Implementing Collaborative Care and Telepsychiatry in Community Health Centers: Early Outcomes, Best Practices, and Sustainability Planning

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Background

Access to high-quality, affordable behavioral health care is a significant challenge for Michigan residents, especially publicly insured individuals facing insurance limitations and unaffordable costs[1]. The shortage and geographically unequal distribution of mental health providers exacerbate this challenge[2], leading many residents to seek behavioral health care in the primary care setting[1].

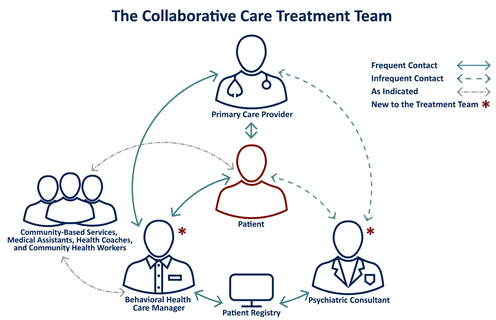
Collaborative Care (CoCM) and telehealth services are promising strategies to improve access to behavioral health care in the primary care setting, particularly for rural communities[3]. These models reduce cost, improve clinical outcomes, and facilitate access to treatment[4].

The Michigan Primary Care Association (MPCA) and the Michigan Medicine Department of Psychiatry are partnered in two projects implementing and evaluating CoCM and telehealth models to expand access to behavioral health services in community health centers (CHCs) throughout Michigan.

What is Collaborative Care?

Collaborative Care (CoCM) is an integrated behavioral health care model that leverages limited psychiatric time while improving behavioral health outcomes, specifically depression and anxiety, with growing evidence for post-traumatic stress disorder (PTSD) and bipolar disorder[5,6,7].

The model is a population health approach in which a behavioral health care manager (BHCM) and psychiatric consultant utilize a patient registry and proactive monitoring to manage patients with behavioral health needs.



Michigan Collaborative Care IMPLEMENTATION SUPPORT TEAM

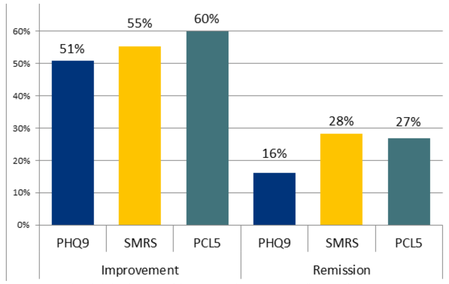
SPIRIT

SPIRIT

The Study to Promote Innovative Rural Integrated Telehealth (SPIRIT) is a PCORI-funded compartative effectiveness trial that compares telepsychiatry versus "extended" CoCM in rural CHCs to treat patients with PTSD and bipolar disorder. SPIRIT is being conducted in 12 CHCs across Michigan, Arkansas, and Washington.

Outcomes Report

Michigan: Improvement and Remission Rates:
CoCM and TR combined: 9/30/18

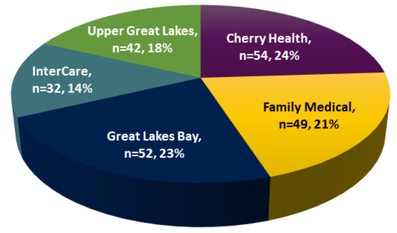


Patients only included in this metric if their PHQ9 and SMRS were initially ≥10 and their PCL5 was ≥31.

Improvement: PHQ9/SMRS: % of active patients achieving ≥5 point improvement between first and last scores
PCL5: % of active patients achieving ≥10 point improvement between first and last scores
Remission: PHQ9/SMRS: % of active patients that have been in treatment for ≥10 weeks and have a score <5
PCL5: % of active patients that have been in treatment for ≥10 weeks and have a score <19

Enrollment Report

Michigan: Enrollment by FQHC
March 2017 - October 2018
n = 229



MCCIST

The Michigan Collaborative Care Implementation Support Team (MCCIST) is operationalizing CoCM implementation processes and providing ongoing, personalized support to three CHCs implementing CoCM. Support includes:

- Developing workforce capacity (e.g., identifying and training team members)
- Making technological adaptations (e.g., population health patient registry, EHR documentation forms, telehealth equipment)
- Redesigning clinical workflow
- Engaging providers and leadership in the model

Programmatic Outcomes

Implementation Tasks Completed

- 3 Onsite training visits
- 3 Pre-implementation site visits
- 28 Providers trained (5 BHCMs, 3 psychiatric consultants, 20 PCPs)
- Needs and readiness assessments for each CHC
- Weekly to biweekly site calls, providing individualized support for each clinic to redesign workflow and build EHR forms

Examples of Materials Developed

- Web-based training and implementation manual, mccist.org
- Training curricula for BHCMs and psychiatric consultants
- 8 Webinars (e.g., Intake, Panel Review, Self-Management Planning)
- Excel-based patient registry and outcomes and fidelity reporting tool

Implementation Status

All three CHC partners have successfully launched their CoCM programs in a total of four clinics, including a traveling OB team. Each CHC will expand to additional clinics in the next year. MCCIST will continue providing support, focusing on sustainability planning.

Implementation Challenges

MCCIST and SPIRIT teams encountered key challenges transforming primary care practices to support CoCM and telehealth services.

Workforce Capacity

- Identifying psychiatrists and BHCMs for these models can be challenging given the current workforce shortage. Connections with professional networks and medical schools should be utilized.
- Credentialing, privileging, and training new team members is a time-intensive process that should be addressed early in implementation. Customizable curricula help adapt to the diverse clinical experiences of new providers.

Technology

- HIPAA-compliant video conferencing software and remote EHR access are necessary for offsite psychiatrists.
- Developing specific CoCM EHR forms eases documentation burden and facilitates reporting for QI initiatives.
- CoCM teams need a population health patient registry for panel review.
- Ample time and input from IT, EHR, and QI staff facilitates success.

Buy-in

- Uncertainty surrounding billing for these services has raised concern with each CHC regarding program sustainability.
- Engaging broad CHC stakeholders to communicate current service gaps addressed by these services, program successes from existing CoCM providers, improved clinical outcomes, and active advocacy efforts fostered buy-in and catalyzed implementation.

Sustainability Planning

Funding for these projects has helped CHCs mitigate start-up costs for CoCM and telepsychiatry programs; however, a stable revenue stream is necessary to ensure long-term financial viability.

In January 2018, CMS activated G and CPT codes for CoCM services, suggesting support for wide spread dissemination of these services. Despite activation of these codes, there is inconsistent reimbursement from public and private payers and Medicaid has yet to activate these codes.

G-Codes for CoCM Services			
Initial Month	70 Minutes	G0512	CoCM
Subsequent Months	60 Minutes	G0512	CoCM

Our team is fervently advocating with various state entities to activate for these codes, specifically communicating that the codes:

1) Improve access to mental health services
2) Enhance primary care providers' ability to address mental health concerns
3) Reduce long-term health care costs
4) Are intended for patients who do not qualify for community mental health services

Securing funding will significantly enhance the outlook for program sustainability. Such assurances will inspire confidence in the success of CoCM programming from leadership and providers, facilitating ease of implementation.

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