



The Collaborative Care Model (CoCM)

An Evidence and Team Based Care Approach to Integrating Behavioral Health Into Primary Care

April 13th, 2021

Pre-Training Evaluation:

Please take a moment to complete if you have not already

https://umich.qualtrics.com/jfe/form/SV_5mML0acovueBbkV

Topic	Objectives
Introductions	
The Why	<ul style="list-style-type: none"> Review the basics of the CoCM model including the evidence behind the model as it relates to the prevalence of mental health needs
The Basics and the Process of CoCM	<ul style="list-style-type: none"> Discuss the process of CoCM from pt Identification to case closure including the use of the systematic case review tool
Integrating CoCM	<ul style="list-style-type: none"> Review the roles and expectations of the CoCM treatment team as well as other team members involved in CoCM in the primary care office and the community
Billing for CoCM Services	<ul style="list-style-type: none"> Review how to bill CoCM services using the CoCM codes
Patient Identification and Tracking	<ul style="list-style-type: none"> Discuss the technologies involved in the CoCM process and their application toward population health and treat to target
Implementation – what are next steps?	<ul style="list-style-type: none"> Illustrate anticipated workflow changes to support CoCM implementation

Time	Topic
8:00-8:15am	Introduction
8:15-8:45am	The Why of CoCM
8:45-9:15am-	The Basics of CoCM
9:15-10:15am	The Process of CoCM
10:15-10:30am	Break
10:30-11:00am	The Process of CoCM (cont.)
11:00-12:30pm	The Integration of CoCM
12:30-1:00pm	LUNCH
1:00-2:00pm	Billing and Sustainability
2:00-2:30pm	Patient Tracking
2:30-2:45pm	Break
2:45 – 4:00pm	Implementation – Next Steps

**Reminder: Psychiatric
Consultant break out
session:
12:30-1:30pm**

The Collaborative Care Model

Curriculum developed in partnership with:

Karla Metzger, MCCIST
Sarah Fraley, MCCIST
Marina Milad, MCCIST
Courtney Miller, MCCIST
Sue Vos, Mi-CCSI
Thomas Dahlborg, Mi-CCSI
Alicia Majcher, MICMT
Gretchen Goltz, BCBSM
Kathleen Kobernik, BCBSM
Emily Santer, BCBSM

Michigan Collaborative Care Implementation Support Team – Who We Are

Our goal is to expand primary care workforce capacity to treat behavioral health conditions across Michigan.

The Michigan Collaborative Care Implementation Support Team, (MCISST) has expertise in providing clinical training, technical assistance, and tailored approaches to successfully implement and sustain Collaborative Care Management services.

We provide the knowledge and support to facilitate the practice level changes required to successfully implement and deliver Collaborative Care



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Thank you to Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has contracted with the Michigan Collaborative Care Implementation Support Team (MCISST) and MiCCSI to provide training and implementation on the evidence based treatment model of Collaborative Care to primary care practices throughout the state of Michigan.

We would like to thank BCBSM for their attention, initiation and support of this important work.

Virtual Etiquette

Be an active participant by asking questions and responding to questions through the chat feature and responding to polls

Provide feedback

Video and Audio:

- Unless distracting, please turn video ON. This is crucial for building trust and engagement.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- Adjust your camera if it is too high or low.

Environment:

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

Open Zoom?

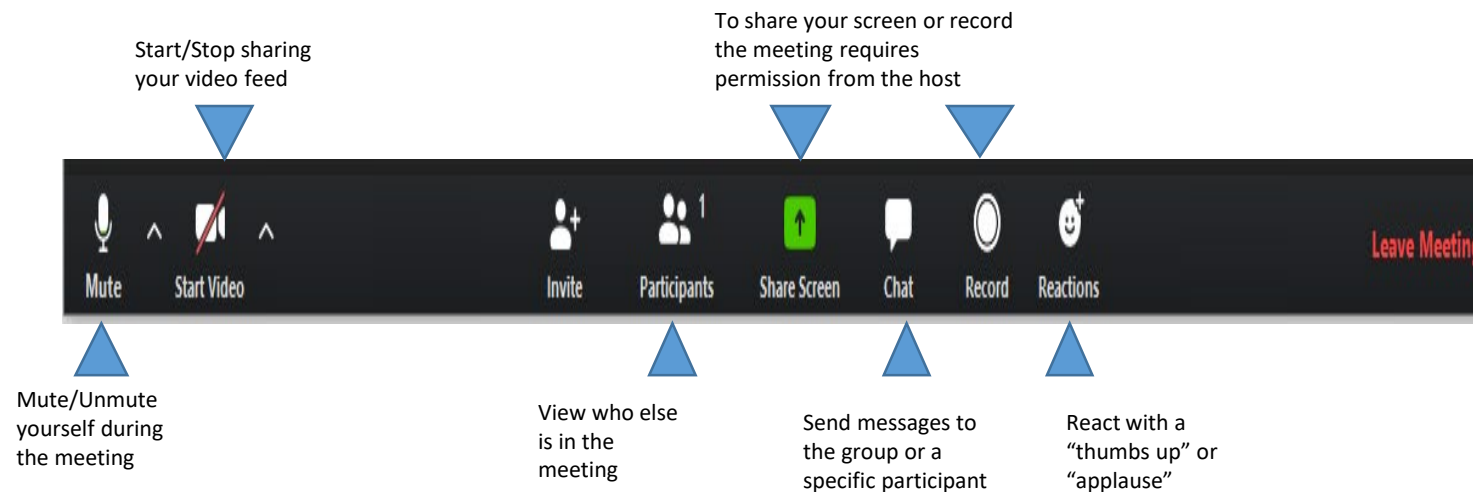
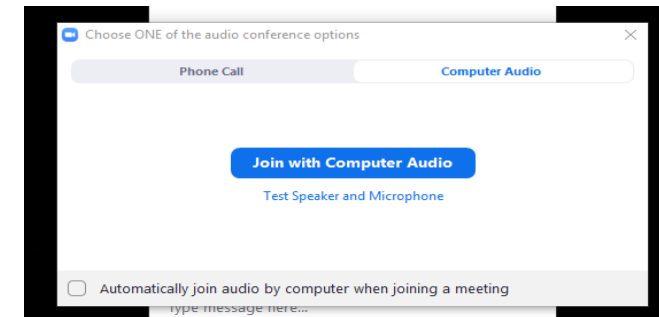
<https://umich.zoom.us> wants to open this application.

Open Zoom

Cancel

1. Follow the Zoom link shared in the meeting details. You will be prompted to open Zoom.

2. You'll be able to connect via Phone or Computer Audio once connected.



Disclosure

The Michigan Center for Clinical Systems Improvement (MiCCSI), Michigan Institute for Care Management and Transformation (MICMT), and Michigan Collaborative Care Implementation Support Team (MCCIST) have been contracted by Blue Cross Blue Shield of Michigan for this project

- This presentation is being recorded

CE Credits for Social Work Day #1

Social Work:

Upon successful completion of The Collaborative Care Model (CoCM): An Evidence and Team-Based Care Approach to Integrating Behavioral Health in Primary Care Trainings Day #1, the participant will earn 7 Social Work CE contact hours

Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216.

CME Approval

The AAFP has reviewed Behavioral Medical Integration - Collaborative Care , and deemed it acceptable for AAFP credit. Term of approval is from 08/24/2020 to 08/23/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s):

- 14.00 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Behavioral Medical Integration - Collaborative Care
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AMA/AAFP Equivalency:

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)[™] toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

Presenters

- **Ed Deneke, MD** - Assistant Professor of Psychiatry, Medical School, Psychiatry Dept.
- **Paul Pfeiffer, MD** - Susan Crumpacker Brown Research Professor of Depression and Associate Professor of Psychiatry
- **Sarah Fraley, LMSW** – Training and Implementation Specialist
- **Karla Metzger, LMSW**– Program Manager
- **Courtney Miller, LLMSW** – Training and Implementation Specialist
- **Debra Snyder, LLP** – Project Manager
- **Lori Boctor** – Senior Analyst, Reimbursement Team

Resource Websites

- Michigan Collaborative Care Implementation Support Team, (MCCIST)
<https://mccist.org/>
- University of Washington AIMS Center, (Advancing Integrated Mental Health Solutions)
<https://aims.uw.edu/collaborative-care>

Poll – Who's here with us today?

- **Your role in your organization**
- **Your familiarity with the CoCM model**

Why Collaborative Care?

Why Address Behavioral Health in Primary Care?

- Access to care – Serving patients where they are
- Patient-centered care: Treating the “whole patient”

Michigan Needs CoCM

- **26% of MI residents report a depression or anxiety diagnosis**
 - Higher in Medicaid (59%) and uninsured (33%)
 - Most common among low income residents
 - 40% report a dx in household incomes < \$30,000

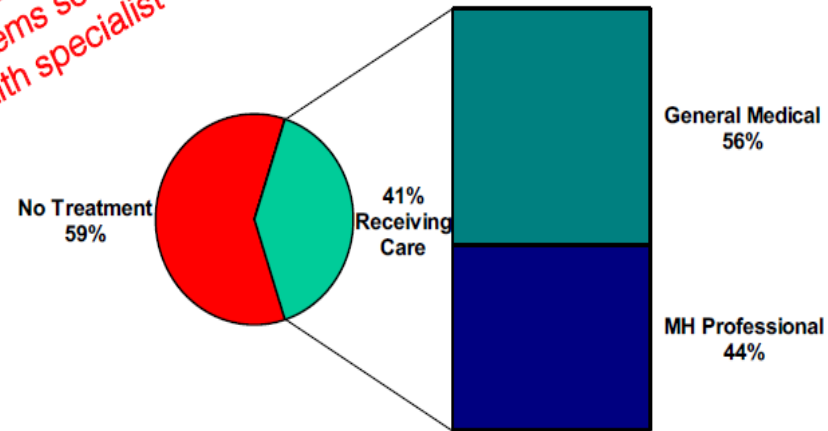
Primary Care Needs CoCM

- PCPs report inadequate MH services
 - 57% for adults, 68% for children
- As few as 20% of patients who receive care as usual and who are started on a first time anti-depressant medication show substantial clinical improvement
- 50-70% of patients need at least one change in treatment

National Comorbidity Survey Replication

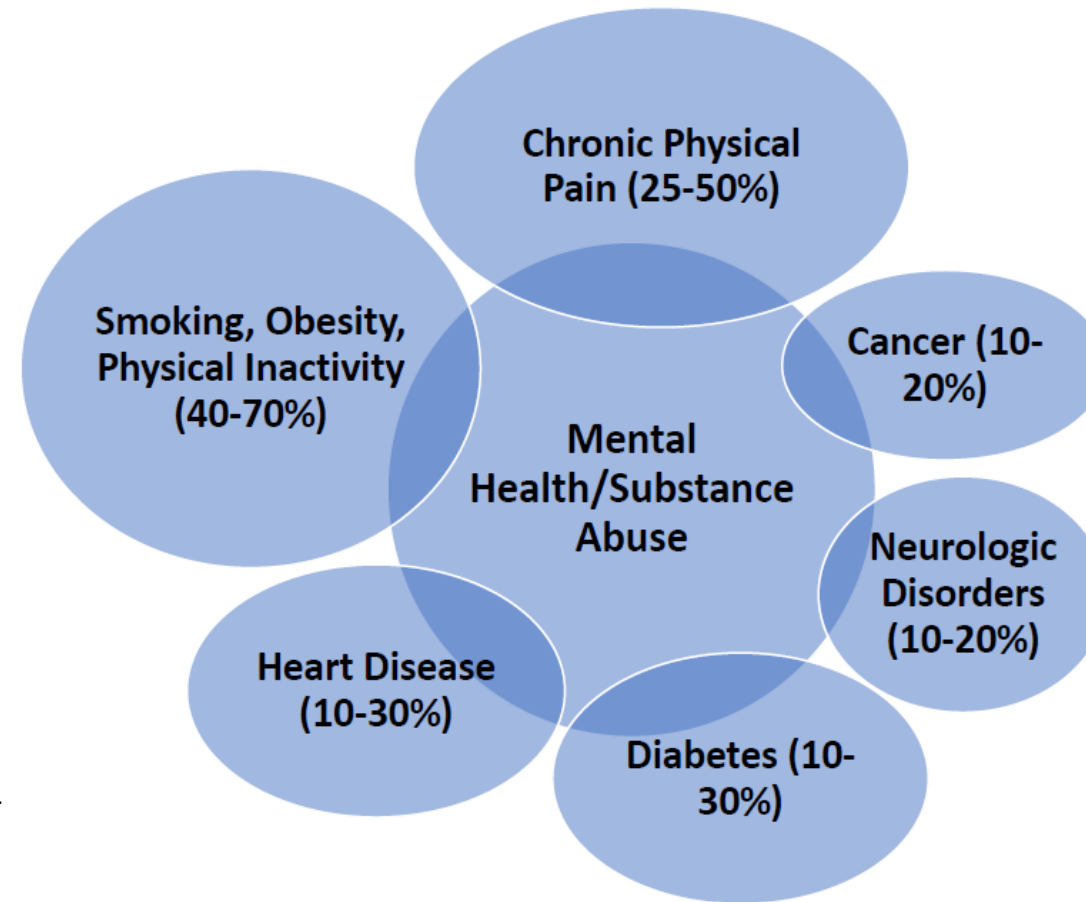
Provision of Behavioral Health Care: Setting of Service

Only 2/10 of patients
with diagnosable mental
health problems see a
mental health specialist



Wang P et al., Twelve-Month Use of Mental Health Services
in the United States, *Arch Gen Psychiatry*, 62, June 2005

Mental Disorders are Rarely the Only Health Problem

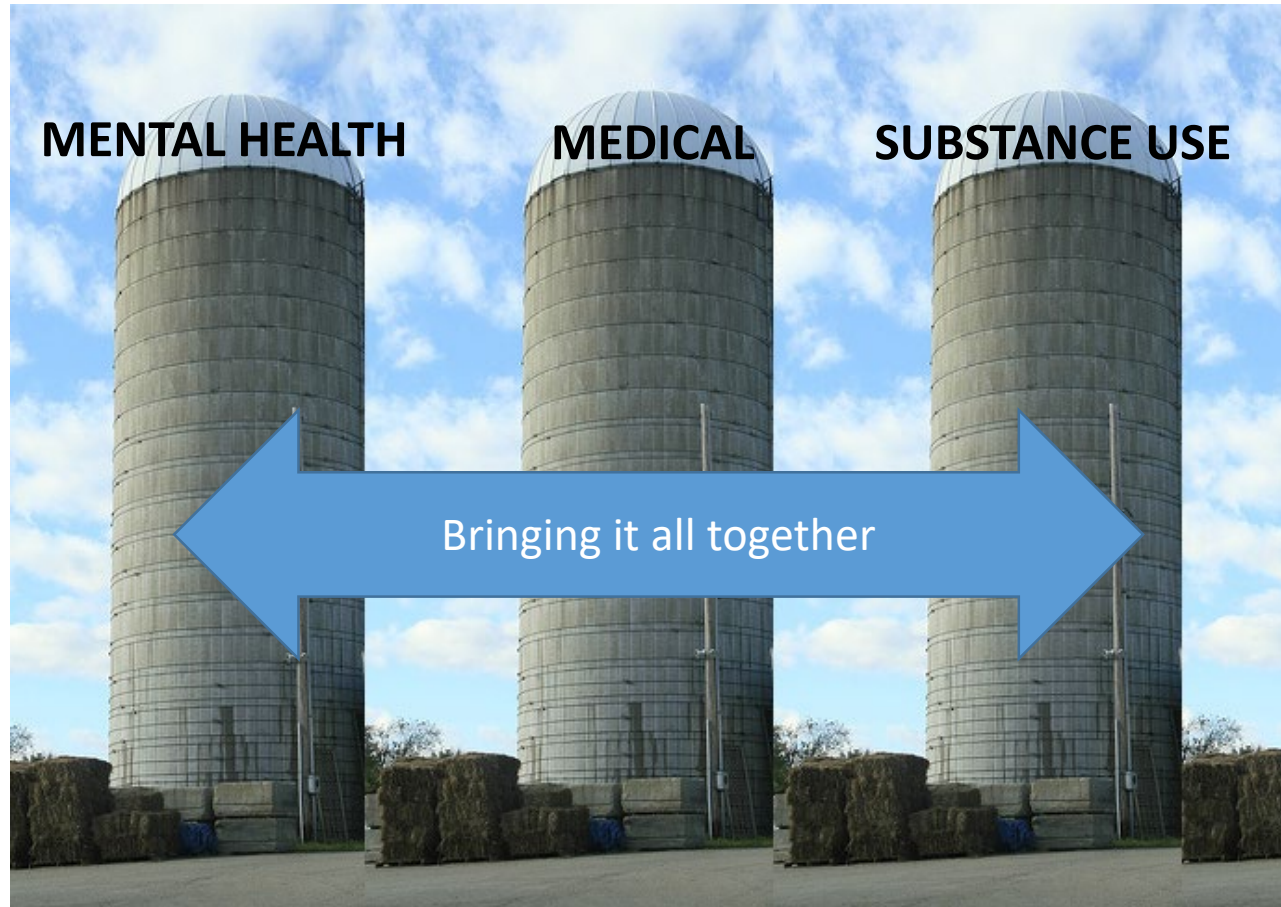


Little, V., PhD, LCSW-R, Bodenweber, Z., LMSW (June,10,2018).
Collaborative Care Training. Albany New York

Traditional Model



CoCM Model



How do our PCPs care for patients with Behavioral Health Concerns?

- In a fast-paced environment with competing demands, they manage the best they can.
- PCPs prescribe the majority of antidepressants
- Some support with embedded MHPs
 - Typically not population focused
- Refer to Specialty Care
 - Do all patients truly need specialty care?

There Aren't Enough Psychiatrists

- **Shortage of Psychiatrists, long wait times and insurance barriers**
 - Michigan had 1,180 active psychiatrists in 2018 or 11.84 practitioners per 100,000 residents which is below the national average
 - Two-thirds of Michigan Psychiatrists are based in the Ann Arbor-Detroit region
-
- **Insurance Coverage:**
 - 55% of accept insurance vs 89% other physicians
 - 55% accept Medicare vs 86% other physicians
 - 43% accept Medicaid vs 73% other physicians

Questions?