Implementation of a Collaborative Care Integrated Behavioral Health Model at a Local Clinic

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BACKGROUND

Integrated behavioral health (IBH) models have been adopted among numerous large-scale health systems in response to limited access to psychiatric services in the US. IBH involves treatment of medical and behavioral health problems in one primary care setting, with collaborative input from behavioral health specialists and specialty referrals as needed. Compared with standard models, IBH has demonstrated clear advantages in treatment outcomes, decreased remission time, fewer medication side effects, easier and faster access to care, decreased healthcare costs, better chronic medical disease outcomes, and decreased physician burnout.8-10,15-21

Given these advantages, a local medical clinic in El Paso County began implementing a co-located collaborative care model (CoCM) in Oct 2019.

COLLABORATIVE CARE MODEL

Screening:
GAD-7 and PHQ-9 administered at yearly primary care appointments. Patients who screen positive will have intake appointment with Behavioral Health Case Manager (BHCM); patients with mild to moderate anxiety/depression will be initiated into CoCM, those with severe symptoms and/or diagnoses will be referred to Psychiatrist.

Roles in Treatment:
PCP: provides pharmacological treatment with recommendations from psychiatrist when needed

BHCM: tracks patient follow-up and treatment response; regular screening with GAD-7 and PHQ-9; medication adherence and side effect monitoring; brief behavioral interventions; referrals to psycho-therapy when indicated; facilitates treatment plan changes and relapse prevention plans.

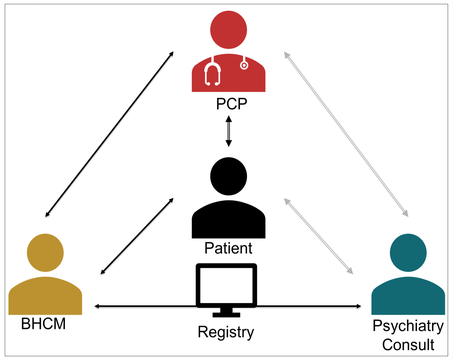

Figure 1. Depiction of CoCM. In this model, treatment of patients with mild to moderate anxiety and/or depression is managed by the PCP, BHCM, and consulting Psychiatrist.

Psychiatrist: reviews new cases and cases in which improvement is not progressing as expected weekly with BHCM. Provides diagnosis and treatment recommendations to PCP and BHCM.

AIMS

At 5 months (February 28, 2020) from initiating the CoCM:

1. 30% of patients with mild to moderate anxiety and/or depression will have an improvement in their GAD-7 and/or PHQ-9, respectively, of 3 points.
2. 50% of patients referred for behavioral healthcare will have their first appointment within 30 days of referral
3. 50% of survey responses completed by patients be agree or strongly agree to Likert-scale questions.
   a. Anticipated survey response rate of 30%
   b. Surveys emailed to patients automatically after BHC visits

RESULTS

- 59 unique patients met with BHCM
  - 43 currently in CoCM Model
  - 16 had one-time appointment or were referred to psychiatry
- 38/43 have had >1 appointment

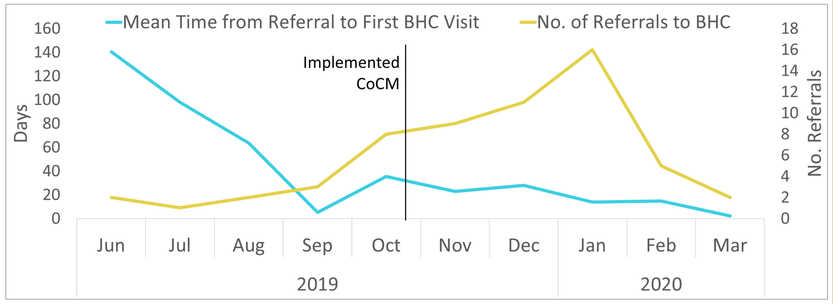

Figure 2. Mean time from referral to first behavioral healthcare (BHC) visit per month and total number of referrals made per month. Data points grouped based on date of referral. Following CoCM Implementation, 76% (34/45) of BHC visits to occurred within 30 days of referral.

> "I like the collaborative care approach and look for forward to experiencing the collaboration through my therapist and medical doctor for future visits. I can only get better."
>
> –CoCM patient response to open-ended comments/feedback survey question

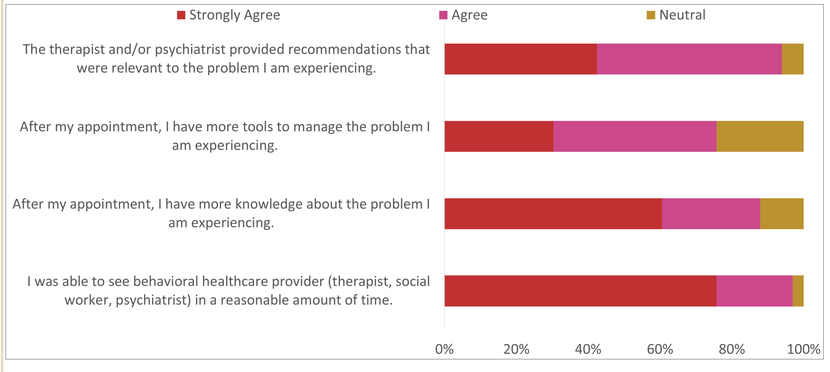

Figure 4. Survey responses to Likert scale questions. N=33, response rate 33%.

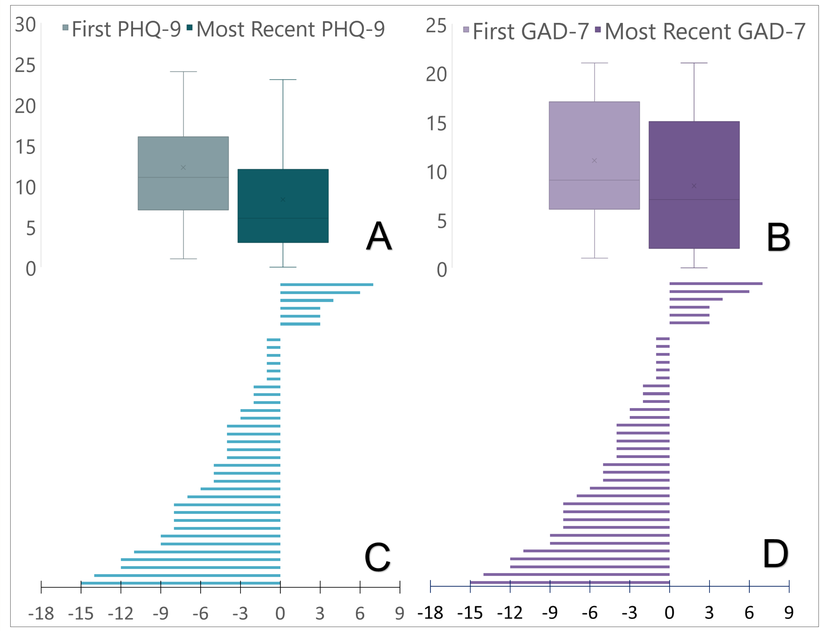

Figure 3. PHQ-9 and GAD-7 results. N=38. A&B: PHQ-9 (A) and GAD-7 (B) scores at initial PCP screening and most recent BHCM visit. C&D: Change in PHQ-9 (C) and GAD-7 (D) scores from initial screening to most recent visit. Each bar represents a unique patient; negative change represents an improvement in score. 63% (24/38) PHQ-9 scores and 53% (20/38) GAD-7 scores improved by 3 points or more.

DISCUSSION

Conclusions:
- Successfully implemented CoCM and met all 3 aims

Challenges:
- Billing issues
  - PCP billing staff not accustomed to billing for behavioral health
  - Issues presented with billing incorrectly
- At initiation, PCPs were still unfamiliar with the process
  - Further education and advertisement of program through flyers, emails, meetings
- Financial considerations
  - Initiating CoCM was resource and cost intensive

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FUTURE DIRECTIONS

- New billing director with experience in BHC and CoCM billing has been hired
- Psychiatrist private office is being converted into a psychiatry clinic room; psychiatrist to see patients in clinic room and perform work duties in shared work-space, as PCPs already do
  - Goal: increase ability to collaborate with shared work-space