



Welcome

This meeting is being recorded and will begin shortly

Please put your practice, name and name of anyone attending this meeting with you in chat for attendance

THE COLLABORATIVE CARE MODEL

Integrating Behavioral Health
and Primary Care for
Improved Outcomes



COLLABORATIVE CARE (CO-CARE)

Something New

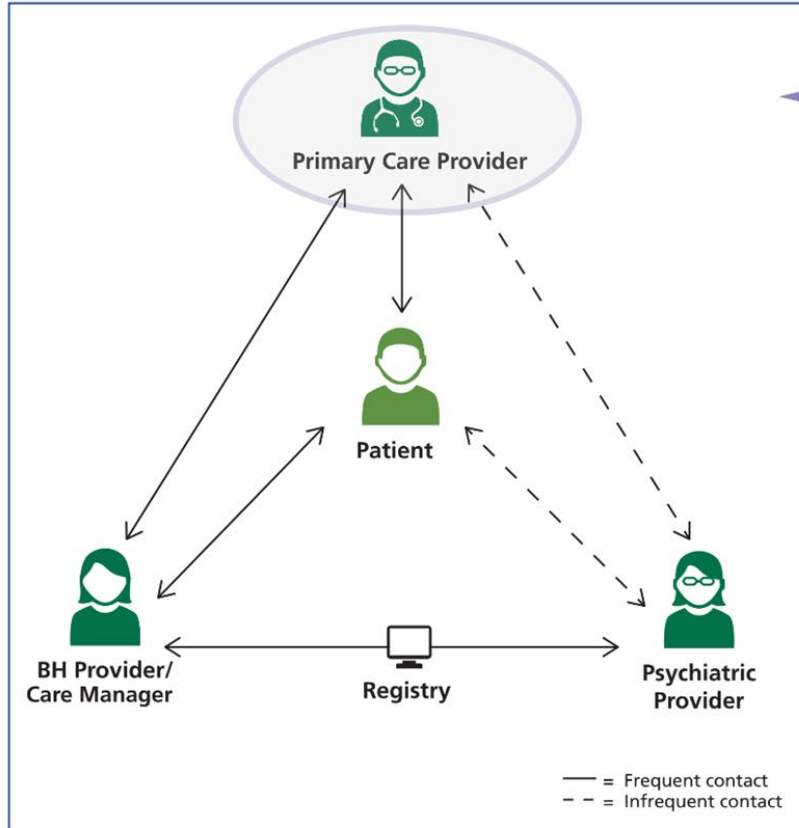
(But kind of boring)

The diet and exercise approach



The Role of the Primary Care Provider in Collaborative Care

Collaborative Care Team



The Primary Care Provider on a collaborative care team:

Identifies and Engages

- Completes initial screening
- Introduces collaborative care to patients
- Acquires informed patient consent
- Initiates a connection with the behavioral health care manager

Makes a Diagnosis

- Formulates a diagnosis using validated screeners, exams, and history
- Works with collaborative care team to diagnose complex behavioral health conditions
- Observes over time and refines or modifies diagnosis as needed

Treats

- Works with care team to determine treatment adjustments
- Prescribes medication as needed
- Addresses safety concerns
- Monitors physical health and potential medication interactions

- Thank you University of Washington – AIMS Center
- Psychiatrist does not see the patient
- Systematic Approach to behavioral health treatment
- Collaborative approach
- Early Intervention
- Mild – Moderate Depression and Anxiety
- ***New 2024-2025 guidelines state the program can be utilized for other reasons than mild – moderate depression and anxiety if the PCP thinks it will help**

About CoCM Model: <https://www.youtube.com/watch?v=zXZTgq3GyPw&t=2s>



CoCM Success Story: https://www.youtube.com/watch?v=_J-MFMnTrA4&t=5s





Why Practice Collaborative Care?

Collaborative care has a strong and expanding evidence base for its use with other behavioral health disorders such as anxiety, posttraumatic stress disorder, chronic pain, and dementia.

1 Established Evidence Base

Collaborative care has a robust evidence base of over 80 randomized controlled trials and has been shown to be the best approach to treating depression in many populations and settings.

2 Better Medical Outcomes

Collaborative care has been linked to better medical outcomes for patients with diabetes, cardiovascular disease, cancer, and chronic arthritis.

Collaborative care is recommended as a primary prevention strategy for cardiovascular events in patients without preexisting heart disease. (*Psychosomatic Medicine*, 2014).

Providers are generally more satisfied working within an integrated behavioral health care program than within usual care. (*Family Community Health*, 2015).

3 Help with Challenging Patients

Many of your most challenging patients likely have un-treated or under-treated behavioral health conditions. Care managers do the follow-up and behavioral intervention tasks a busy primary care provider doesn't have time for, tasks that can make a big difference for your patients.

<https://aims.uw.edu/resource-library/experience-primary-care-providers-integrated-mental-health-care-program-safety-net>

4 Faster Improvement

A 2016 retrospective study at Mayo Clinic found that the time to depression remission was *86 days* in a collaborative care program while the time to remission in usual care was *614 days*.

<https://aims.uw.edu/resource-library/time-remission-depression-collaborative-care-management-ccm-primary-care>

An analysis of a large implementation in Washington State found that **early, intense intervention by the behavioral health care manager was key to early improvement** in patients with depression symptoms. (*Psychiatric Services*, 2015).

Only 30-50% of patients have a full response to the first treatment. That means 50-70% of patients need at least one treatment adjustment. Additional experts can help.

5 It Takes a Team

Collaborative care uses an enhanced care team to provide a population-based, treat-to-target approach to care. Through shared care planning, the team makes proactive changes in treatment to make sure sure that none of your patients fall through the cracks.



WHAT DOES THE
RESEARCH SAY??



LOTS OF RESEARCH

<http://aims.uw.edu/collaborative-care/evidence-base-cocm>

Evidence Base for Collaborative Care

Foundational Evidence Base and Reviews

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THE HIGHLIGHTS

<https://about.kaiserpermanente.org/our-story/health-research/news/collaborative-care-model-improves-physical-mental-health>

- Significant improvement in depression in short and long term
- Collaborative Care more than doubled effectiveness of depression treatment in IMPACT trial with 1801 adults
- Reduced psychiatric hospitalization rates
- Kaiser Permanente COMPASS initiative
 - 18 medical group participated
 - Coordinated diabetes and cardiovascular treatment with mental health care
 - 40% depression remission or response
 - 23% glucose control
 - 58% blood pressure control during 11 month follow up

Benefits to the Practice for Participating

- During the 09/01/2024-08/31/2025
 - Practices participating in CoCM received 10% VBR uplift
 - Practices who are PCMH designated, meet the 1% Care Management PDCM target and participate in CoCM earn an additional 5% APC VBR uplift
- Other Benefits
 - When patients' mental health is controlled, patients are more apt to focus on other aspects of their care such as preventive health and learn to self manage chronic conditions

Other CoCM information

- NPO practices utilize the AIMS tracking tool
- NPO reports to BCBSM twice a year data outcomes utilizing AIMS data
- Similar to PCMH, CoCM has its own set of guidelines that are updated annually
- CoCM practices are eligible for a CoCM site visit and CoCM site visits occur annually.

THOUGHTS?
QUESTIONS?

HOW WOULD THIS
MODEL FIT INTO YOUR
PRACTICE?

