Catch Them Early & Don't Let Them Linger:

Changing the Trajectory of Depression, Anxiety, and Substance Use through Collaborative Care

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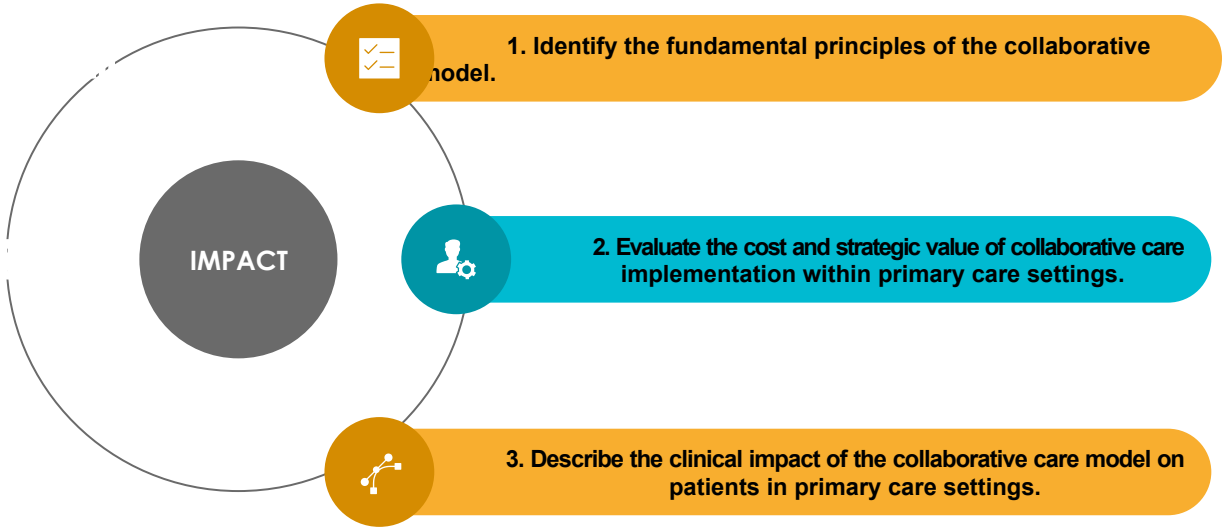
Objectives


IMPACT
1. Identify the fundamental principles of the collaborative model.
2. Evaluate the cost and strategic value of collaborative care implementation within primary care settings.
3. Describe the clinical impact of the collaborative care model on patients in primary care settings.

Problem

Nationwide

- Between 2013-2016, 8.1% of adults in the U.S. experienced symptoms of depression during a 2-week period.
- 80% of those individuals reporting difficulty with home, work, or social activities because of the symptoms of depression.
- Less than 50% of individuals seeking care for depression will make an initial appointment with a mental health provider.
- 45% of individuals who complete suicide had a recent primary care visit in the past month.

Free Clinic

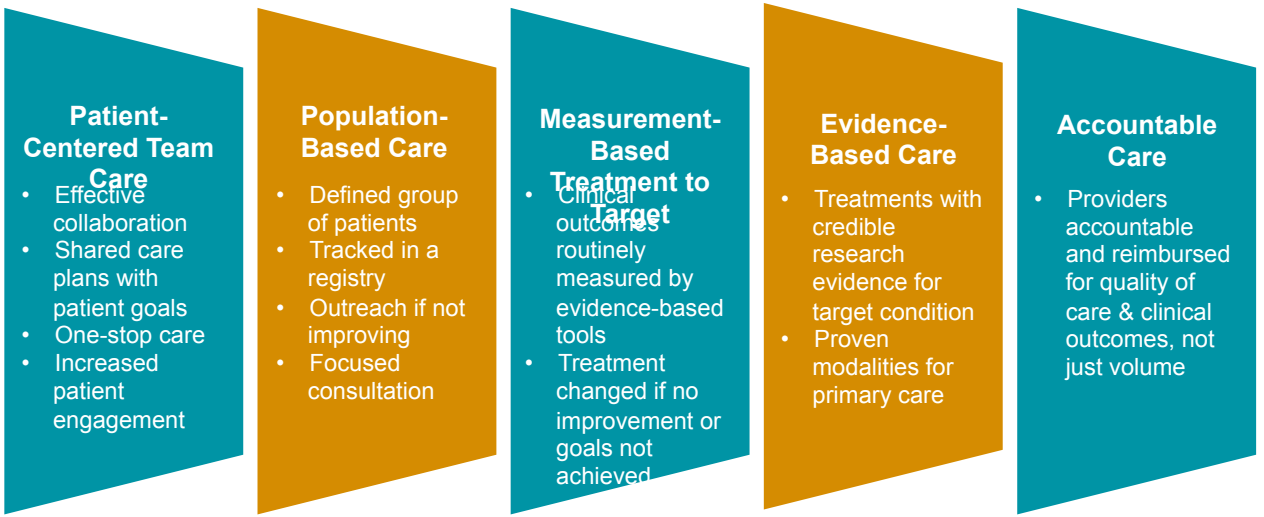
- Eligibility criteria: 200% or below the federal poverty level, uninsured, live in the county, adult ages 18-64 years
- Clinic receives no federal or state funding
- Addresses: Lack of access to care and case management

Collaborative Care

Overview

- Behavioral health integration model for primary care setting
- >80 RCTs evidence base
- Treatment team: patient, primary care provider, care manager, and psychiatric consultant
- Evidence-based treatment plans may include medication, psychotherapy, or both
- Target treatment goal for most patients would be a 50% reduction in PHQ-9 or PHQ-9<5
- Ongoing evaluations
  - Regular intervals, typically every two to four weeks
  - Completed by the care manager or primary care provider
  - Assess disease acuity over time
- Population health tracked and managed through patient care registry

Collaborative Care Fundamentals



Settings

Free Clinic

PROFILE

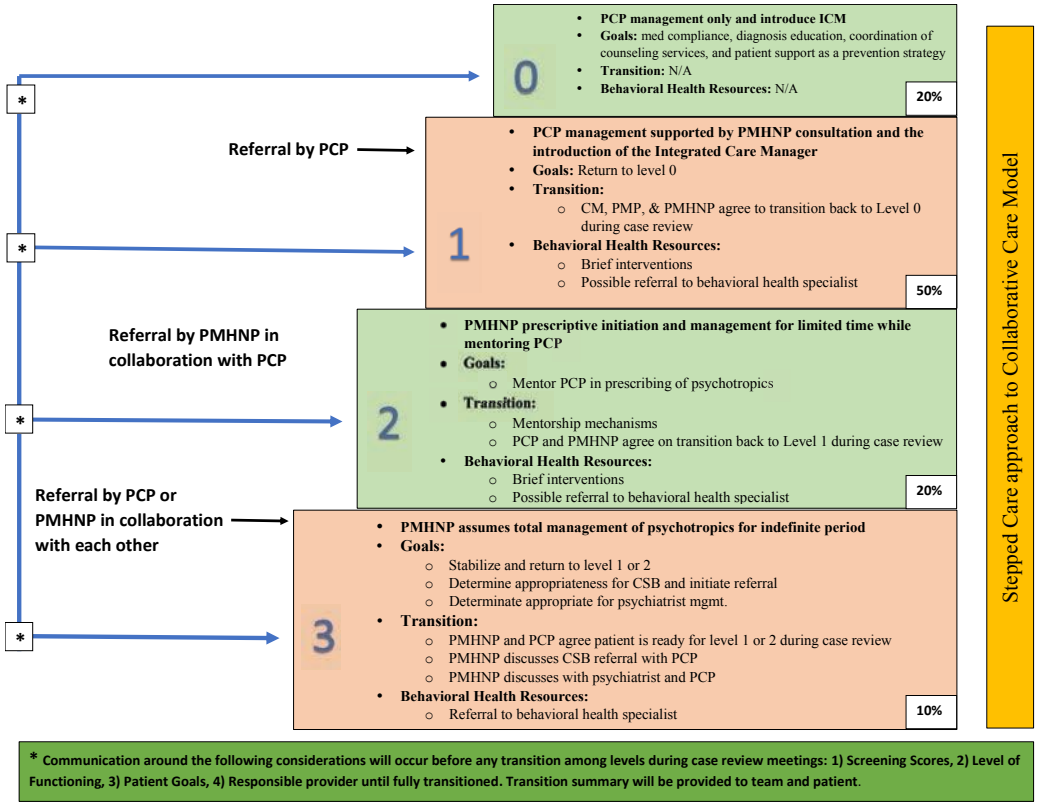
- Staffed by 13 paid staff/providers, 160 volunteers
- More than 1500 patients
- Provides $8 of care for every $1 spent

Student Health Center

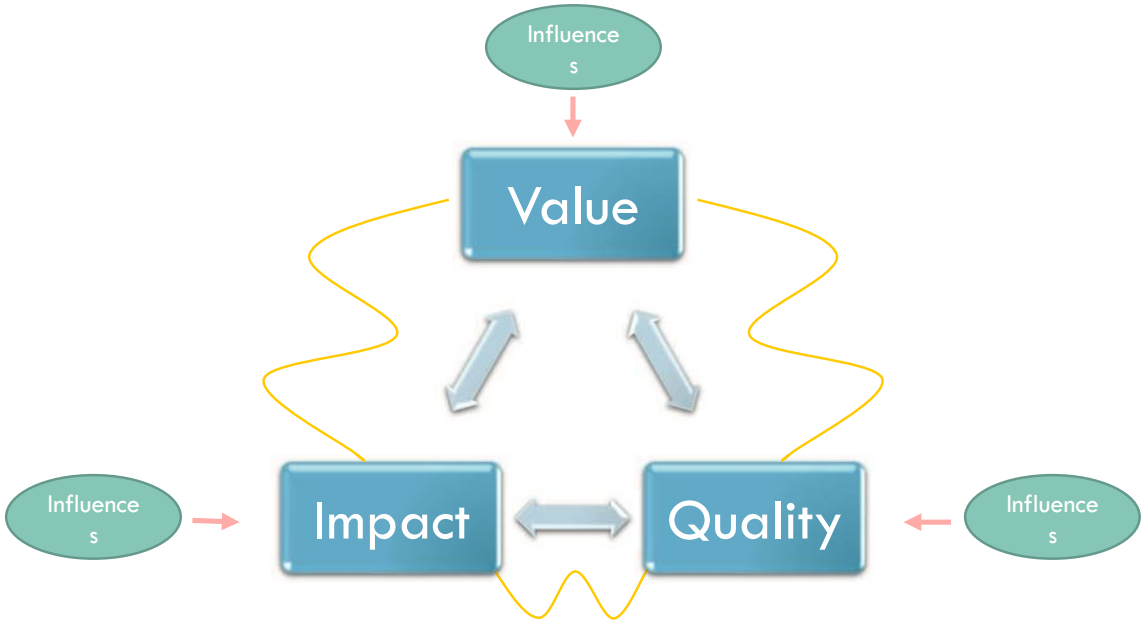
PROFILE

- Staffed by paid staff clinicians, nurses, and administrative staff
- Patient population is any enrolled university student (37,000+)
- United Healthcare

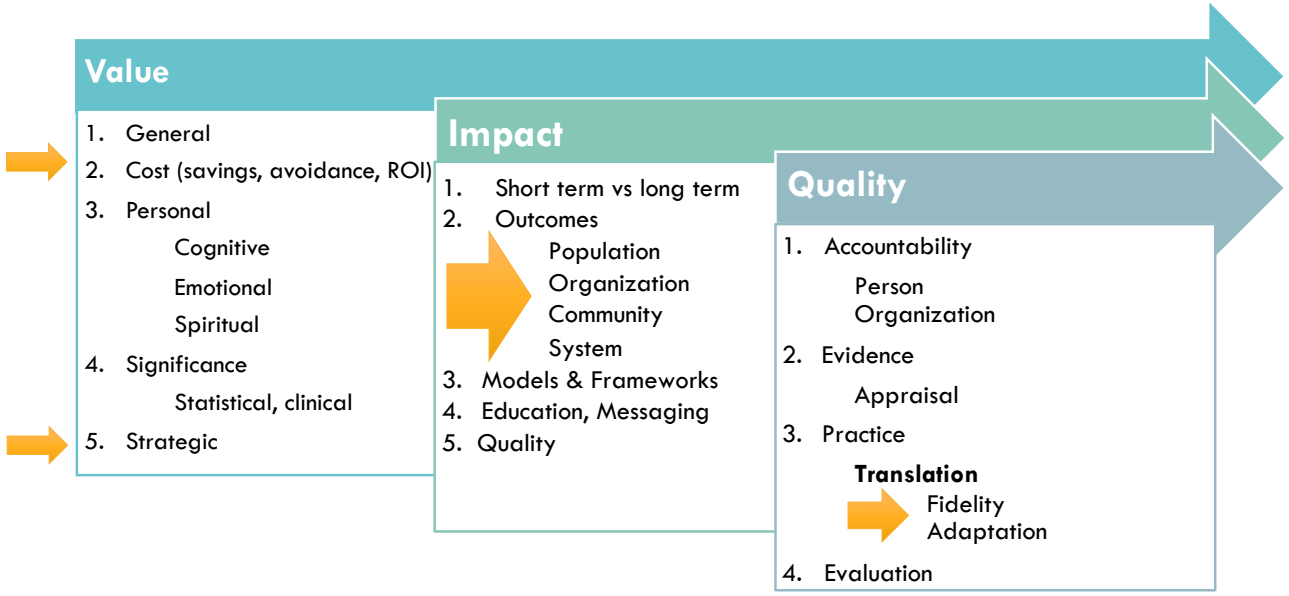
Stepped Care Framework



VIQ



VIQ


Value
1. General
2. Cost (savings, avoidance, ROI)
3. Personal
Cognitive
Emotional
Spiritual
4. Significance
Statistical, clinical
5. Strategic
Impact
1. Short term vs long term
2. Outcomes
Population
Organization
Community
System
3. Models & Frameworks
4. Education, Messaging
5. Quality
Quality
1. Accountability
Person
Organization
2. Evidence
Appraisal
3. Practice
Translation
Fidelity
Adaptation
4. Evaluation

Cost Analysis

Return on Investment

$$ROI = \frac{\text{(Current Value of Investment – Cost of Investment)}}{\text{Cost of Investment}}$$

$$ROI = \frac{\text{(Revenue – Implementation Cost)}}{\text{Implementation Cost}}$$

Revenue

Medicare CPT Payment Summary 2019

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

Revenue

Initial Intake Revenue

CPT	Description	Payment/PT (Non-Facilities) Primary Care Settings	# of patients seen over first year	Total Revenue from Intakes
99492	Initial psychiatric care management, 70 min/month	$162.18	133	**$21,569.94**

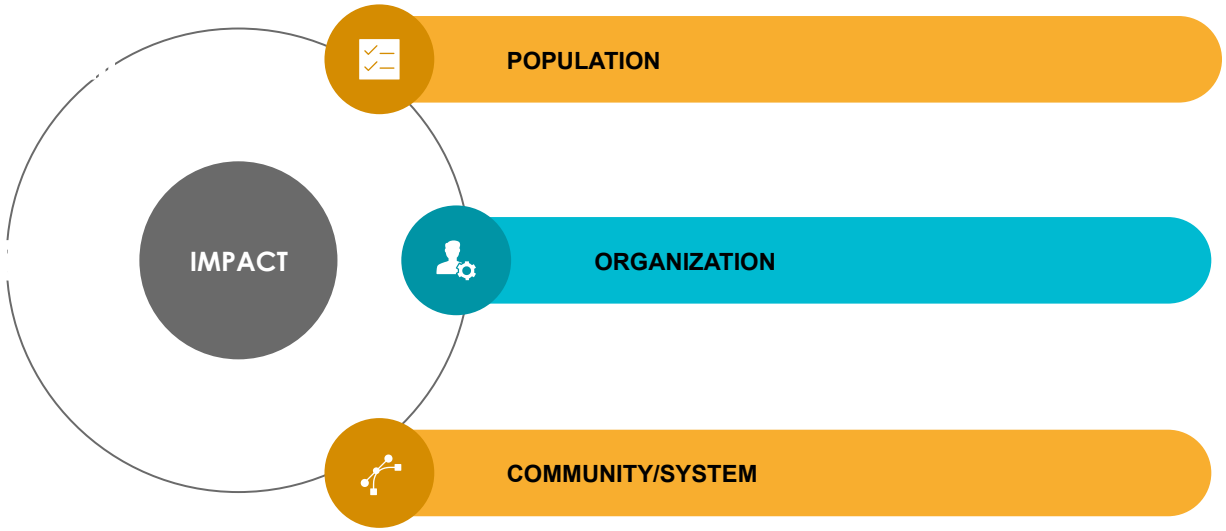
Strategic Value

Organization & Community

One Stop Shop

- Enhanced ability to screen & treat in primary care
- Decreased wait time for access to services
- Decreased burden on Community Services Boards and other community resources
- Improved team communication
- Competitive Value
- Patient & Provider Satisfaction
- Offer Hope

Impact



Impact

Patient Outcomes

1. Successful Enrollment and Engagement in Care
2. Improved Continuity in Care
3. Supports full collaboration in a transformed/merged integrated practice

Examples:

- Flagged patients who were about to run out of medications or stopped abruptly
- Increased contacts (not just during therapy)
- Improvements in depression, anxiety, and chronic disease management

Quality

Fidelity

MORE THAN JUST AN ETHICAL PRINCIPAL

- The degree of exactness with which something is copied or reproduced
- Supports reproducibility of outcomes
- Consistent process for ensuring fidelity should be in place
  - Adherence to principles of CoCM
  - PDSA
  - CQI

Discussion

Adaptation

Existing Resources

- LSW
- Students

Substance Use

Systematic Follow-up

- SBIRT
- DAST, AUDIT

System of Care

Stepped Care

- PCBH – first layer
- CoCM – infrastructure for behavioral health integration
- SBIRT infusion into infrastructure
  - Expansion of care manager role
  - Consider training medical providers to deliver BI

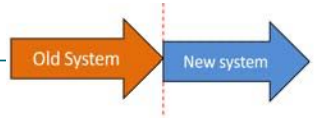
Sustainability

Free Clinic

Strategy

- Value - ROI common language
- Impact – translate outcomes into meaningful language for audience
  - Relate outcomes to experiences of audience
  - Establish protocols and policies including training in CoCM for all staff
  - Improved interprofessional practice resulting from frequent team meetings
  - Use language familiar to Board, no fancy terminology
  - Describe outcomes in terms of larger picture (chronic disease or co-morbidities)

Practice Transformation



SHAPE Framework

	Concepts	Considerations
S	Sustainability & Systems	• Buy-in, Champions • Reimbursement • Where EBPs fits into the big picture (organization and community)
H	Harness Potential	• Meet them where they are at • Training • Communication • Expectations of change process
A	Approach	• Model choice • EBP choices • Roles
P	Process	• Clinical work flow • Data
E	Evaluation	• CQI • All levels (system, process, skill) • Selection of measures to demonstrate impact

Thank You

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