Collaborative Care: Strategies for Unlocking Its Potential

Wednesday, December 18, 2019
2:00-3:00pm ET
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
National Council for Behavioral Health

3300+ healthcare organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

• Advocacy
• Education
• Technical Assistance
Overview — Training, resources, and technical assistance will be provided to health practitioners and other stakeholders addressing the needs of individuals with co-occurring physical and mental health conditions, including substance use disorders.

Activities:
• Technical Assistance
• Webinars
• Online trainings
• In-person trainings
• Resources and Tools
• Learning Collaboratives

Want to get involved?
• Check out our website: thenationalcouncil.org/integrated-health-coe/
• Join a Learning Collaborative
  – Collaborative Care
  – Integration with FQHC & CCBHC
  – Chronic Disease Management
  – Integration for Addiction
Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)
Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Abuse Provider
- Other (specify in chat box)
Poll #3: If applicable, where is your organization in the process of integrating collaborative care?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)
Introductions

John Kern, MD
Clinical Professor,
AIMS Center
Department of Psychiatry and
Behavioral Sciences, University of
Washington
Objectives

By the end of this webinar, you will be able to...

• Recognize the magnitude of psychiatric access shortages in the U.S.

• Access the evidence base for Collaborative Care (IMPACT Trials)

• Describe the essential features of the Collaborative Care model:
  – Population-based care;
  – Measurement-Based Treatment to Target
  – Patient-Centered Collaboration
  – Evidence-Based Care
  – Accountability

• Describe the potential for Collaborative Care treatment to improve overall medical outcomes, both clinical and financial
Behavioral Health Treatment Disparities

- 4 out of 10 people with mental health disorders receive mental health treatment
- Most mental health patients receive only minimally adequate care in a mental health or primary care setting
- PCPs lack proper support for mental health care
- Evident gap between mental health services needed and actually provided – how can we close the gap?

Reasons for not receiving MH Services

Top 3 reasons:
- Could not afford cost
- Did not know where to go for services
- Thought could handle the problem without treatment

Graph taken from SAMHSA 2017 National Survey on Drug Use and Health

HHS Publication No. SMA 18-5068 2018
Referral Barriers – Provider Factors

- 1 in 5 counties have an unmet need for non-prescribers
- 96% of U.S. counties have an unmet need for prescribers

Referral Barriers – Patient Factors

- Half of those referred for MH services do not follow through with the referral
- Mean # of visits for MH referrals = 2
The IMPACT Study – Collaborative Care

Effective Collaboration

Prepared, Pro-active Practice Team

Practice Support

Informed, Active Patient

Outcome Measures

Population Registry

Treatment Protocols

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

Psychiatric Consultation

Results from IMPACT Trial

Unützer et al., 2002, 2004

Percentage

50% or greater improvement in depression at 12 months
IMPACT Trial - Summary

Improved Outcomes
- Less depression
- Less physical pain
- Better functioning
- Higher quality of life

Greater patient and provider satisfaction

More cost-effective (ROI $6.50: 1)

“I got my life back”
Collaborative Care - Evidence

- Now over 90 Randomized Controlled Trials (RCTs)
  — Meta analysis of Collaborative Care (CC) for depression in primary care (US and Europe)
  — Consistently more effective than usual care

- Since 2006, several additional RCTs in new populations and for other common mental disorders
  — Including anxiety disorders, PTSD
  — Emerging evidence for ADHD, alcohol and substance use disorders

Archer, J. et al., 2012
PRINCIPLES OF COLLABORATIVE CARE

- Population-Based Care
- Measurement-Based Treatment to Target
- Patient-Centered Collaboration
- Evidence-Based Care
- Accountable Care
Collaborative Care Team

PCP

Patient

BHP/Care Manager

Psychiatric Consultant

New Roles

© 2019 University of Washington
Treatment to Target drives Early Improvement

Retrospective study (2008-2013) of over 7,000 patients:

Usual primary care: 614 days
Collaborative care program: 86 days
Behavioral Health Measures

- Depression Scale
  - PHQ-9

- Anxiety Scale
  - GAD-7

- PTSD Screen
  - PCL-5

- Alcohol Screen
  - AUDIT-C

- Drug Screen
  - DAST-10
  - CRAFFT

- Bipolar Screen
  - CIDI
  - MDQ
Provisional Diagnosis

- Screeners filled out by patient
- Assessment by BHP/care manager and PCP
- Psychiatric consultant case review (or direct evaluation)
## Principle: Population-Based Care

- Allows proactive engagement and treatment adjustment
- “No one falls through the cracks”
**Principle: Measurement-Based Treatment to Target**

<table>
<thead>
<tr>
<th>DATE OF CONTACT</th>
<th>CONTACT TYPE</th>
<th>WEEKS IN TX</th>
<th>VISIT TYPE</th>
<th>PHQ-9</th>
<th>GAD-7</th>
<th>BIPOLAR SCREEN</th>
<th>PTSD SCREEN</th>
<th>CURRENT MEDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/19/2016</td>
<td>Clinical Assessment</td>
<td>0</td>
<td>Clinic</td>
<td>15</td>
<td>13</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>1/29/2016</td>
<td>Psychiatric Consultation Note</td>
<td>1</td>
<td>Phone w/ CC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/2/2016</td>
<td>Follow Up Contact</td>
<td>2</td>
<td>Clinic</td>
<td>12</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/5/2016</td>
<td>Follow Up Contact</td>
<td>2</td>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/10/2016</td>
<td>Psychiatric Consultation Note</td>
<td>3</td>
<td>Phone w/ CC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/10/2016</td>
<td>Psychiatric Consultation Note</td>
<td>3</td>
<td>Phone w/ CC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/23/2016</td>
<td>Follow Up Contact</td>
<td>5</td>
<td>Clinic</td>
<td>17</td>
<td>13</td>
<td></td>
<td></td>
<td>Flucloxacillin HCl (Prozac) 10mg</td>
</tr>
<tr>
<td>3/9/2016</td>
<td>Follow Up Contact</td>
<td>7</td>
<td>Clinic</td>
<td>17</td>
<td>11</td>
<td></td>
<td></td>
<td>Flucloxacillin HCl (Prozac) 20mg</td>
</tr>
<tr>
<td>3/18/2016</td>
<td>Follow Up Contact</td>
<td>8</td>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Flucloxacillin HCl (Prozac) 20mg</td>
</tr>
<tr>
<td>4/26/2016</td>
<td>Follow Up Contact</td>
<td>14</td>
<td>Clinic</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Collateral Contacts**

<table>
<thead>
<tr>
<th>DATE OF CONTACT</th>
<th>NAME</th>
<th>ROLE</th>
<th>AGENCY</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Progress**

- **PHQ-9 Depression Scale**
- **GAD-7 Anxiety Scale**

Treatment Options

- Make both medication and non-medication recommendations
- Supporting whole person treatment
- Review all evidence-based treatment options available
- Discuss pros and cons of each option
- The treatment that actually works is the best one
Sequenced Treatment Alternatives to Relieve Depression Trial (STAR-D)

Repeated treatments should be apart of the treatment plan

Level 1: Citalopram
~30% in remission

Level 2: Switch or Augmentation
~50% in remission

Level 3: Switch or Augmentation
~60% in remission

Level 4: Stop meds and start new treatment
~70% in remission

Rush, 2007
Accountability in Clinical Practice

Unützer et al., 2012
Collaborative Care vs Co-Location

Reduction in PHQ-9 Scores

Functional differences:
- More frequent care manager contact
- Caseload Review

Blackmore M et al., Psychiatric Services in Advance (doi: 10.1176/appi.ps.201700569)
Continuum of Behavioral Health Care
Collaborative Care Billing Codes

Core Components:
1. Active treatment and care management for an identified patient population
2. Use of a patient tracking tool to promote regular, proactive outcome monitoring and treatment-to-target
3. Regular (typically weekly) systematic psychiatric caseload reviews

Illinois = first state with required CoCM coverage by insurers

<table>
<thead>
<tr>
<th>2019 Code</th>
<th>Description</th>
<th>2019 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99492</td>
<td>CoCM - first 70 min in first month</td>
<td>$162.18</td>
</tr>
<tr>
<td>99493</td>
<td>CoCM - first 60 min in any subsequent months</td>
<td>$129.38</td>
</tr>
<tr>
<td>99494</td>
<td>CoCM - each additional 30 min in any month (used in conjunction with 99492 or 99493)</td>
<td>$67.03</td>
</tr>
<tr>
<td>99484</td>
<td>Other BH services - 20 min per month</td>
<td>$48.65</td>
</tr>
</tbody>
</table>

For FQHC and RHC Only

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0511</td>
<td>CoCM – General Care Management</td>
<td>$67.03</td>
</tr>
<tr>
<td>G0512</td>
<td>CoCM: Psychiatric Collaborative Care Model</td>
<td>$145.96</td>
</tr>
</tbody>
</table>

# AIMS Center Financial Modeling Workbook

## Net Financial Impact

### TOTAL REIMBURSEMENT

**Total Reimbursement:**

- Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement

<table>
<thead>
<tr>
<th></th>
<th>Monthly Case Rate Reimbursement</th>
<th>Billable Individual Services Reimbursement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$102,026.70</td>
<td>$358,126.84</td>
<td>$460,153.54</td>
</tr>
</tbody>
</table>

### TOTAL COST

#### Personnel

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Annual Salary per 1.0</th>
<th>FTE</th>
<th>Salary Cost Per FTE</th>
<th>Fringe Benefits</th>
<th>Fringe Benefits Cost</th>
<th>Personnel Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Manager</td>
<td>$65,000.00</td>
<td>2.40</td>
<td>$156,000.00</td>
<td>24%</td>
<td>$37,440.00</td>
<td>$193,440.00</td>
</tr>
<tr>
<td>Psychiatric Consultant</td>
<td>$210,000.00</td>
<td>0.20</td>
<td>$42,000.00</td>
<td>15%</td>
<td>$6,300.00</td>
<td>$48,300.00</td>
</tr>
<tr>
<td><strong>Subtotal: Personnel Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$241,740.00</td>
</tr>
</tbody>
</table>

#### Organizational Overhead

| Percentage: | $84,609.00 |

**Total Cost: Personnel + Overhead**

| Total Cost: Personnel + Overhead | $326,349.00 |

### NET IMPACT

**Net Impact: Total Reimbursement - Total Cost**

<table>
<thead>
<tr>
<th>Total Reimbursement</th>
<th>Total Cost</th>
<th>Net Impact: Total Reimbursement - Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$460,153.54</td>
<td>$326,349.00</td>
<td>$133,804.54</td>
</tr>
</tbody>
</table>

© 2019 University of Washington

[https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook](https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook)
PHQ-9 Response Scores – IHA Ann Arbor

In 2016, 41% of patients had a 50% drop in PHQ-9 scores at 6 months

In 2017, 54% of patients had a 50% drop in PHQ-9 scores at 6 months
PHQ-9 Remission – IHA Ann Arbor

In 2016, 21% of patients had PHQ-9 scores less than 5 at 6 months

In 2017, 30% of patients had PHQ-9 scores less than 5 at 6 months
Patient Satisfaction – IHA Ann Arbor

93% of patients would refer a friend to the collaborative care program

“I feel human again!”
“I get up and shower everyday even if I don’t have anywhere to go”
Provider Satisfaction – IHA Ann Arbor

100% of providers would recommend the Collaborative Care program to a colleague.

96% of providers agree that the psychiatric medication recommendations are helpful.
Engaging the PCP

• They are already the PCP’s patients
• Patients are not going away, even if referred
• Care manager can help with everyday workflow
• Team can help improve chronic disease outcomes
Opportunities to Teach

**Integrated Teaching**
- During consultation
  - PCP
  - BHP/CM
- Rationale
  - Diagnosis
  - Recommendations

**Structured Teaching**
- Scheduled trainings
  - CME
  - Brown bag lunch
- Formal education content
  - Journal articles
  - Handouts
  - Protocols
- Encourage BHPs/CMs to attend educational meetings with psychiatric consultations
Sustaining Factors – Do you have any of these?

• My job has meaning.
• I feel like part of an important endeavor.
• I can impact what happens at my workplace.
• I feel like part of a professional community
  – At the workplace.
  – Among psychiatrists.
  – Among medical directors.
• If not, why not?
Explore the New Care Manager Essentials Self-guided Overview

DANIEL'S STORY
Learn about integrated care through the eyes of Daniel, a patient whose care team changed his life.

IMPLEMENTATION GUIDE
Learn how to implement collaborative care, a specific type of integrated care developed at the University of Washington.

FREE RESOURCES
Looking for something? Search for resources, tools, videos, research and more related to behavioral health integration.

NEWS AND UPDATES

New Implementation Office Hours
Have questions about how to implement a collaborative care program? Come join...

Office Hours for Patient Tracking Spreadsheet
We are now offering virtual office hours for the Patient Tracking Spreadsheet...

New Cheat Sheet for FQHCs and RHCs
A cheat sheet for FQHCs and RHCs on the final CMS billing codes.
Integrated Care

Improving access to mental health services and the overall health of patients.

Mental health is essential to improving overall health outcomes across the lifespan. Psychiatrists are uniquely positioned to improve access to mental health care and improve the whole health of patients by using effective integrated care models. By treating both the mental and physical needs of children, adolescents, and adults, we will better meet the triple aim of improved patient outcomes and satisfaction at a lower cost by addressing common, disabling and costly behavioral health problems (e.g., depression, anxiety, and substance use disorder).

As our understanding of how to best integrate care to deliver high-quality services has grown so too has

https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care
New ECHO – Collaborative Care

• **Overview** – 6 month course including access to and presentations by leaders in the field on highly practical issues of implementation and care provision.
  – Behavioral Health in Primary Care ECHO
  – Primary Care in Behavioral Health ECHO

• **Activities** – Monthly virtual meetings, structured learning activities, sharing case presentations with co-learners

• **Interested in joining?** [Complete this link to register.](#)
New Online Trainings!

Check out our website to learn more: https://www.thenationalcouncil.org/integrated-health-coe/events

Relias Learning provides:
• 20 courses
• All free
• CEU credit
• On-demand
Upcoming Webinars

**Tips and Tools for Implementing the Primary Care Behavioral Health Model**
January 22, 2:00-3:00pm ET

**Understanding the Integrated Care Framework and How It Applies to You**
February 19, 2:00-3:00pm ET

[Click here](#) to register for both on our website
Questions?
Request a consult today!

Visit our website, and complete the Request Technical Assistance form at the bottom of the home page.

https://www.thenationalcouncil.org/integrated-health-coe/assistance.html
Thank You

Questions?
Email integration@thenationalcouncil.org

SAMHSA’s Mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov
1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)