AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Collaborative Care Approaches to Fixing Behavioral Health Care in America

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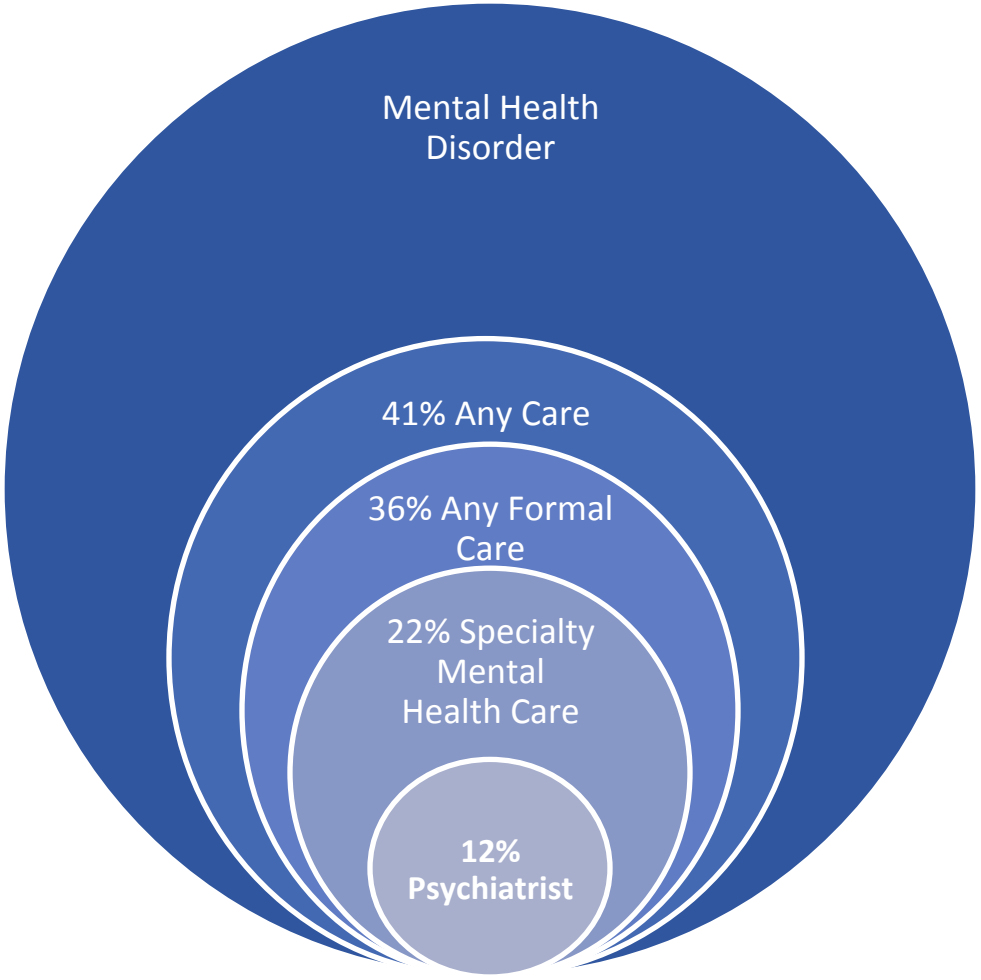
Mental Health Costs

POPULATION	% WITH BEHAVIORAL HEALTH DIAGNOSIS	PMPM WIHTOUT BH DIAGNOSIS	PMPM WITH BH DIAGNOSIS	INCREASE IN TOTAL PMPM WITH BH DIAGNOSIS
Commercial	14%	$340	$941	276%
Medicare	9%	$583	$1429	245%
Medicaid	21%	$381	$1301	341%
All Insurers	**15%**	**$397**	**$1085**	**273%**

Melek S, Norris D, Paulus J: Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. Edited by Milliman I. Denver, CO, Prepared for American Psychiatric Association; 2014. pp. 1-39.

Treatment for Mental Health Disorders



Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. Arch Gen Psychiatry, 62(6), 629-640.

Integrated Care

- Improves *access* for patients
  - Nearby primary care clinic
  - More timely appointments
  - Less stigmatizing
  - Lower out-of-pocket costs
- Increases *capacity* of mental health providers
  - Consultation
  - Collaboration
  - Leverages scarce mental health resources

Not All Integration Efforts Are Effective

- **Most models of integrated care are not evidence based**
- **Some models of integrated care are known *NOT to work*:**
  - **PCP education**
  - **Screening (without adequate systems in place to ensure accurate dx & tx)**
  - ***Co-located* behavioral health specialists without systematic tracking of outcomes or evidence-based treatments**
  - **Disease management without direct collaboration with PCP**

Core Principals of Collaborative Care

- **Team-based** - lead by a PCP with support from a care manager and consultation from a psychiatrist who provides treatment recommendations for patients who are not achieving clinical goals
- **Population-based** - whereby a *registry* is used to monitor treatment adherence and drop out
- **Measurement-based** - monitoring of patient-reported outcomes over time to assess treatment response
- **Patient-centered** - proactive outreach to engage, activate, promote self-management and treatment adherence, and coordinate services
- **Evidence-based** - demonstrated cost-effectiveness in diverse practice settings and patient populations
- **Practice-tested** - with sustained adoption in hundreds of clinics across the country

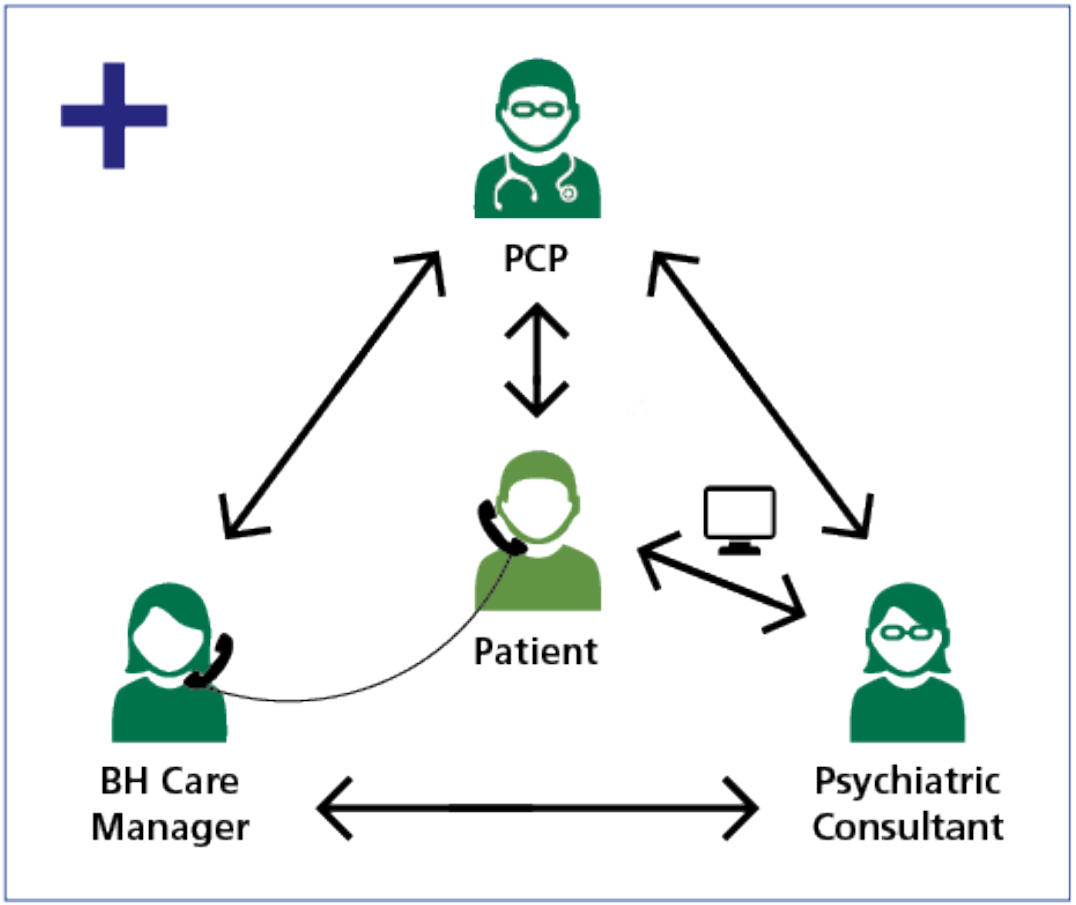
Using a Registry is Important!

- **Registries help care managers to more easily manage a caseload of patients:**
  - Identify patients who may be disengaged, falling through the cracks
  - Track outcomes over time so to evaluate response to treatment and prioritize patients for psychiatric case review:
    - **Who is newly enrolled on your caseload?**
    - **Who is not improving as expected?**

Collaborative Care - *Cochrane Review*

- **79 randomized controlled trials**
  - **24,308 enrolled patients**
- **Compared to usual care (screening, referral etc.)**
  - **↑ Response and remission rates**
  - **↑ Quality of life**
  - **↑ Patient satisfaction**
  - **↓ Costs over the long run**
- **Results are consistent across populations**
  - **Stages of life**
    - Adolescents → Adults → Older Adults
  - **Minorities**
  - **Diagnoses**
    - Depression
    - Anxiety
    - SUD

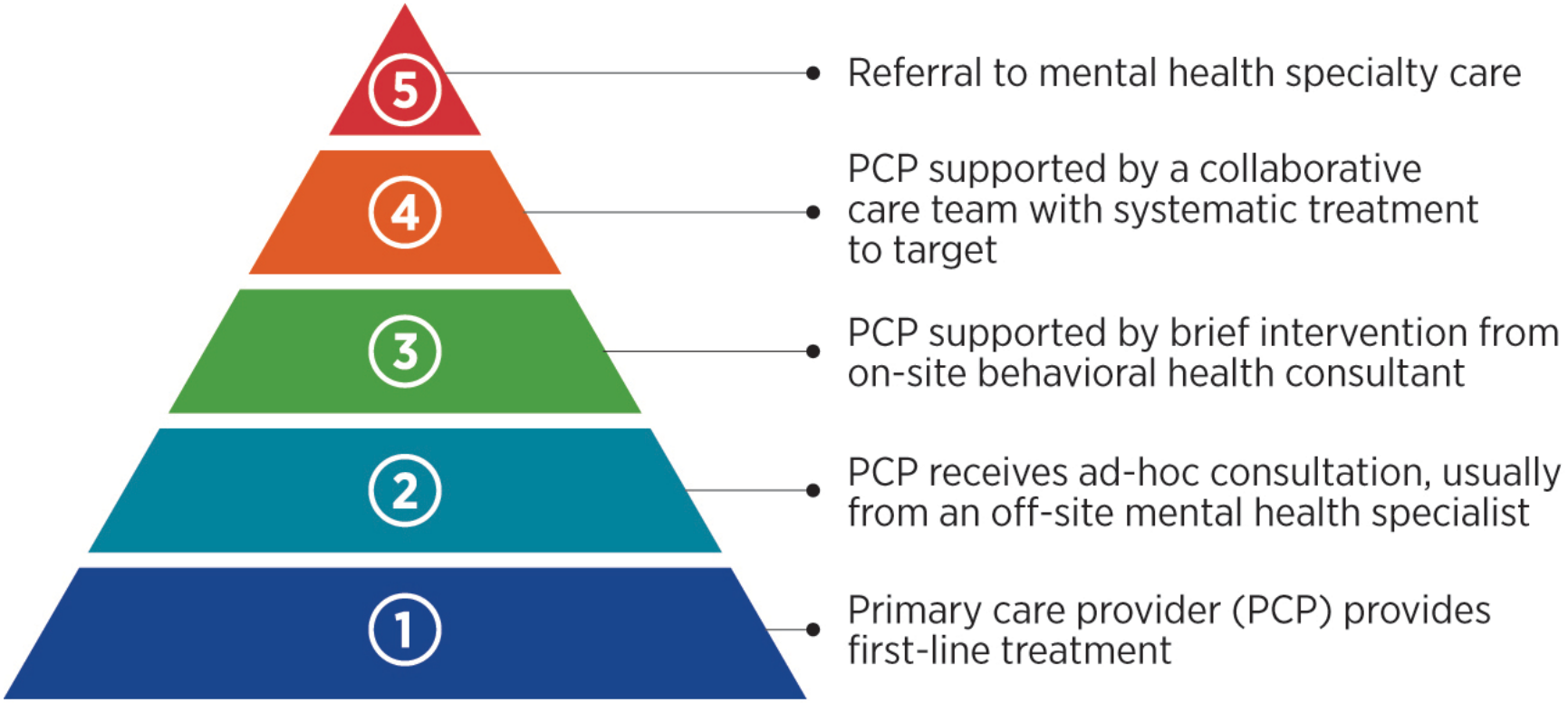
What About Small Primary Care Practices And Non-integrated Health Systems?



Collaborative Care Is Practice-Tested

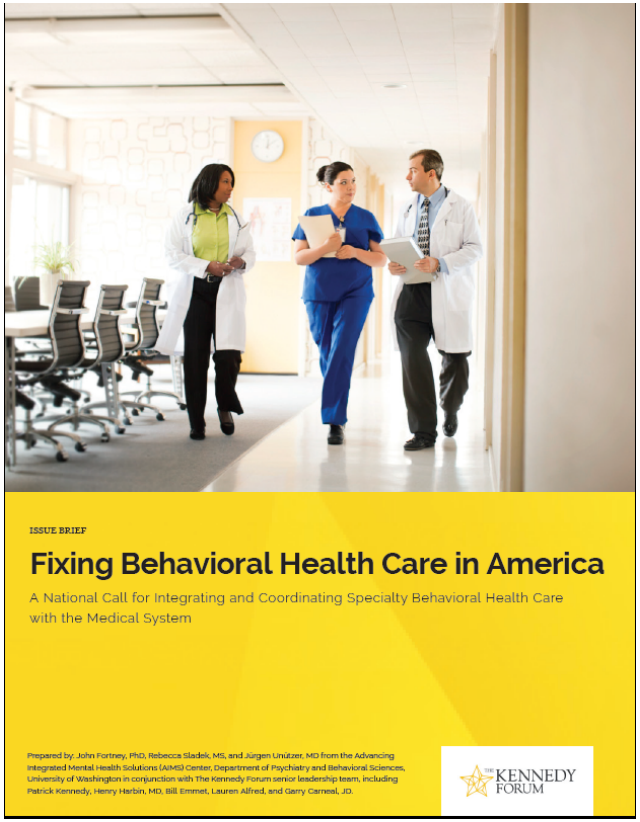
- **COMPASS**
  - Medicare and Medicaid
  - 7 states
  - 4,000 patients
- **DIAMOND**
  - Commercial Insurance
  - Minnesota
  - 12,000 patients
- **MHIP**
  - Medicaid
  - Washington State
  - 55,000 patients
- **Department of Veterans Affairs - PC-MHI**
  - Fixed Budget
  - Nationwide
  - 1,000,000 patients

Stepped Model of Integrated Behavioral Health Care



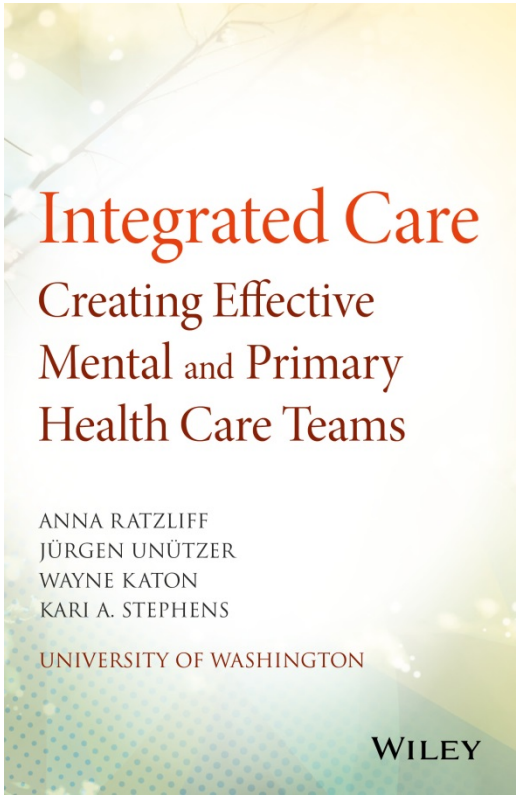
2016 Issue Brief on Collaborative Care

- Detailed overview of Collaborative Care and summary of the key issues
- Provides guidance and recommendations for implementation of Collaborative Care



http://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum-BehavioralHealth_FINAL_3.pdf

New Book Focuses on Building Effective Integrated Care Teams



- ✓ Refine clinical approaches used in primary care
- ✓ Learn integrated care best practices
- ✓ Gain practical implementation skills
- ✓ Increase access, improve outcomes, lower costs

Available for purchase at Wiley.com and Amazon

AIMS Center Training at a Glance

https://aims.uw.edu/

Pre-Launch Training

- Focuses on building foundational knowledge around the evidence-base and key components of Collaborative Care and team roles
- 1.5 to 2 hours of time required, depending on role
- Delivered as self-paced online learning modules
- Typically completed 1 month prior to in-person training

In-Person Clinician Training

- Focuses on building skills that are critical to teams delivering care in a new way, such as:
  - Effective team communication
  - Identifying common implementation challenges
  - Brief behavioral interventions
  - The Care Manager's Role
- Emphasis on experiential, active learning
- 1-2 days of time required, depending on role
- We recommend that this training occur within 1-2 weeks before launching care

Post-Launch Coaching/Technical Assistance

- Focuses on coaching/technical assistance for care managers and psychiatric consultants
- On-going distance learning
- Monthly 60 to 90 minute webinars & case calls for care managers
- Webinar topics for care managers include:
  - patient engagement
  - treating to target & follow-up
  - relapse prevention
  - working with difficult patients
- Monthly and/or quarterly case calls for psychiatric consultants, with an emphasis on the weekly systematic case review process

Performance Metrics For Collaborative Care

- **2016 USPS Task Force Recommendations**
  - **Depression screening in general population**
    - If adequate systems in place to ensure accurate dx & tx
- **2016 Medicare Consensus Core Set: ACO & PCMH Measures**
  - **Depression remission**
    - PHQ9 less than 5 @ 12 months
  - **Depression response**
    - PHQ9 decrease by greater than 50% @ 12 months
- **2017 NCQA HEDIS Depression Metrics**
  - **Monitor Patient Outcomes Following Depression Diagnosis**
    - PHQ9 for adults
    - PHQA for adolescents
  - **Depression remission**
    - PHQ less than 5 within 5-7 months of evaluated PHQ
  - **Depression response**
    - PHQ decrease by greater than 50% within 5-7 months of evaluated PHQ

Reimbursement For Collaborative Care

- **AMA CPT Board**
  - Approved 3-Code Structure in Feb 2016
- **CMS**
  - G Codes proposed for 2017 Physicians' Fee Schedule
- **NY and WA Medicaid Collaborative Care Program**
  - Monthly case rate for eligible beneficiaries bundles payment for care management and psychiatric case review
  - Pay for performance withhold
- **Accountable Care Organizations**
  - NCQA HEDIS depression metrics driving value based purchasing ACOs
    - Boeing: UW ACO at risk for poor response/remission rates

Thank you!