Collaborative Care Management Foundations: A 101 primer on the practices and possibilities

Presented by: Dr. John Kern

PRIMARY CARE DEVELOPMENT CORPORATION

CoE Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration
Operated by the National Council for Behavioral Health

Today's Moderator

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Senior Program Manager
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About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

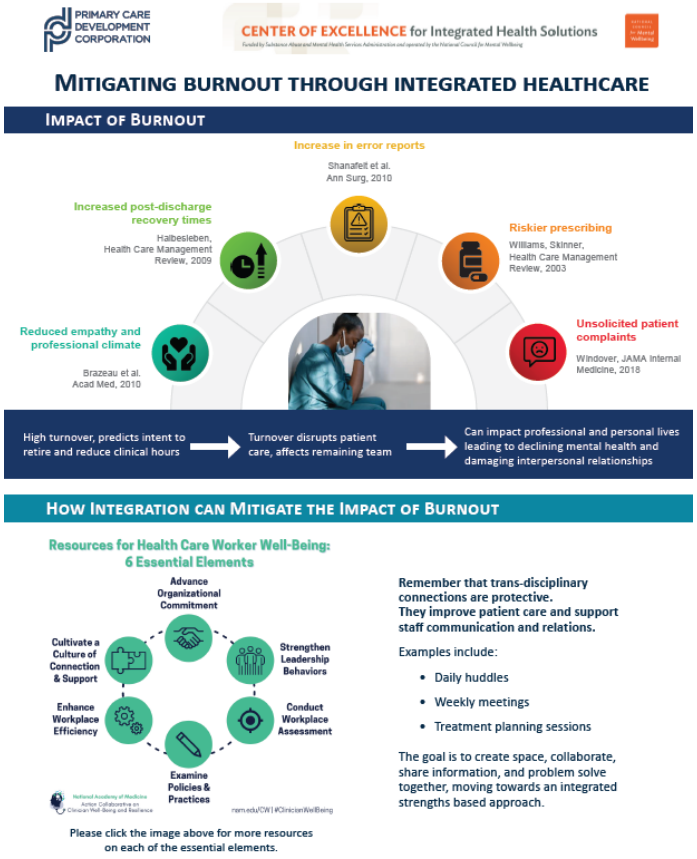
Disclaimer

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

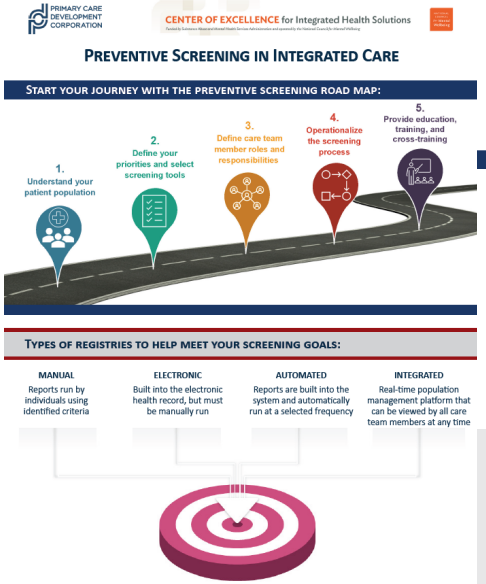
www.samhsa.gov

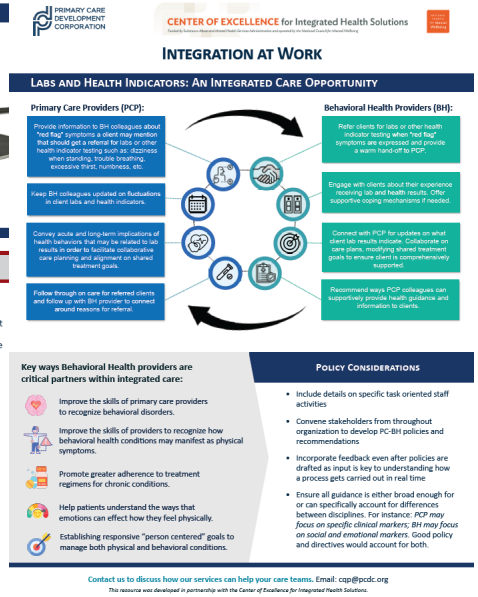
"Mitigating Burnout through Integrated Healthcare" Webinar Tip Sheet

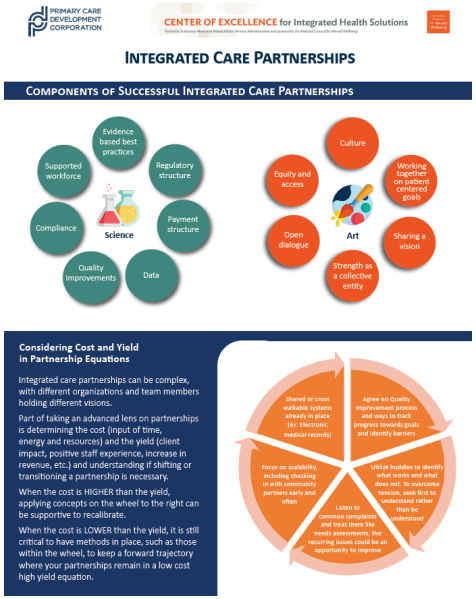


"Mitigating Burnout through Integrated Healthcare" tip sheet can be accessed here:
https://www.pcdc.org/resources/operationalizing-integration-mitigating-burnout-through-integrated-healthcare-tip-sheet/

"Integration at Work" Webinar Series Tip Sheets







All recordings and tip sheets from the "**Integration at Work**" webinar series can be accessed here:
https://www.pcdc.org/what-we-do/training-technical-assistance/integration-at-work-samhsa-webinar-series/

Audience Demographics Poll

Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

Please rate your current skills and comfort with the evidence base for Collaborative Care, typical Collaborative Care tasks and team roles, and the principles of Collaborative Care.

- Very Low
- Low
- Moderate
- High
- Very High

Today's Presenter

John Kern MD
Clinical Professor
University of Washington School of Medicine
Department of Psychiatry and Behavioral Sciences
AIMS Center

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Collaborative Care: Overview and Discussion

John Kern MD
Clinical Professor
University of Washington School of Medicine
Department of Psychiatry and Behavioral Sciences
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Learning Objectives

By the end of this session, participants should be able to:

- Understand the evidence base for Collaborative Care
- Describe typical Collaborative Care tasks and team roles
- Describe the Principles of Collaborative Care

Who Gets Treatment?

No Treatment






Primary Care Provider

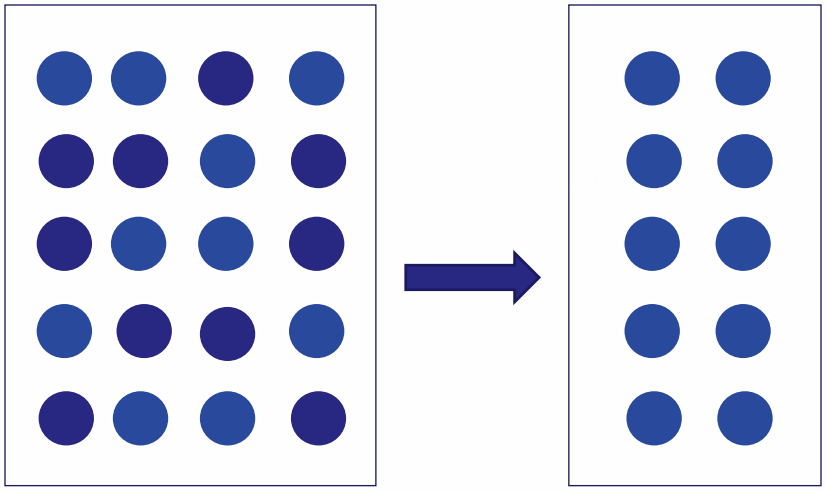



Mental Health Provider

(Wang et al., 2005)

Why Not Just Refer? Patient Factors

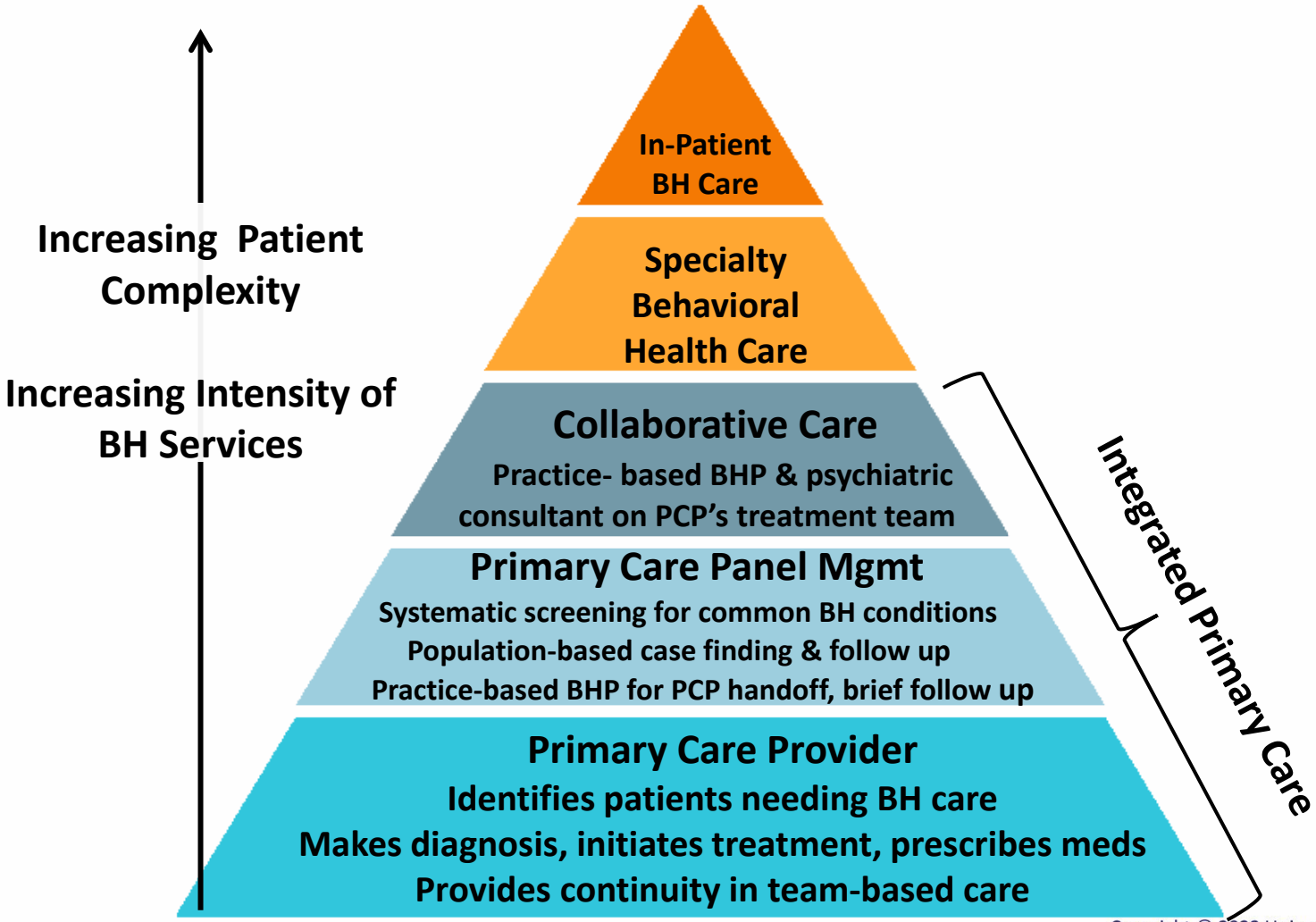
- **Half of patients referred to specialty services do not reach the specialist**



- **And those that do only average 2 visits**

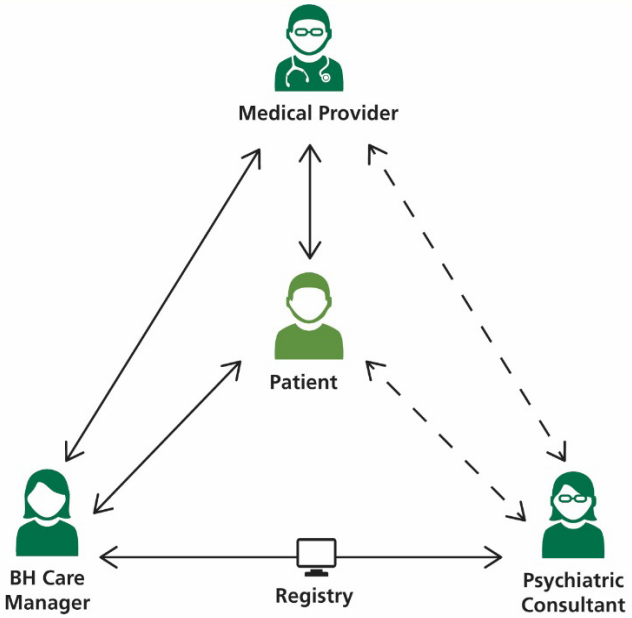
Grembowski, Martin et al., 2002; Simon, Ding et al., 2012

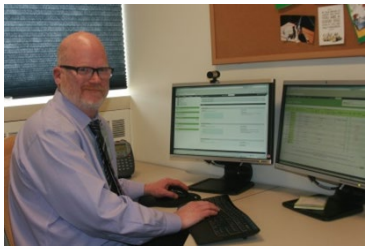
Stepped Strategies for Integration



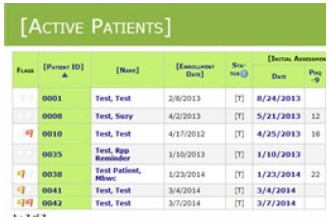
Collaborative Care (CoCM)

Primary care patient-centered team-based care





Systematic caseload review with psychiatric consultant (focus on patients not improved)



Registry to track population

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

Active treatment with evidence-based approaches

Validated outcome measures tracked over time

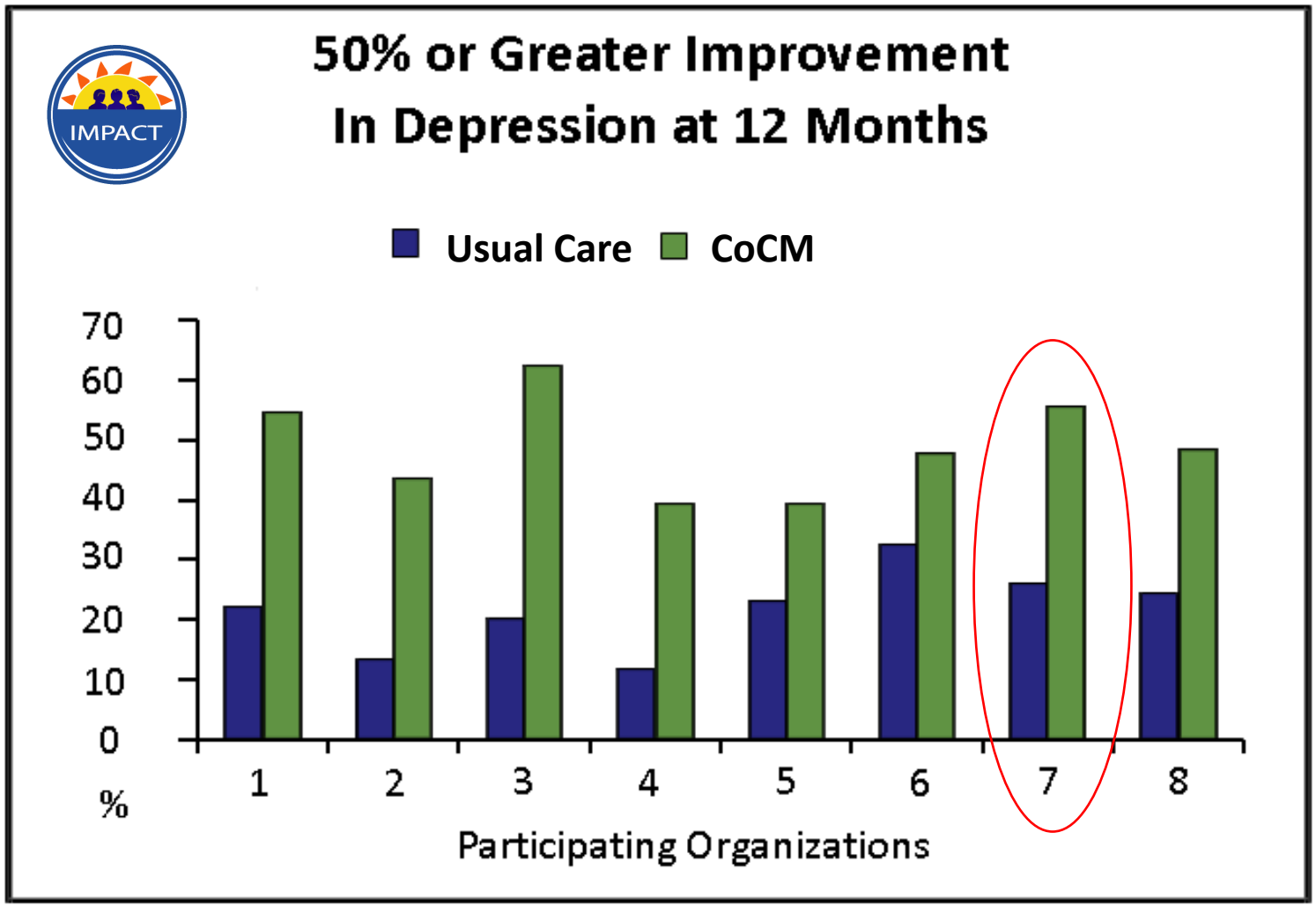
Evidence Base for Collaborative Care

- **First demonstrated in the IMPACT Trial**

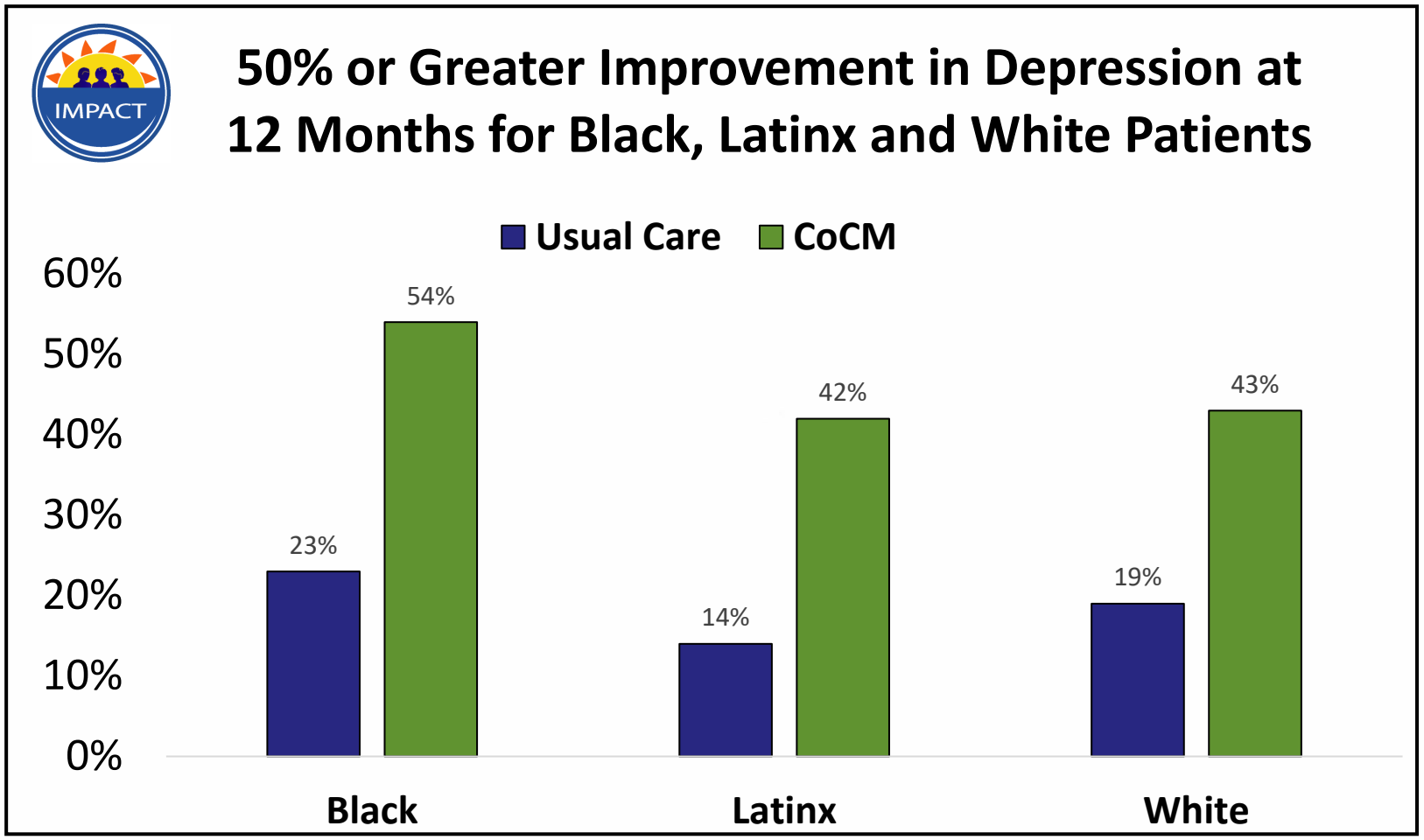
- **More than 90 randomized controlled trials have shown Collaborative Care (CoCM) to be more effective than usual care**

https://aims.uw.edu/collaborative-care/evidence-base-cocm

Twice as Many Patients Improve

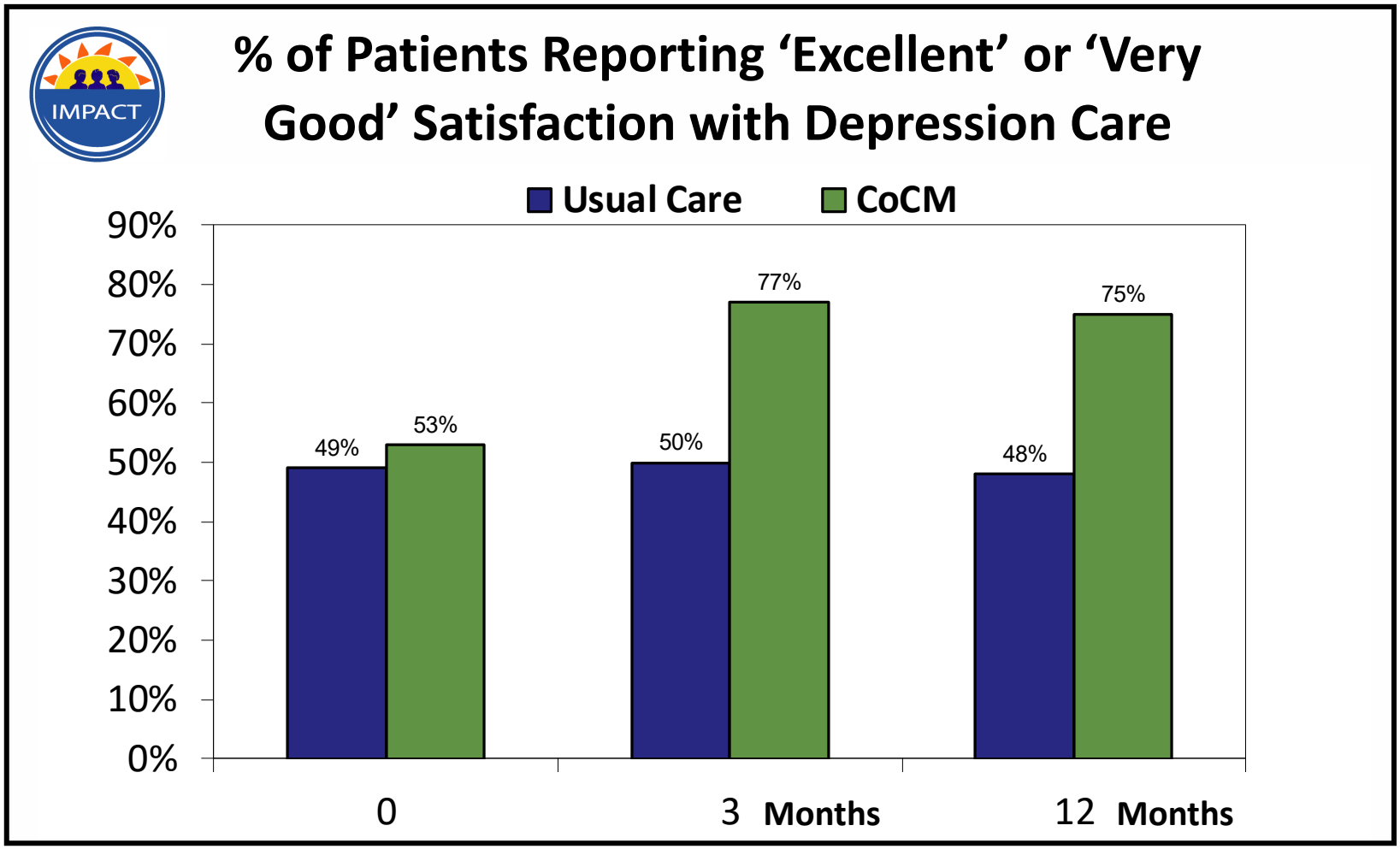


Similar Results for Black, Latinx, and White Patients



(Arean et al., 2005)

Patients and Providers Satisfied with Care



Similarly high rates of satisfaction among providers

(Unützer et al, 2002); (Levine et al, 2005)

Collaborative Care for Various BH Conditions

Established Evidence-Base
• Depression - Adolescent Depression - Depression, Diabetes, and Heart Disease - Depression and Cancer - Depression in Women's Health Care
• Anxiety
• Post Traumatic Stress Disorder
• Chronic Pain
• Dementia
• Substance Use Disorders
• Bipolar Disorder

Principles of Collaborative Care

Patient-Centered Team. The patient, primary care and mental health providers collaborate effectively using shared care plans that incorporate patient goals.

Population-Based. A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the caseload and clinic level.

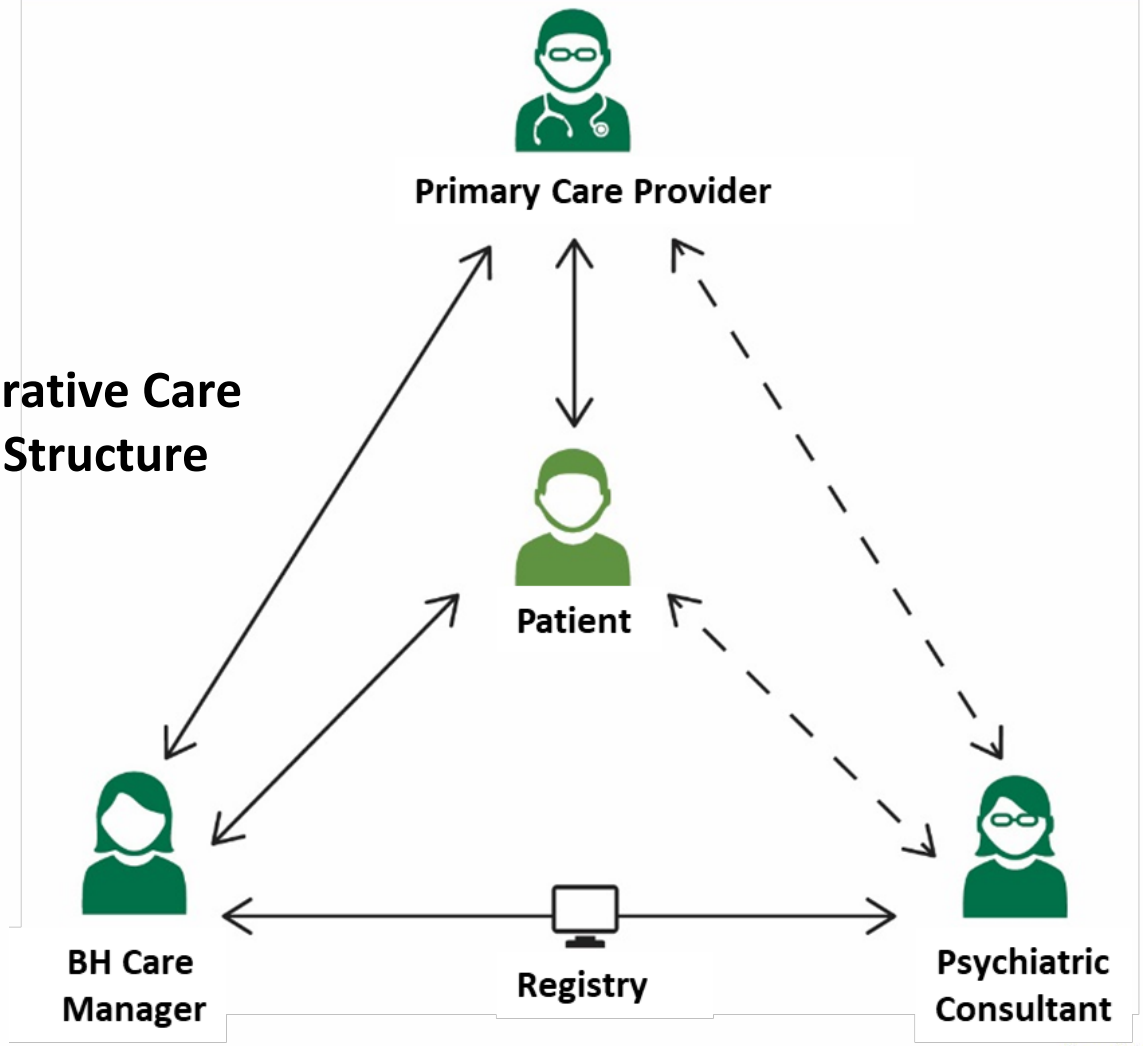
Measurement-based Treatment to Target. Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.

Evidence-Based Treatments. Providers use treatments that have research evidence for effectiveness.

Accountable. The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

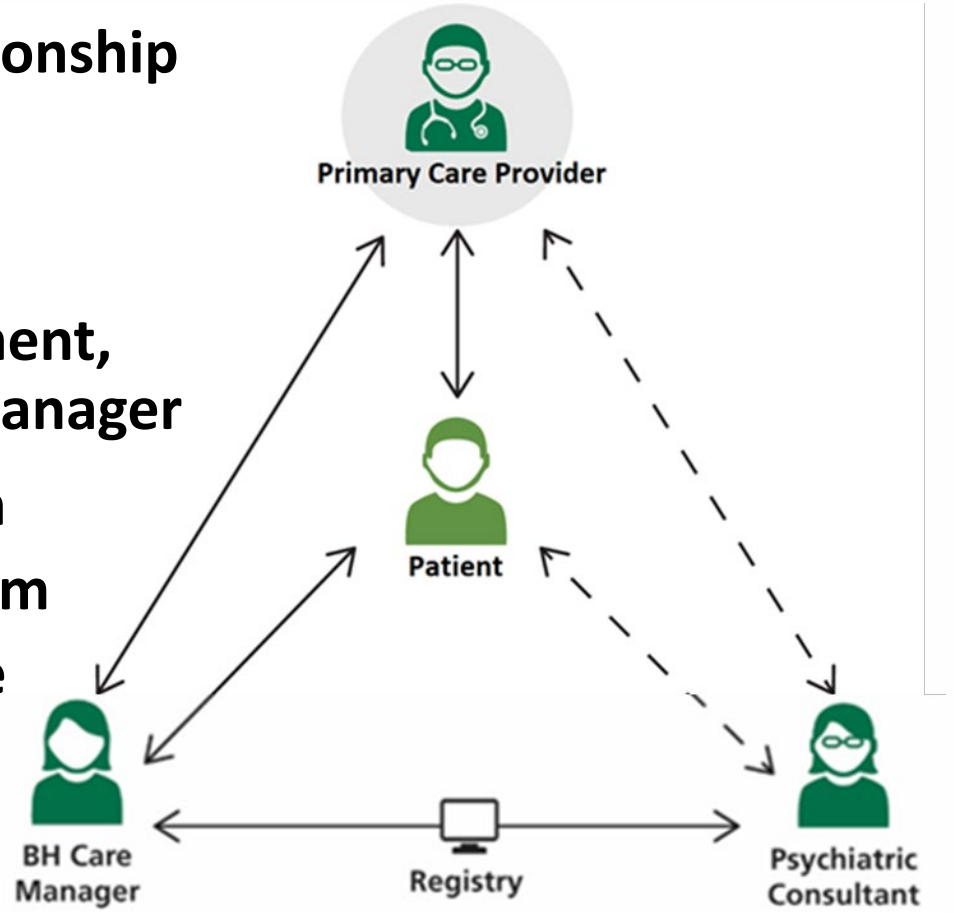
Principle: Patient-Centered Team

Collaborative Care Team Structure

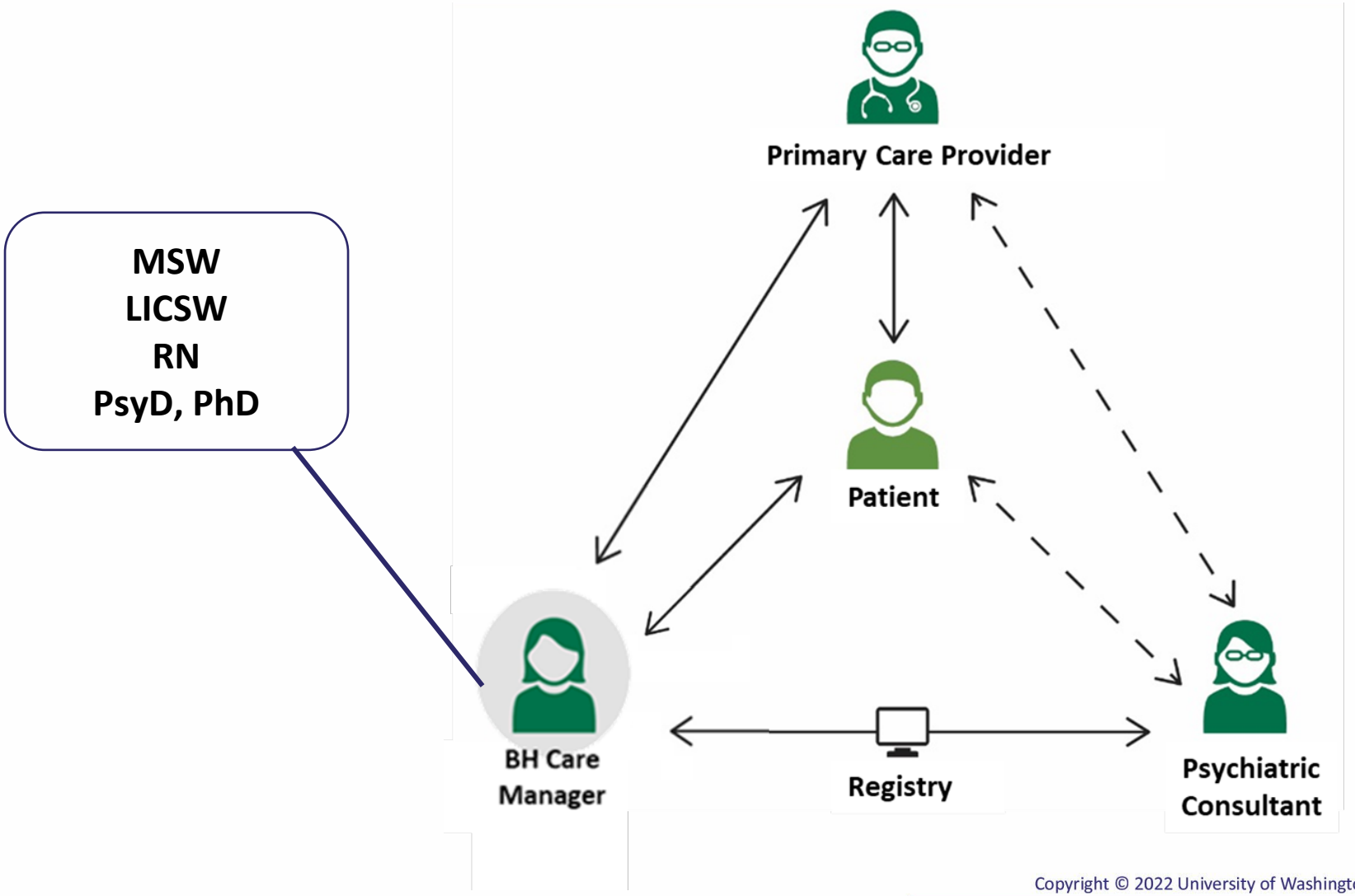


Primary Care Provider (PCP) Functions

- Primary treatment relationship
- Links with CoCM team
- Prescribes medication
- Monitors med management, together with BH care manager
- Supports treatment plan
- Consults with CoCM team
- Supports system change



Behavioral Health Care Manager (BHCM)



General BHCM Functions

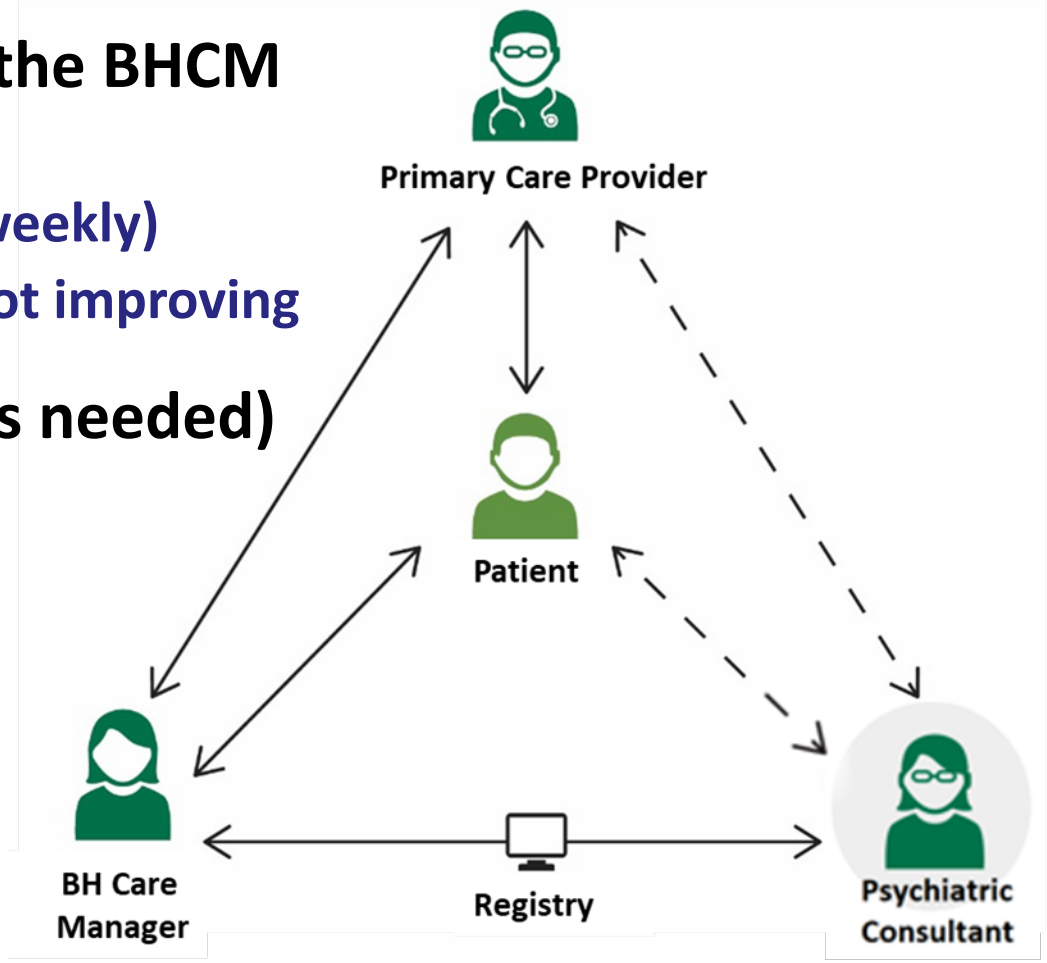
- **Track and coordinate care**
  - Facilitates patient engagement
  - Performs systematic initial and follow-up assessments
  - Systematically tracks treatment response
  - Supports treatment plan with PCP
  - Reviews challenging patients with the psychiatric consultant weekly

Intervention Focused BHCM Functions

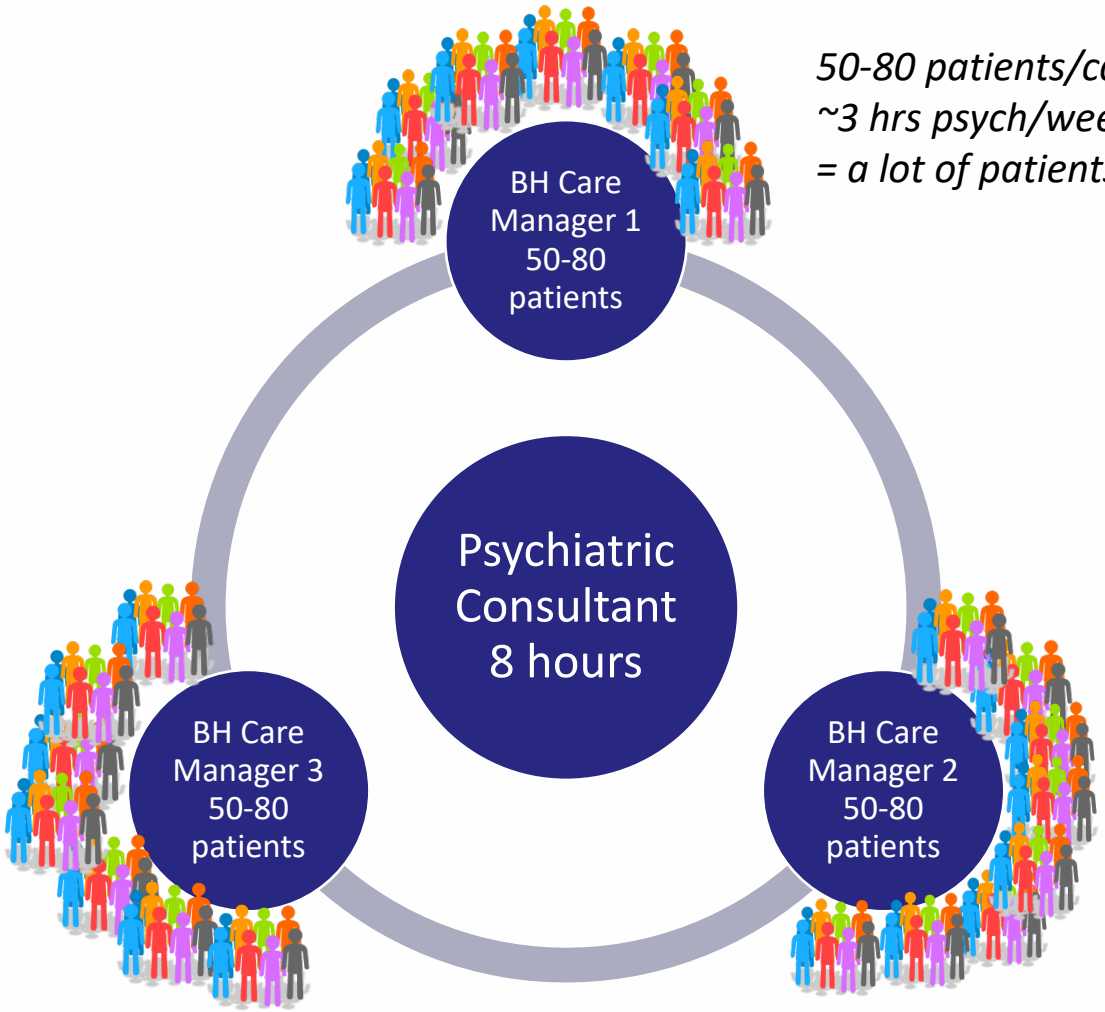
- **Evidence-based brief behavioral interventions**
  - Problem-solving treatment (PST)
  - Behavioral Activation
  - Others
- **Other functions**
  - General behavioral health interventions
  - Addressing substance use
  - Social work services

Psychiatric Consultant Functions

- **Review cases with the BHCM using the registry**
  - **Scheduled (ideally weekly)**
  - **Prioritize patients not improving**
- **Consult urgently (as needed) with PCP or BHCM**



Access: Leveraging a Psychiatric Consultant



50-80 patients/caseload
~3 hrs psych/week/BH care manager
= a lot of patients getting care

Principle: Population-Based

Registry

- Allows proactive engagement and treatment adjustment

Active Patients

Report for :
Report Created on : Wednesday, October 5, 2022, 8:15 AM

1 - 10 of 32 | 1 2 3 4 | Per page: 10

Flags	Patient ID	Status	PHQ-9 First	PHQ-9 Last	GAD-7 First	GAD-7 Last	Contacts I/A	F/U	P/C	R/P	# Sess	Wks since I/A	Minutes This Month
		T	19	19*	10	10*	12/14/21	4/18/22	3/18/22		4	42	0
		T	16	16*	14	14*	7/23/20	3/25/22	1/13/22		6	114	0
		T	23	16*	20	17*	9/18/20	4/7/22	1/21/22		5	106	0
		T	20	16*	17	17*	2/23/22	4/11/22	2/23/22		3	32	0
		T	15	15*	10	10*	3/24/22				1	27	0
		T	13	14*	14	2*	12/20/21	4/14/22	4/14/22		4	41	0
		T	22	13*			1/11/22	4/15/22	1/11/22		3	38	0
		T	16	13*	19	11*	3/3/22	3/22/22	3/22/22		2	30	0
		T	10	9*	8	8*	11/12/21	4/13/22	2/3/22		5	46	0
		T	9	9*			10/19/21	4/15/22	2/18/22		4	50	0

Caseload Statistics

Organization : [redacted] (Aggregated by Care Manager)
Report Created on : Wednesday, October 5, 2022, 8:22 AM

Care Manager	Current Caseload	Care Manager Contacts							Psychiatric Consultation			Average PHQ		Average GAD		PHQ		GAD	
		Pts w/ I/A	Pts w/ F/U	Avg # F/U	Contacts w/ Scale	Avg # In Clinic	Avg # By Phone/Video	# in R/P	# Flagged	# w/ P/C	Not Imprv w/o P/C	First	Last	First	Last	No Response	No Remission	Not Improved	Score of 10+
[redacted]	11	11 (100%)	11 (100%)	10.9	60%	2.4 (22%)	8.5 (78%)	2 (18%)	0 (0%)	11 (100%)	0	13.9	9	13.4	9.7	5 / 8 (63%)	7 / 8 (88%)	6 / 10 (60%)	5 / 10 (50%)
[redacted]	0	– (–%)	– (–%)	–	–%	– (–%)	– (–%)	– (–%)	– (–%)	– (–%)	0	–	–	–	–	– / 0 (–%)	– / 0 (–%)	– / 0 (–%)	– / 0 (–%)
[redacted]	2	2 (100%)	2 (100%)	21	29%	2 (10%)	19 (90%)	0 (0%)	0 (0%)	2 (100%)	0	18	12.5	17.5	14.5	2 / 2 (100%)	2 / 2 (100%)	2 / 2 (100%)	2 / 2 (100%)
[redacted]	0	– (–%)	– (–%)	–	–%	– (–%)	– (–%)	– (–%)	– (–%)	– (–%)	0	–	–	–	–	– / 0 (–%)	– / 0 (–%)	– / 0 (–%)	– / 0 (–%)
[redacted]	20	20 (100%)	20 (100%)	14.6	42%	1.6 (11%)	12.9 (89%)	2 (10%)	5 (25%)	20 (100%)	0	12.7	7.7	11.8	8.3	5 / 12 (42%)	10 / 12 (83%)	3 / 8 (38%)	4 / 8 (50%)
All	33	33 (100%)	33 (100%)	13.7	46%	1.9 (14%)	11.8 (86%)	4 (12%)	5 (15%)	33 (100%)	0	13.4	8.4	12.7	9.1	12 / 22 (55%)	19 / 22 (86%)	11 / 20 (55%)	11 / 20 (55%)

Principle: Measurement-Based Treatment To Target

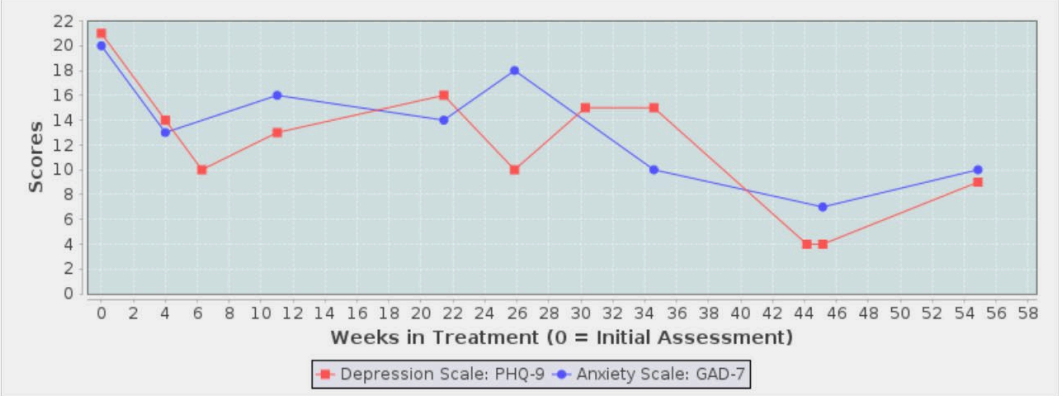
Treatment History

Test, Robin | Status: Treatment
Patient ID: 00000005 | MRN: 13254
Age: 91 | DOB: 3/10/1931

Contacts

Date of Contact	Contact Type	Weeks in Tx	Visit Type	Session Duration	PHQ-9	GAD-7
2/20/2021	Initial Assessment	0	Phone	80	21	20
9/20/2021	Follow Up	30	Clinic	45	15	
10/20/2021	Follow Up	34	Clinic	35	15	10
12/26/2021	Relapse Prevention Plan	44	Clinic	15	4	
1/2/2022	Follow Up	45	Clinic	30	4	7
3/11/2022	Follow Up	54	Clinic	55	9	10
5/10/2022	Psychiatric Consultation	63	Review w/ PCP	23		

Patient Progress

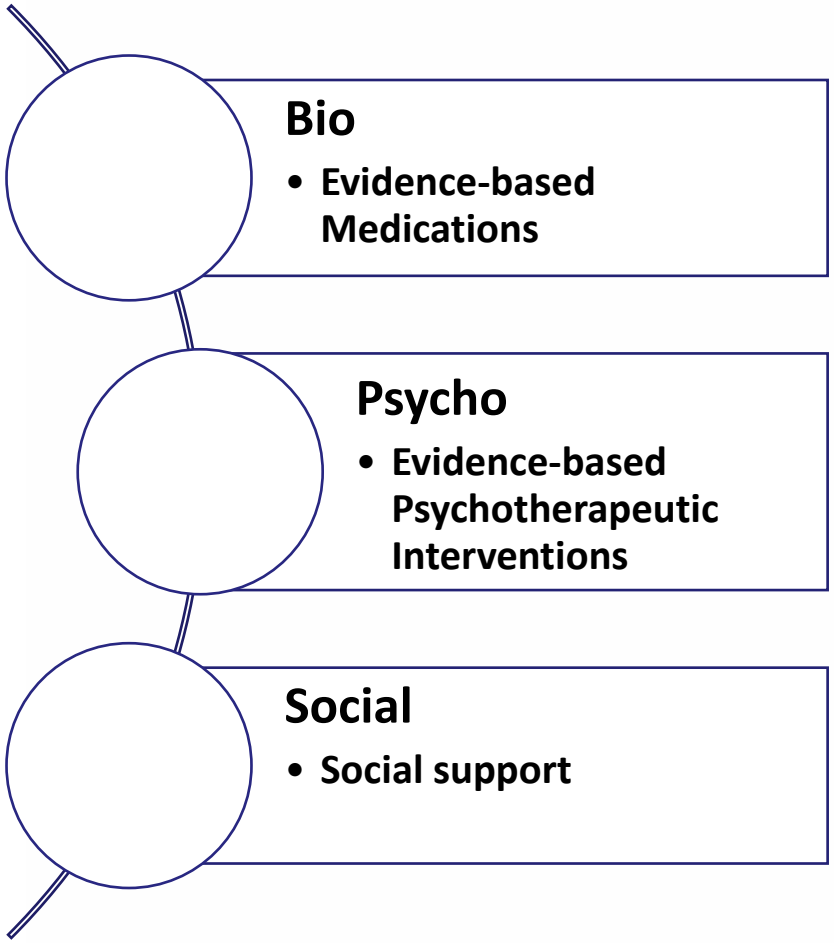


Treatment to Target Drives Early Improvement

In a recent retrospective study (2008 – 2013) of over 7,000 patients:

Garrison et al., 2016

Principle: Evidence-Based Treatment



- Make BOTH medication and non-medication recommendations
- Supporting whole person treatment is important
- The treatment that WORKS is the best one
- Review all evidence-based treatment options available
- Discuss pros and cons of each option

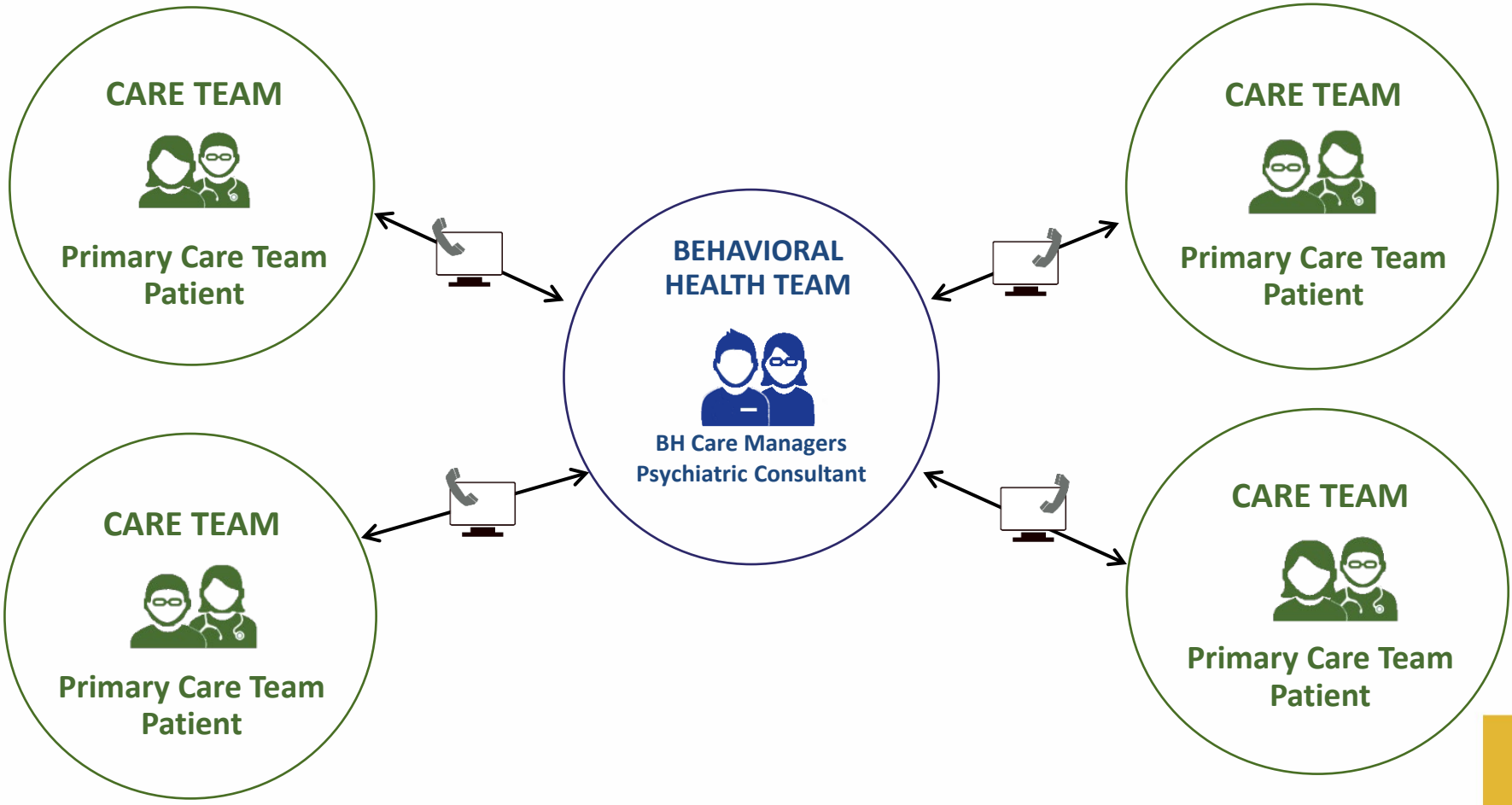
Principle: Accountable

- **Access**
  - Provide care to more patients
  - Minimize time from identification to care
- **Accountability**
  - Screening to identify patients in need
  - Make sure patients get better (outcomes)

Telemedicine-Based BH Treatment: What Does the Evidence Tell us?

Practice-Based CoCM	Telemedicine-Based CoCM
• Includes both in-person and telephone-based interventions • Over 80 randomized, controlled trials and 2 meta-analyses	• 8 published trials with positive results • 4 of the trials in rural Arkansas CHCs and VA clinics in rural areas • 4 of the trials used exclusively off-site care managers and psychiatrists

Virtual Collaborative Care



Virtual Collaborative Care Strategies

- **Virtual or Shared Care Teams**
  - Remote or partly offsite Behavioral Health Care Manager
  - Remote Psychiatric Consultant
- **Telephone and Interactive Video**
  - Interventions with patients at home or in clinic through telehealth
- **Shared Electronic Medical Records**
  - Communication among on-site PCPs and offsite virtual CoCM team
- **Shared Collaborative Care Registry**
  - AIMS Caseload Tracker

Post-presentation Skills and Comfort Poll

After attending this webinar, please rate your current skills and comfort with the evidence base for Collaborative Care, typical Collaborative Care tasks and team roles, and the principles of Collaborative Care.

- Very Low
- Low
- Moderate
- High
- Very High

Questions?

Upcoming CoE Events

Leveraging the Untapped Potential of Peer Services in Integrated Care

Register for the Webinar on Tuesday, February 28, 12-1pm ET

Population Health Office Hour: Real World Examples in Integrated Care

Register for the Webinar on Thursday, March 9, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

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