Almost 50% of mortality and morbidity can be attributed to how patients take care of themselves, with unhealthy behaviors a major driver of healthcare costs. Individuals with mental health disorders are more vulnerable and have poorer health outcomes for medical disorders, such as diabetes, heart disease, and cancer. At its worst, untreated depression leads to suicide.¹

Patients with mental health and substance use disorders cost the healthcare system 2–3 times more than those without a behavioral health disorder. Most of the added cost is for facility-based care (inpatient care or visits to the emergency room) for medical treatment. Studies² have shown that the Psychiatric Collaborative Care Model reduces healthcare expenditures by an estimated 5–10% with a potential annual savings, if implemented across the entire healthcare system, this would be $26 - $48 billion dollars.

A large national study in 2005 (Wang et al) found that almost 60% of patients with a diagnosable mental health or substance use disorder had received no treatment in the last year. Half of those who sought care did so in a primary care setting with the rest seeking treatment from a mental health professional. Of those treated in specialty care, only 48% received minimally acceptable care. In primary care only 25% of patients were deemed to have received what is considered minimally acceptable care.

It has been demonstrated that the implementation of the key principles of collaborative care – population-based care, measurement-based treatment to target, patient-centered collaboration, and evidence-based care – have resulted in improved clinical, economic, and quality outcomes, including higher satisfaction and better access to services than found in the traditional standard of care. A meta-analysis of 70 randomized controlled trials comparing collaborative care to care-as-usual for primary care patients with depression and anxiety found meaningful clinical improvement when care was provided within the collaborative care model. Collaborative care was shown to double depression treatment response rates; patients got better faster. Studies have shown that sites that implement collaborative care programs can more quickly diagnose and stabilize patients, reducing the number of specialty referrals and the time in treatment. Hence, there are fewer appointments and lower treatment costs. (van Orden M, 2009)

Collaborative care has been shown to reduce total health care costs, improve patient and provider satisfaction, improve provider productivity, reduce patient absenteeism and presenteeism, and reduce homelessness and incarceration in safety net populations. In short, it’s far more effective than traditional care.

¹ Someone in the US ends their life via suicide every 14 minutes.
² TEAMcare study was a randomized controlled trial that demonstrated the effectiveness of Collaborative Care for treatment of depression, diabetes, and coronary heart disease in primary care; IMPACT study showed the effectiveness of a collaborative care management program for late-life depression; Milliman Report found significant general healthcare cost savings based on analysis of claims data of 20 million individuals.