Collaborative Care Model Increases Patient Access to Mental Health Services

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Learning Objectives

- Describe how a collaborative care model can improve behavioral health access for primary care providers
- Discuss the roles of the behavioral health care manager and the patient registry in a collaborative care model
- Classify reimbursement opportunities for providing mental health services in the primary care setting

Problem/Issue

- Access to behavioral health treatment is historically limited
- PCPs are willing to help but may lack training or expertise

Goal

- Maintain screening rates > 74% based on CMS and institutional goals
- Maximize referrals via optimize centralized EMR workflows

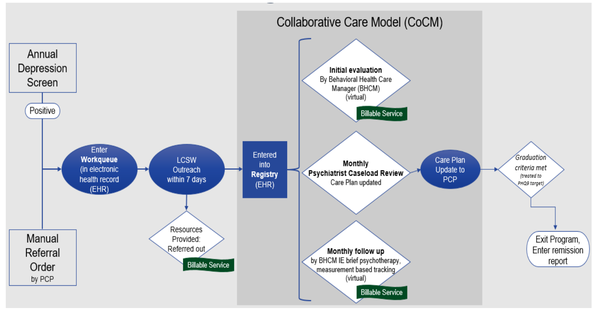
Changes Implemented

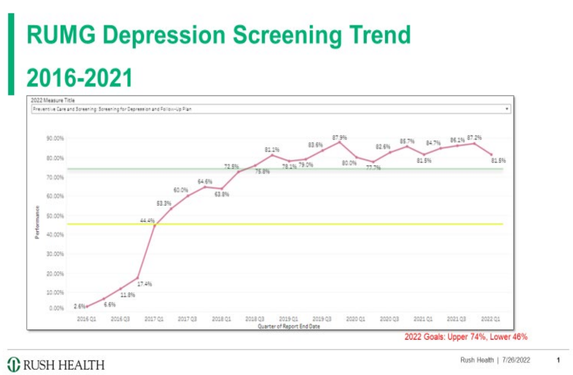
- Implemented EMR based health screening to referral workflow
- Trained PCPs/Behavioral Health Care Managers
- Promised call within 7 days of referral

Challenges/Barriers Faced

- Due to COVID, fewer in-person visits
- Leveraged optimized workflow and telehealth to maintain screening rates and continue referral growth

Process





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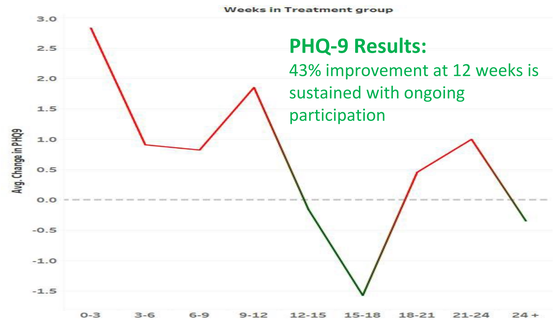
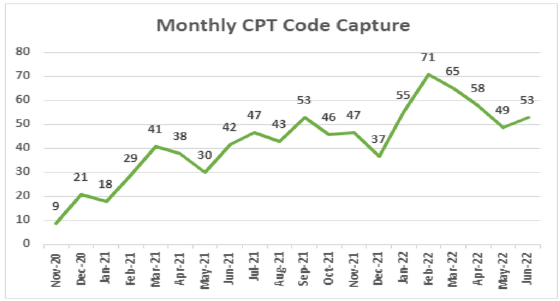
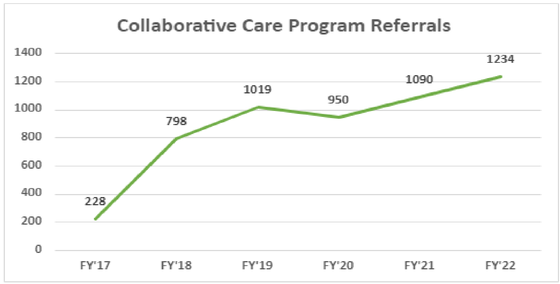
Outcomes







What Worked Well

- A specialty driven (psychiatric) chronic care management model can improve behavioral health access for primary care providers and patients
- BHCMs are best utilized as clinicians providing evidence-based interventions, registry-based care tracking, and direct communication with PCP and consulting psychiatrist
- Optimizing clinical documentation by the BHCM to meet billing requirements creates reimbursement opportunities for providing this service in the primary care setting, helping to offset the direct costs of this intervention

Conclusions

- Offering the PHQ-2 as a "pre-screen" in the EMR, cascading to additional questions and options for referral, helped accelerate adoption across multiple specialty areas
- Workflow designs that elevate the scope and engagement of clinical staff were generally well-received
- Downstream cost saving is difficult to measure, and proxies may be necessary to build business case for enhanced screening and referral to services
- Partnership with Revenue Cycle is helpful in navigating opportunities for additional revenue and reimbursement without creating undue out-of-pocket costs for patients

Plan for the Future

- Measuring cost-savings from reduced care utilization and improved patient outcomes
- Adopting the following two additional NCQA HEDIS depression measures to optimize measurement-based care: Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults and Depression Remission or Response for Adolescents and Adults

Disclosures

The authors have no relevant financial relationships to disclose