
The Collaborative Care Model (CoCM)

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

The Collaborative Care Model

Curriculum developed in partnership with:

MCCIST

Mi-CCSI

BCBSM

MICMT



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 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.



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



Thank you to Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has contracted with the Michigan Collaborative Care Implementation Support Team (MCISST) and Mi-CCSI 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.



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

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.

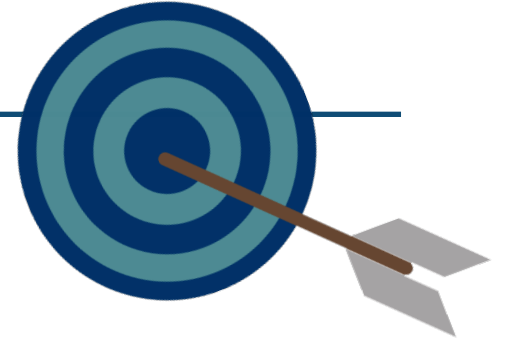


Presenters for Today's Training

- Mark Williams, MD
- Robin Schreur, BS, RN, CCM
- Sue Vos BSN, RN, CCM
- Mon Poulouse, MD



Aim of This Training



- **Introductory training to prepare for launching 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 experience
Greatest Interest

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%



For children

Substantial Clinical
Improvement



20%

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



50-70%

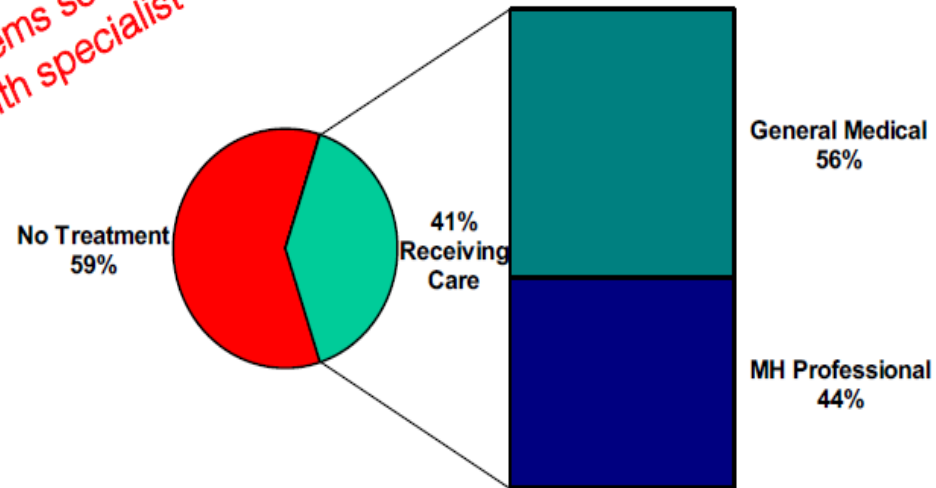
Patients need at
least one change
in treatment

The Why of CoCM

National Comorbidity Survey Replication

Provision of Behavioral Health Care: Setting of Service

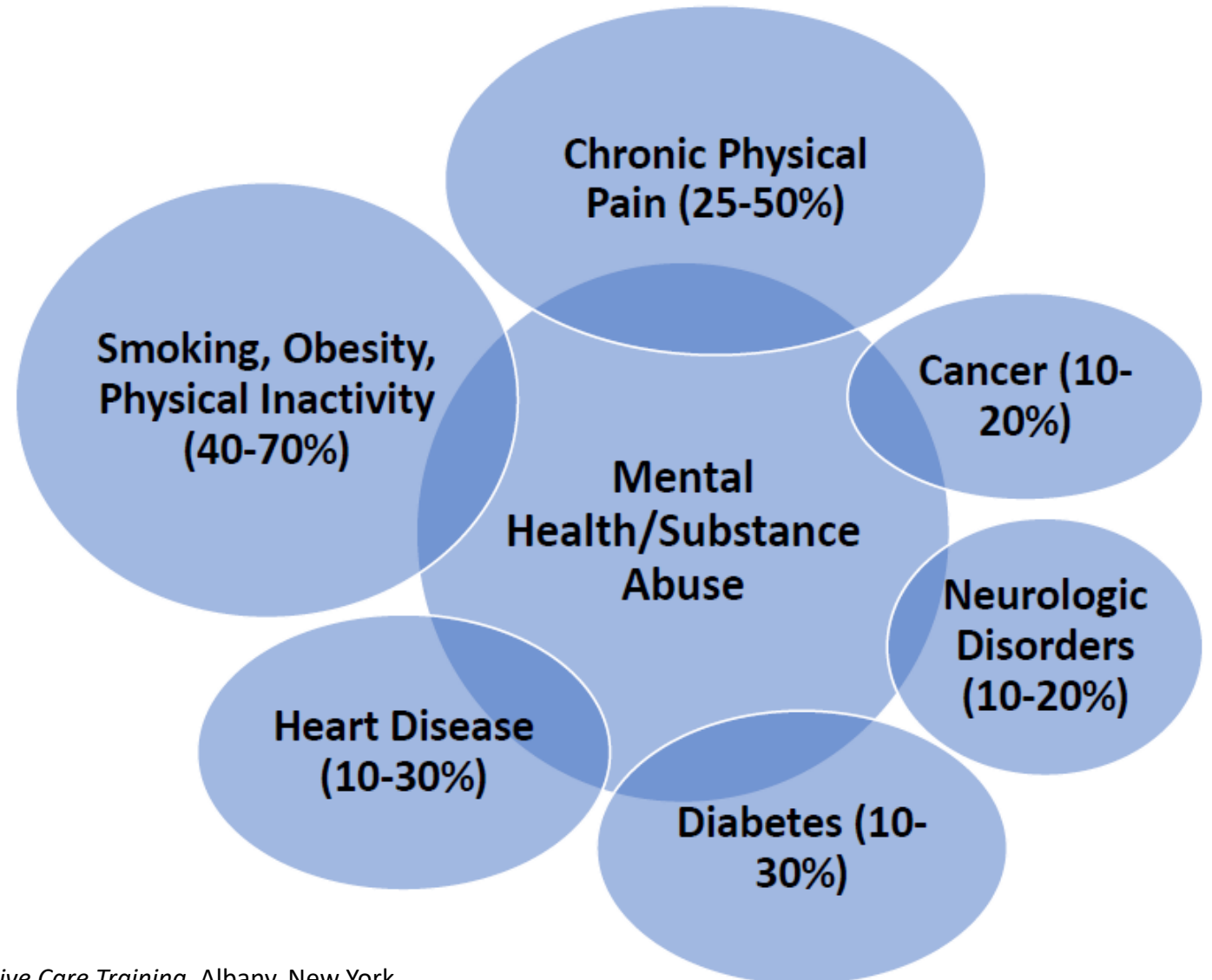
Only 2/10 of patients
with diagnosable mental
health problems see a
mental health specialist



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



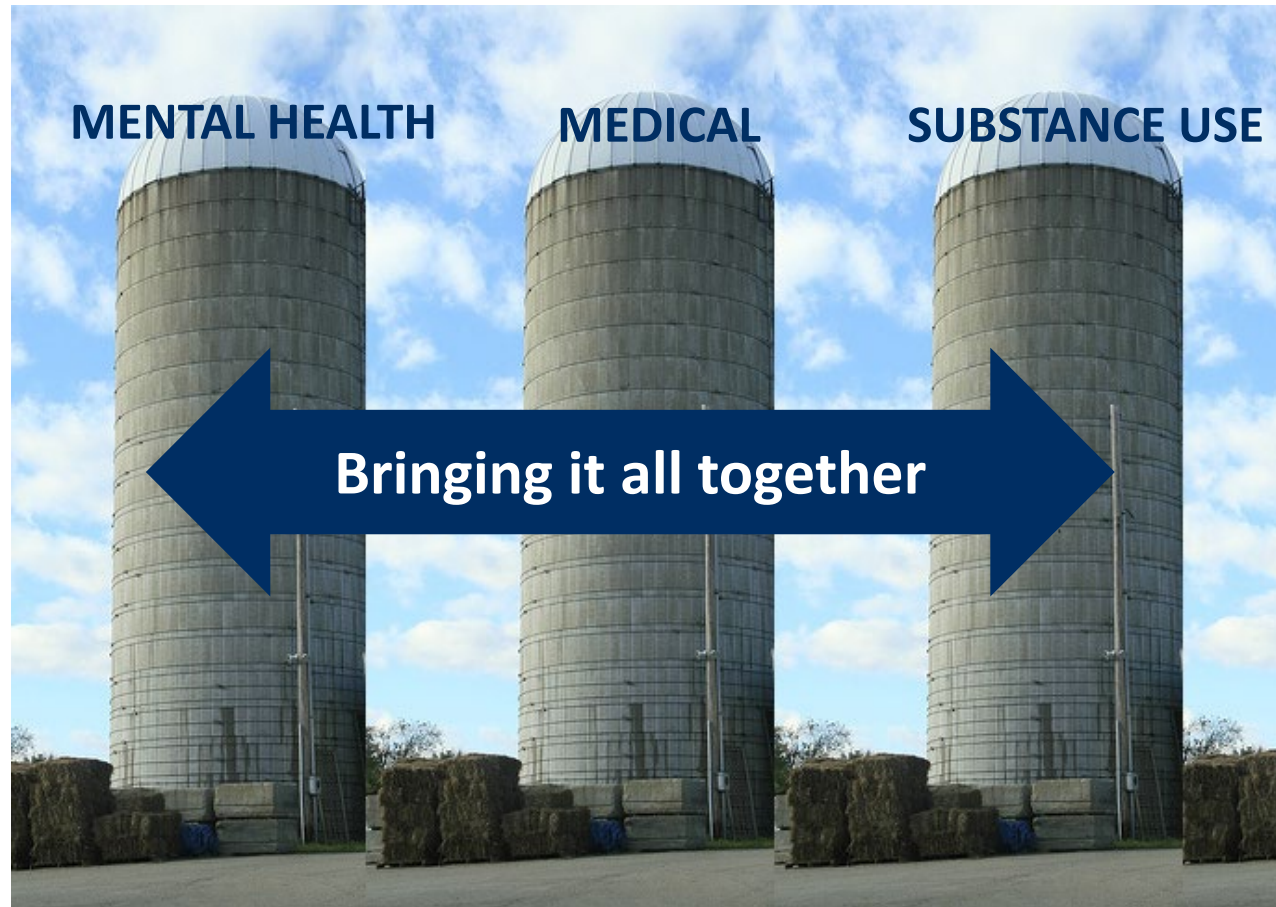
The Why of CoCM

Traditional Model



The Why of CoCM

CoCM Model



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 MHPs**
 - 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

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 2019¹
- 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 education²
- **Essential workers more likely to report symptoms** of anxiety or depression, starting or increasing substance use, and suicidal thoughts¹
- Mental health-related **emergency room visits have increased** in children and adolescents since 2019, up 24% for ages 5–11 and 31% for ages 12–17³

1. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

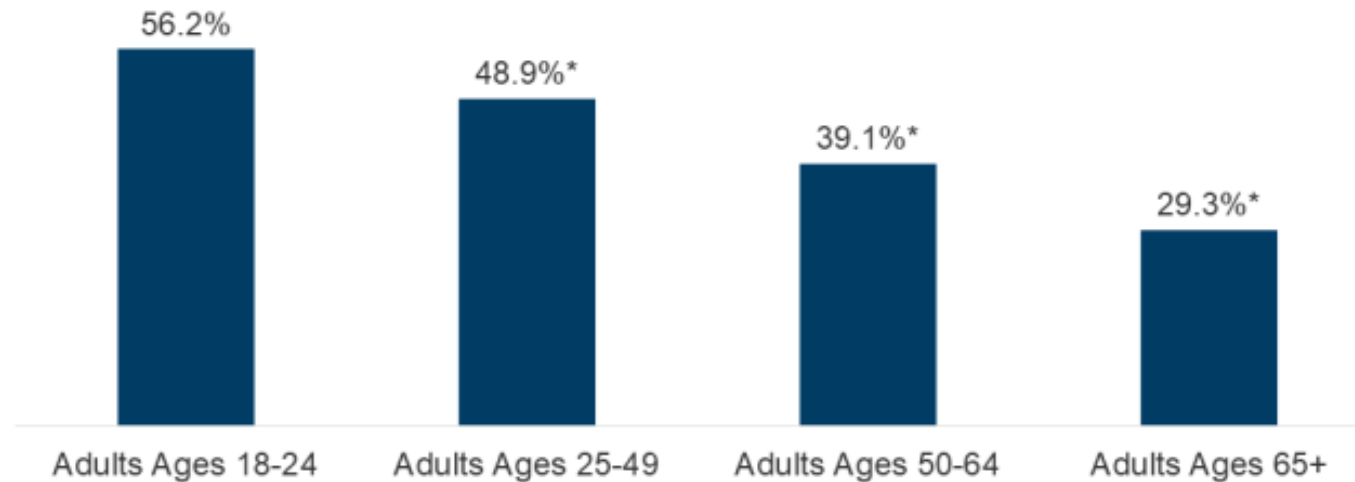
2. https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_w#contribAff

3. 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



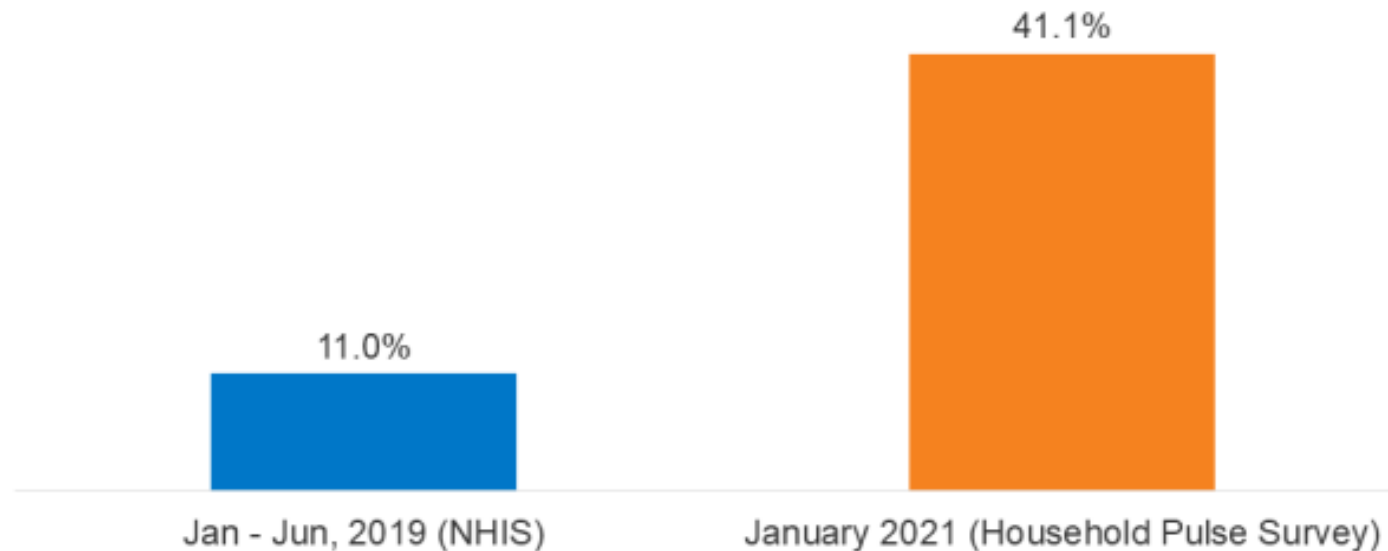
NOTES: *Indicates a statistically significant difference between adults ages 18-24. Data shown includes adults, ages 18+, with symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.

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

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



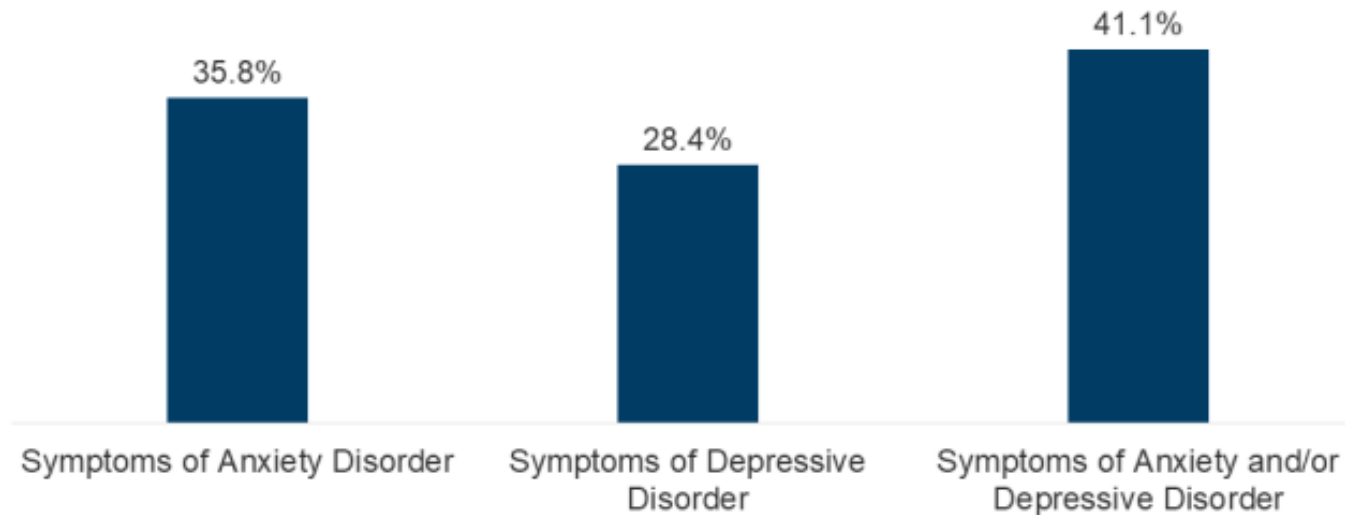
NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

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



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.



The Why of CoCM

Questions?