fee schedules.

One of these states is New York, a national leader in supporting the adoption of CoCM statewide. Primary Care IPA (PCIPA) became the first organization in Western New York to integrate CoCM across both adult and pediatric populations, with the latter expansion supported by a SAMHSA-funded initiative.

Despite concerns about financial sustainability, a review of over 12 successful practices across Western New York demonstrates that CoCM can achieve financial viability within months of implementation.



"Collaborative Care is an outstanding example of what we are trying to accomplish in value-based care. It enhances the scope of preventative care provided in primary care settings, minimizes the unnecessary use of specialty care, reduces overall costs, and most importantly, improves care for our patients."

– Larry Zielinski, CEO, Primary Care IPA

PRIMARYCARE IPA
ADVOCACY. VITALITY. STABILITY.

Authors: Virna Little and Aniece Futch, with special thanks to Primary Care IPA and JG Research & Evaluation

The Financial Case for Collaborative Care

CoCM's Financial Sustainability: Achieving Stability within Months

Time Frame	Caseload	Billable Episodes (76%)	Profitability
30 Days	51 patients	39 episodes	- 47.2%
60 Days	65 patients	49 episodes	-17.9%
90 Days	75 patients	57 episodes	+3.98%
11 Months	80 patients	61 episodes	+30.4%

Beyond breaking even, CoCM sites reported a 3.98% profit margin at 90 days. By 11 months, sites reported a 30.4% surplus, proving long-term financial sustainability.

Data from Wheatfield Pediatrics validated these projections. With proper staffing, the practice's caseload volume, size, and payer mix demonstrated that reaching 80 active patients per year is sufficient to support a full-time care manager and achieve billing sustainability within one year—making it a strong case study in long-term financial viability under CoCM. This local success story reflects a broader national crisis—where untreated behavioral health conditions are driving unsustainable healthcare costs across the system.

In 2022, U.S. healthcare spending reached \$4.5 trillion, making up 17.3% of GDP. The impact of untreated mental health conditions is staggering—people with depression face 2.5 times higher healthcare costs, and among the 25 million individuals aged 12 and older who experience major depression each year, 60% receive no treatment. Those managing both a mental health condition and a chronic illness see medical expenses triple compared to those without a mental health condition.

“Integrating physical and mental health care in primary care just makes sense,” said Heidi Sansbury, MSW, MBA, Manager of Behavioral Health Integration, Primary Care IPA. “By coordinating care across providers, patients receive timely, evidence-based interventions that support their whole health. This approach closes care gaps, improves outcomes, and enhances both patient and provider experiences. With sustainability at its core, early adopters who invest in a full-time dedicated care manager see CoCM become self-sustaining within 90 days. It’s a no-brainer—this is how healthcare should be delivered, period.”

Scalability Across Patient Populations

Patient Population	Break-Even Point	Avg. Monthly Billing Revenue (90 days)
Adult	52 patients	\$4,560.01
Pediatric	53 patients	\$4,037.98

PCIPA's patient mix consists of 65% pediatric (ages 0–17) and 35% adult (ages 18–65), with Medicaid coverage ranging from 6% to 26%, reinforcing the need for scalable behavioral health integration.

Clinical Outcomes:

The Case for Integration Compared to National Benchmarks

National research indicates that traditional Collaborative Care Models (CoCM) achieve a 50-60% reduction in depressive and anxiety symptoms over 12 months. However, Primary Care IPA (PCIPA) has not only met but exceeded these benchmarks in significantly shorter timeframes.

At Quaker Medical Associates, a PCIPA practice serving both pediatric and adult patients, as well as Buffalo Pediatrics, CoCM implementation has resulted in faster and more substantial symptom reductions, as shown in the outcomes below.¹

Quaker Medical Associates: Leading the Way in Clinical Outcomes

- Depression Outcomes (1-Year Data)
 - 80% of patients with moderate to severe depression improved within one year:
 - 40% achieved full remission
 - 40% improved to mild symptoms
- Anxiety Outcomes (1-Year Data)
 - 60% of patients showed meaningful improvement:
 - 40% achieved remission
 - 20% improved to mild symptoms

Buffalo Pediatrics: Faster Symptom Reduction than National Benchmarks

- 58% of depression patients improved within 4 months, with 29% achieving remission.
- 57% of anxiety patients improved within 5 months, with 14% achieving remission.

These results not only validate CoCM's effectiveness in accelerating symptom reduction but also emphasize its broader impact beyond patient outcomes. The following insights from healthcare educators and professionals reinforce how CoCM enhances training for future behavioral health providers, strengthens interdisciplinary collaboration, and equips clinicians with the skills needed to address complex mental health challenges in primary care settings.

¹ Centers for Disease Control and Prevention. (2019). Collaborative Care: Integrating Mental Health into Primary Care. Retrieved from <https://www.cdc.gov/mentalhealth/collaborative-care/index.htm>



"The success of CoCM at Primary Care IPA has given our MSW students real-world experience in evidence-based, interdisciplinary care."

— **Katie McClain-Meeder, Clinical Associate Professor, SUNY Buffalo**

"Daemen MSW students have had the opportunity to enhance their clinical skills and interdisciplinary collaborations. The program's commitment to evidence-based practice and interprofessional education ensures that our MSW students are well-equipped to meet the complex needs of their clients."

— **Maggie Dreyer, LCSWR, Director of Field Education, Clinical Assistant Professor, Daemen University, and clinical supervisor for all PCIPCA CoCM sites**

Cost Savings and ROI

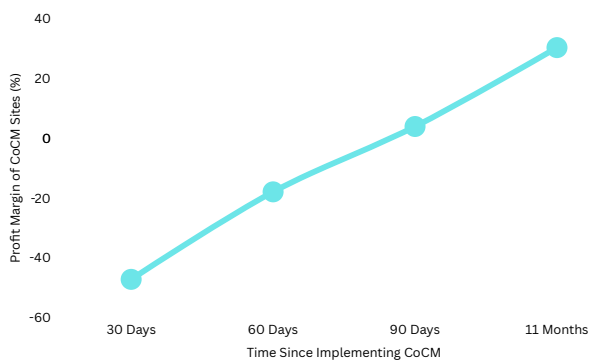
When fully adopted, CoCM is projected to save Primary Care IPA over \$5 million annually by:

- Reducing ER visits and hospitalizations by 25-30%
- Decreasing specialty referrals by 30%, retaining \$400 per patient (*saving and keeping \$32,000+ for 80 patients in-house*)
- Boosting medication adherence by 25% and reducing crisis events by 30%
- Billing data confirms CoCM covers staffing costs within 90 days.

By integrating mental health treatment into primary care, CoCM reduces high-cost emergency services, strengthens continuity of care, and ensures sustained cost savings.

Conclusion: CoCM as the Future of Behavioral Health

The Collaborative Care Model (CoCM) has evolved from an emerging concept to a well-established, financially sustainable, and clinically effective model for integrating mental health into primary care.



PCIPA's results show that CoCM is scalable, cost-effective, and capable of delivering faster symptom relief than traditional models. As more health systems explore ways to improve mental health access, PCIPA's success provides a roadmap for integrating CoCM into diverse healthcare settings.

As the healthcare landscape continues to shift, lessons learned from PCIPA's implementation of CoCM can guide providers looking to enhance behavioral health integration within primary care.

"In the past, my experience with mental health care at the primary care physician level had been fragmented, inefficient, and lacking unified outcomes," said Dr. Joe Wittmann, Physician Champion at Wheatfield Pediatrics. "CoCM, as the name implies, has finally provided a much-needed link between mental health care providers and physicians. Finally, we are able to provide comprehensive mental health care as a result of better communication, measured outcomes, and guided transition back to the primary care provider. It has improved the quality of care of this subset of patients and enriched my understanding and care of my patients."

The success of CoCM at PCIPA underscores the potential to bridge critical gaps in mental healthcare, particularly in underserved communities. As J.P. Hennessy aptly states:

"I am deeply passionate about the Collaborative Care Model. As a clinician, I recognize that it is not feasible for all patients to establish care with specialist behavioral health services. CoCM bridges this gap by integrating high-quality psychiatric care into primary care settings, ensuring more patients receive the support they need."

— J.P. Hennessy, DMSc, PA-C, Psychiatric Consultant for all sites, Ascend Healthcare

CoCM is not just a solution—it is a forward-thinking approach to transforming mental health care in primary care settings.