Meadows Mental Health Policy Institute

Policy Background Briefing: Collaborative Care – January 2024

The **Collaborative Care Model (CoCM)** is an established, team-based approach[1] to integrated care that routinely measures both clinical outcomes and patient goals over time to increase the effectiveness of mental health and substance use disorder (SUD) treatment in primary care settings.[2,3] Under the model, a primary care provider, a psychiatric consultant, and behavioral health care manager work together to detect and provide established treatments for common behavioral health problems, measure patients' progress toward treatment targets, and adjust care when appropriate. CoCM is a data-driven, patient-centered approach that multiplies the expertise of scarce behavioral health clinicians up to 8.3 times through task sharing, technology, structured teamwork, and telehealth.[4]

Evidence Supporting CoCM

CoCM is extensively supported by scientific studies, with over 90 randomized controlled trials demonstrating its clinical efficacy.[5] An evidence-based practice, CoCM has been shown to reduce depression, bipolar and anxiety disorders, SUD, suicidal ideation, and suicide completion.[6,7] In August 2020, the Meadows Institute issued a report modeling the extent to which universal access to CoCM could offset a portion of the predicted increases in suicide from

[1] Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013, May). *The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes*. Health Home Information Resource Center. http://www.chcs.org/media/HH_IRC_Collaborative_Care_Model__052113_2.pdf

[2] Nafziger, M., & Miller, M. (2013). *Collaborative primary care: Preliminary findings for depression and anxiety* (Doc. No.13-10-3401). Washington State Institute for Public Policy. http://www.wsipp.wa.gov/ReportFile/1546/Wsipp_Collaborative-Primary-Care-Preliminary-Findings-for-Depression-and-Anxiety_Preliminary-Report.pdf

[3] Alford, D. P., LaBelle, C. T., Kretsch, N., Bergeron, A., Winter, M., Botticelli, M., & Samet, J. H. (2011). Collaborative care of opioid-addicted patients in primary care using buprenorphine: five-year experience. *Archives of Internal Medicine*, *171*(5), 425-431. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/226781

[4] Carlo AD, McNutt C, Talebi H. Extending the Clinical Impact of Mental Health Clinicians Using the Collaborative Care Model (CoCM). Journal of General Internal Medicine. In Press. https://doi.org/10.1007/s11606-024-08649-2

[5] Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD006525. DOI: 10.1002/14651858.CD006525.pub2. Accessed 26 January 2024.

[6] Bower, P., Gilbody, S., Richards, D., Fletcher, J., & Sutton, A. (2006). Collaborative care for depression in primary care: Making sense of a complex intervention: Systematic review and meta-regression. *The British Journal of Psychiatry, 189*(6), 484–493. https://doi.org/10.1192/bjp.bp.106.023655

[7] Unützer, J., Katon, W., Callahan, C. M., Williams, J. W., Jr, Hunkeler, E., Harpole, L., Hoffing, M., Della Penna, R. D., Noël, P. H., Lin, E. H., Areán, P. A., Hegel, M. T., Tang, L., Belin, T. R., Oishi, S., & Langston, C. (2002, December 11). Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial. *JAMA, 288*(22), 2836–2845. https://doi.org/10.1001/jama.288.22.2836

the pandemic. In Texas, our models suggest universal access to CoCM to treat major depression could reduce the number of suicide deaths[8] by between 725 and 1,100 deaths per year.

CoCM Financing

CoCM is currently the only integrated mental health model reimbursed in primary care with dedicated Current Procedure Terminology (CPT) codes. Covered by Medicare since 2017,[9] nearly all commercial payers since 2019,[10] and a growing number of Medicaid programs, CoCM has a clear pathway for long-term financial sustainability and increasing treatment access.

The potential cost-savings of widespread implementation are also significant, with a 2008 study finding ***savings of up to $6 in total medical costs for every $1 spent on CoCM***.[11] **A subsequent 2013 publication** ***estimated $15 billion in nationwide Medicaid savings if every beneficiary with diagnosed depression were to receive CoCM services (~20% of total Medicaid beneficiaries)***.[12] Despite its effectiveness and savings, adoption has been slow.[13,14]

Policy Implementation

In November 2020, the Meadows Institute recommended the Texas Legislature add CPT codes 99492-99494 for CoCM to Medicaid, for both children and adults, to increase access to behavioral health services integrated in primary care. In 2021, the Texas Legislature passed **87(R) SB 672**, adding reimbursement for CoCM in Texas Medicaid. Notably, in its fiscal analysis, the Legislative Budget Board determined the cost of providing CoCM reimbursement will be

[8] We calculated a range of suicide deaths that could be prevented if CoCM were expanded. The low-end estimate was calculated by assuming that half of deaths from suicide were caused by depression (based on WSIPP, 2019; http://www.wsipp.wa.gov/TechnicalDocumentation/WsippBenefitCostTechnicalDocumentation.pdf), and the high-end estimate was generated under the assumption that as many as 80% of deaths from suicide are caused by depression, based on Beautrais, A. L., Joyce, P. R., Mulder, R. T., Fergusson, D. M., Deavoll, B. J., & Nightingale, S.K. (1996). Prevalence and comorbidity of mental disorders in persons making serious suicide attempts: A case-control study. *American Journal of Psychiatry, 153*(8), 1009–1014. https://doi.org/10.1176/ajp.153.8.1009

[9] Press MJ, Howe R, Schoenbaum M, Cavanaugh S, Marshall A, Baldwin L, Conway PH. Medicare Payment for Behavioral Health Integration. N Engl J Med. 2017 Feb 2;376(5):405-407. doi: 10.1056/NEJMp1614134. Epub 2016 Dec 14. PMID: 27973984.

[10] Alter, C., Carlo, A., Harbin, H., & Schoenbaum, M. (2019, July 3). Wider implementation of collaborative care is inevitable. *Psychiatric News, 54*(13), 6-7. https://doi.org/10.1176/appi.pn.2019.6b7

[11] Unutzer J, Katon WJ, Fan MY, Schoenbaum MC, Lin EH, Della Penna RD, Powers D. Long-term cost effects of collaborative care for late-life depression. Am J Manag Care. 2008 Feb;14(2):95-100. PMID: 18269305; PMCID: PMC3810022.

[12] Unützer, J., Schoenbaum, M., & Druss, B. (2013, May). Previously cited.

[13] Katon, W., Unützer, J., Wells, K., & Jones, L. (2010). Collaborative depression care: History, evolution, and ways to enhance dissemination and sustainability. *General Hospital Psychiatry*, *32*(5), 456–464. https://doi.org/10.1016/j.genhosppsych.2010.04.001

[14] Katzelnick DJ, Williams MD. Large-Scale Dissemination of Collaborative Care and Implications for Psychiatry. Psychiatr Serv. 2015 Sep;66(9):904-6. doi: 10.1176/appi.ps.201400529. Epub 2015 Jun 1. PMID: 26030320.

mostly offset by decreased costs related to reduced hospitalizations and utilization of other services.

29 states currently offer reimbursement for CoCM in their Medicaid programs.

Further Recommendation: As part of the implementation of 87(R) SB 672, the Texas Health and Human Services Commission (HHSC) should expedite its direction to federal qualified health centers (FQHCs) and rural health clinics (RHCs) on how to bill for CoCM delivery for patients enrolled in Texas Medicaid.