Collaborative Care: Normalizing Implementation of Evidence-Based Practice for Policy Change

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Objectives

By the end of this presentation, participants will be able to:

1. Comprehend implementation of the Collaborative Care Model.

2. Discuss the Collaborative Care Model implementation strategy and how organizational policies may be updated to create evidence-based care models.

3. Evaluate the potential efficacy of the Collaborative Care Model in their current practice based on reimbursement policy changes at the state and federal level.

Collaborative Care (CoCM)

A solution to support primary care

CoCM is a type of coordinated care management

More than 80 randomized controlled trials

Value of CoCM for treatment of comorbid conditions.

PHQ-9: A score of 0-4 is considered no depression, 5-9 is mild depression, 10-14 is moderate depression, 15-19 is moderately-severe depression, and 20 or greater is severe depression

Roles

Patient

Primary Care Provider

Care Manager

Psychiatric Consultant

Clinic Description

Free Clinic in northern Virginia

Eligibility: lives in the county, uninsured, $\leq$200% FPL

13 paid staff; >200 volunteers

Community partners

Academic-Community partnerships

Implementation Strategy

- Buy-in from Free Clinic staff/providers and patients
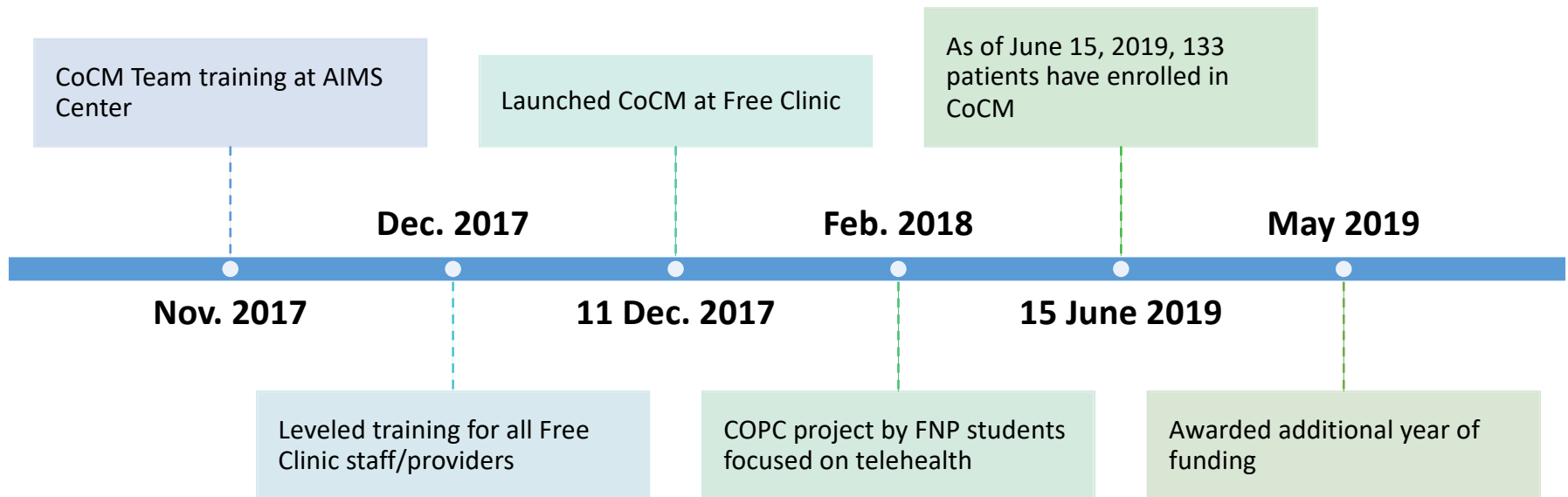- Leveled-training (IPP, CC, Trauma-informed approach)
- Mentoring
- Workflow modifications to complement SBIRT
- Funding – initial from HRSA
- Implementation support from AIMS from November 2017-June 2019

Implementation Timeline

CoCM Team training at AIMS Center

Launched CoCM at Free Clinic

As of June 15, 2019, 133 patients have enrolled in CoCM

Dec. 2017

Feb. 2018

May 2019

Nov. 2017

11 Dec. 2017

15 June 2019

Leveled training for all Free Clinic staff/providers

COPC project by FNP students focused on telehealth

Awarded additional year of funding

Growth & Development

Started with core implementation team (FNP/DNP student, ICM, psychiatric consultant, PD, PM)

Created buy-in from clinic staff/providers and patients

Workflow redesign to incorporate CoCM

Designed CoCM brochures

Population health Registry

Students

COPC for telehealth

PCBH

Communication

Core implementation team met weekly for the first three months, then every other week.

PM met with ICM weekly and now twice monthly.

Weekly ICM meeting with PC and Psych Consultant

AIMS support calls (care manager, psych consultant)

PDSA

Subject	Discussion	PLAN	DO	STUDY	ACT	Person(s)	Due dates
		What do we need to accomplish and Why?	When and How did we do the action/ Change?	Measures/ Results	What changes need to happen?		
ICM Update	Current caseload as of today Active: 54 Inactive: 69 Screened-not eligible: 66	Continue to accrue patients.	Continuous screening and management.	Tracked in registry.	Update registry	ICM	Ongoing

Normalization Process Theory

- The normalization process theory (NPT) was chosen as a framework to identify "factors that promote and inhibit the routine incorporation of complex interventions into everyday practice" (Murray, 2010, p. 2).

- This theory used four constructs:
  - **Coherence**
  - **Cognitive Participation**
  - **Collective Action**
  - **Reflexive Monitoring**

Policies and Procedures

- Universal Screening

- Care coordination/ICM

- Population health Registry

- Community partnerships: CSB, in-patient services, ED, naloxone training, suicide training

Cost of Care

Medicare CPT Payment Summary 2019*

CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings	Payment/Pt (Fac) Hospitals and Facilities
99492	Initial psych care mgmt, 70 min/month - CoCM	$162.18	$90.46
99493	Subsequent psych care mgmt, 60 min/month - CoCM	$129.38	$81.81
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	$67.03	$43.97
99484	Care mgmt. services, min 20 min – General BHI Services	$48.65	$32.80

Please note actual payment rates may vary. Check with your billing/finance department.

(AIMS, 2019)

References

- AIMS Center, University of Washington. (2019). Cheat sheet on medicare payments for behavioral health integration services. Retrieved from http://aims.uw.edu/sites/default/files/CMS_FinalRule_BHI_CheatSheet.pdf

- Agency for Healthcare Research and Quality (AHRQ). (n.d.). CAHPS experience of care and health outcomes (ECHO) survey. Retrieved from https://www.ahrq.gov/cahps/surveys-guidance/echo/index.html

- Fortney, J. C., Pyne, J. M., Mouden, S. B., Mittal, D., Hudson, T. J., Schroeder, G. W., … Rost, K. M. (2012). Practice Based Versus Telemedicine Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial. *The American Journal of Psychiatry*, *170*(4). Retrieved from https://doi.org/10.1176/appi.ajp.2012.12050696

- May, C. R., Eton, D. T., Boehmer, K., Gallacher, K., Hunt, K., MacDonald, S., … Shippee, N. (2014). Rethinking the patient: Using Burden of Treatment Theory to understand the changing dynamics of illness. *BMC Health Services Research*, *14*(1), 281. Retrieved from https://doi.org/10.1186/1472-6963-14-281

- Murray, E., Treweek, S., Pope, C., MacFarlane, A., Ballini, L., Dowrick, C., … May, C. (2010). Normalisation process theory: A framework for developing, evaluating and implementing complex interventions. *BMC Medicine*, *8*, 63. Retrieved from https://doi.org/10.1186/1741-7015-8-63

- National Health Service, Care Quality Commission. (2017). *NHS community mental health service user questionnaire.* Retrieved from http://www.nhssurveys.org/survey/1907