

Collaborative Care In Mental Health



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Objectives

What is collaborative care?

Why is there a need for collaborative care?

Collaborative care models and outcomes

Implementing mental health integrated care

Challenges when implementing collaborative care programs

Summary

What is collaborative care?

Health Is Complex And Entails Many Factors

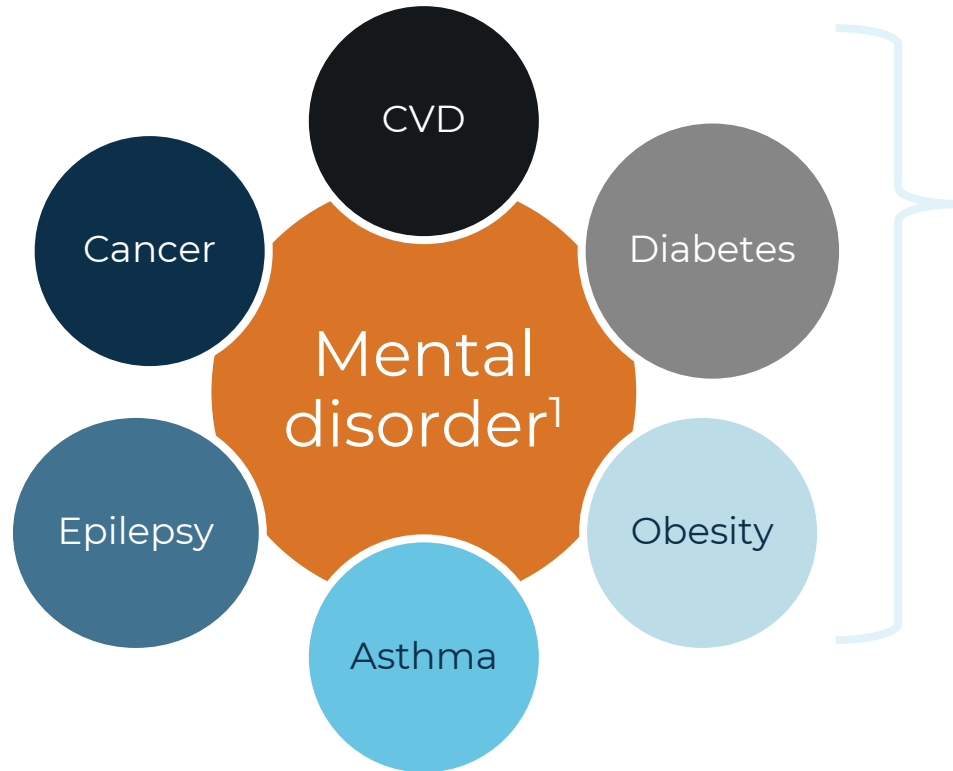
“ [Health is] a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

—World Health Organization

World Health Organization. Constitution. Accessed March 10, 2025. <https://www.who.int/about/governance/constitution>.

Association Of Mental And Physical Health Supports Collaborative Care

Mental disorders are associated with chronic physical diseases



- Complex medical and psychiatric medication regimens²
- **Polypharmacy³** (13%-90% prevalence) is often necessary in patients with comorbid conditions
- Issues with polypharmacy include
 - **Drug-drug interactions**
 - **High drug costs**
 - **Noncompliance**
- Endocrine, musculoskeletal, and vascular diseases, not psychiatric disorders, were the top causes of hospitalization in individuals living with depression⁴

Depression should be considered as a target for preventing both physical and mental disease⁴

CVD, cardiovascular disease.

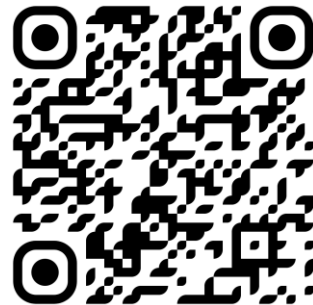
References:

1. Reeves WC, et al. Centers for Disease Control and Prevention. 2011;60(03):1-32.
2. Bostwick JR, Burghardt K. *Curr Psychiatr*. 2014;13(7):23-29.
3. Kukreja S, et al. *Mens Sana Monogr*. 2013;11(1):82-99.
4. Frank P, et al. *JAMA Psychiatry*. 2023;80(7):690-699.

Collaborative Care Model

Collaborative care is an approach to care that may include the following¹:

- A care manager to work with the patient and the PCP to help develop a unified approach to care of the patient
- Patient education and support, including goals and a specific action plan
- Monitoring of treatment adherence and outcomes
 - Cases are identified and patient progress is monitored through instrument screening²
- Coordinating office visits to a PCP and/or a mental health specialist



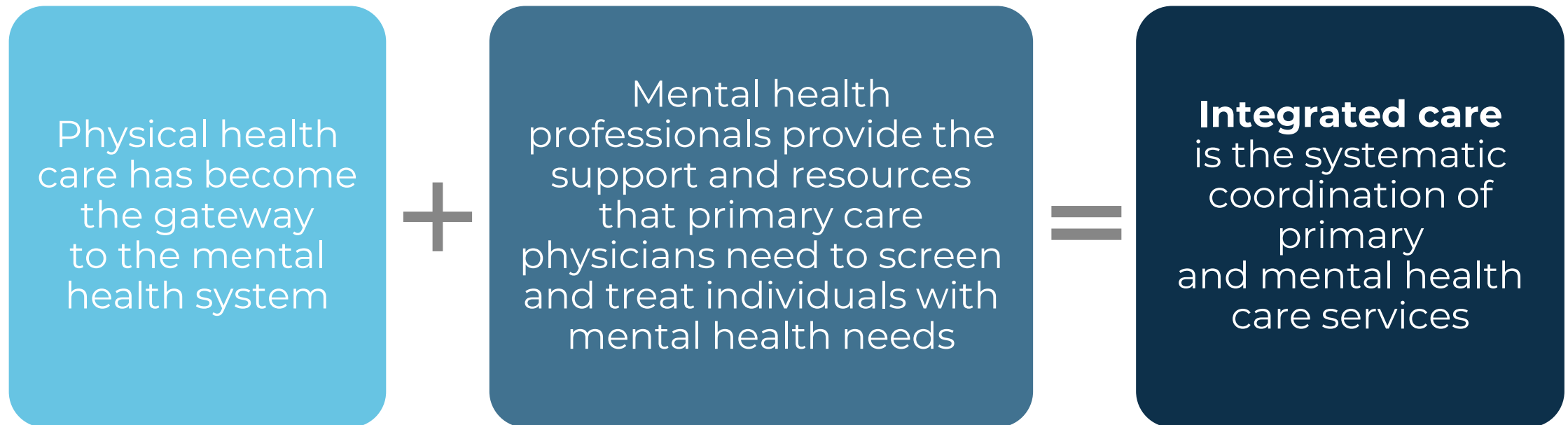
PCP, primary care physician.

References:

1. Butler M, et al. *Evid Rep Technol Assess (Full Rep)*. 2008;(173):1-362.
2. Barkil-Oteo A. *Yale J Biol Med*. 2013;86(2):139-146.

Integrated Care Is An Approach To Treat Patients With Multiple Health Care Needs

Coordinating primary care with mental health care can help address physical health issues for people with mental illness¹

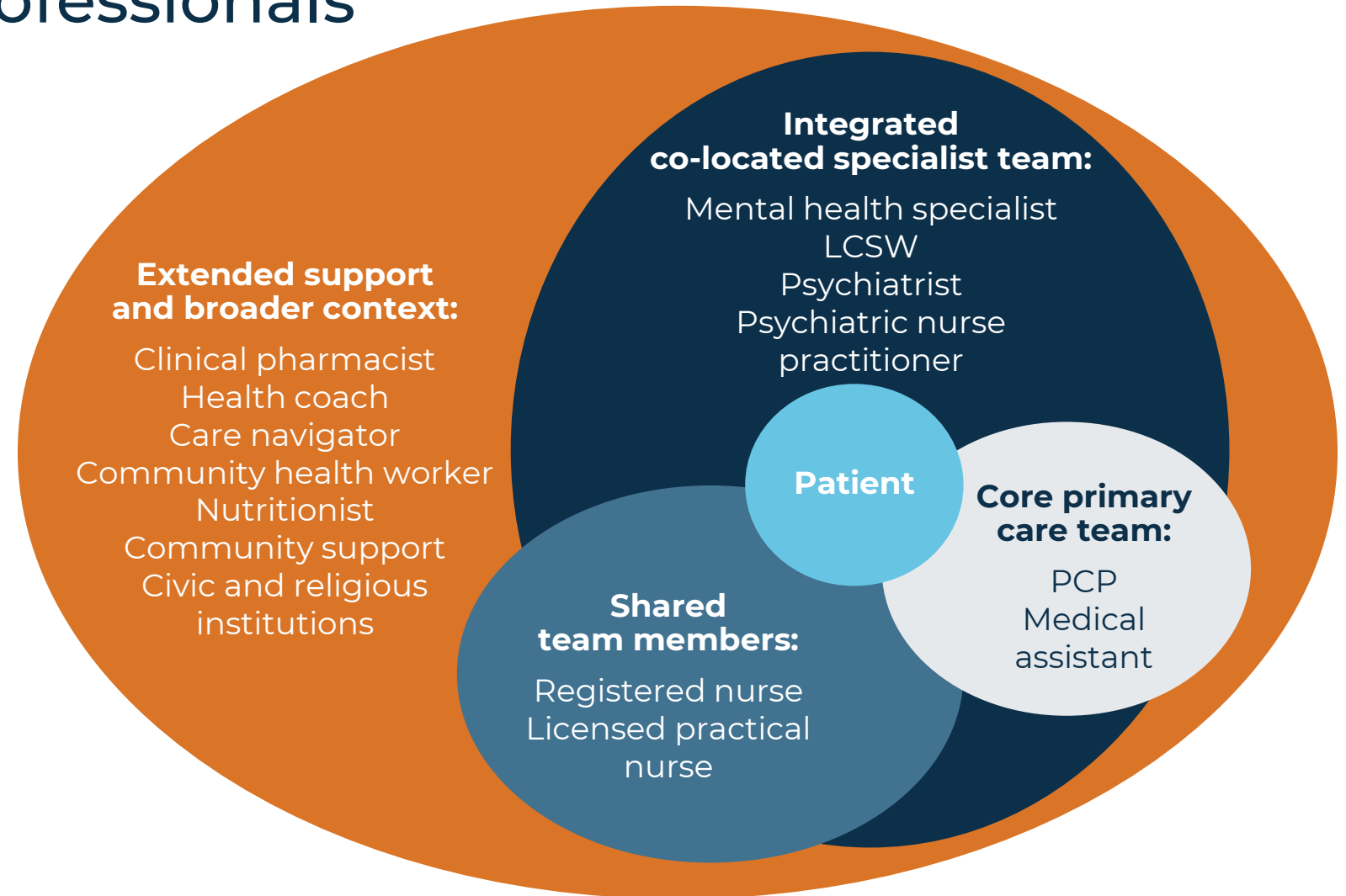


References:

1. National Council for Mental Wellbeing. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/25.02.10_CHI-White-Paper.pdf. Accessed March 12, 2025.

Mental Health Collaborative Care Involves A Team Of Health Care Professionals

Effective teams can be built by expanding the roles of existing staff and adding new staff with new competencies



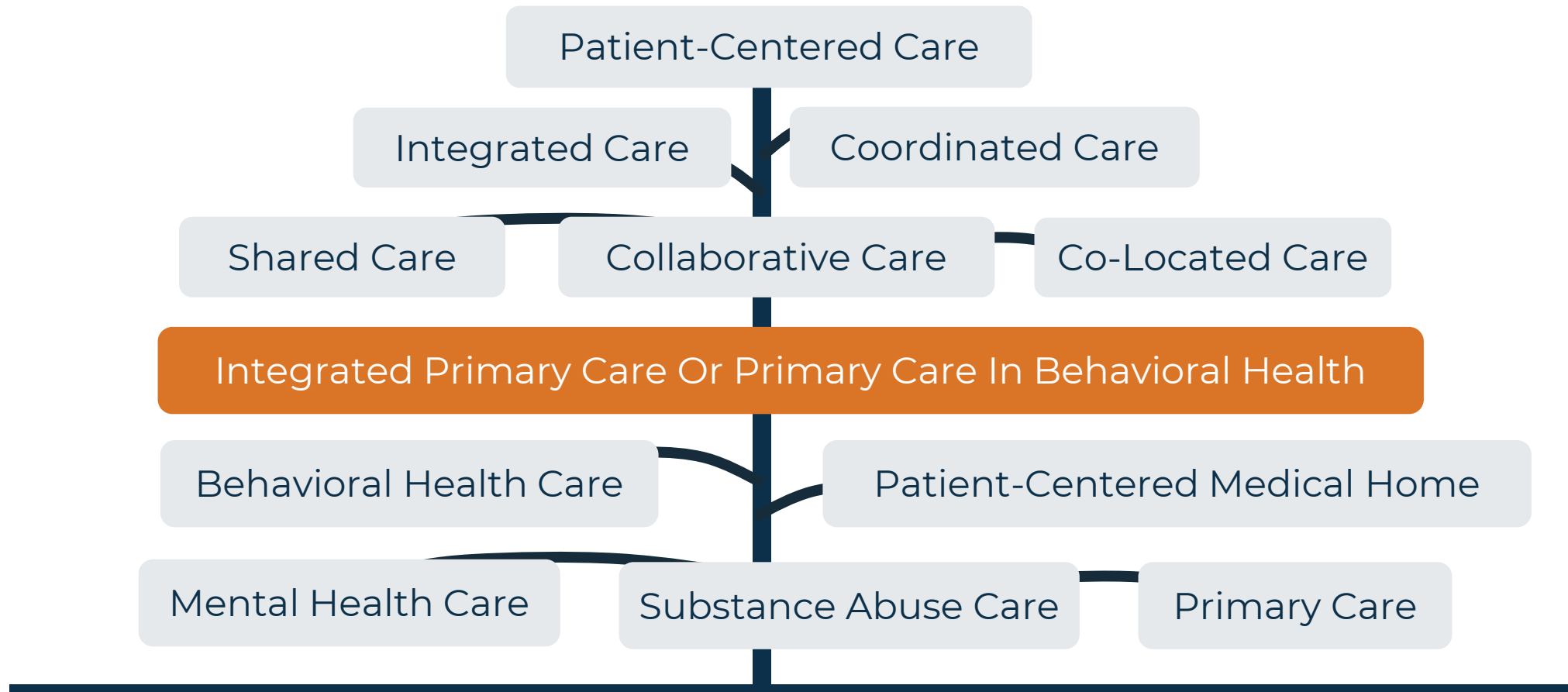
LCSW, licensed clinical social worker; PCP, primary care provider.

Reference:

1. Wagner EH, et al. *BMC Fam Pract.* 2017;18(1):13.

Why is there a need for collaborative care?

Lexicon For Integrated Care¹



Adapted from: Peek, CJ. A family tree of related terms used in behavioral health and primary care integration.

Reference:

1. Agency for Healthcare Research and Quality. Lexicon for behavioral health and primary care integration: concepts and definitions developed by expert consensus. *Lexicon for Behavioral Health and Primary Care Integration*: AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>. Accessed February 26, 2025.

Barriers To Mental Health Care¹



Access to mental health care and treatment remains out of reach for most of the population in the United States



Despite having insurance, individuals still experience fragmented care due to:

- Lack or shortage of available mental health care providers
- Inadequate insurance coverage
- High out-of-pocket costs

Reference:

1. Modi H, et al. Exploring barriers to mental health care in the US. Washington, DC: AAMC; 2022.

Integrated Mental And Physical Health Care¹

Integrated mental and physical health care are beneficial as:

67% with a BHD do not get behavioral health treatment

50% of all BHDs are treated in primary care

2/3 of PCPs report not being able to access outpatient behavioral health for their patients

30-50% of patient referrals from primary care to an outpatient behavioral health clinic do not make the first appointment

48% of appointments for psychotropic agents are with PCPs



According to the IMPACT study and a previously unpublished study from Kaiser Permanente, the Collaborative Care Model increases access to treatment, with evidence to support total health care cost reduction²

BHD, behavioral health disorder; IMPACT, Improving Mood: Providing Access to Collaborative Treatment; PCP, primary care physician.

References:

1. Patient-Centered Primary Care Collaborative. Benefits of integration of behavioral health. <http://www.pcpcc.org/content/benefits-integration-behavioral-health>. Accessed March 10, 2025.
2. Brown Family Foundation. Mounting evidence that use of the collaborative care model reduces total healthcare costs. 2024. https://www.filesbff.org/CoCM_Total_Healthcare_Costs_Issue_Brief.pdf. Accessed February 28, 2025.

Depression And Primary Care

The primary care sector is becoming the *de facto* treatment setting for depression¹:

- It is estimated that patients with depression constitute 5% to 10% of patients seen in primary care clinics
- Nearly 60% of patients treated for depression in the United States receive treatment in a primary care setting
- Primary care providers prescribe 79% of antidepressant medications

Effective treatment in a primary care setting can be impacted by many factors, including¹:

- The physician's attitude and comfort in discussing mental health issues
- Competing demands on the treating physician
- Patient-specific factors (aversion to treatment, adherence, etc.)

Inadequate treatment of depression negatively impacts interpersonal and family relationships, employment, and quality of life²

References:

1. Barkil-Oteo A. *Yale J Biol Med.* 2013;86(2):139-146.
2. Hirschfeld RM, et al. *JAMA.* 1997;277(4):333-340.

Mental Health Disorders And Primary Care

70% As many as 70% of primary care visits are driven by patients' mental health issues, such as anxiety, panic, depression, and stress¹

PTSD

PTSD prevalence in primary care settings range from 2% to 39%

Bipolar Disorder

Bipolar disorder I and II occur in up to 4% of primary care attendees⁵

Agitation In Alzheimer's Dementia

Agitation affects 45% of patients with Alzheimer's dementia in the community settings⁴

ADHD

65% to 85% of ADHD patients are diagnosed in primary care settings, but an even larger proportion receive treatment from PCPs³

Substance Abuse

More patients (37.2% vs 24.6%) are willing to enter treatment for substance or alcohol use disorder in primary care settings than specialty drug treatment centers⁶

ADHD, attention-deficient/hyperactivity disorder; PCPs, primary care providers.; PTSD, post traumatic stress disorder.

References:

1. APA Center for Psychology and Health. Briefing series on the role of psychology in health care. Published January 2014. Accessed March 12, 2025. <https://www.apa.org/health/briefs/primary-care.pdf>.
2. Greene T, et al. *J Clin Psychol Med Settings*. 2016;23(2):160-180.

3. Palmer PJ, et al. *Osteopathic Family Physician*. 2024;16(4):31-35.
4. Halpern R, et al. *Int J Geriatr Psychiatry*. 2019;34(3):420-431.
5. Cerimele JM, et al. *Fam Pract*. 2019;36(1):32-37.
6. Barry CL, et al. *Addiction*. 2016;111(8):1376-1384.

The Collaborative Care Model Within Primary Care

The Bridging Resources Of An Interdisciplinary Geriatric Health Team Via Electronic Networking (BRIGHTEN) program is an example that supports the efficacy of CoCM¹

- Integrated evidence-based primary care collaboration for geriatric patients through in-person and virtual approaches
- Program used a virtual interdisciplinary team to screen and treat depression in older adults in outpatient primary and specialty medical clinics

Key findings from the BRIGHTEN program include¹:

- Increased patient self-referrals
- Significant reduction in depressive symptoms
- Improved communication among providers

Collaborative care may be an effective intervention to improve clinical outcomes in any populations and improve the detection of mental health conditions¹

CoCM, Collaborative Care Model.

Reference:

1. Reist C, et al. *Medicine (Baltimore)*. 2022;101(52):e32554.

What are some of the most effective strategies you have used for improving communication between mental health and physical health care providers to ensure comprehensive patient care?

Collaborative Care Models

Advancing Integrated Mental Health Solutions (AIMS)

The AIMS Center was created to help organizations develop collaborative care in the management of patients with depression and comorbid medical conditions¹

Potential elements for depression care:

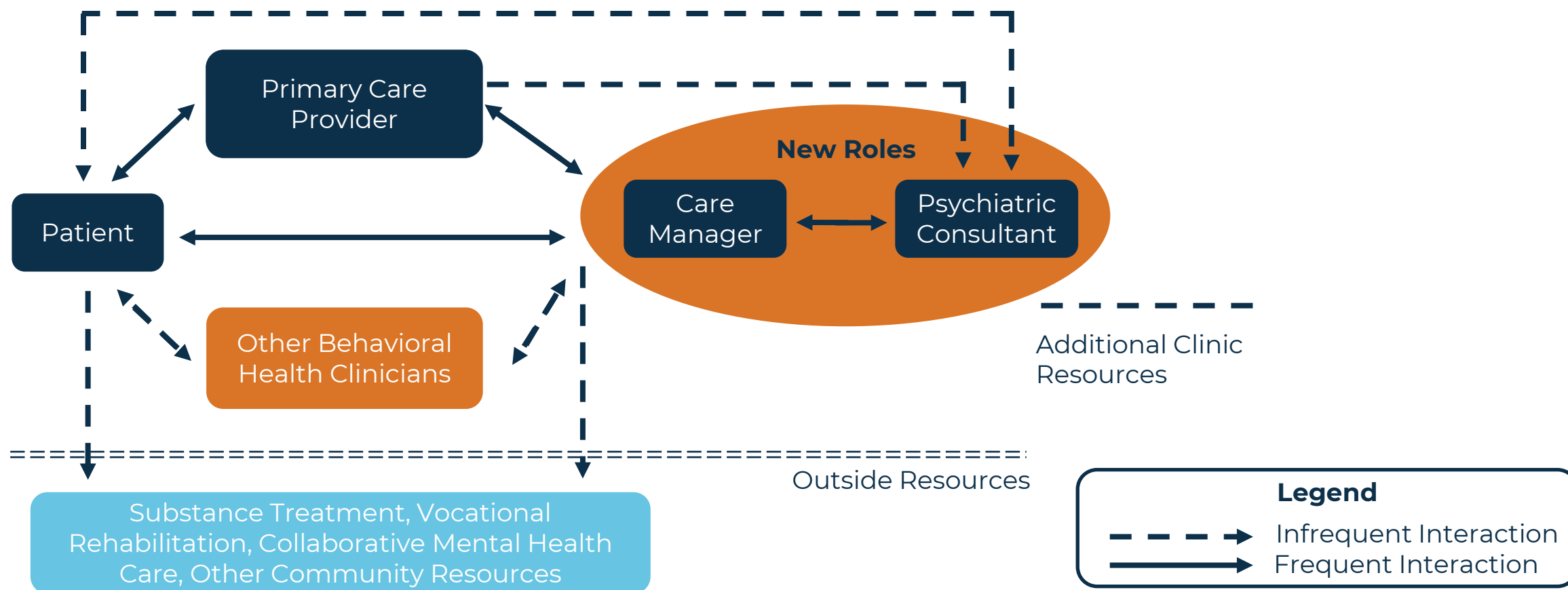
AIMS identified the following 5 important elements for effective, evidence-based depression care²

1. Patient-centered care team
2. Population-based care
3. Measurement-based treatment to target
4. Evidence-based care
5. Accountable care

1. Advancing Integrated Mental Health Solutions (AIMS) Center. About collaborative care. Accessed February 26, 2025. <https://aims.uw.edu/collaborative-care/>.

2. Advancing Integrated Mental Health Solutions (AIMS) Center. Principles of collaborative care. Accessed March 12, 2015. <https://aims.uw.edu/principles-of-collaborative-care>.

Advancing Integrated Mental Health Solutions (AIMS) Collaborative Care Team Structure¹



1. Advancing Integrated Mental Health Solutions (AIMS) Center. Team structure. <https://aims.uw.edu/collaborative-care/team-structure>. Accessed March 10, 2025.

From Clinics To Communities: How IMPACT And SPIRIT Studies May Transform Care

IMPACT Study^{1,2}

- The IMPACT (Improving Mood: Providing Access To Collaborative Treatment) study focused on collaborative care in adults with MDD >60yr/old (n=1801)
- IMPACT intervention gained access to a depression care manager, supervised by a psychiatrist and a PCP

SPIRIT Study³

- The Study To Promote Innovation In Rural Integrated Telepsychiatry (SPIRIT) trial was a pragmatic trial designed to identify the best approach to delivering telemental health services to primary care clinics
- The SPIRIT trial compared the effectiveness of telepsychiatry collaborative care (TCC) and telepsychiatry/telepsychology-enhanced referral (TER) to treat BD and PTSD in adult patients treated at 24 primary care clinics (n=1004)

BD, bipolar disorder; MDD, major depressive disorder; PCP, primary care physician; PTSD, post-traumatic stress disorder.

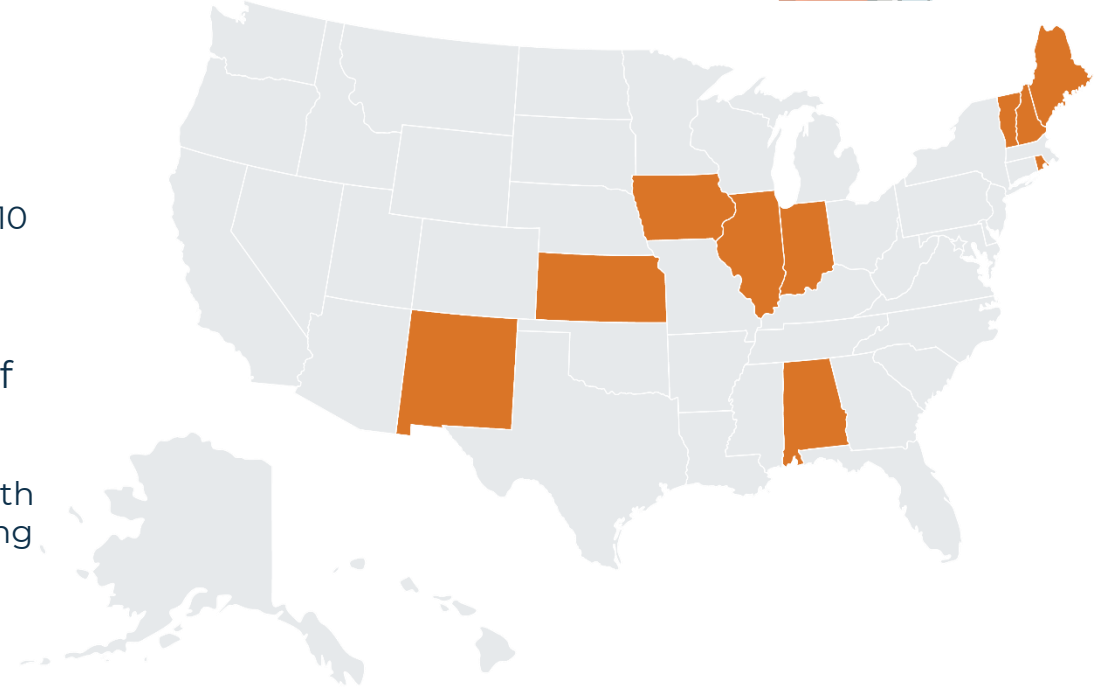
References:

1. Unützer J, et al. *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes*. 2013.
2. Advancing Integrated Mental Health Solutions (AIMS) Center. AIMS center history. <https://aims.uw.edu/who-we-are/aims-center-history>. Accessed March 10, 2025.
3. Fortney JC, et al. *JAMA Psychiatry*. 2021;78(11):1189-1199.

Certified Community Behavioral Health Clinics Expand Access And Enhance Outcomes



- Section 223 of the Protecting Access To Medicare Act (PAMA) of 2014 supports states in establishing **certified community behavioral health clinics (CCBHCs)** through the creation and evaluation of a CCBHC 223 Demonstration Program¹
- 8 states were initially selected to participate in a 2-year demonstration project (prospective payment rate system)¹
 - In 2024, the Biden-Harris administration expanded the program to 10 new states²
- Primary objective: Improve behavioral health outcomes for targeted populations through innovation and transformation of the way primary and behavioral health care is delivered¹
 - Other objectives: integration of behavioral health with physical health care, increasing consistent use of evidence-based practice, improving access to high-quality care, and demonstrating cost efficiency
- CCBHCs currently serve an estimated **3 million people**, representing continued yearly growth since its inception³



References:

1. Pittsburgh Mercy. Our certified behavioral health clinic (CCBHC) & integrated community wellness center (ICWC). Published May 3, 2023. Accessed February 27, 2025. <https://www.pittsburghmercy.org/about/ccbhc/>
2. CMS Newsroom. Biden-Harris administration expands access to mental health and substance use services with addition of 10 new states to CCBHC Medicaid Demonstration program. Published June 4, 2024. Accessed March 10, 2025. <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-expands-access-mental-health-and-substance-use-services-addition-10-new>
3. National Council for Mental Wellbeing. IMPACT highlights. Published June 3, 2024. Accessed February 27, 2025. https://www.thenationalcouncil.org/wp-content/uploads/2024/05/24.05.30_2024-CCBHC-Impact-Highlights.pdf

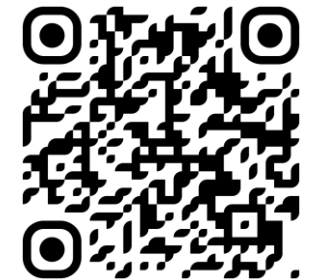
Collaborative Care Outcomes

Collaborative Care Vs Usual Care In Depression: Insights From Real-World Examples

A systematic review of 79 randomized controlled trials of depression or anxiety found that collaborative care was more effective than usual care in terms of¹:

- Depression outcomes
- Antidepressant use
- Mental health quality of life
- Physical health quality of life
- Patient satisfaction post-intervention

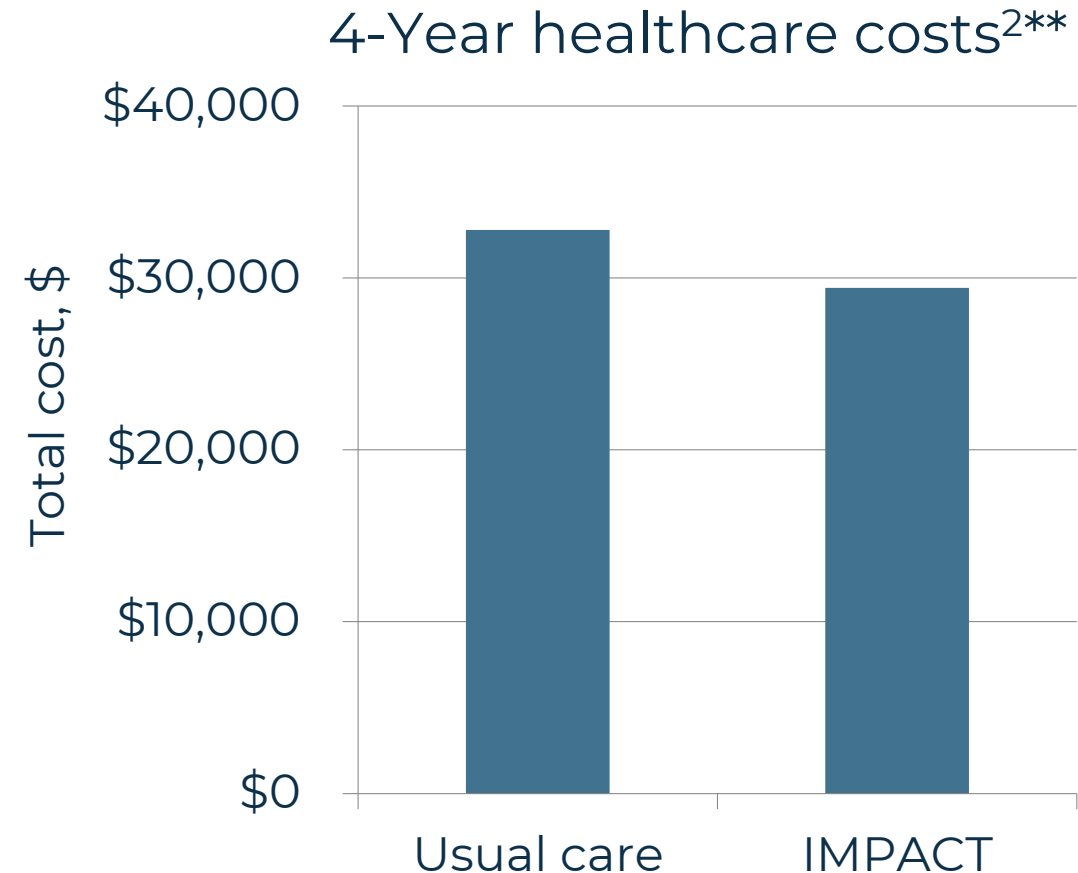
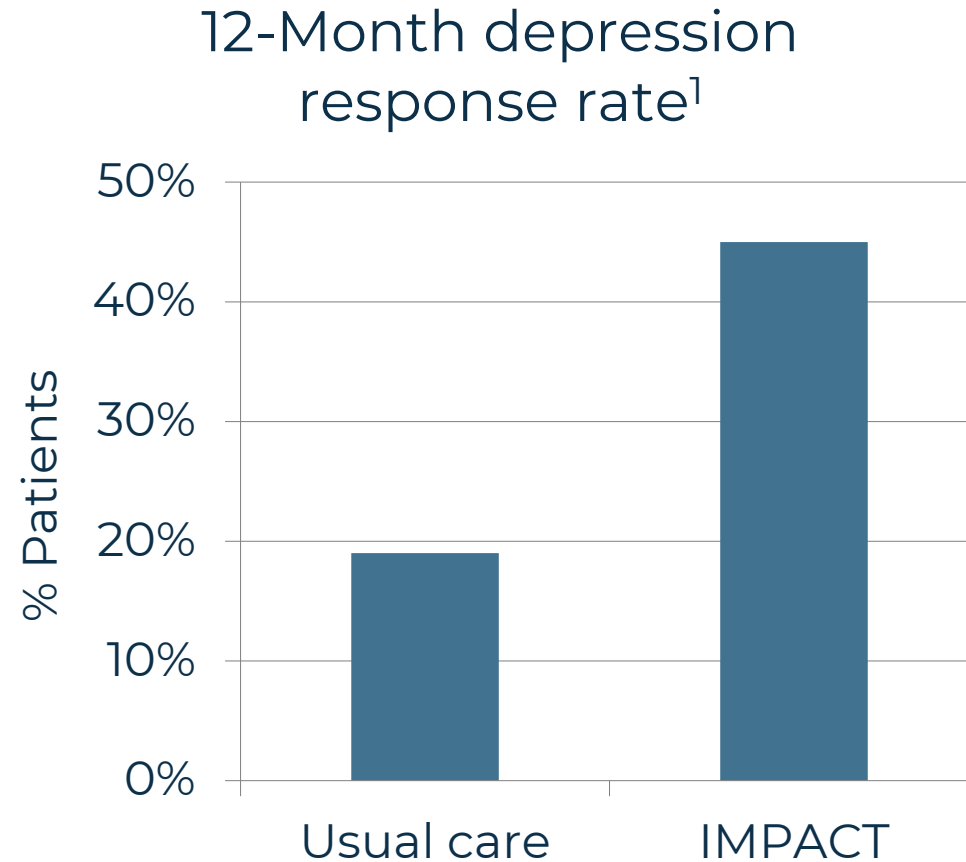
- A study evaluating a primary-care-based, collaborative-care intervention for depression and chronic illness reported improved depression and medical outcomes (eg, cholesterol, blood pressure) compared with usual care²
- A survey assessing attitude after implementation of collaborative care in primary practice reported improved perceptions regarding burden of time required for depression care³:
 - Attributed to support provided by care manager
 - Use of a screening tool (Patient Health Questionnaire-9 [PHQ-9]) was identified as assisting in communication



References:

1. Archer J, et al. *Cochrane Database Syst Rev*. 2012;10(10):CD006525.
2. Katon WJ, et al. *N Engl J Med*. 2010;363(27):2611-2620.
3. Upshur C, Weinreb L. *Prim Care Companion J Clin Psychiatry*. 2008;10(3):182-186.

IMPACT Improves Outcomes, Saves Money*



* In a geriatric population
** Includes intervention costs

IMPACT, Improving Mood: Providing Access To Collaborative Treatment.

References:

1. Unützer J, et al. *JAMA*. 2002;288(22):2836-2845.
2. Unützer J, et al. *Am J Manag Care*. 2008;14(2):95-100.

Certified Community Behavioral Health Clinics Have Made Positive Impacts¹

- ✓ Currently, CCBHCs continue to close the treatment gap that leaves millions of people in the US unable to access mental health care
- ✓ CCBHCs have been able to coordinate and integrate care with partners to increase access to primary care among individuals served
 - 76% of CCBHCs reported that referrals to primary care have increased since becoming a CCBHC
- ✓ Other positive impacts are seen in the following: strengthening the behavioral health workforce, expanding the availability of crisis services, and addressing health disparities among the underserved

CCBHC, certified community behavioral health clinics.

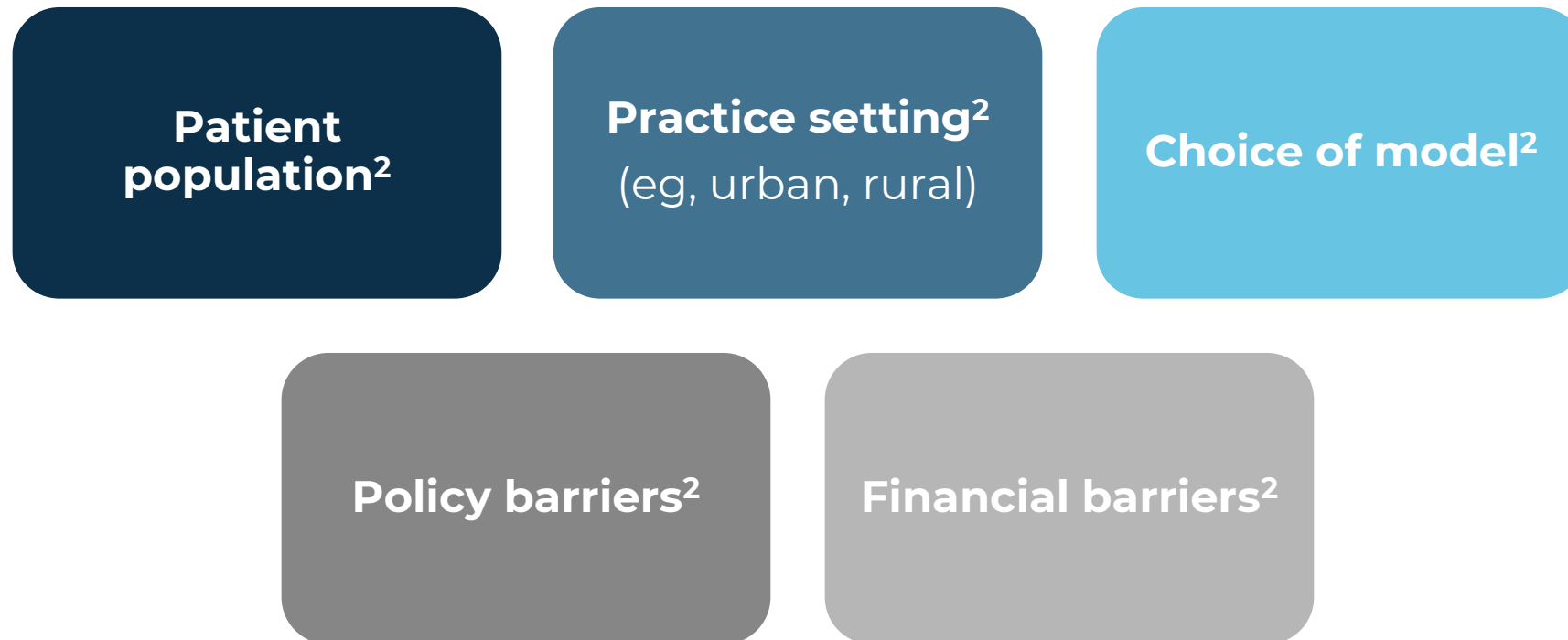
Reference:

1. National Council for Mental Wellbeing. IMPACT highlights. Published June 3, 2024. Accessed February 27, 2025. https://www.thenationalcouncil.org/wp-content/uploads/2024/05/24.05.30_2024-CCBHC-Impact-Highlights.pdf.

Implementing Mental Health Integrated Care

Multiple Factors Should Be Considered When Implementing Integrated Care

Many components and potential challenges should be considered when translating large-scale integrated care models into primary care¹



References:

1. Goodrich DE, et al. *Curr Psychiatry Rep.* 2013;15(8):383.
2. Chaple M, et al. *J Subst Abuse Treat.* 2016;60:62-69.

Many Components Are Involved When Integrating Mental Health Care Into Primary Care

Each component of integration is associated with multiple steps

Clinical Information System

Adopt EMR/electronic registries and standardized outcome measures and negotiate performance measures

Self-Management Support

Identify mental health diagnosis for treatment; engage patient in care; identify evidence-based treatments; implement counseling and determine provider; make referrals to community and specialty care; and establish space/delivery mode

Delivery System Redesign

Adopt care management/team care and develop standardized protocols

Provider Decision Support

Train staff/physicians in guidelines and measurements, establish mental health specialist services, and define care manager functions

Community Linkages

Create network of community resources (eg, specialty mental health transportation, housing, wellness, employment)

Leadership And Organizational Support

Ensure leadership buy-in and support, establish priority for system redesign with integrated care components, and create a sustainable business model

EMR, electronic medical record.

Reference:

1. Goodrich DE, et al. *Curr Psychiatry Rep.* 2013;15(8):383.

Implementation Plans Should Be Individualized As Necessary

Sample 6-month implementation plan for integrated care



*Information based on Dr Chau's own experience in integrated care settings.

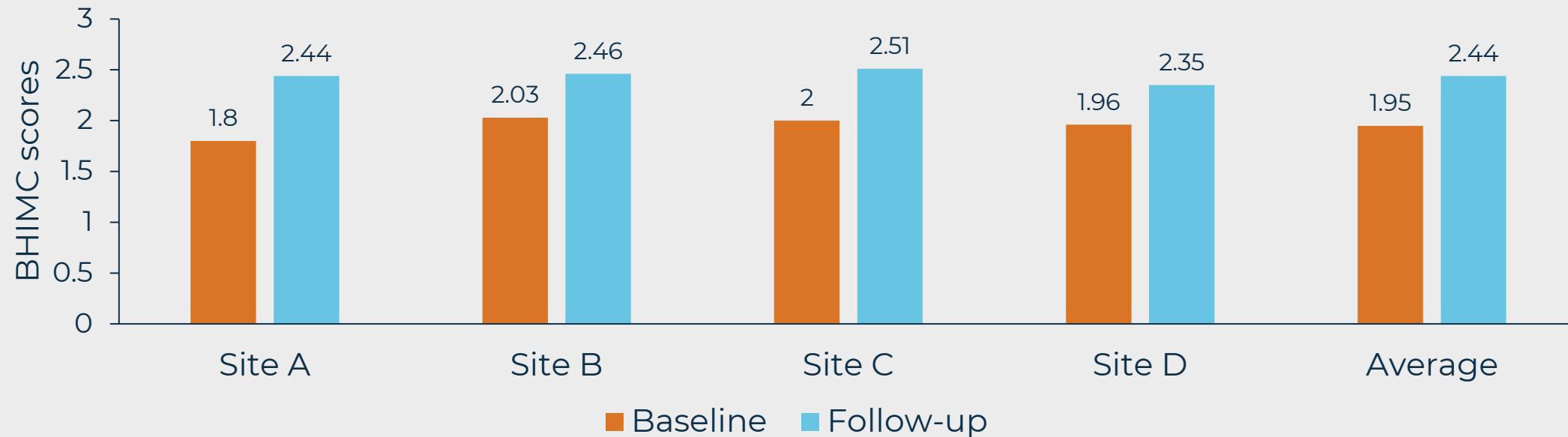
Reference:

1. Chaple M, et al. *J Subst Abuse Treat*. 2016;60:62-69.

Providing On-Site Assistance Helps With Integrated Care Implementation

Effect of adding mental health services to a primary care setting

Technical assistance that provides appropriate staff for on-site assessments, assessment reports, implementation planning and guidance, training, and follow-up assessments may improve mental health care service integration



BHIMC, Behavioral Health Integration in Medical Care.

Reference:

1. Chaple M, et al. *J Subst Abuse Treat.* 2016;60:62-69.

Challenges When Implementing Collaborative Care Programs

Challenges Of Collaborative Care

Clinical¹:

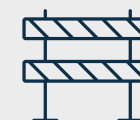
- Patient reluctance to enroll
- Low patient appointment attendance
- Limited insurance coverage

Organizational^{2,3}:

- Limits on the length of time providers can allocate to addressing mental health concerns
- Workforce shortages of professionals trained in evidence-based interventions
- Information-sharing obstacles between PCPs and mental health specialists due to privacy protection laws
- Low interprofessional collaboration in the care of complex chronic issues and lack of a shared vision on collaboration

Financial²:

- Lack of reimbursement for mental health treatment (eg, depression screening, psychiatric consultation, and care management)
- Billing restrictions for same-day medical and mental health visits
- Lower reimbursement rates for depression treatment compared with medical evaluation



3 main themes of CoCM implementation barriers and facilitators were identified:

- **Billing requirements**
- **Reimbursement rates**
- **Buy-in** to CoCM from providers⁴

CoCM, Collaborative Care Model; PCP, primary care physician.

1. Thota AB, et al. *Am J Prev Med*. 2012;42(5):525-538.

2. Sanchez K. *Patient Prefer Adherence*. 2017;11:71-74.

3. De Coninck L, et al. *BMC Geriatrics*. 2023;23(1):488.

4. LePoire E, et al. *BMC Health Serv Res*. 2024;24(1):505

Summary

- Mental illness is associated with increased risk of morbidity and mortality relative to the general population¹
- Collaborative care involves the coordination of PCPs, mental health specialists, and care managers²
- Studies of collaborative care models such as IMPACT have reported improved outcomes and reduced costs in comparison to usual care²⁻⁴
- Implementation of collaborative care can be difficult due to clinical, organizational, and financial constraints⁵

IMPACT, Improving Mood: Providing Access to Collaborative Treatment; PCP, primary care physician.

1. Newcomer JW. *Am J Manag Care*. 2007;13(7 Suppl):S170-S177.

2. Pietruszewski PB, et al. *Psychiatr Serv*. 2015;66(1):101-103.

3. Huffman JC, et al. *Psychosomatics*. 2014;55(2):109-122.

4. Unutzer J, et al. *Am J Manag Care*. 2008;14(2):95-100.

5. Sanchez K. *Patient Prefer Adherence*. 2017;11:71-74.

Questions

Closing

For more information or to request a more detailed live presentation on this topic from your local Medical Science Liaison, please visit www.PsychU.org/contact

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