

Collaborative Care Management (CoCM) in a Virtual World

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Virtual Care and CoCM - Objectives



- Review the CoCM model
- Describe the evidence for CoCM delivered virtually
- Describe the model in practice
- Challenges and strategies

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CoCM



Collaborative Care

Caseload-focused psychiatric consultation supported by a care manager

Better access

- PCPs get input on their patients' behavioral health problems within a days /a week versus months
- Focuses in-person visits on the most challenging patients.

Regular Communication

- Psychiatrist has regular (weekly) meetings with a care manager
- Reviews all patients who are not improving and makes treatment recommendations

More patients covered by one psychiatrist

- Psychiatrist provides input on 10 – 20 patients in a half day as opposed to 3-4 patients.


Shaping over time

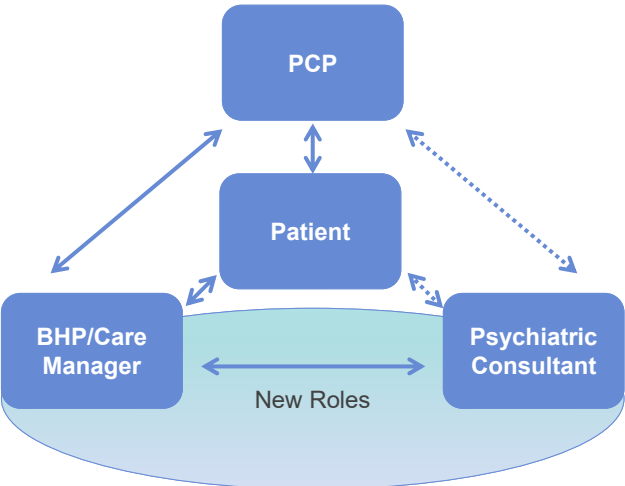
- Multiple brief consultations
- More opportunity to 'correct the course' if patients are not improving


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CoCM







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Client-Centered Collaboration. Primary care and mental health providers collaborate effectively using shared care plans.
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Population-Based Care. A defined group of clients is tracked in a registry so that no one falls through the cracks.
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Treatment to Target. Progress is measured regularly and treatments are actively changed until clinical goals are achieved.
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Evidence-Based Care. Providers use treatments that have research evidence for effectiveness.
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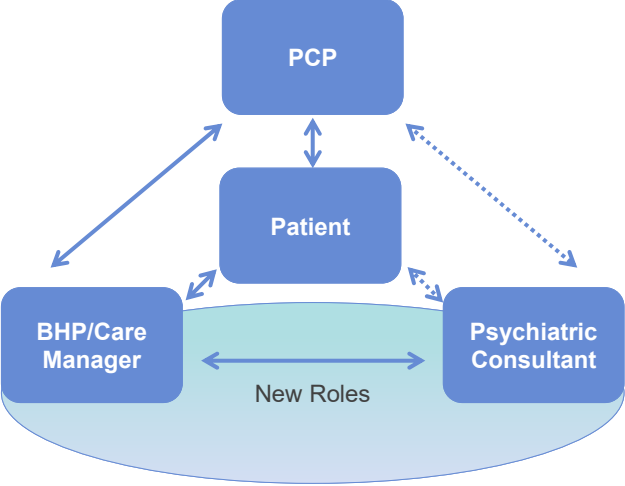
Accountable Care. Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.

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CoCM






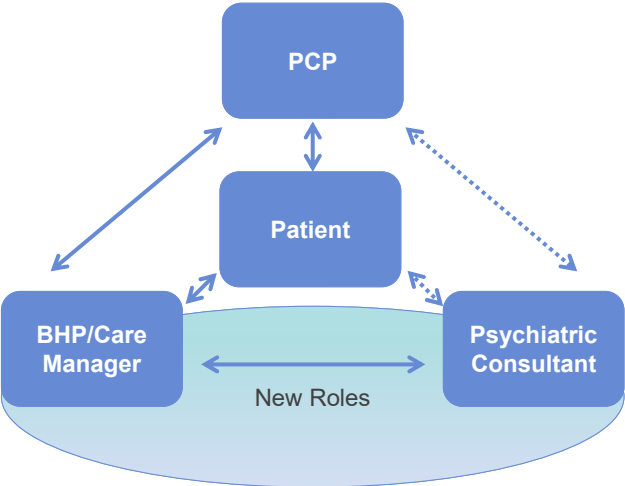
Over 90 RCTs of CoCM

<u>Established Evidence</u>	<u>Emerging Evidence</u>
<ul style="list-style-type: none"> • Depression <ul style="list-style-type: none"> • Adolescent • Dep, DM, Heart disease • Dep & Cancer • Dep in Women's Health • Anxiety • PTSD • Chronic Pain • Dementia • SUD • ADHD 	<ul style="list-style-type: none"> • Bipolar disorder • Serious Mental Illness

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CoCM





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)

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CoCM

SCHOOL OF
MEDICINE

Over 90 RCTs of CoCM

It saves money!!

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

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Virtual CoCM

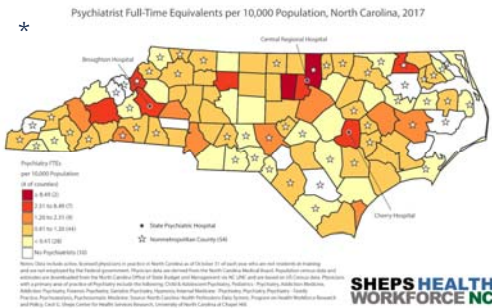
SCHOOL OF
MEDICINE

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

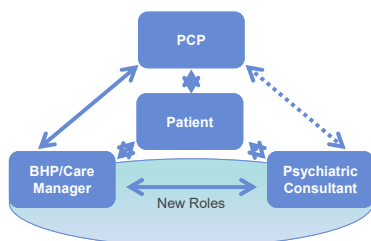
*2018 Washington state Health Assessment
<https://doh.wa.gov/sites/default/files/legacy/Documents/1000//SHA-AccessstoBehavioralHealthProviders.pdf>

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Virtual CoCM



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*Sheps Health Workforce NC (https://nchealthworkforce.unc.edu/blog/psychiatry_ftc_2017/)

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Virtual CoCM



- 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



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Virtual CoCM – Evidence Base



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Review Article

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.

“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.”

Published in final edited form as:
Am J Psychiatry. 2013 April 1; 170(4): . doi:10.1176/appi.ajp.2012.12050696.

Practice Based Versus Telemedicine Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial

John C. Fortney, PhD^{1,2,3}, Jeffrey M. Pyne, MD^{1,2,3}, Sip B. Mouden, MS, CRC⁴, Dinesh Mittal, MD^{1,2,3}, Teresa J. Hudson, PharmD^{1,2,3}, Gary W. Schroeder, PhD¹, David K. Williams, PhD⁵, Carol A. Bynum, PhD⁶, Rhonda Mattox, MD⁷, and Kathryn M Rost, PhD⁸

“Conclusions—Contracting with an off-site Telemedicine Based Collaborative Care team yields better outcomes than implementing Practice Based Collaborative Care with locally available staff.”

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Virtual CoCM in Practice



- UNC Physician’s Network Practices
 - 4 sites; ~9,945 total patient panel
- UNC Health Alliance provides CM and practice support
 - CM is hybrid – in practice some time, but virtually available all time
 - Supervision team located in Triangle
- UNC Dept of Psychiatry provides psychiatric consultation (virtually)



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Virtual CoCM Benefits

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



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Virtual CoCM Challenges

- Engagement with primary care clinicians
- Referrals
- Screening
- Possible loss of important cultural lens
- Logistical challenges



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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

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Resources

UW AIMS Center: <https://aims.uw.edu/>

APA:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>

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