The Collaborative Care Model (CoCM)

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

Date: January 24, 2023

Learning Objectives

- Describe the evidence of the Collaborative Care Model (COCM)
- Describe how the Collaborative Care Model relates to addressing the high prevalence of mental health needs
- Discuss two key COCM processes needed for COCM implementation
- Integrate the CoCM model into patient care visits
- Identify the targets for performance improvement for depression and anxiety
- Plan actions to begin CoCM
- Theorize the use of motivational interviewing skills into patient conversations
- Describe components and principles of Behavioral Activation and how to deliver Behavioral Activation
- Translate the use of problem-solving skills into patient interactions
- Recognize common psychotropics used to manage depression and anxiety
- Formulate the actions to integrate CoCM into the primary care practice setting
- Describe the process for next steps once initial training is completed and the practice is ready for implementation

Learning Outcome

- Participants will be able to translate key processes within their practice setting to integrate the Collaborative Care Model into patient visits.

Training Overview—Day One

Topic	Objectives
Introductions	Who we are and what we do
The Why	Review basics of CoCM model, including evidence behind the model as it relates to the prevalence of mental health needs
The Basics + The Process of CoCM	Discuss the process of CoCM from patient identification to case closure, including the use of systematic case review tool
Integrating CoCM	Review roles and expectations of CoCM treatment team and other team members involved in CoCM in the primary care office and the community
Patient Identification + Tracking	Discuss tech involved in CoCM process and their application toward population health and treat the target
Implementation—Next Steps	Illustrate anticipated workflow changes to support CoCM implementation

Training Schedule—Day One

Time	Topic
8:00-8:15am	Introduction
8:15-8:30am	The Why of CoCM
8:30-9:00am	The Basics of CoCM
9:00-10:00am	The Process of CoCM
10:00-10:15am	BREAK
10:15-11:00am	The Process of CoCM
11:00am-11:45pm	The Integration of CoCM
11:45-12:45pm	LUNCH
12:45-1:15pm	Patient Identification and Tracking
1:15-2:00pm	Implementation—Next Steps
2:00-2:15pm	Review and Adjourn

The Collaborative Care Model

Curriculum developed in partnership with:

MCCIST **Mi-CCSI** **BCBSM** **MICMT**

Michigan Collaborative Care
IMPLEMENTATION SUPPORT TEAM

MI-CCSI
Center for Clinical Systems Improvement

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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 Mi-CCSI 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, responding to questions through the chat feature and responding to polls. We welcome your feedback!

Video and Audio Tips:

- Unless distracting, **please turn video ON**. This is crucial for building trust and engagement.
- 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.
- **Closed captioning is activated** but individual users may deactivate this feature if they prefer by selecting “Hide Subtitle” under the “CC Live Transcript” tab
- **Please join individually**, even if you are in a group setting. This will help ensure we capture attendance accurately

Environment Tips:

- Be aware of your surroundings and **limit possible distractions in the background**
- **Position yourself in the light**
- **Find a quiet place** to join or mute yourself as necessary

Disclosure

The Michigan Center for Clinical Systems Improvement (Mi-CCSI), 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.

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Presenters

- **Ed Deneke**, MD—Assistant Professor of Psychiatry, Medical School, Psychiatry Dept., **MCCIST**
- **Sarah Fraley**, LMSW—Training and Implementation Specialist, **MCCIST**
- **Karen Gall**, LMSW, ACTP—Training and Implementation Specialist, **MCCIST**
- **Ashley McClain,** LMSW **–** Training and Implementation Specialist, **MCCIST**
- **Karla Metzger**, LMSW—Program Manager, **MCCIST**
- **Paul Pfeiffer**, MD—Susan Crumpacker Brown Research Professor of Depression and Associate Professor of Psychiatry, **MCCIST**
- **Debbra Snyder**, MS, LLP, CAADC, CCS—Project Manager, **MCCIST**

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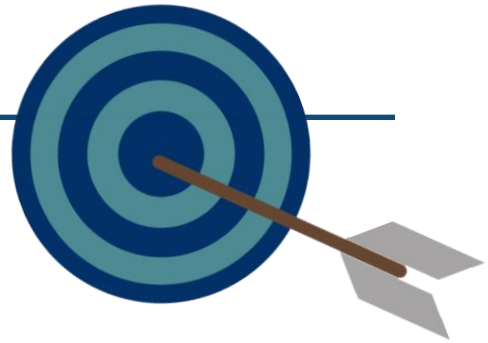
Aim of This Training



- **This is the introductory training to prepare you to launch the CoCM Program**
  - Implementation is a process and will require more preparation beyond today
- **For some, this will be review; for others it will be new material**
  - Scope of experience/practice depends on roles and responsibilities at your PO/Practice
- **Continued support beyond this training to support the CoCM Program**
  - Additional training and resources will be available to advance your skills and support your PO/Practice
  - Reach out to your training partners as questions come up in the implementation process

Poll Question

Who’s here with us today?

Tell us:

Your role in your organization

Your familiarity with the CoCM model

Why Collaborative Care?

The Why of CoCM

Why Address Behavioral Health in Primary Care?

- Access to care; **serving patients where they are**
- Patient-centered care, i.e. **treating the “whole patient”**

The Why of CoCM

Michigan Needs CoCM

26%

MI residents who report a depression or anxiety diagnosis

59%

Higher in Medicaid

33%

Higher in uninsured

Most common among low-income residents

40%

With household incomes <$30,000 reporting a dx

The Why of CoCM

Primary Care Needs CoCM

PCPs report inadequate mental health services

57%

For adults

68%

For children

Substantial Clinical Improvement

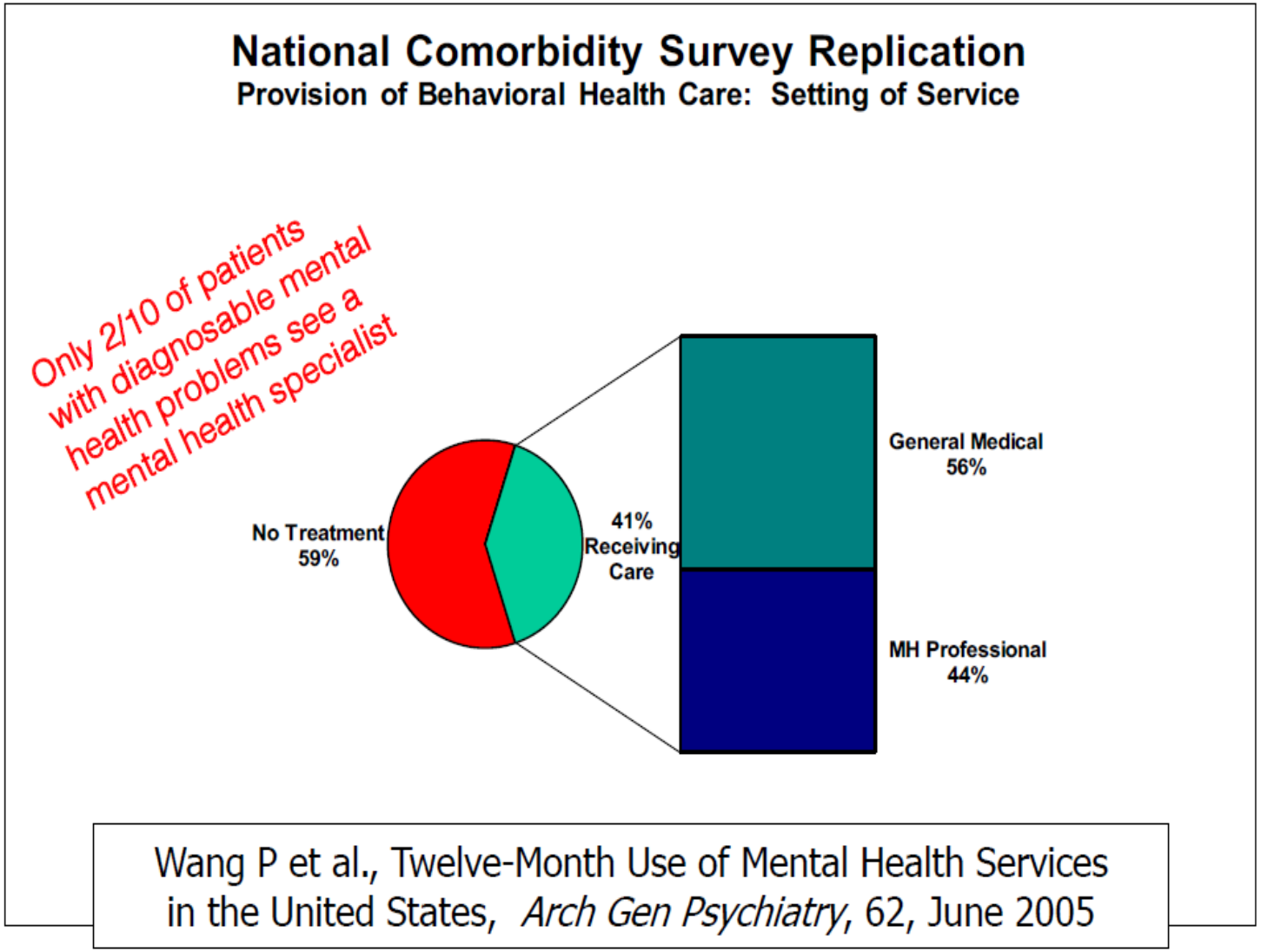
20%

Patients who receive care as usual and who are started on a first-time antidepressant medication

50-70%

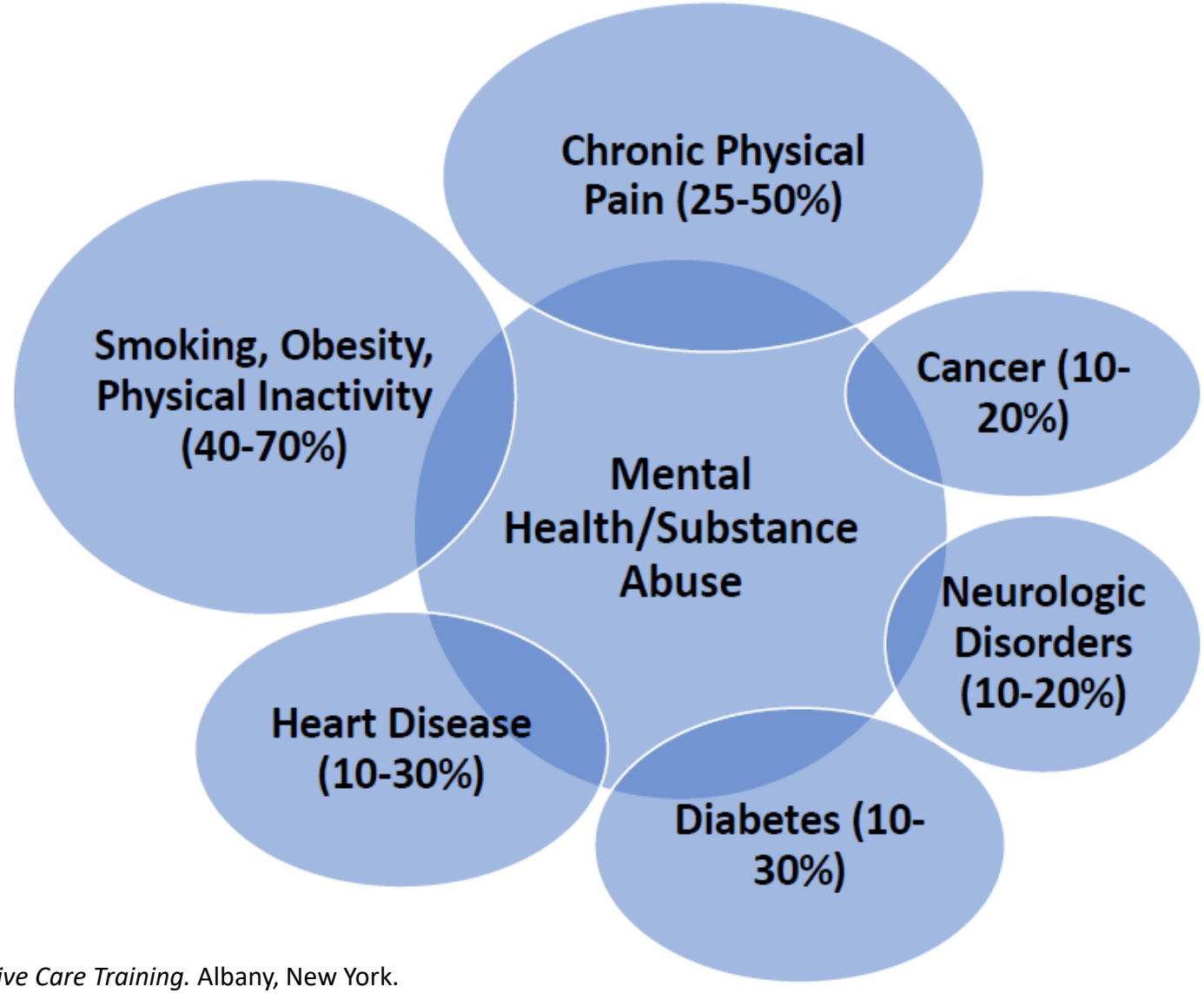
Patients need at least one change in treatment

The Why of CoCM



The Why of CoCM

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.

The Why of CoCM

Traditional Model

The Why of CoCM

CoCM Model

How do our PCPs care for patients with behavioral health concerns?

- **Manage as best they can** in a fast-paced environment with competing demands
- 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—below the national average
- Two-thirds of Michigan psychiatrists are based in the Ann Arbor-Detroit region

Insurance Coverage:

- 55% accept insurance vs 89% other physicians
- 55% accept Medicare vs 86% other physicians
- 43% accept Medicaid vs 73% other physicians

University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce. Ann Arbor, MI: UMSPH; 2018

COVID and Mental Health

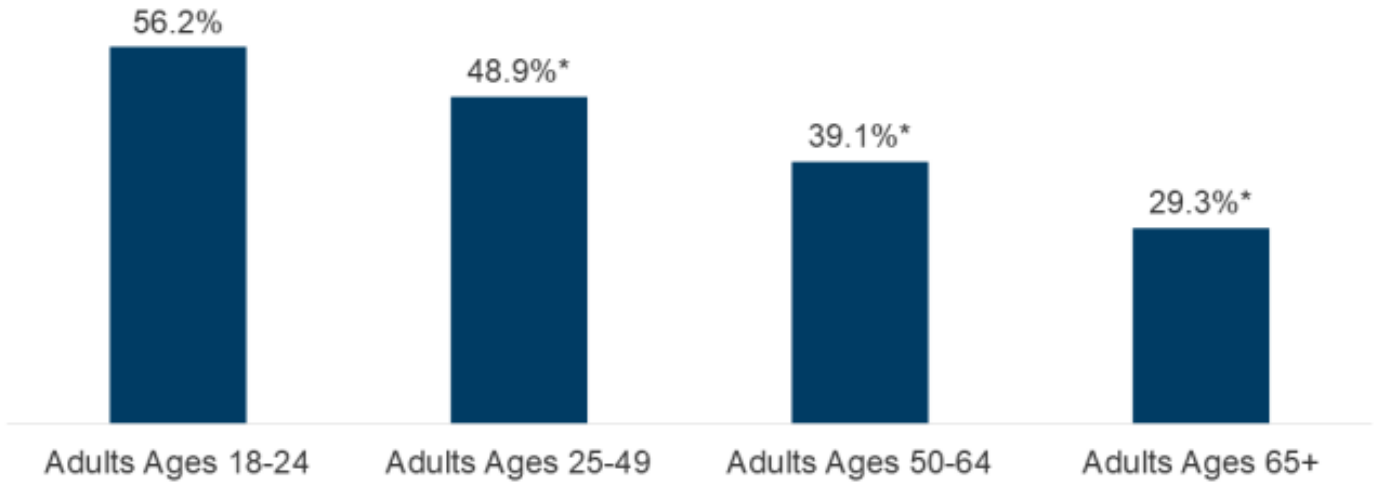
- During the pandemic, **4 in 10 adults** have reported symptoms of anxiety or depression, up from 1 in 10 adults from January to June 2019[1]
- Percentage reporting **unmet mental health care needs rose** from 9.2% to 11.7%
  - Increases were largest among adults aged 18–29 years and those with less than a high school education[2]
- **Essential workers more likely to report symptoms** of anxiety or depression, starting or increasing substance use, and suicidal thoughts[1]
- Mental health-related **emergency room visits have increased** in children and adolescents since 2019, up 24% for ages 5–11 and 31% for ages 12–17[3]

1. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
2. https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_w#contribAff
3. https://www.cmham.org/wp-content/uploads/2021/03/MDE-DHHS_COVID_One_Pager_Draft3-002.pdf

The Why of CoCM

Figure 3

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Age



NOTES: *Indicates a statistically significant difference between adults ages 18-24. Data shown includes adults, ages 18+, with symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

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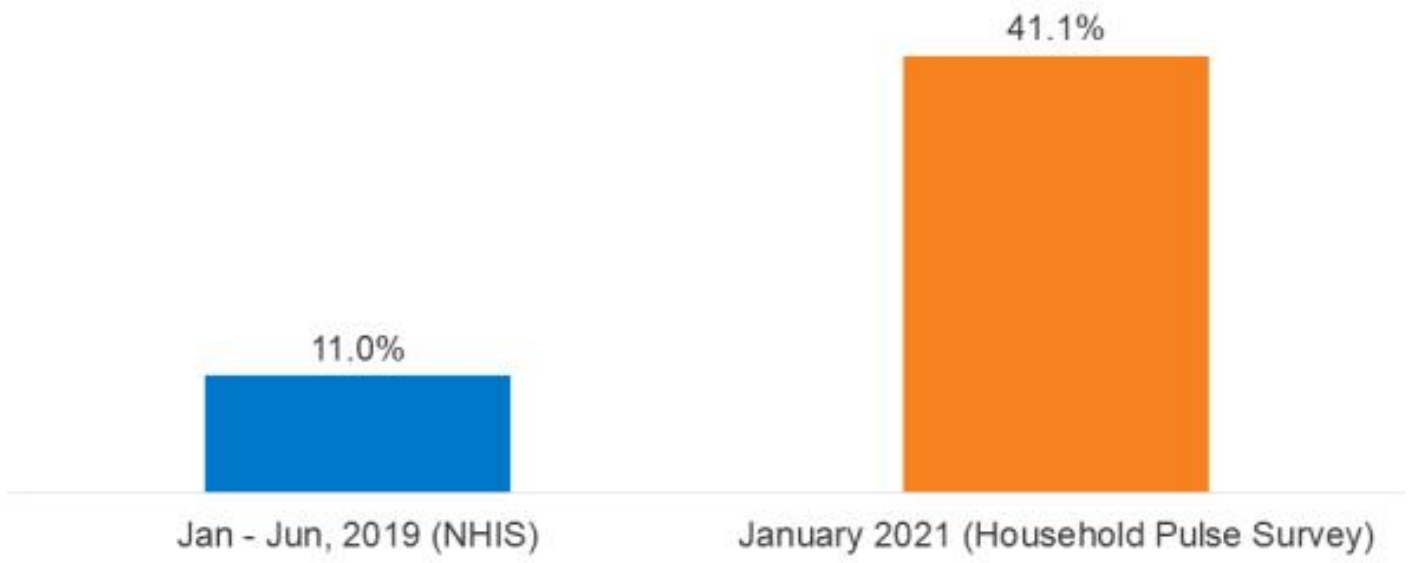
The Why of CoCM

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf

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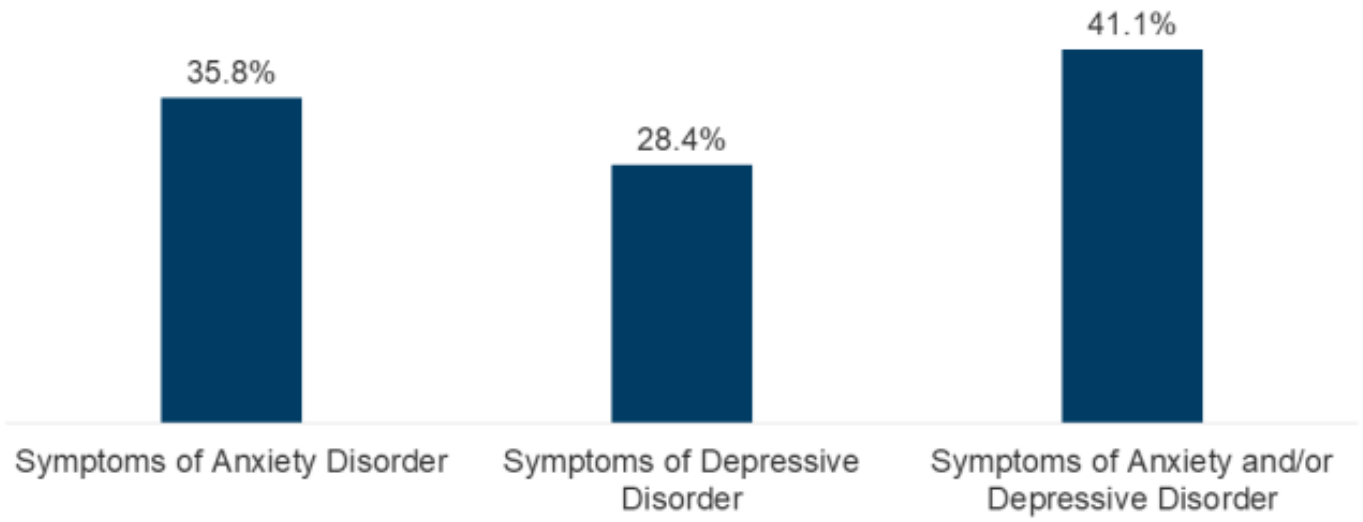
The Why of CoCM

Figure 2

Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for January 6 – 18, 2021.

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020 - 2021.

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The Why of CoCM

Questions?

Disclaimer

Each physician organization and/or practice is solely responsible for all billing practices and medical care and services delivered to its patients and all decisions related to such medical care and services. Neither MICMT, the Regents of the University of Michigan, or Mi-CCSI shall be responsible for any delivery of medical care or other services to any patient, or any decisions, acts or omissions of persons in connection with the delivery of medical care or other services to any patient.

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