

# Collaborative Care

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**L&I Collaborative Care Conference**  
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# Mental Illness and Substance Abuse

- **Nearly 25 % of all health related disability**
  - More than diabetes, heart disease, or cancer
- **For employers:**
  - Absenteeism, presenteeism,
  - High costs (250 % higher): mostly medical
    - e.g.: depression & diabetes
- **For governments:**
  - Homelessness, involvement with the criminal justice system; high cost
- **One suicide every 13 minutes**
  - More than homicides or motor vehicle accidents
- **No family goes untouched**



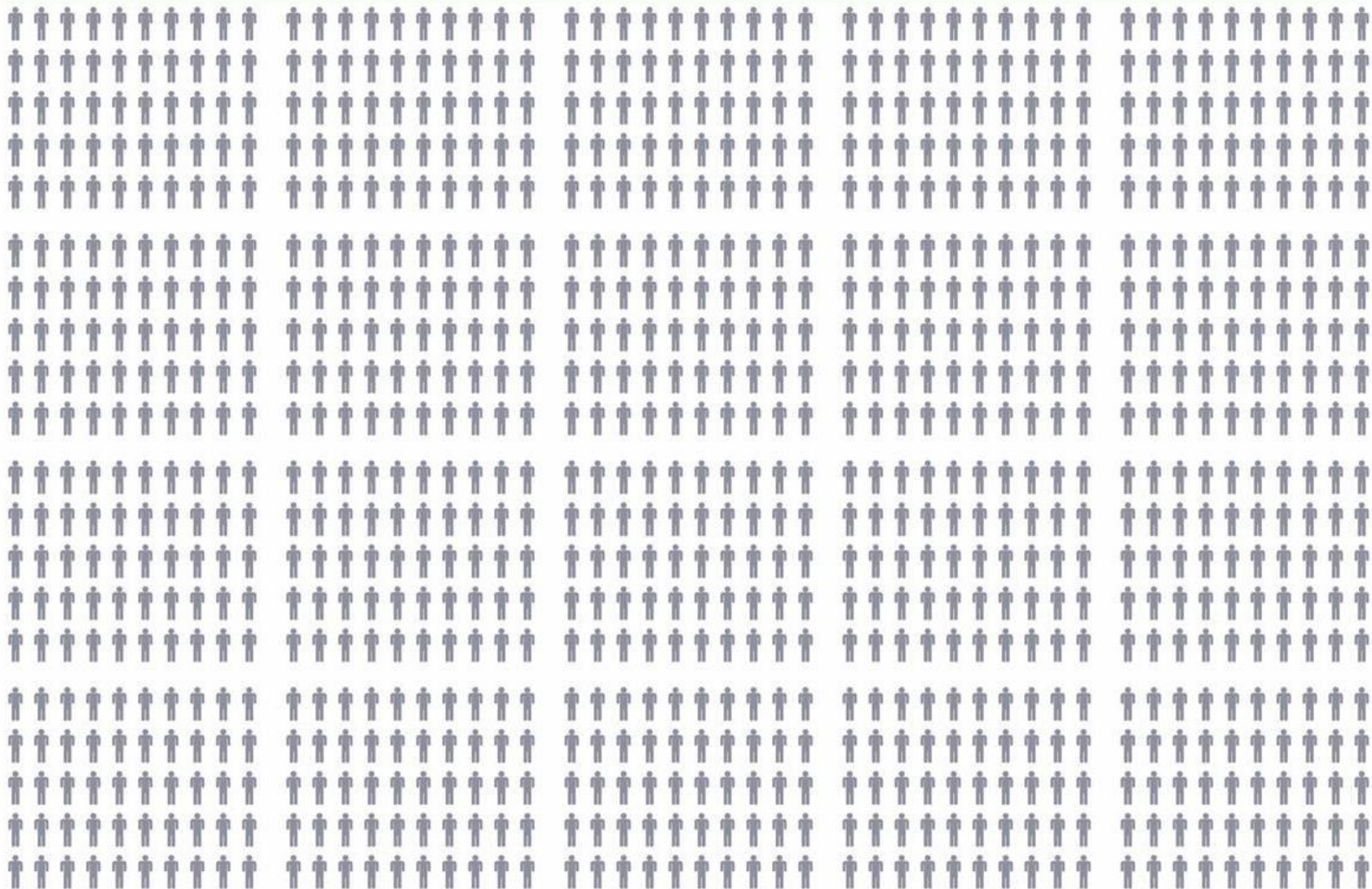
# High Health Care Costs

Population	% with behavioral health diagnosis	PMPM without BH diagnosis	PMPM with BH diagnosis	Increase in total PMPM with BH diagnosis
Commercial	14%	\$ 340	\$ 941	276 %
Medicare	9%	\$ 583	\$ 1429	245 %
Medicaid	21%	\$ 381	\$ 1301	341 %
<b>All insurers</b>	<b>15%</b>	<b>\$ 397</b>	<b>\$ 1085</b>	<b>273 %</b>

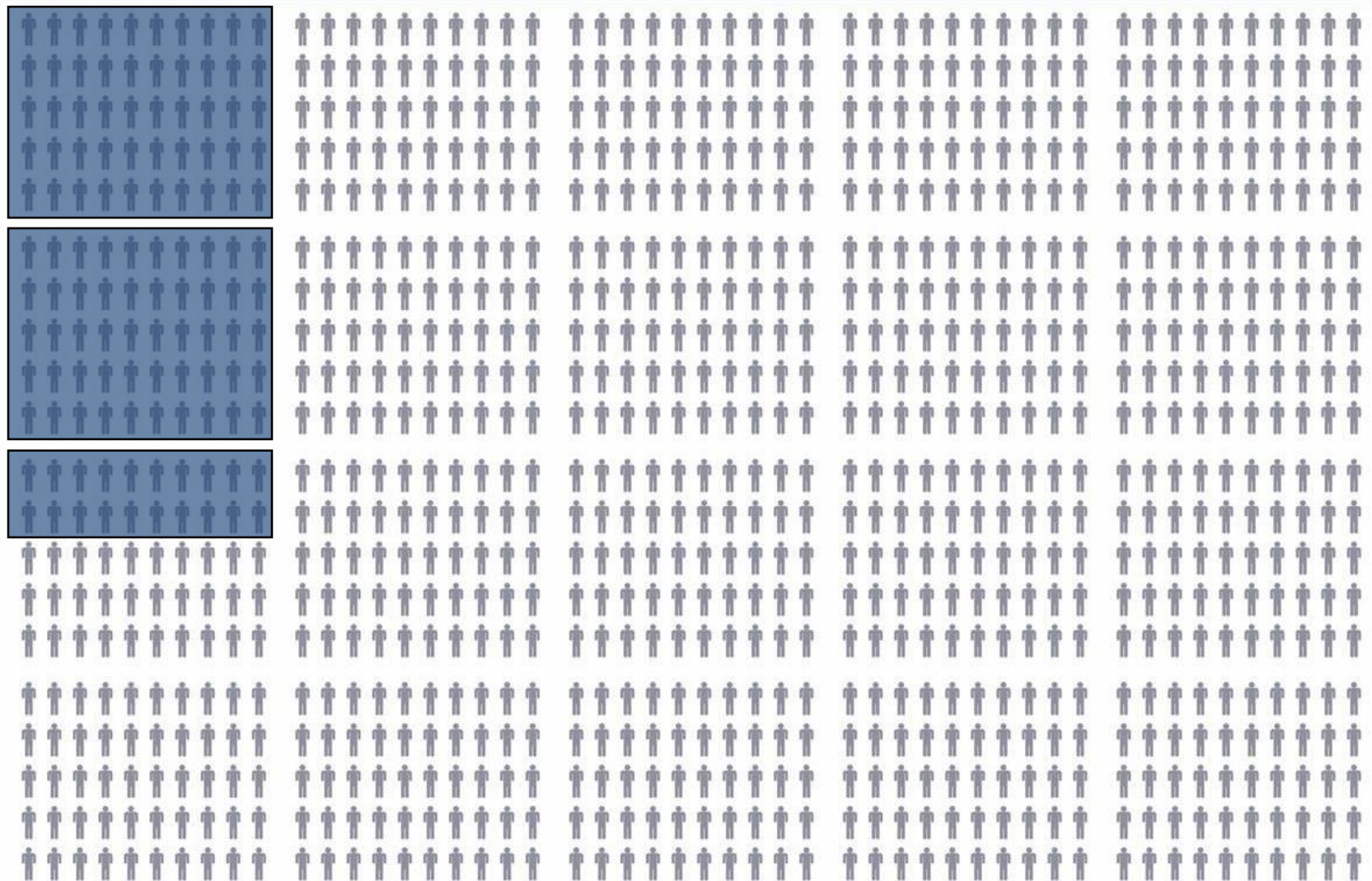
Mental health specialty care accounts for only 3 % of overall costs.  
More effectively integrated mental health care could save billions.

\* APA Milliman report; Melek et al; 2013

# Of all people living with mental disorders

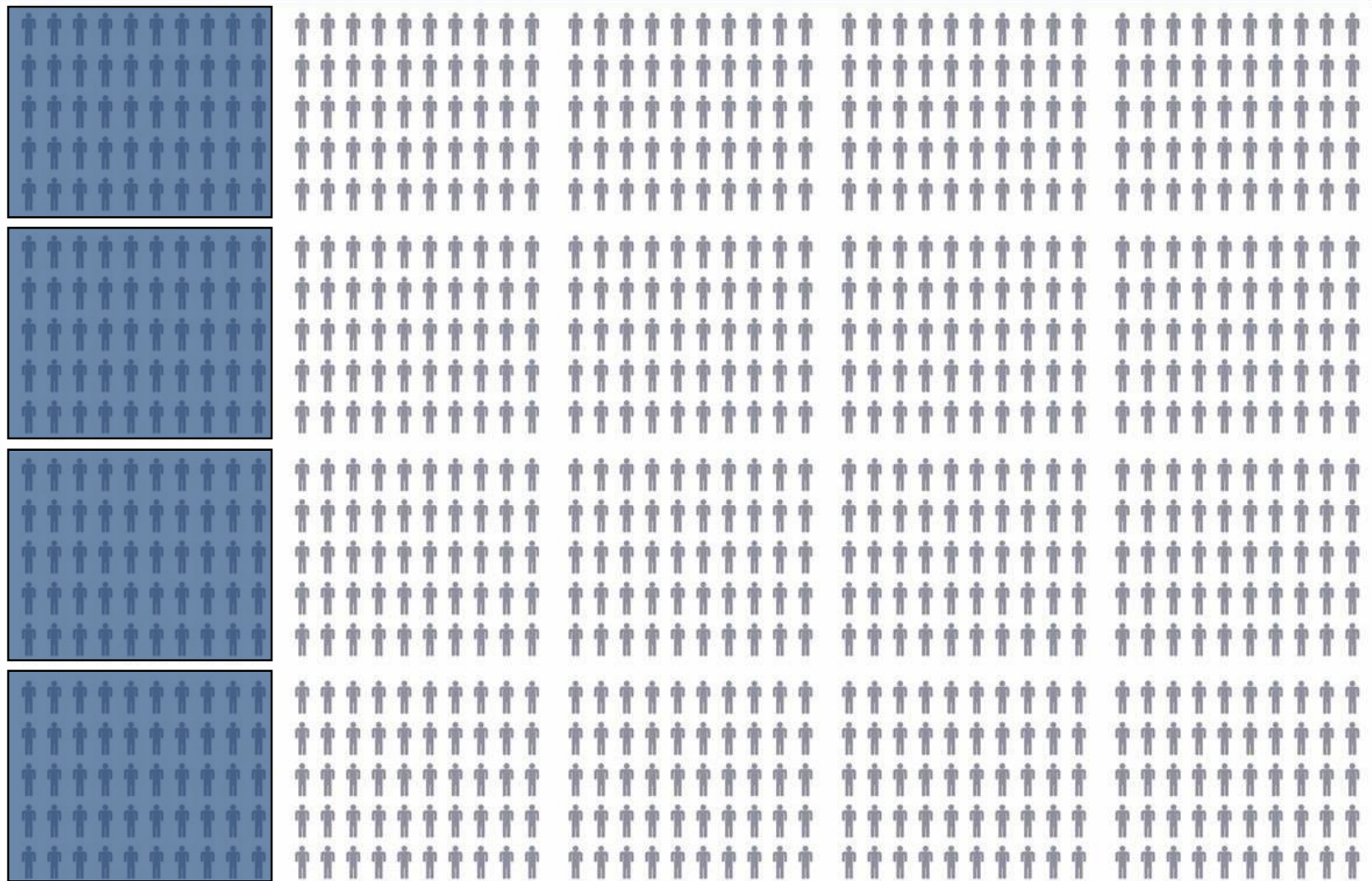


# 12% see a psychiatrist



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# 20 % see any mental health specialist



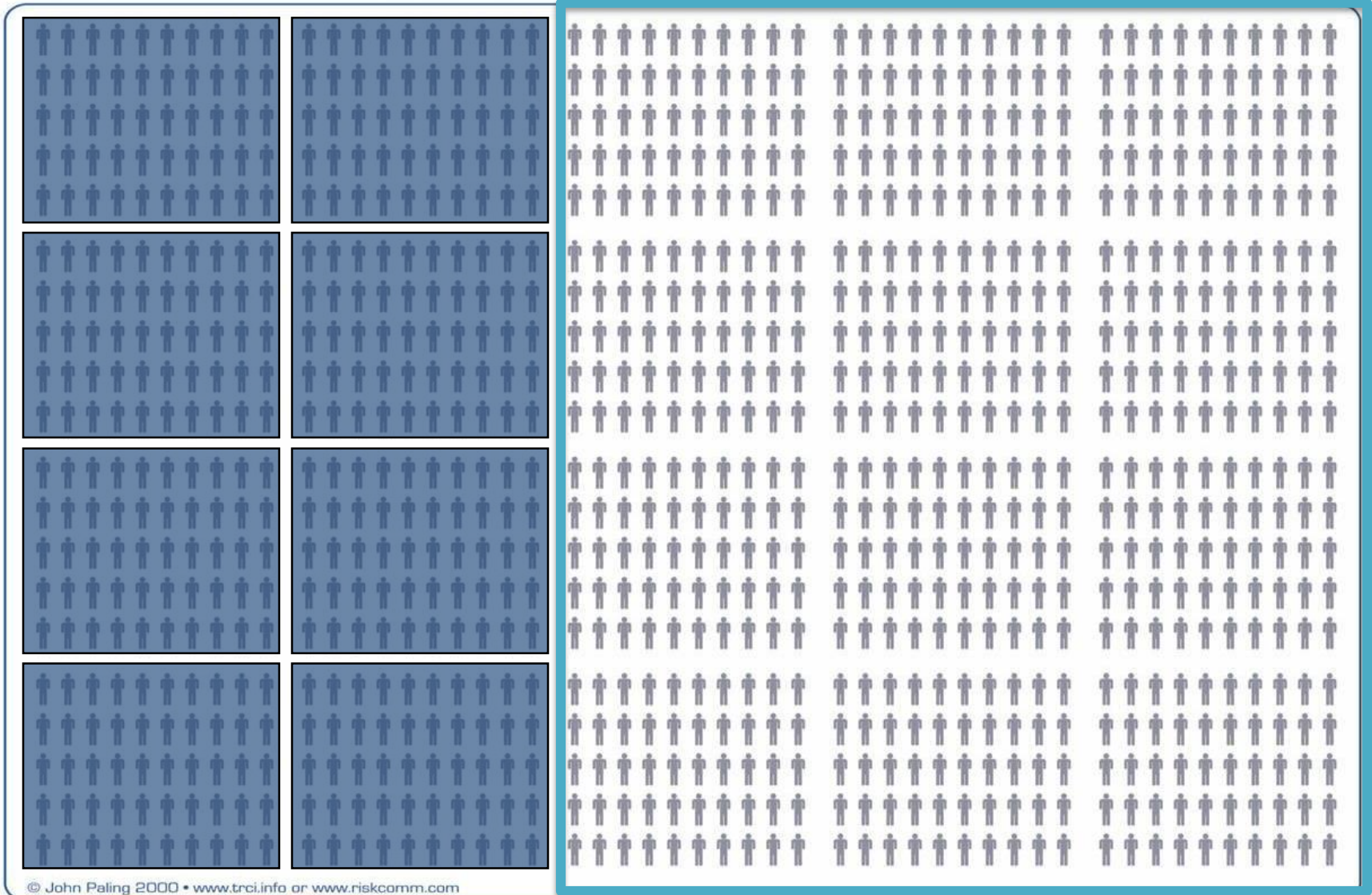
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# 40 % get mental health treatment in primary care



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# Most get no formal treatment



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# Quality of Care

- ~ 30 million people receive a prescription for a psychotropic medication each year (most in primary care) but *only 1 in 4 improve*.
- Patients with serious mental illness *die 10 – 20 years earlier*, in large part due to poor medical care.

“NOT OK.”

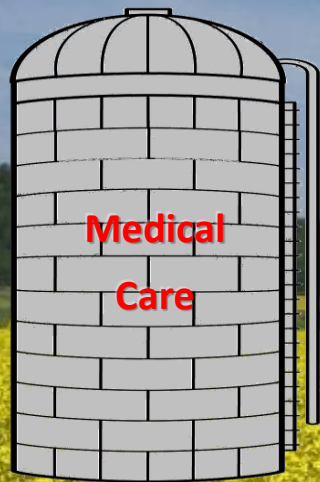


*“Of course you feel great. These things are loaded with antidepressants.”*



# Patient Centered Care?

*“Don’t you guys talk to each other?”*





# How do we close the gap?

- **Work smarter:** leverage mental health professionals through
  - **Collaboration (e.g., primary & behavioral health care)**
  - **Technology (e.g., tele-mental health, mobile health)**
- **Work ‘upstream’**
  - **Detect and treat patients earlier: schools, workplaces, primary care**

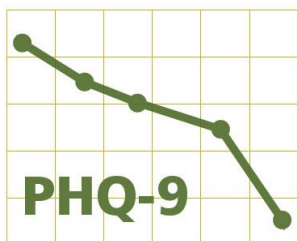
*More of the same will not get us where we need to go.*

# Collaborative Care



## Primary Care Practice

- Primary Care Physician
- Patient
- +
- Mental Health Care Manager
- Psychiatric Consultant



Outcome Measures

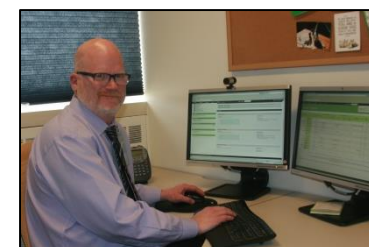
**Problem Solving Treatment (PST)**  
**Behavioral Activation (BA)**  
**Motivational Interviewing (MI)**  
**Medications**

Treatment Protocols

[ACTIVE PATIENTS]

FAID	[Patient ID]	[Name]	[Enrollment Date]	[Status]	[Initial Assessment Date]	[Pos. %]
	0001	Test, Test	2/8/2013	[Y]	8/24/2013	
	0008	Test, Suzy	4/2/2013	[Y]	5/21/2013	12
	0010	Test, Test	4/17/2012	[Y]	4/25/2013	18
	0035	Test, Rpp Reminder	1/10/2013	[Y]	1/10/2013	
	0038	Test Patient, Mhvec	1/23/2014	[Y]	1/23/2014	22
	0041	Test, Test	3/4/2014	[Y]	3/4/2014	
	0042	Test, Test	3/7/2014	[Y]	3/7/2014	

Population Registry



Psychiatric Consultation

# Care Management Tracking System

CaseLOAD STATISTICS L1

Report Created on : Wednesday, February 3, 2010, 7:02PM

CO	# OF P.	CLINICAL ASSESSMENT		FOLLOW UP			LAST AVAILABLE		# ON PROG	# W/ MISSING	# IN C/C	PSYCHIATRY CONSULTATION			50% IMPROVED AFTER > 10 WKS		
		MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	MEAN PHQ				MEAN GAD	# REQ'D	# W/ P/N	# W/ P/E	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=51)	12.8 (91%)	62 (91%)	6.7 (82%)	5.5 (18%)	11.0 (Δ+28%)	8.8 (Δ+31%)	50 (77%)	3 (4%)	0 (0%)	1 (1%)	42 (60%)	0 (0%)	19 (49%)	16 (41%)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (92%)	79 (92%)	12.4 (52%)	6.0 (48%)	11.4 (Δ+28%)	10.5 (Δ+26%)	63 (78%)	2 (2%)	2 (2%)	0 (0%)	62 (72%)	0 (0%)	34 (88%)	28 (56%)
All	156	154 (99%)	15.6 (n=147)	13.6 (92%)	141 (92%)	9.9 (61%)	6.0 (39%)	11.2 (Δ+28%)	9.8 (Δ+28%)	113 (78%)	5 (3%)	2 (1%)	1 (1%)	104 (67%)	0 (0%)	53 (80%)	44 (49%)

Population(s) included:  GA-U  Uninsured  Veterans  Veteran Family Members  Home  Children  Older Adults

- Access from anywhere.
- Population-based.
- Supports effective care
- Keeps track of 'caseloads'.
- Facilitates consultation.
- Allows research on highly representative populations

Caseload summaries help manage

- Clinical productivity
- Quality improvement

Licensed in 14 US states & Alberta  
Supporting care of over 100,000

PCP SUMMARY

ID : 800114

Created on: Wednesday, February 3, 2010

Care Coordinator: [Redacted] Primary Care Provider: [Redacted]

**Working Diagnoses :**  
 L1 : Depression (PHQ-9 : 0/27, Minimal); Anxiety (GAD-7 : 0/21); PTSD (PCL : 56/85)

**Formulation :** Pt feels significantly better. No depressive sx's and only 'normal' anxiety. States previously her sister had a fight w her mother, pt became estranged from her mother and sister for a time. Pt continues to have a good relationship w her mother and her sister. Pt discussed how she would work w her sister. Reports good relationship w her husband whose mood has significant w his new anti-depressant. She feels that her life, in general has improved and has no particular concerns.

**Treatment Progress :**

**Safety Concerns :**  
 Past Suicide Attempts : None reported.

**Current Psychiatric Medications :** Sertraline (Zoloft) / 50mg, 1 tablet once a day

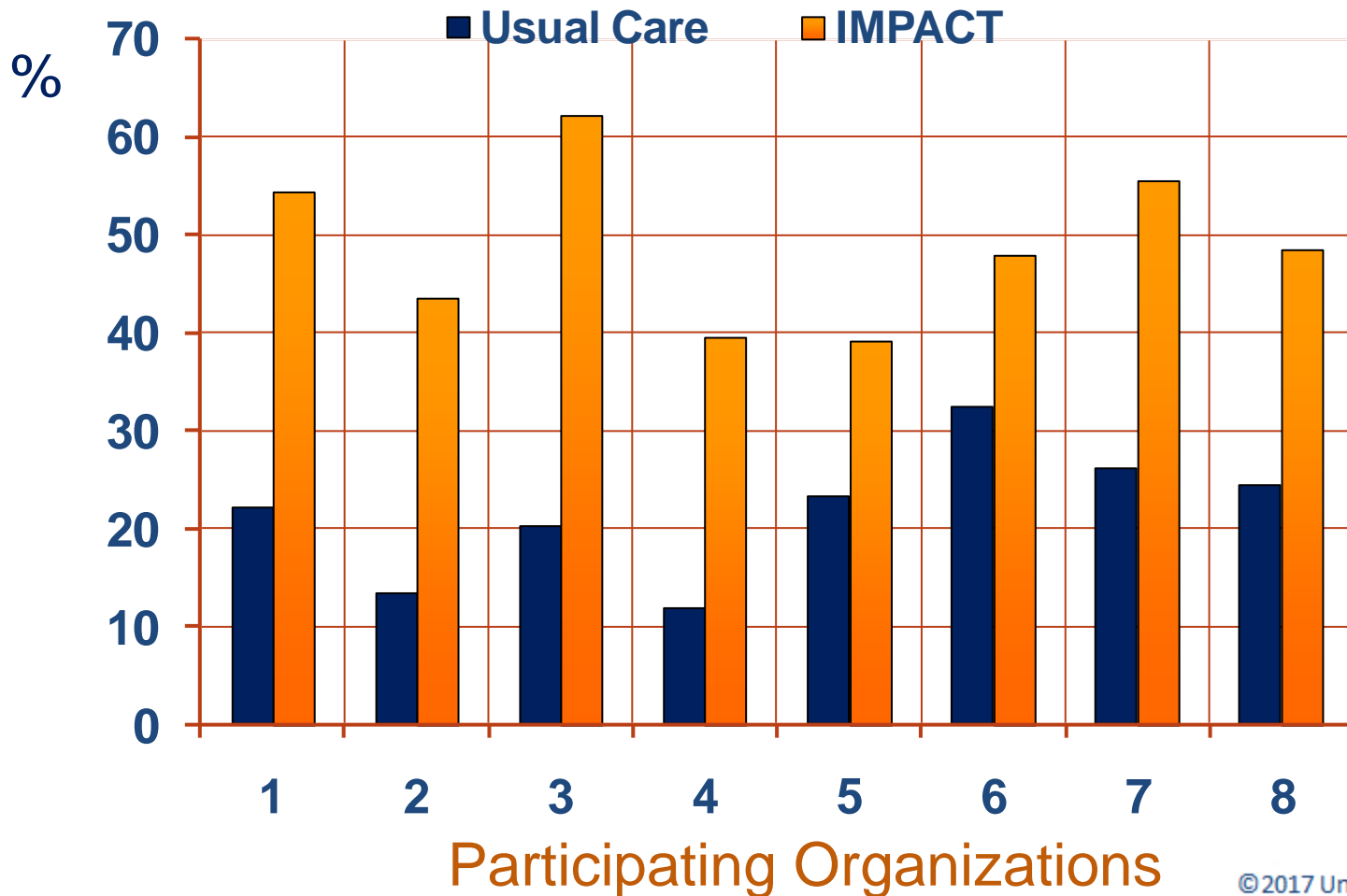
**Activity Goals :** Pleasant Events Scheduling: Make it a point to do some things this week that you enjoy. • Likes to decorate and was interested in baking, creating her own recipes. • Enjoys reading. • Increased rewarding activity w her husband. • Talking with her son. • Dancing with children. • Going soccer games and practices. • Talk to my friends and brother. • Eating at least one meal together w husband and children. Plan: pt will use exercise equipment to increase her energy and run. She will borrow her sister's machine.

**Referrals :** None recorded

Psychiatrist Note Last updated by: Consulting Psychiatrist (Mm.Amyr)

# Collaborative Care doubles effectiveness of depression care

50 % or greater improvement in depression at 12 months



# Collaborative care reduces health care costs

ROI: \$ 6.5 saved / \$ 1 invested



Cost Category	4-year costs in \$	Intervention group cost in \$	Usual care group cost in \$	Difference in \$
IMPACT program cost		522	0	522
Outpatient mental health costs	661	558	767	-210
Pharmacy costs	7,284	6,942	7,636	-694
Other outpatient costs	14,306	14,160	14,456	-296
Inpatient medical costs	8,452	7,179	9,757	-2578
Inpatient mental health / substance abuse costs	114	61	169	-108
<b>Total health care cost</b>	<b>31,082</b>	29,422	32,785	<b>-\$3363</b>

Savings



Unützer et al., *Am J Managed Care* 2008

# IMPACT: Collaborative Care achieves The Triple Aim of health care reform

- **Better care experience**
  - Access to care
  - Satisfaction
- **Better clinical outcomes**
  - Less depression
    - 19% response in usual care
    - 49% response in collab care
  - Less physical pain
  - Better functioning
- **Lower health care costs**
  - \$ 6 saved for ever \$ 1 spent



*“I got my life back”*





## > 80 randomized clinical trials:

- ✓ **Better care experience**
  - Access to care
  - Client & provider satisfaction
- ✓ **Better health outcomes**
  - Less depression
  - Less physical pain
  - Better functioning
  - Better quality of life
  - Lower mortality
- ✓ **Lower health care costs**

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***“The triple aim of health care reform.”***

# Wall Street Journal, Sept 2013



**ROI for collaborative depression care: \$ 6.50 for each \$ 1.00 spent**

## FIXING BEHAVIORAL HEALTH CARE IN AMERICA

First in a series, this policy brief calls for integrating and coordinating specialty behavioral health care with the medical system in America

LEARN MORE ABOUT THE POLICY BRIEF



### OUR VISION

The Kennedy Forum is working toward lasting change in the way mental health and addictions are treated in our healthcare system, through:



# AIMS CENTER

Advancing Integrated  
Mental Health Solutions

WHO WE ARE

WHAT WE DO

COLLABORATIVE CARE

Search



## COLLABORATIVE CARE IN THE NEWS

### CMS Payment Codes Explained

A New England Journal of Medicine article explains Medicare payment for CoCM.

### CMS Finalizes Payment Rule

The APA describes impact of CMS' finalized rule for collaborative care tasks.

### Payment for Collaborative Care

A discussion on measurement-based care and payment for Collaborative Care.

CMS publishes final rules covering collaborative care services < >

## DANIEL'S STORY

Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life. >

## IMPLEMENTATION GUIDE

Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington. >

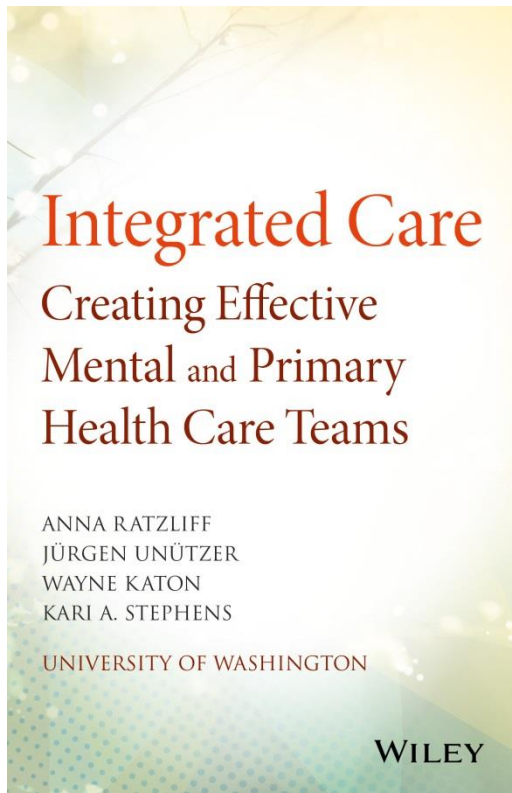
## FREE RESOURCES

Looking for something? Search for resources, tools, videos, research and more related to Collaborative Care. >

NONE OF US IS AS SMART AS ALL OF US



# New Book Focuses on Building Effective Integrated Care Teams



- ✓ Refine clinical approaches used in primary care
- ✓ Learn integrated care best practices
- ✓ Gain practical implementation skills
- ✓ Increase access, improve outcomes, lower costs

# Behavioral Health Integration Program (BHIP) at UW Medicine

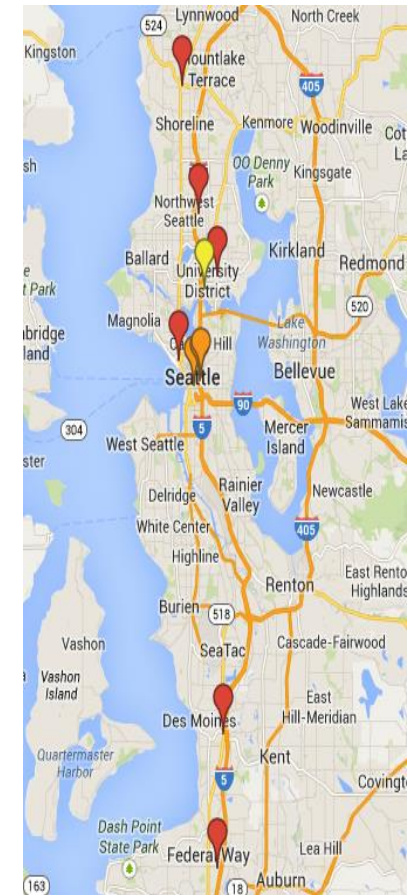
2014 APA Award of Distinction for Model Program

20% of UW Medicine Primary Care Patients have at least one visit with a mental health diagnosis



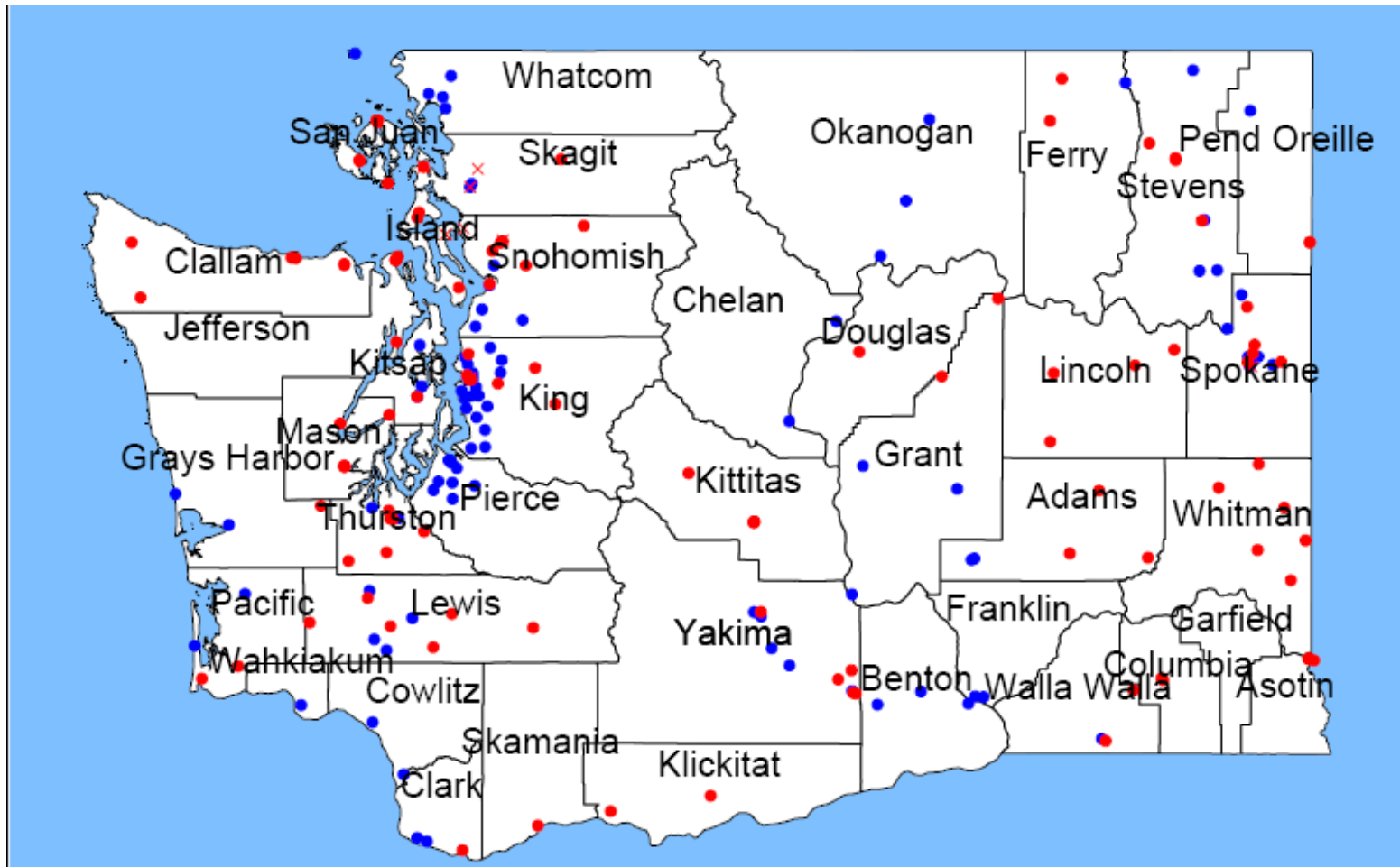
## 20 Participating Clinic Sites:

- Harborview Medical Center (HMC):
- University of Washington Medical Center (UWMC)
- University of Washington Neighborhood Clinics (UWNC)
- Valley Medical Center (VMC)



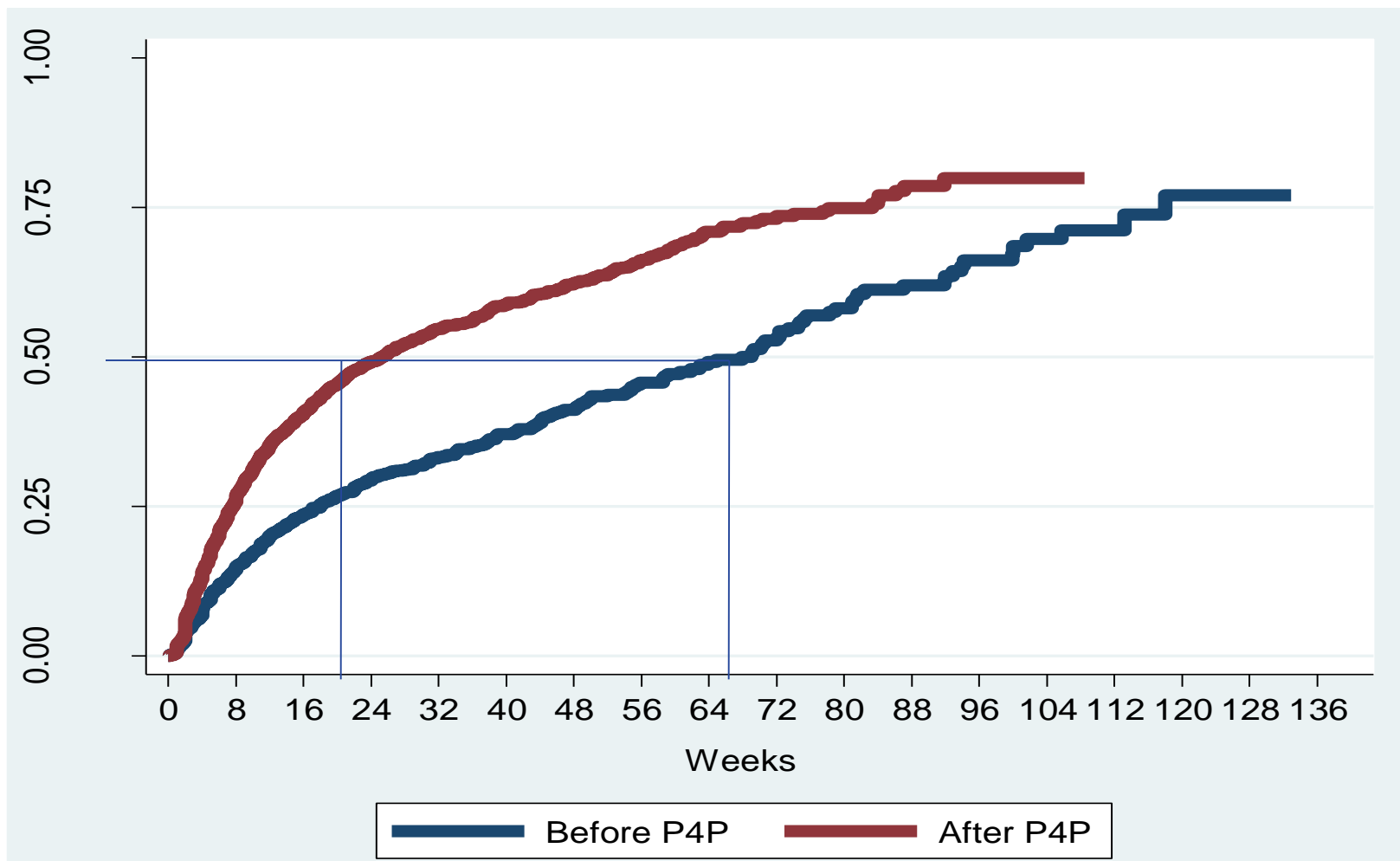
# Mental Health Integration Program (MHIP)

More than 50,000 clients served in > 150 primary care clinics



# MHIP: Pay for Performance initiative

## cuts median time to depression treatment response in half







# Principles



**Patient-Centered Collaboration.** Primary care and behavioral health providers collaborate effectively using shared care plans.



**Population-Based Care.** A defined group of clients is tracked in a registry so that no one falls through the cracks.



**Evidence-Based Care.** Providers use treatments that have research evidence for effectiveness.



**Treatment to Target.** Progress is measured regularly and **treatments are actively adjusted until clinical goals are achieved.**



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**Accountable Care.** Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.

***Thank you***



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