Collaborative Care Management (CoCM) in a Virtual World

Nate Sowa, MD, PhD
Assistant Professor
Associate Vice Chair for Virtual and Integrated Care

Virtual Care and CoCM - Overview

- Review the CoCM model
- Describe 2 versions of the virtual CoCM model
- Describe the evidence for CoCM delivered virtually
- Challenges and strategies
- Turnkey solutions
CoCM – Caseload focused Psych consultation supported by care manager

Client-Centered Collaboration. Primary care and mental 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.

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

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

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

CoCM – Caseload focused Psych consultation supported by care manager

New Roles

PCP

Patient

BHP/Care Manager

Psychiatric Consultant

• Depression
  • Adolescent
  • Dep, DM, Heart disease
  • Dep & Cancer
  • Dep in Women’s Health
• Anxiety
• PTSD
• Chronic Pain
• Dementia
• SUD
• ADHD

Over 90 RCTs of CoCM

Established Evidence

Emerging Evidence

• Bipolar disorder
• Serious Mental Illness
Over 90 RCTs of CoCM

- General Medical
- Geriatrics
- Cardiology (Post-CABG, post-ACS, CAD)
- Diabetes
- Cancer
- OB/Gyn
- Pediatrics
- Infectious disease clinics (HIV/AIDS)
- Chronic pain (primary care, pain clinic, oncology)

It saves money!!

ROI: $6.5 SAVED / $1 INVESTED (PER PATIENT)*

Virtual CoCM – Version 1

- Embedded care manager with distant psychiatric consultant
- Psychiatrist and Care manager meet via video conference for weekly case consultation
  - Emphasis on importance of warm handoff
  - Stressed close collaboration with primary care provider
  - Encouraged frequent referral and integration into the team
  - Maximized the most limited resource (psychiatrist)


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- In some programs, psychiatrist met in person with care manager
  - Strengthened relationship
  - Allowed for “curbside” discussions with PCPs

*Sheps Health Workforce NC (https://nchealthworkforce.unc.edu/blog/psychiatry_fte_2017/)*
Virtual CoCM – Version 2

- Challenges in staffing (due to geography and/or practice size) has led to using remote care managers
  - CMs receive referrals from PCPs and connect with patients via telephone and/or audio-visual (video)
    - Some provide real-time, virtual “warm handoffs”
  - All behavioral interventions and measurements done virtually
  - CM meets virtually or in person with psychiatric consultant
  - All communication between CM and PCP is done virtually

Virtual CoCM – Evidence Base

"The 9 studies collectively demonstrate effectiveness of remote CoCM in treating a range of behavioral health conditions (depression \( n = 7 \), anxiety \( n = 2 \), and PTSD \( n = 1 \)), across various populations and settings."

Remote Collaborative Care With Off-Site Behavioral Health Care Managers: A Systematic Review of Clinical Trials

Jessica Whitfield, M.D., M.P.H., Erin LePoire, M.P.H., Brenna Stanczyk, M.D., Anna Ratzliff, M.D., Ph.D., Joseph M. Cerimele, M.D., M.P.H.

"Conclusions—Contracting with an off-site Telemedicine Based Collaborative Care team yields better outcomes than implementing Practice Based Collaborative Care with locally available staff."
### Virtual CoCM Benefits

- Able to support smaller practices
- Expands geographic reach of the service to areas of behavioral health clinician shortages
- Allows for centralized support and expertise
- May reduce implementation and maintenance costs for practices due to shared resources

### Virtual CoCM Challenges

- Engagement with primary care clinicians
- Referrals
- Screening
- Possible loss of important cultural lens
- Logistical challenges
Virtual CoCM Challenges + Strategies

- Engagement with primary care clinicians
  - Site visits, lunch and learns, program updates; Frequent involvement of PCP “champion”
- Referrals
  - Proactive outreach to clinicians and staff
- Screening
  - Development of virtual screening tools; coordinated workflows
- Possible loss of important cultural lens
  - Incorporation of PCP champion, conversations with staff
- Logistical/Technological challenges
  - Flexible “scheduling”; standardized workflows and tools; regular communication; utilization of clinic resources

Turnkey Solutions

- Several companies are now providing virtual CoCM solutions for primary care practices
- Pros
  - May be cost-effective for smaller practices
  - Expertise in implementation
  - Identifies trained BH providers
- Cons
  - Fidelity to the model?
  - Local cultural knowledge
  - Less “skin in the game” than internal resources
- Recommendation
  - Understand the model being used in detail and explore alternatives
  - Get expert consultation to review proposed contract and scope of work
  - Carefully review financial agreements
Summary

- CoCM is an evidence-based, highly effective treatment model of behavioral health integration
- CoCM can be effectively delivered via virtual care
- Virtual CoCM offers unique challenges
- Turnkey virtual CoCM solutions exist; evaluate carefully

Resources

UW AIMS Center: https://aims.uw.edu/
APA: https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care

nate_sowa@med.unc.edu