Welcome!
We will begin at 8 a.m.

While You Are Waiting

- In the chat there is a link to sign-in. Please click on the link to ensure we have you marked as in attendance

- Please place your audio on mute during the presentation

- We welcome your input, comments and questions. Please feel free to enter these at anytime in the chat. We will pause intermittently, and at that time you can unmute and converse directly

- If you have not located the ppt presentation, and would like to have it while attending today, please click on this link (need link). It will bring you to the presentation, of which you can then download it

Disclosure

The Michigan Center for Clinical Systems Improvement (Mi-CCSI), Michigan Institute for Care Management and Transformation (MICMT) and Michigan Collaborative Care Implementation Support Team (MCCIST) have been contracted by Blue Cross Blue Shield of Michigan for this project.

This presentation is being recorded.

Thank you to Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has contracted with the Michigan Center for Clinical Systems Improvement (MiCCSI) and Michigan Collaborative Care Implementation Support Team (MCISST) to provide training and implementation on the evidence-based treatment model of Collaborative Care to primary care practices throughout the state of Michigan.

We would like to thank BCBSM for their attention, initiation and support of this important work.

The Collaborative Care Model
Curriculum developed in partnership with:

Virtual Etiquette

Be an active participant by asking questions, responding to questions through the chat feature and responding to polls. We welcome your feedback!

Video and Audio Tips:

- Unless distracting, **please turn video ON**. This is crucial for building trust and engagement.

- Try to **look at the camera when talking** to mimic the feeling of in-person eye contact.

- **Adjust your camera** if it is too high or low.

- **Closed captioning is activated** but individual users may deactivate this feature if they prefer by selecting "Hide Subtitle" under the "CC Live Transcript" tab

Environment Tips:

- Be aware of your surroundings and **limit possible distractions in the background**

- **Position yourself in the light**

- **Find a quiet place** to join or mute yourself as necessary

The Collaborative Care Model (CoCM)

An Evidence and Team-Based Care Approach to Integrating Behavioral Health Into Primary Care

Training Overview – Day One

Topic	Objectives
Introductions	Who we are and what we do
The Why	Review basics of CoCM model, including evidence behind the model as it relates to the prevalence of mental health needs
The Basics + The Process of CoCM	Discuss the process of CoCM from patient identification to case closure, including the use of systematic case review tool
Integrating CoCM	Review roles and expectations of CoCM treatment team and other team members involved in CoCM in the primary care office and the community
Billing for CoCM Services	Review how to bill CoCM services using CoCM codes
Patient Identification + Tracking	Discuss tech involved in CoCM process and their application toward population health and treat the target
Implementation—Next Steps	Illustrate anticipated workflow changes to support CoCM implementation

Training Schedule – Day One

Time	Topic
8:00-8:15am	Introduction
8:15-8:45am	The Why of CoCM
8:45-9:15am	The Basics of CoCM
9:15-10:15am	The Process of CoCM
10:15-10:30am	BREAK
10:30-11:00am	The Process of CoCM
11:00am-12:30pm	The Integration of CoCM
12:30-1:00pm	LUNCH
1:00-2:00pm	Billing and Sustainability
2:00-2:30pm	Program Performance
2:30-2:45pm	BREAK
2:45-4:00pm	Implementation—Next Steps

Reminder:
Psychiatric Consultant Break-out
Session from 12:30-1:00 pm

Michigan Center for Clinical Systems Improvement – Who We Are

Mi-CCSI leads healthcare transformation through direct collaboration with stakeholders to:

- Facilitate the training and implementation of collaborative care models

- Promote best practice sharing, including regional, state and national initiatives, including evidence review

- Strengthen measurement and analysis of quality improvement efforts

Michigan Institute for Care Management and Transformation – Who We Are

- MICMT is committed to evaluating, expanding and supporting care management programs within primary and specialty care offices across Michigan to improve the quality and experience of care for both patients and clinicians

MICMT
Michigan Institute for Care Management & Transformation

Michigan Collaborative Care Implementation Support Team – Who We Are

- MCCIST is committed to expanding primary care workforce capacity to treat behavioral health conditions across Michigan.

- MCCIST has expertise in providing clinical training, technical assistance, and tailored approaches to successfully implement and sustain Collaborative Care Management services.

- We provide the knowledge and support to facilitate the practice-level changes required to successfully implement and deliver Collaborative Care.

Disclaimer

Each physician organization and/or practice is solely responsible for all billing practices and medical care and services delivered to its patients and all decisions related to such medical care and services. Neither MICMT, the Regents of the University of Michigan, or Mi-CCSI shall be responsible for any delivery of medical care or other services to any patient, or any decisions, acts or omissions of persons in connection with the delivery of medical care or other services to any patient.

CE/CME Credits

Claiming Credits:

- The AAFP has reviewed Collaborative Care and deemed it acceptable for AAFP credit. Term of approval is from 11/09/2021 to 11/08/2022.

- Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s):

  - 15.00 Online Only, Live AAFP Prescribed Credit(s) - Collaborative Care

Social Work:

This course is approved by the NASW-Michigan Social Work Continuing Education Collaborative

Approval 102721-00

Presenters

MiCCSI

- **Robin Schreur**, RN, BS, CCM—CoCM Trainer
- **Sue Vos**, RN, BS, CCM—Director of Programs
- **Mark Williams, MD -** Associate Professor of Psychiatry at Mayo

MCCIST

- **Ed Deneke**, MD—Assistant Professor of Psychiatry, Medical School, Psychiatry Dept.
- **Sarah Fraley**, LMSW—Training and Implementation Specialist
- **Karen Gall**, LMSW, ACTP—Training and Implementation Specialist
- **Karla Metzger**, LMSW—Program Manager
- **Paul Pfeiffer**, MD—Susan Crumpacker Brown Research Professor of Depression and Associate Professor of Psychiatry
- **Debbra Snyder**, MS, LLP, CAADC, CCS—Project Manager

Aim of This Training

- **This is the introductory training to prepare you to launch the CoCM Program**

  - Implementation is a process and will require more preparation beyond today

- **For some, this will be review; for others it will be new material**

  - Scope of experience/practice depends on roles and responsibilities at your PO/Practice

- **Continued support beyond this training to support the CoCM Program**

  - Additional training and resources will be available to advance your skills and support your PO/Practice

  - Reach out to your training partners as questions come up in the implementation process
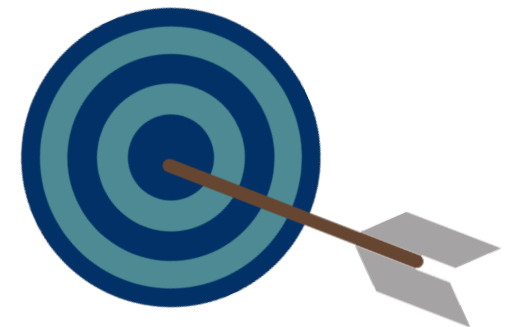
Poll Question

Who's here with us today?

Tell us:

Your role in your organization

Your familiarity with the CoCM model

The Why of CoCM

Why Collaborative Care?

The Why of CoCM
Why Address Behavioral Health in Primary Care?

- Access to care; **serving patients where they are**

- Patient-centered care, i.e. **treating the "whole patient"**

The Why of CoCM
Michigan Needs CoCM

26%

MI residents who report a depression or anxiety diagnosis

59%

Higher in Medicaid

33%

Higher in uninsured

Most common among low-income residents

40%

With household incomes <$30,000 reporting a dx

The Why of CoCM
Primary Care Needs CoCM

PCPs report inadequate mental health services

57%

For adults

68%

Substantial Clinical Improvement

20%

Patients who receive care as usual and who are started on a first-time antidepressant medication
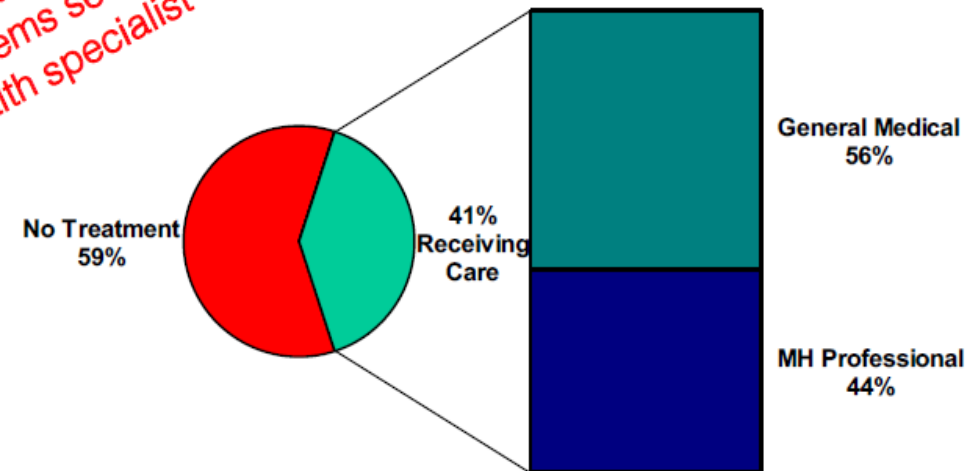
50-70%

Patients need at least one change in treatment

The Why of CoCM

National Comorbidity Survey Replication
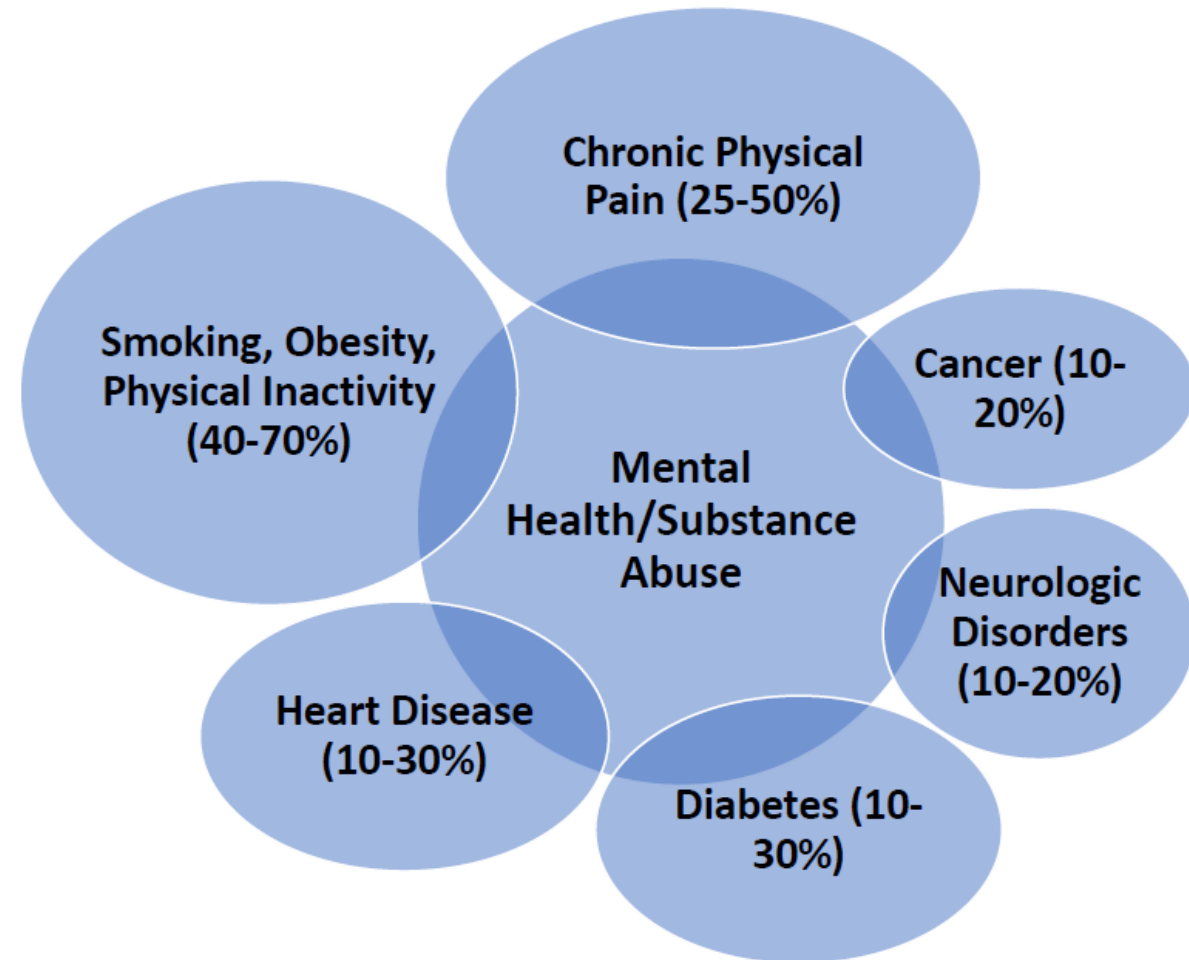Provision of Behavioral Health Care: Setting of Service

Only 2/10 of patients with diagnosable mental health problems see a mental health specialist

No Treatment 59%

41% Receiving Care

General Medical 56%

MH Professional 44%

Wang P et al., Twelve-Month Use of Mental Health Services in the United States, *Arch Gen Psychiatry*, 62, June 2005

The Why of CoCM

Mental Disorders are Rarely the Only Health Problem

Chronic Physical Pain (25-50%)

Smoking, Obesity, Physical Inactivity (40-70%)

Cancer (10-20%)

Mental Health/Substance Abuse

Neurologic Disorders (10-20%)

Heart Disease (10-30%)

Diabetes (10-30%)

The Why of CoCM
Traditional Model

MENTAL HEALTH   MEDICAL   SUBSTANCE USE

The Why of CoCM
CoCM Model

MENTAL HEALTH   MEDICAL   SUBSTANCE USE

Bringing it all together
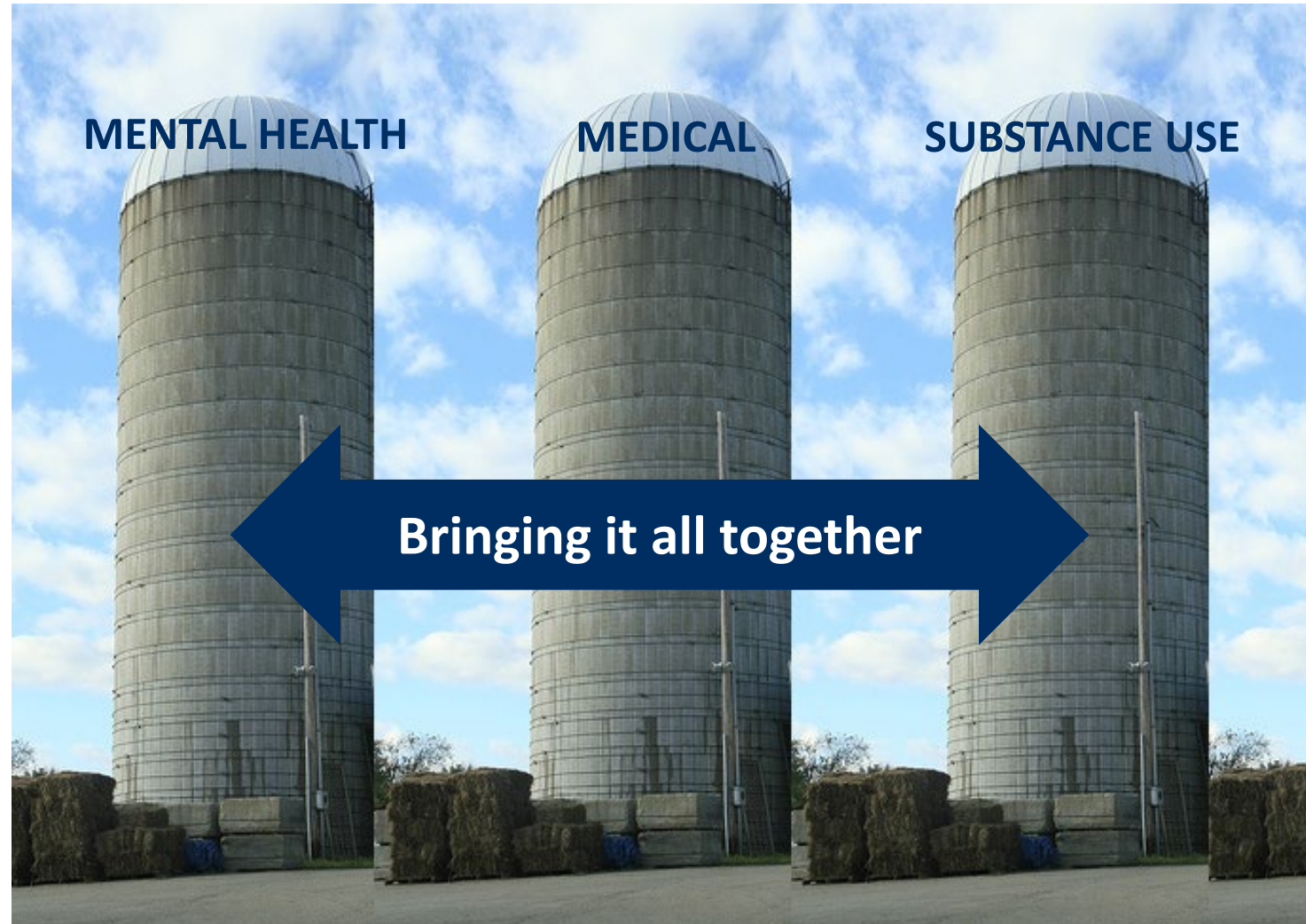
The Why of CoCM

How do our PCPs care for patients with behavioral health concerns?

- **Manage as best they can** in a fast-paced environment with competing demands

- PCPs **prescribe** the majority of antidepressants

- Some support with **embedded Mental Health Providers**

  - Typically, not population focused

- Refer to **Specialty Care**

  - Do all patients truly need specialty care?

The Why of CoCM
There aren't enough psychiatrists

Shortage of psychiatrists, long wait times and insurance barriers

- Michigan had 1,180 active psychiatrists in 2018 or 11.84 practitioners per 100,000 residents—below the national average

- Two-thirds of Michigan psychiatrists are based in the Ann Arbor-Detroit region

Insurance Coverage:

- 55% accept insurance vs 89% other physicians

- 55% accept Medicare vs 86% other physicians

- 43% accept Medicaid vs 73% other physicians

University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce. Ann Arbor, MI: UMSPH; 2018

The Why of CoCM
## COVID and Mental Health

- During the pandemic, **4 in 10 adults** have reported symptoms of anxiety or depression, up from 1 in 10 adults from January to June 2019[1]

- Percentage reporting **unmet mental health care needs rose** from 9.2% to 11.7%
  - Increases were largest among adults aged 18–29 years and those with less than a high school education[2]

- **Essential workers more likely to report symptoms** of anxiety or depression, starting or increasing substance use, and suicidal thoughts[1]

- Mental health-related **emergency room visits have increased** in children and adolescents since 2019, up 24% for ages 5–11 and 31% for ages 12–17[3]

https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_w#contribAff
https://www.cmham.org/wp-content/uploads/2021/03/MDE-DHHS_COVID_One_Pager_Draft3-002.pdf

The Why of CoCM

Figure 3

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Age
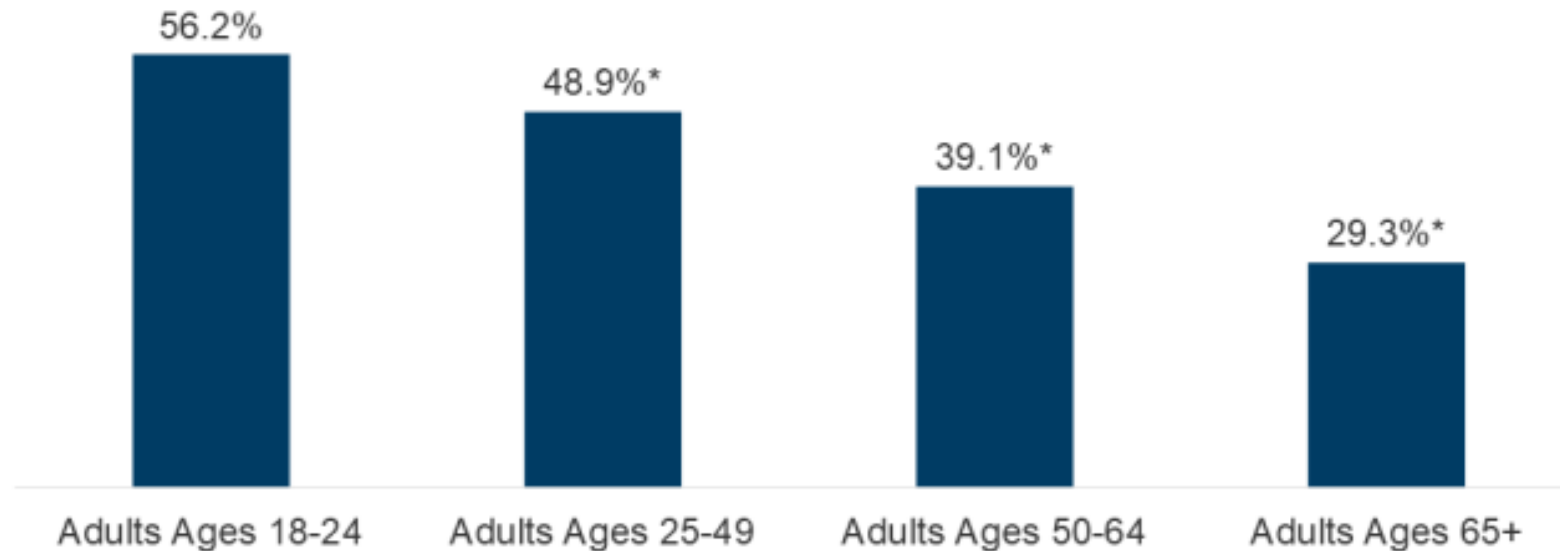

NOTES: *Indicates a statistically significant difference between adults ages 18-24. Data shown includes adults, ages 18+, with symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

KFF

The Why of CoCM

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

41.1%

11.0%

Jan - Jun, 2019 (NHIS)

January 2021 (Household Pulse Survey)
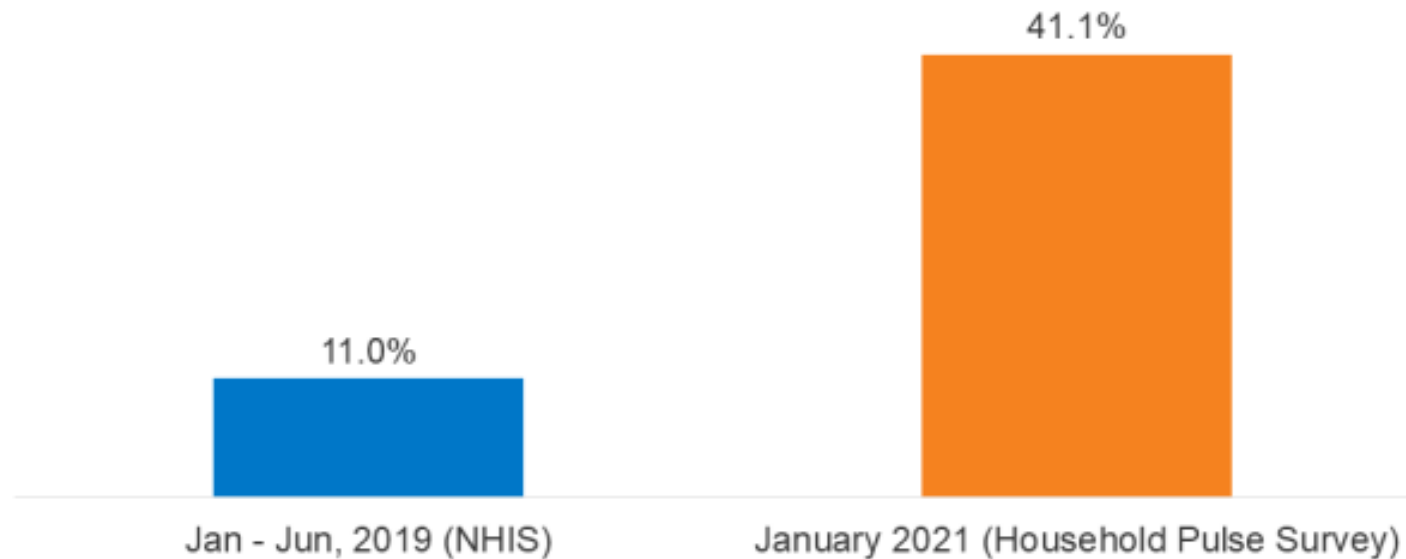
NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.
SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see:
https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf

The Why of CoCM

Figure 2

Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic

35.8% — Symptoms of Anxiety Disorder
28.4% — Symptoms of Depressive Disorder
41.1% — Symptoms of Anxiety and/or Depressive Disorder
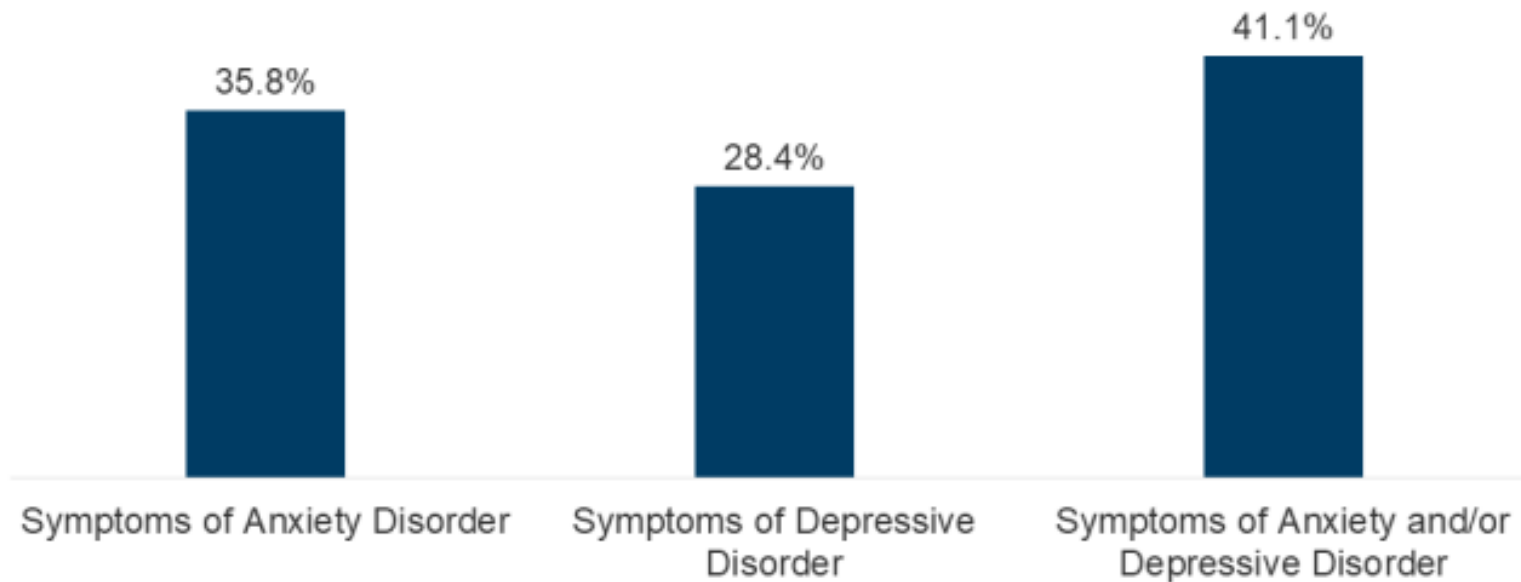
NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for January 6 – 18, 2021.

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020 - 2021.

Questions?