

Collaborative Care Model: Extending the Reach of Psychiatric Expertise

Few Patients Receive Effective Treatment for Common Mental Disorders

Poor mental health is a major public health issue that robs millions of people of their chance to lead healthy and productive lives. In the United States alone, someone commits suicide every 14 minutes, often as a result of severe depression or substance abuse. For countless others, mental illnesses make it difficult to take care of themselves or their children. Untreated mental disorders results in a staggering loss of productivity and an economic cost of more than \$100 billion each year.

Although effective treatments for most forms of mental illness exist, many people don't receive the care they need. Most Americans with common mental health problems are exclusively seen by primary care providers who are often ill equipped to provide effective treatment. As few as 20% of patients started on antidepressant medications in primary care show substantial clinical improvement. Patients who are referred to a mental health specialist often don't follow through due to the stigma surrounding mental illness, the associated costs, or other barriers. As a result, only about a third of people diagnosed with a serious mental illness receive minimally adequate treatment.

Improving Access

The Collaborative Care Model is a patient-centered, population-focused approach that can reach the large numbers of people suffering from mental illness *who currently aren't being treated by mental health professionals*. Psychiatrists and other mental health specialists support primary care providers in familiar settings such as primary care clinics and school-based health centers, effectively bringing mental health treatment to where people feel comfortable receiving care. By providing systematic, caseload-focused consultation, psychiatrists can support evidence-based mental health care for a large number of people, thus closing the gap between what we know and what we can do for patients in need.

Large scale implementations of Collaborative Care require psychiatrists who are skilled in population-based care.

A Team-Based Approach

The Collaborative Care Model uses a team approach consisting of a primary care provider, a care manager (nurse, clinical social worker, or psychologist), and a psychiatric consultant. The team cares for a defined group of patients and closely tracks each patient's progress using validated clinical rating scales (e.g., PHQ-9 for depression). Treatment is systematically adjusted if patients are not improving as expected. Patients who don't respond to treatment are referred to more intensive mental health specialty care. Psychiatric consultations are largely done via phone with

the care manager (and sometimes the PCP) with direct patient consultations focused on those patients who are presenting diagnostic or therapeutic challenges to the team. These consultations can be performed face-to-face or using tele-video equipment. This systematic 'stepped care' approach can help overcome the clinical inertia that is often responsible for patients continuing on ineffective treatment.

Proven Effectiveness

The Collaborative Care Model has been shown to be more effective and cost-effective than usual care in more than 70 randomized controlled trials. These research findings are robust across diverse practice settings and patient populations. Collaborative Care doubles the effectiveness of depression care, improves patient functioning and overall quality of life, and earns a return of investment of \$6.50 for every \$1 spent, achieving the Triple Aim of improved patient care experiences, better clinical outcomes, and lower health care costs. It is estimated that an effective implementation of Collaborative Care for Medicaid members would result in approximately \$15 billion per year in savings.

A Growing Opportunity

Mental health and patient-centered, accountable care are on the nation's radar during this time of Health Care Reform. In this context, psychiatrists and other mental health specialists who are prepared to support a caseload of patients treated in primary care are valuable commodities. Collaborative Care Model also creates new opportunities for Community Mental Health Centers and other mental health specialty providers to offer consulting and treatment services in partnership with community health centers and other primary care practices. As more and more large-scale implementations of Collaborative Care get underway (such as the New York State Collaborative Care Initiative, the Depression Improvement Across Minnesota: Offering a New Direction (DIAMOND), the CMMI-funded seven-state COMPASS Initiative, and Washington State's Mental Health Integration Program), we will need a pool of qualified psychiatrists versed in Collaborative Care.

Professional Development

The APA recommends that psychiatrists in training and in practice learn about the Collaborative Care Model, become skilled in this evidence-and team-based approach, and look for opportunities to practice it. As consumers, payers and regulators increasingly demand such evidence-based mental health services, the psychiatry workforce needs to be prepared.

To find out more about Collaborative Care and training opportunities and resources, please visit the websites below:

APA Website on Integrated Care: www.psychiatry.org/integratedcare

AIMS Center: Advancing Integrated Mental Health Solutions: <https://aims.uw.edu/>