

Collaborative Care: Strategies for Unlocking —— Its Potential ——

Wednesday, December 18, 2019

2:00-3:00pm ET



Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration

Operated by The National Council for Behavioral Health

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





Center of Excellence for Integrated Health Solutions

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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

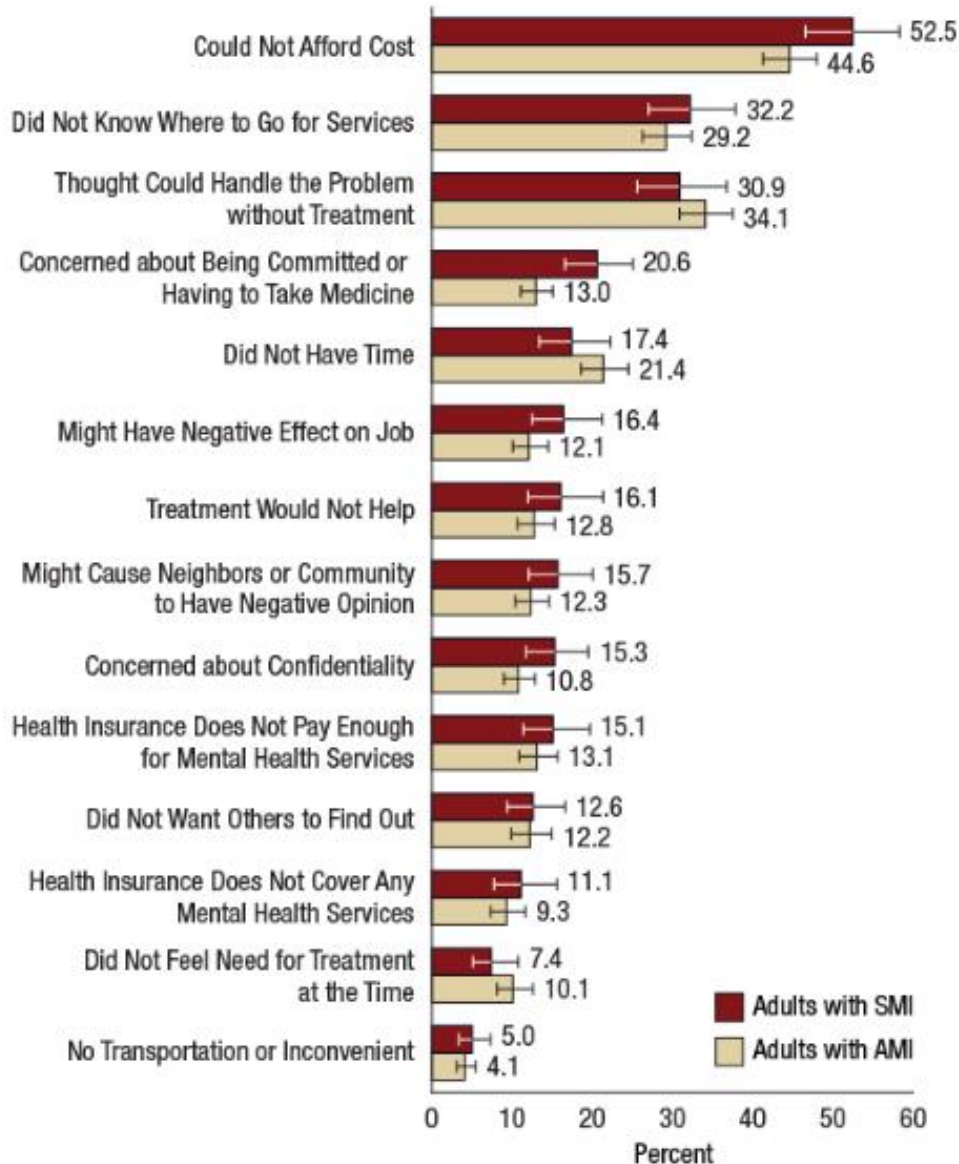
Objectives

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

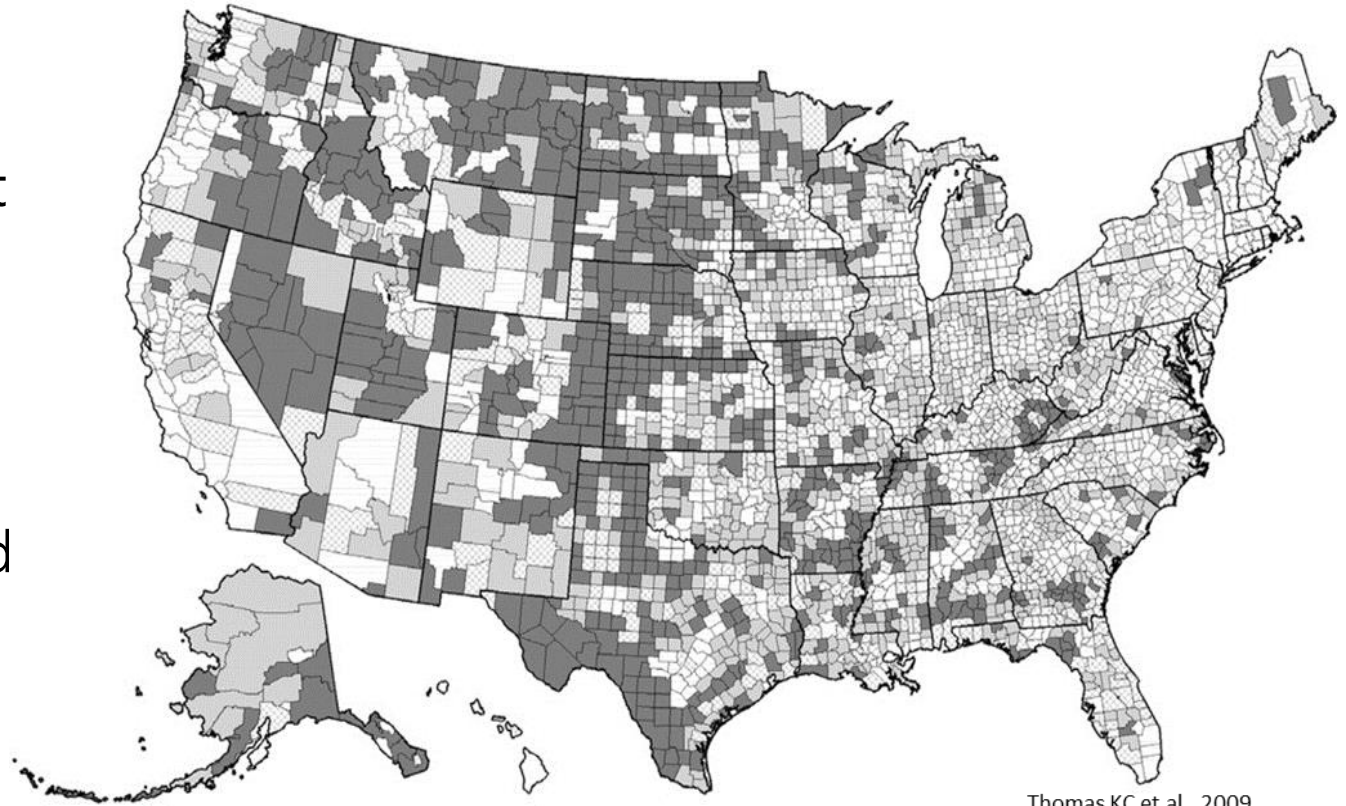
Graph taken from SAMHSA 2017 National Survey on Drug Use and Health



HHS Publication No. SMA 18-5068 2018

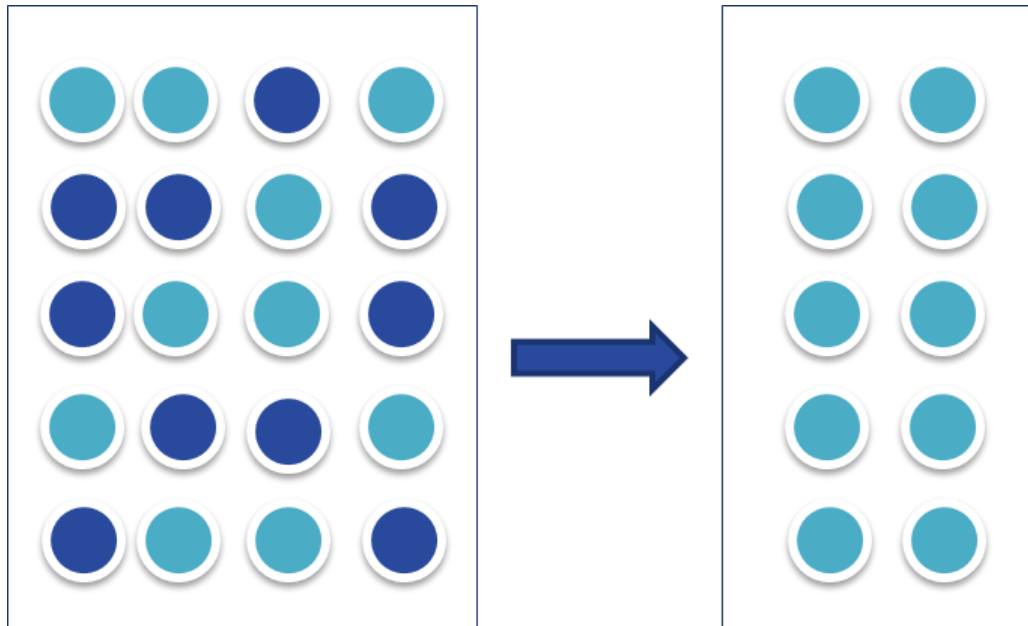
Referral Barriers – Provider Factors

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



Thomas KC et al., 2009

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

Grembowski, Martin et al., 2002
Simon, Ding et al., 2012



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The IMPACT Study – Collaborative Care



Prepared, Pro-active
Practice Team

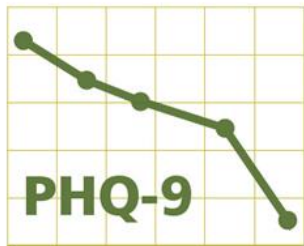


**Effective
Collaboration**



Informed,
Active Patient

Practice Support



Outcome
Measures

[ACTIVE PATIENTS]						
Flas	[Patient ID]	[Name]	[Enrollment Date]	[Status]	[Discharge Date]	[Page]
	0001	Test, Test	2/8/2013	[Y]	8/24/2013	12
	0008	Test, Sany	4/2/2013	[Y]	5/21/2013	18
	0010	Test, Test	4/17/2012	[Y]	4/25/2013	18
	0035	Test, Ryo Kinsider	1/10/2013	[Y]	1/10/2013	
	0038	Test Patient, Miyoc	1/23/2014	[Y]	1/23/2014	22
	0041	Test, Test	3/4/2014	[Y]	3/4/2014	
	0042	Test, Test	3/7/2014	[Y]	3/7/2014	

Population
Registry

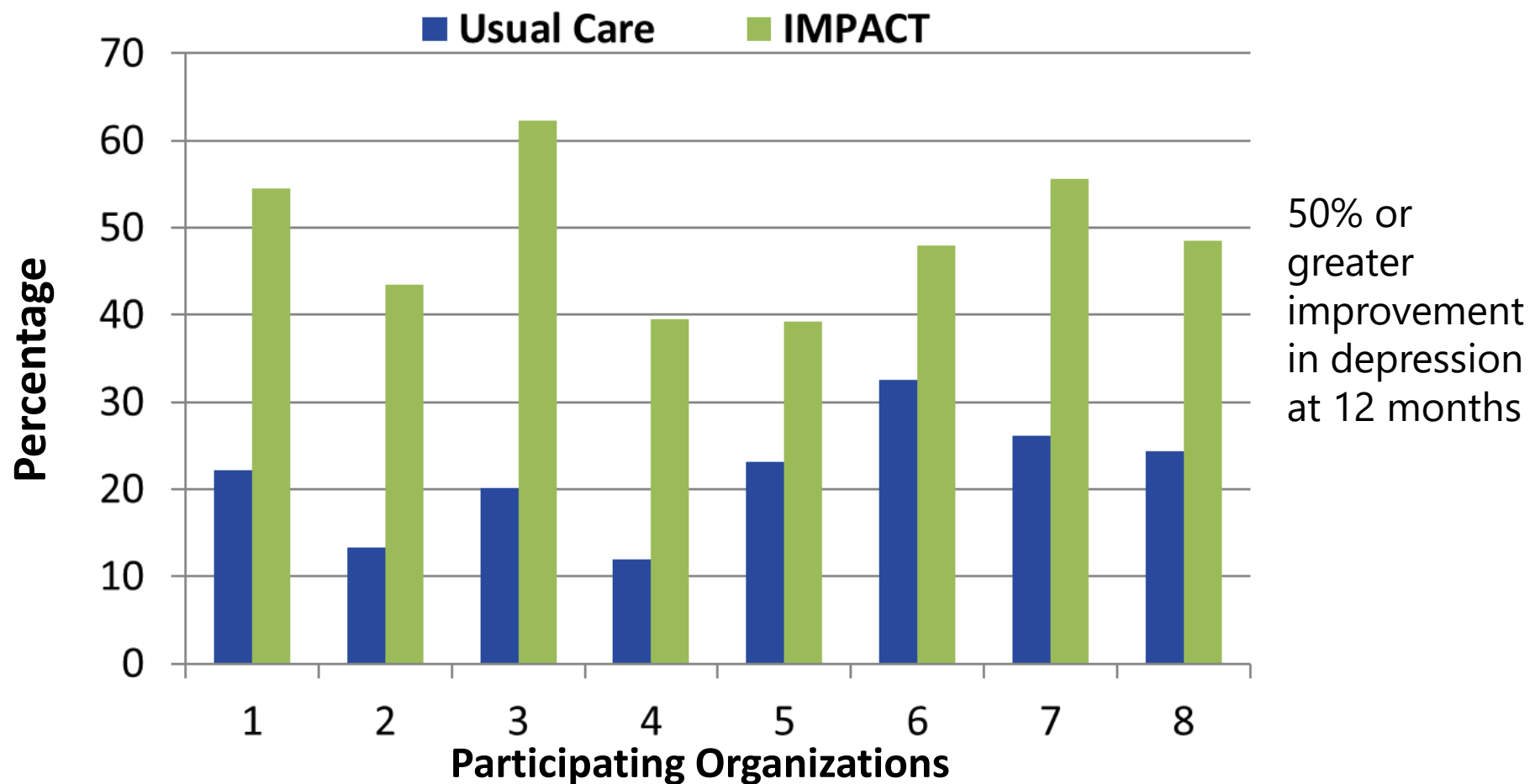
Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

Treatment
Protocols



Psychiatric
Consultation

Results from IMPACT Trial



Unützer et al., 2002, 2004

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)

The
TRIPLE
AIM

*"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

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PRINCIPLES OF COLLABORATIVE CARE



Population-Based Care



Measurement-Based Treatment to Target



Patient-Centered Collaboration

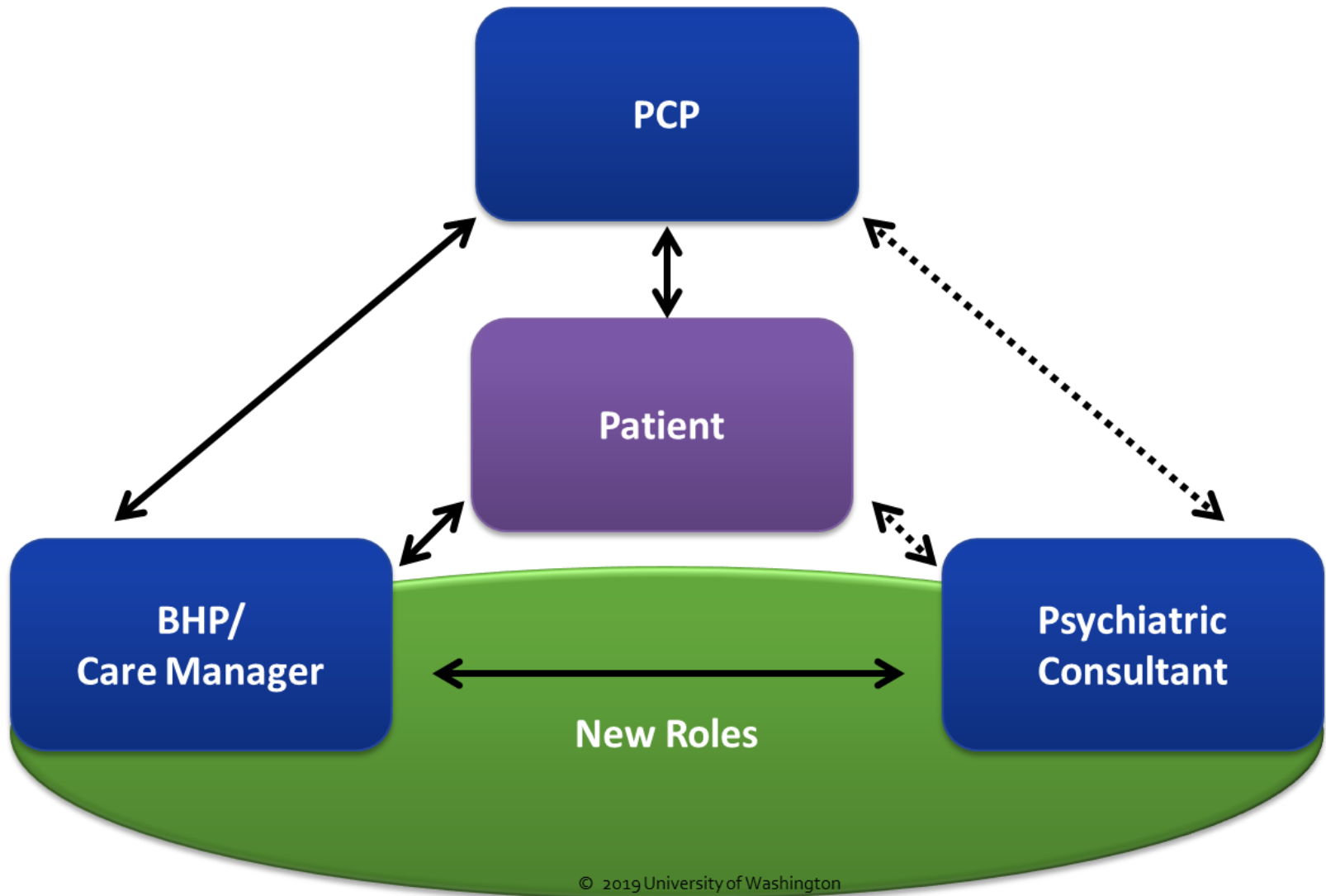


Evidence-Based Care



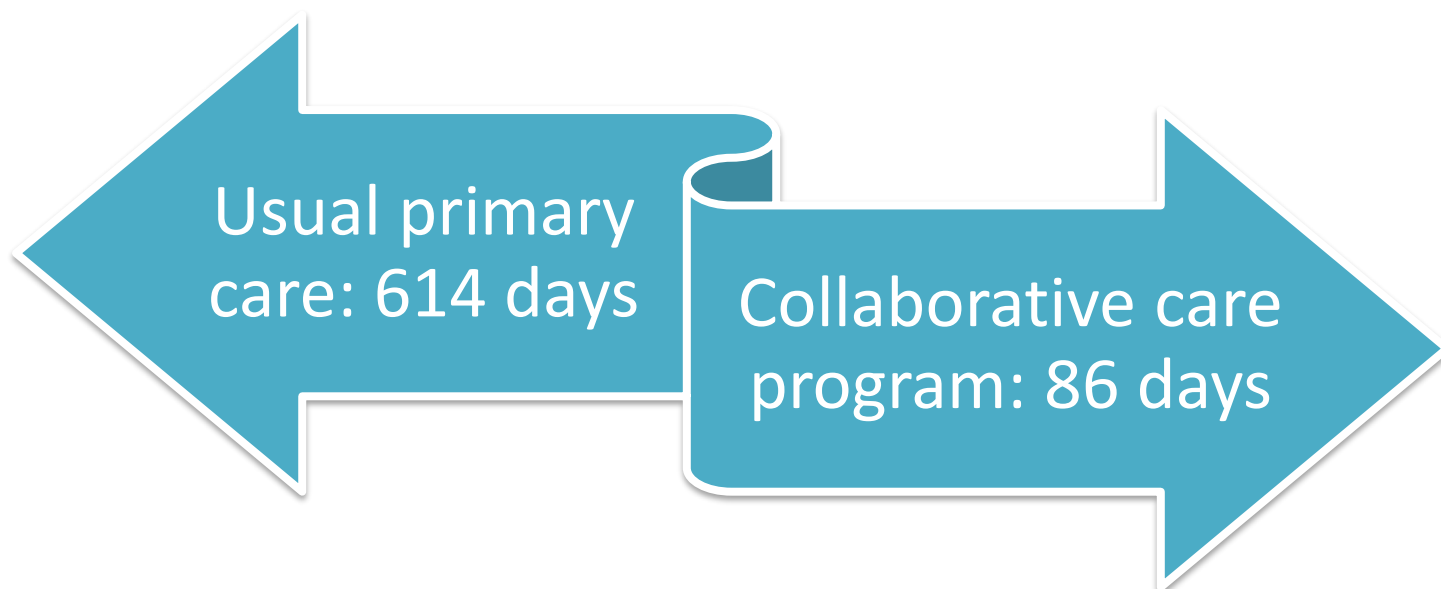
Accountable Care

Collaborative Care Team



Treatment to Target drives Early Improvement

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



Time to Remission for Depression with Collaborative Care Management in Primary Care: <http://www.ncbi.nlm.nih.gov/pubmed/26769872>

JAM Board Fam Med, 2016 Jan-Feb

Behavioral Health Measures

Depression Scale

PHQ-9

Anxiety Scale

GAD-7

PTSD Screen

PCL-5

Alcohol Screen

AUDIT-C

Drug Screen

DAST-10

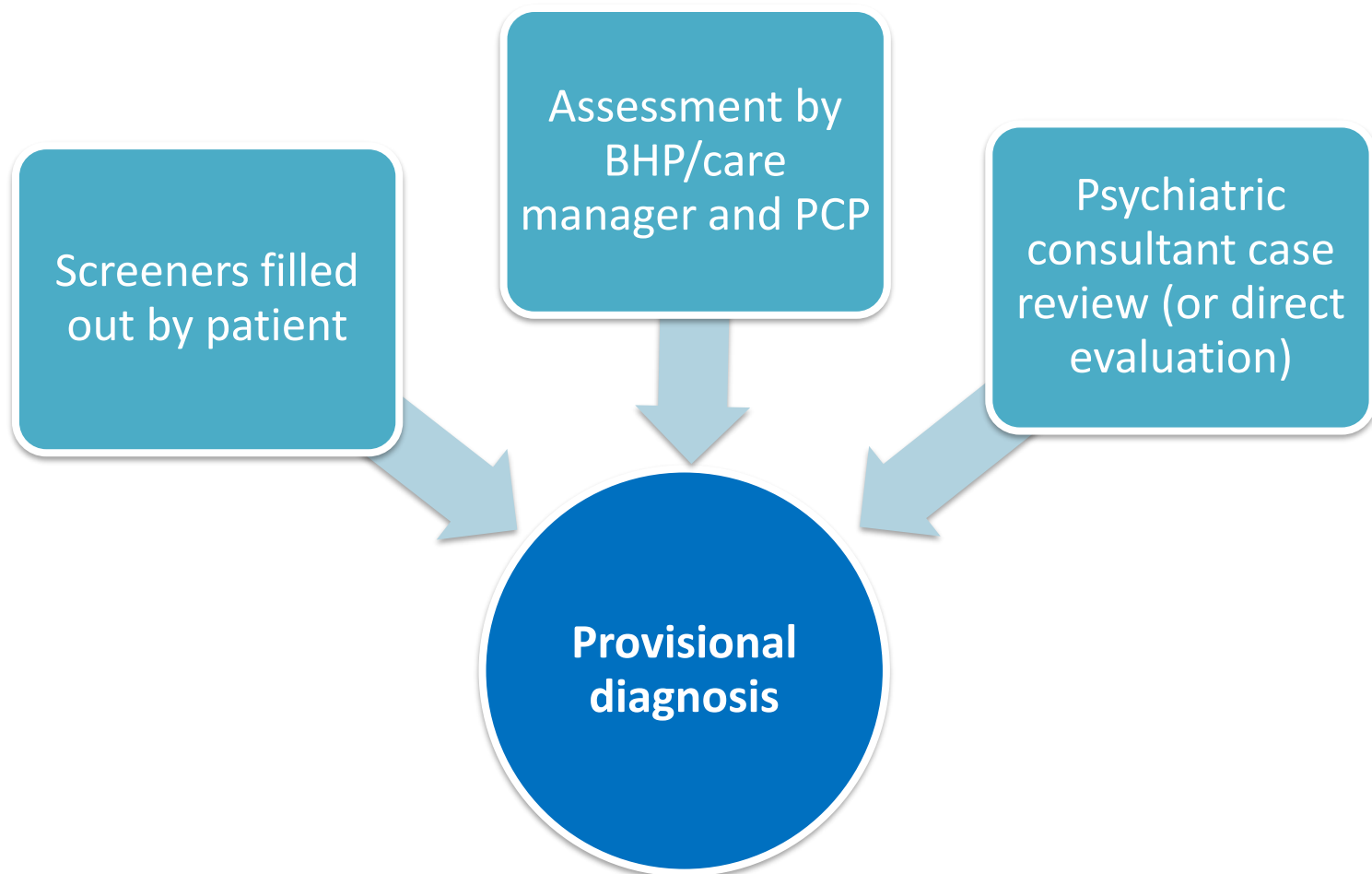
CRAFFT

Bipolar Screen

CIDI

MDQ

Provisional Diagnosis



Principle: Population-Based Care

View Record	Treatment Status	Name	Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			Indicates that the most recent contact was over 2 months (60 days) ago				✓ Indicates that the last available PHQ-9 score is at target (less than 5 or 50% decrease from initial score) ⚠ Indicates that the last available PHQ-9 score is more than 30 days old				✓ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) ⚠ Indicates that the last available GAD-7 score is more than 30 days old					
			Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
View	Active	Susan Test	9/5/2015	2/23/2016	10	26	22	14	-36%	2/23/2016	18	17	-6%	1/23/2016	Flag for discussion & safety risk	1/27/2016
View	Active	Albert Smith	8/13/2015	⚠ 12/2/2015	7	29	18	17	-6%	⚠ 12/2/2015	14	10	-29%	⚠ 12/2/2015	Flag for discussion	
View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	✓ 6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	No Score				No Score					
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	✓ 2	✓ -90%	3/6/2016	14	✓ 3	✓ -79%	3/6/2016		2/20/2016

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- Allows proactive engagement and treatment adjustment
- “No one falls through the cracks”

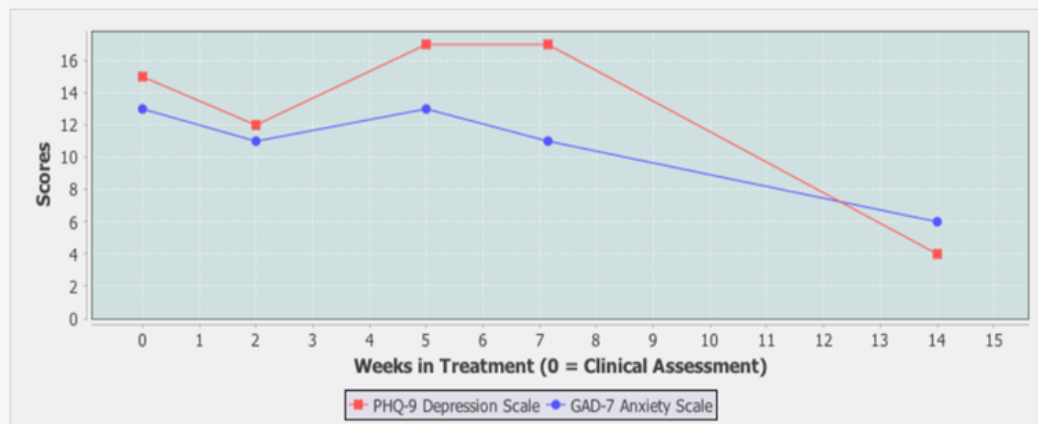
Principle: Measurement-Based Treatment to Target

Patient	Caseload	Program	Tools	Search Name or MHITS ID				Hello, Anna (aratzliff)	Help	Logout
DATE OF CONTACT	CONTACT TYPE	WEEKS IN TX	VISIT TYPE	PHQ-9	GAD-7	BIPOLAR SCREEN	PTSD SCREEN	CURRENT MEDICATIONS		
1/19/2016	Clinical Assessment	0	Clinic	15	13	√	√			
1/29/2016	Psychiatric Consultation Note	1	Phone w/ CC							
2/2/2016	Follow Up Contact	2	Clinic	12	11					
2/5/2016	Follow Up Contact	2	Phone							
2/10/2016	Psychiatric Consultation Note	3	Phone w/ CC							
2/10/2016	Psychiatric Consultation Note	3	Phone w/ CC							
2/23/2016	Follow Up Contact	5	Clinic	17	13			Fluoxetine HCl (Prozac) 10mg		
3/9/2016	Follow Up Contact	7	Clinic	17	11			Fluoxetine HCl (Prozac) 20mg		
3/18/2016	Follow Up Contact	8	Phone					†Fluoxetine HCl (Prozac) 20mg		
4/26/2016	Follow Up Contact	14	Clinic	4	6			†Fluoxetine HCl (Prozac) 20mg		

Collateral Contacts

DATE OF CONTACT	NAME	ROLE	AGENCY	CONTACT INFORMATION
No Records Found				

Patient Progress



Treatment Options

Bio

- Evidence-based Medications

Psycho

- Evidence-based Psychotherapeutic Interventions

Social

- Social support

- 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)

Level 1: Citalopram
~30% in remission

Level 2: Switch or Augmentation
~50% in remission

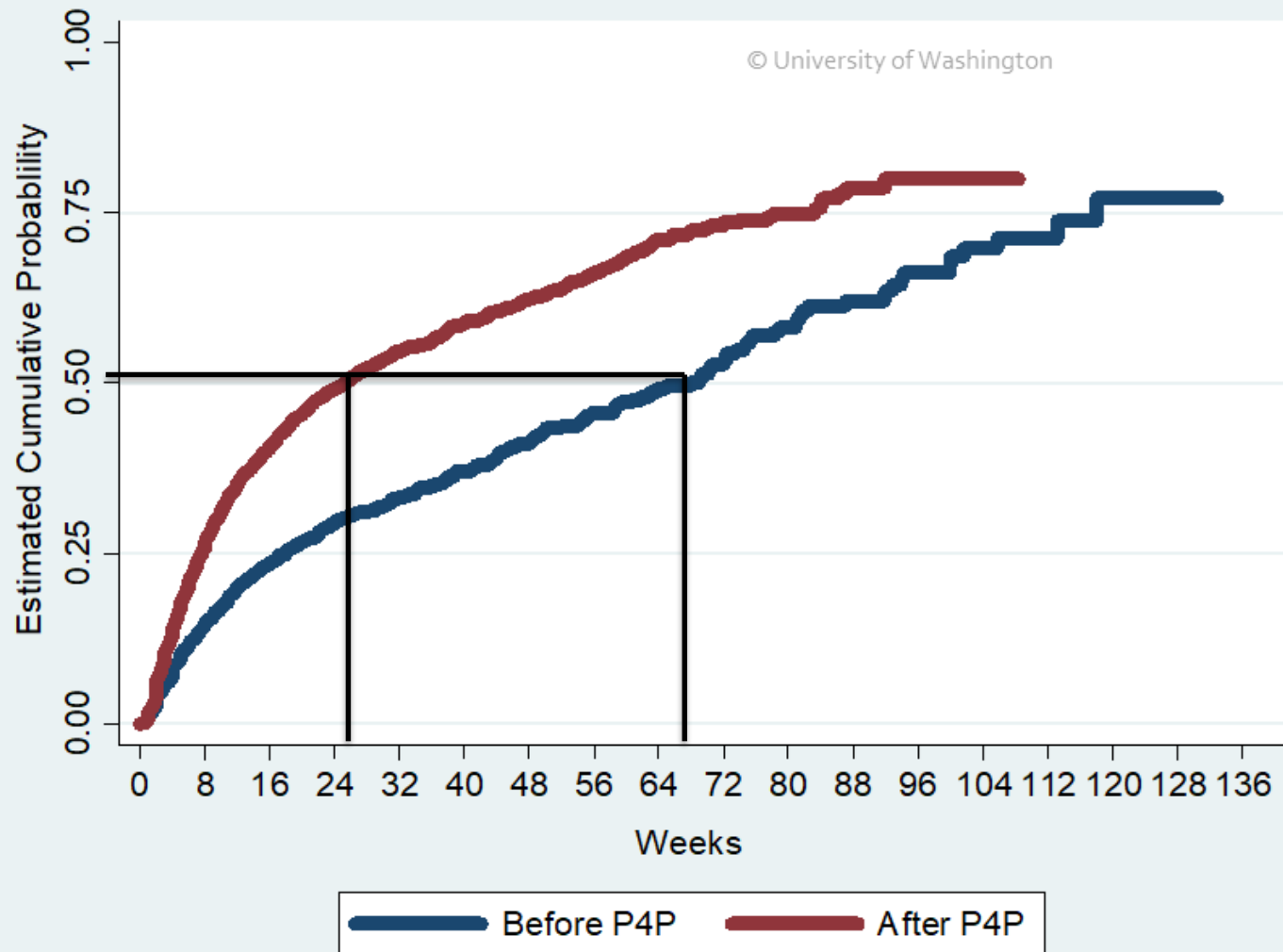
Level 3: Switch or Augmentation
~60% in remission

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

Repeated treatments should be apart of the treatment plan

Rush, 2007

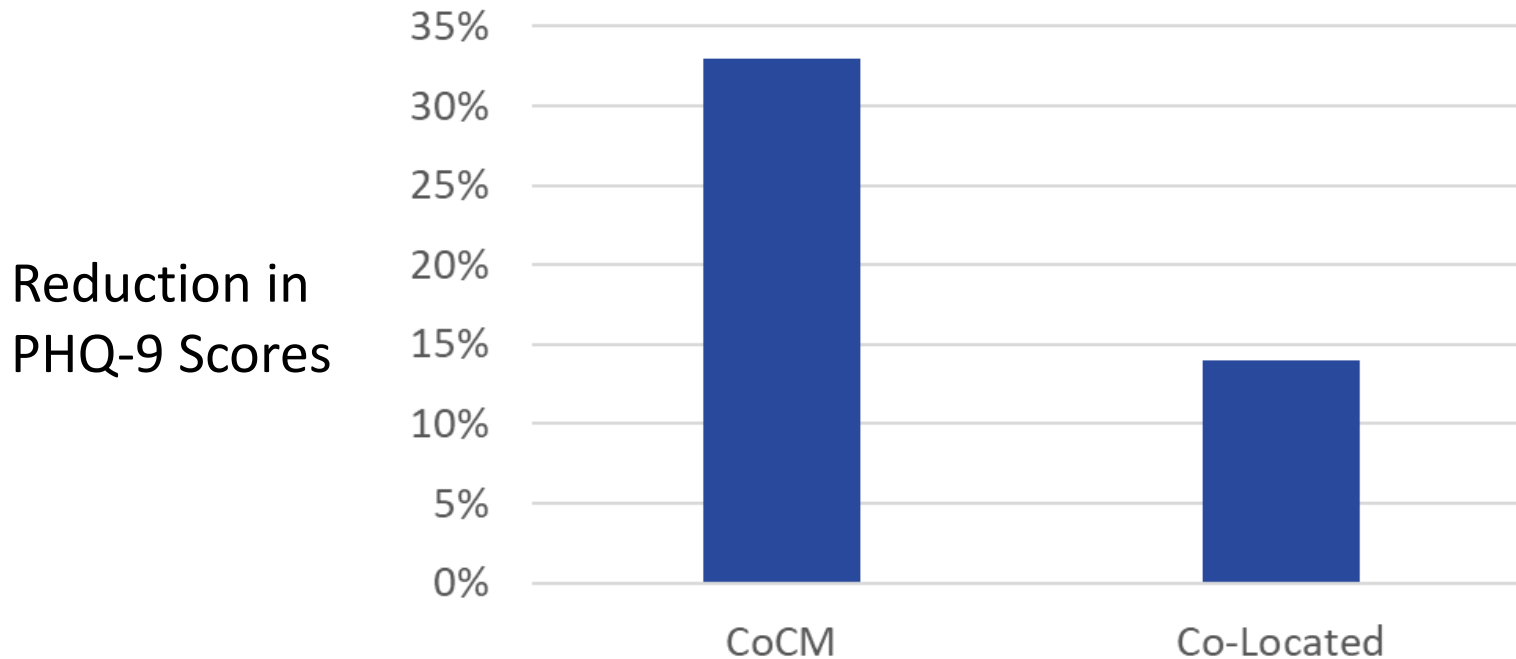
Accountability in Clinical Practice



Unützer et al., 2012

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Collaborative Care vs Co-Location



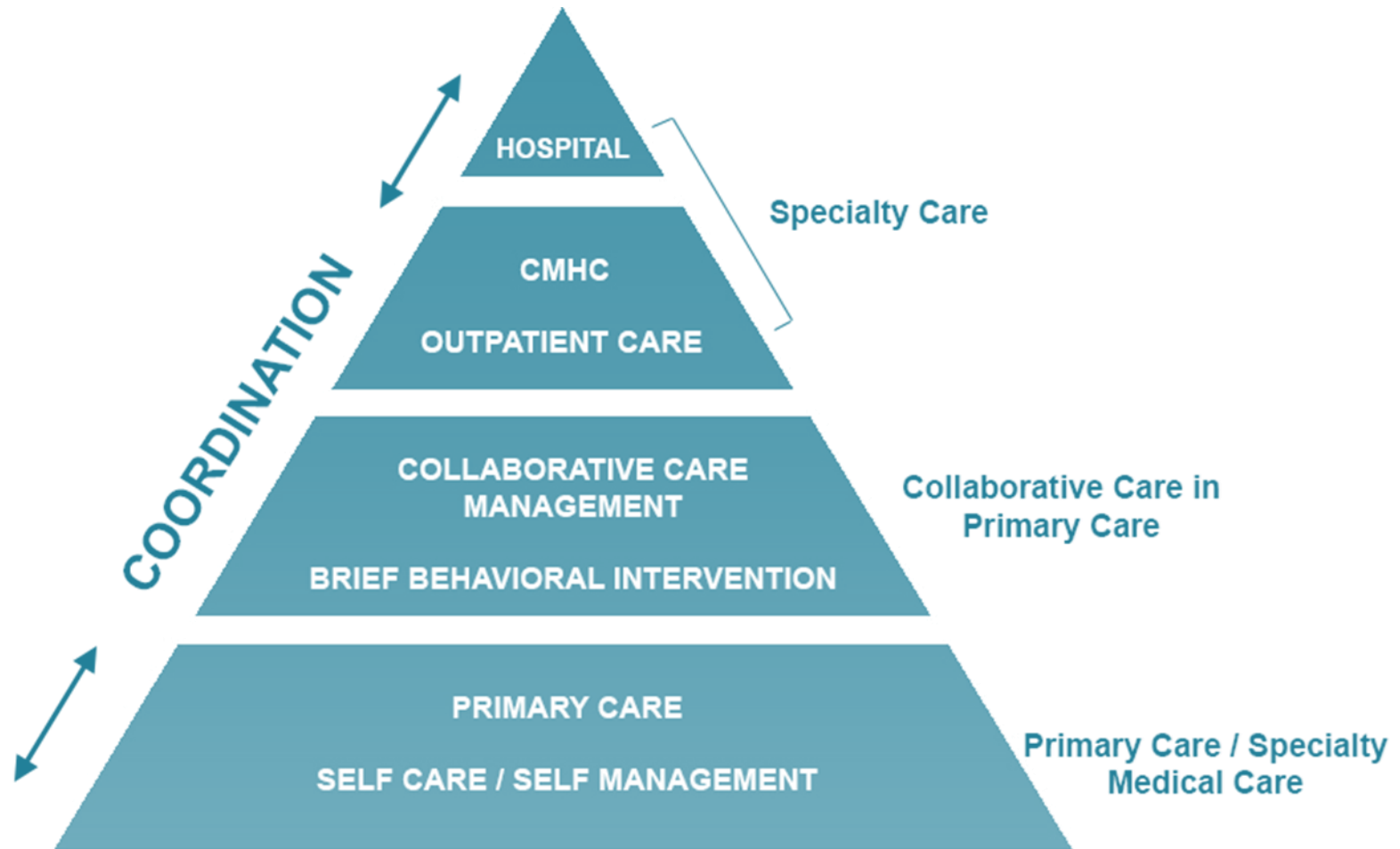
Functional differences:

- More frequent care manager contact
- Caseload Review

Blackmore M et al., Psychiatric Services in Advance (doi: 10.1176/appi.ps.201700569)

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Continuum of Behavioral Health Care



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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

2019 Code	Description	2019 Rate
99492	CoCM - first 70 min in first month	\$162.18
99493	CoCM - first 60 min in any subsequent months	\$129.38
99494	CoCM - each additional 30 min in any month (used in conjunction with 99492 or 99493)	\$67.03
99484	Other BH services - 20 min per month	\$48.65
For FQHC and RHC Only		
G0511	CoCM – General Care Management	\$67.03
G0512	CoCM: Psychiatric Collaborative Care Model	\$145.96

AIMS Center Financial Modeling Workbook



Workbook Template Updated 05/02/2017

Net Financial Impact

Input	= User-entered value
Calculation	= Calculated field (not editable)
Linked Information	= Information copied from another cell

TOTAL REIMBURSEMENT

Total Reimbursement:

Monthly Case Rate Reimbursement

Billable Individual Services Reimbursement

Monthly Case Rate Reimbursement + Billable Individual Services Reimbursement

\$ 102,026.70

+

\$ 358,126.84

=

\$ 460,153.54

TOTAL COST

Personnel	Annual Salary per 1.0		Salary Cost Per FTE	Fringe Benefits		Personnel Subtotal
	FTE	FTE		% of Salary	Fringe Benefits Cost	
Care Manager	\$ 65,000.00	2.40	\$ 156,000.00	24.0%	\$ 37,440.00	\$ 193,440.00
Psychiatric Consultant	\$ 210,000.00	0.20	\$ 42,000.00	15.0%	\$ 6,300.00	\$ 48,300.00
Subtotal: Personnel Cost						\$ 241,740.00

Organizational Overhead

Percentage: 35.0%

\$ 84,609.00

Total Cost: Personnel + Overhead

\$ 326,349.00

NET IMPACT

Total Reimbursement

Total Cost

Net Impact: Total Reimbursement - Total Cost

\$ 460,153.54

-

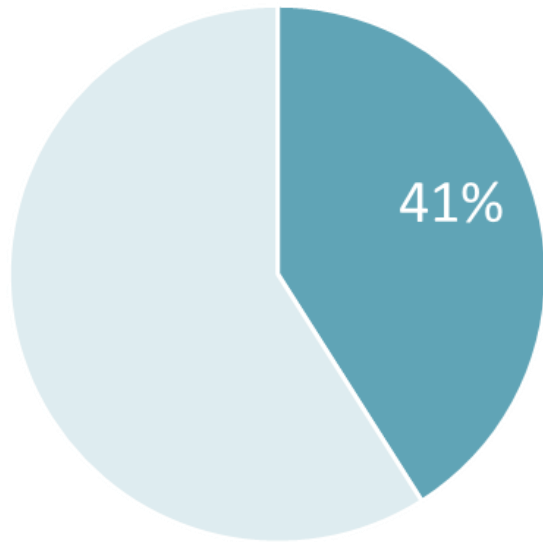
\$ 326,349.00

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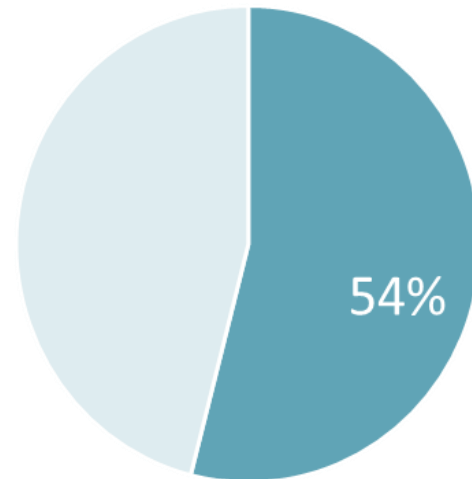
\$ 133,804.54

PHQ-9 Response Scores – IHA Ann Arbor

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

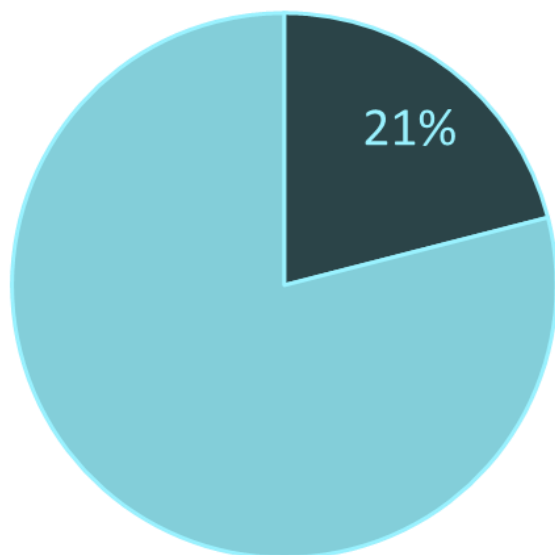


In 2017, 54% of patients had a 50% drop in PHQ-9 scores at 6 months

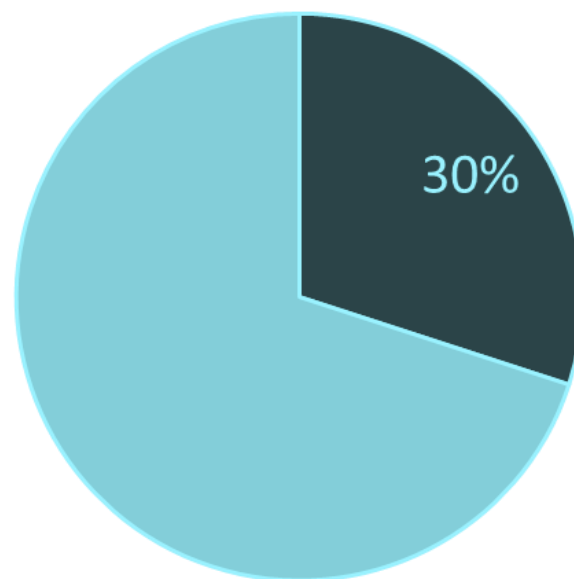


PHQ-9 Remission – IHA Ann Arbor

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



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?

AIMS CENTER

Advancing Integrated
Mental Health Solutions



UNIVERSITY OF WASHINGTON, PSYCHIATRY & BEHAVIORAL SCIENCES
DIVISION OF POPULATION HEALTH

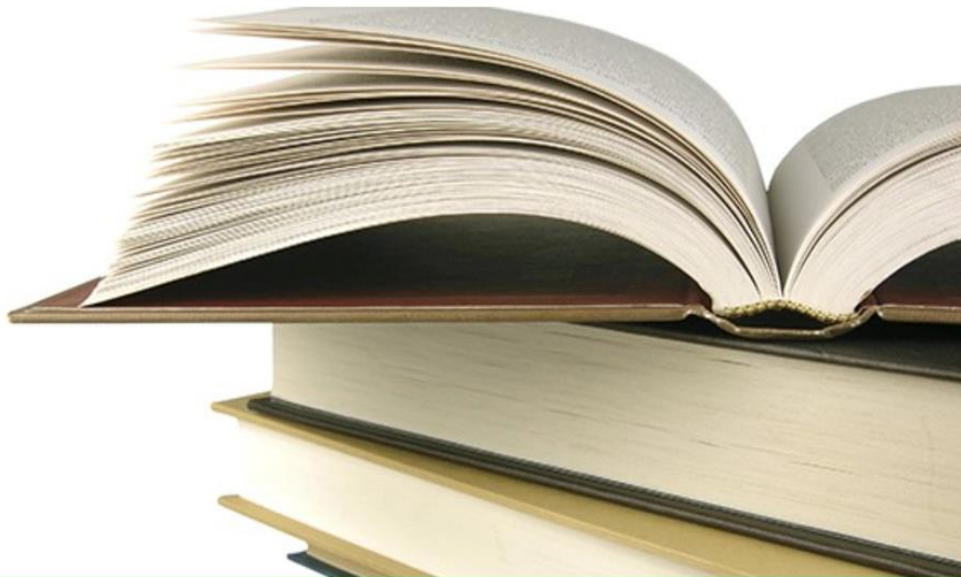


IMPACT

WHO WE ARE

WHAT WE DO

COLLABORATIVE CARE



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.

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. ➡

APA Integrated Care Page



PSYCHIATRISTS

RESIDENTS & MEDICAL STUDENTS

PATIENTS & FAMILIES

[Home](#) > [Psychiatrists](#) > [Practice](#) > [Professional Interests](#) >



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

Training in Integrated Care

- [Psychiatrist Online Training](#)
- [Primary Care Physician Online Training](#)

FAQ for PCPs

View answers to frequently asked questions for primary care physicians.

Practice Transformation Network (PTN)

View and connect with PTNs in your region

More Resources

<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>



The screenshot shows the 'Request Assistance' page of the Center of Excellence for Integrated Health Solutions (CoE). The page features a blue header with the CoE logo and navigation links: ABOUT US, TRAINING & EVENTS, RESOURCES, and REQUEST ASSISTANCE. Below the header is a banner image of healthcare professionals with the text 'REQUEST ASSISTANCE' and a breadcrumb trail 'Home / Request Assistance'. The main content area is titled 'GET STARTED WITH A FREE CONSULTATION' and 'Improve Integrated Health in your Community'. It contains a 'Request Technical Assistance' form with the following fields:

- First Name***: Jack
- Last Name***: Black
- Address***: 1234 Northwest Boulevard

A note states: 'Fields marked with an (*) are required.'

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)