Collaborative Care for Children and Adolescents

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Finding a solution to the nation's behavioral health crisis

Addressing this crisis requires a novel approach that achieves goals more quickly than usual care models.

The solution to the nation's behavioral health crisis needs to be:

Population-focused

Measurement-guided

Evidence-based

The **Collaborative Care Model (CoCM)** is all these things and **two times more effective** for treating depression and anxiety than traditional care.

Trial study proves collaborative care reduces health care spend

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The ***IMPACT: Improving Mood and Promoting Access to Collaborative Treatment*** study is largely synonymous with collaborative care, as it was the first large, randomized controlled trial for the treatment of depression.

Collaborative care study results

A **savings of $3,365** per patient over a four-year period

Depression treatment was **more than twice as effective** in older adults

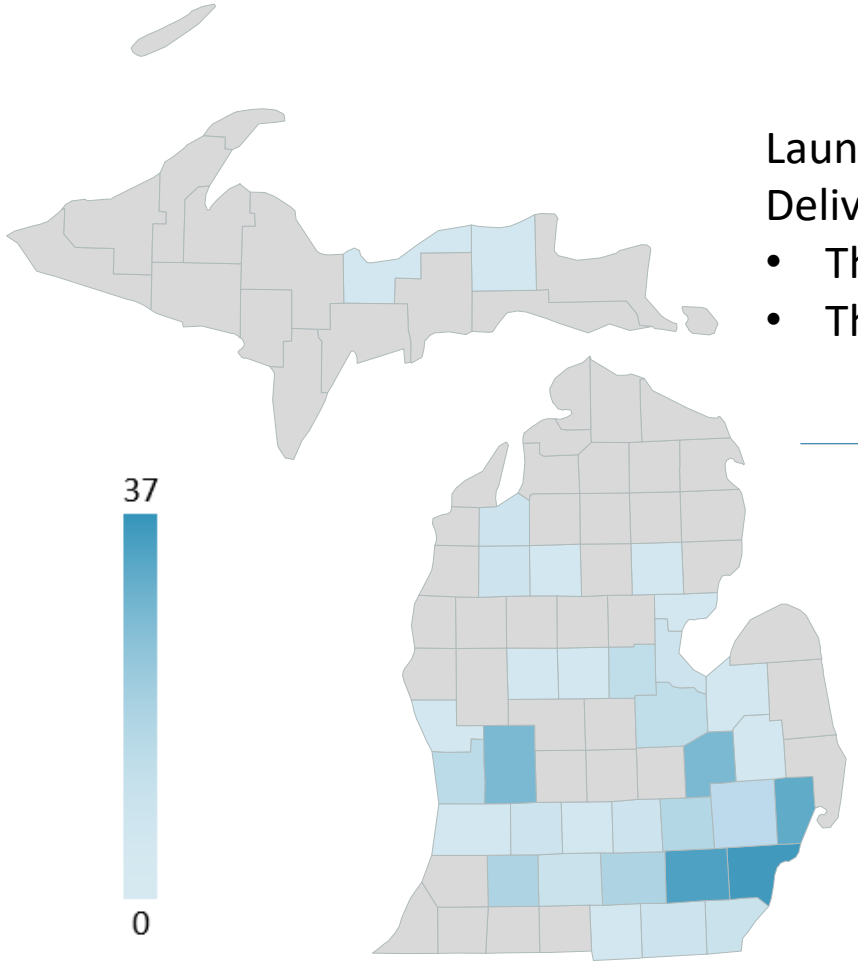
Lower total health care costs over four years in older adults with depression

A **lower annualized total health care costs per patient of $7,471** (excluding pharmacy) over traditional care

(1) Long-term Cost Effects of Collaborative Care for Late-life Depression, (2) Taking an evidence-based model of depression care from research to practice: making lemonade out of depression.

Collaborative Care Model Utilization

Our solid foundation has allowed Blue Cross to expand utilization of the Collaborative Care Model (CoCM).



Sept. 2023-Aug 2024 Designation cycle

Launched ***new learning modules*** for Delivering CoCM to:

- The **perinatal** population
- Those with **substance use disorders**

239
Primary care practices are CoCM designated

5
OB/GYN practices are CoCM designated

~800 **practitioners** trained in CoCM

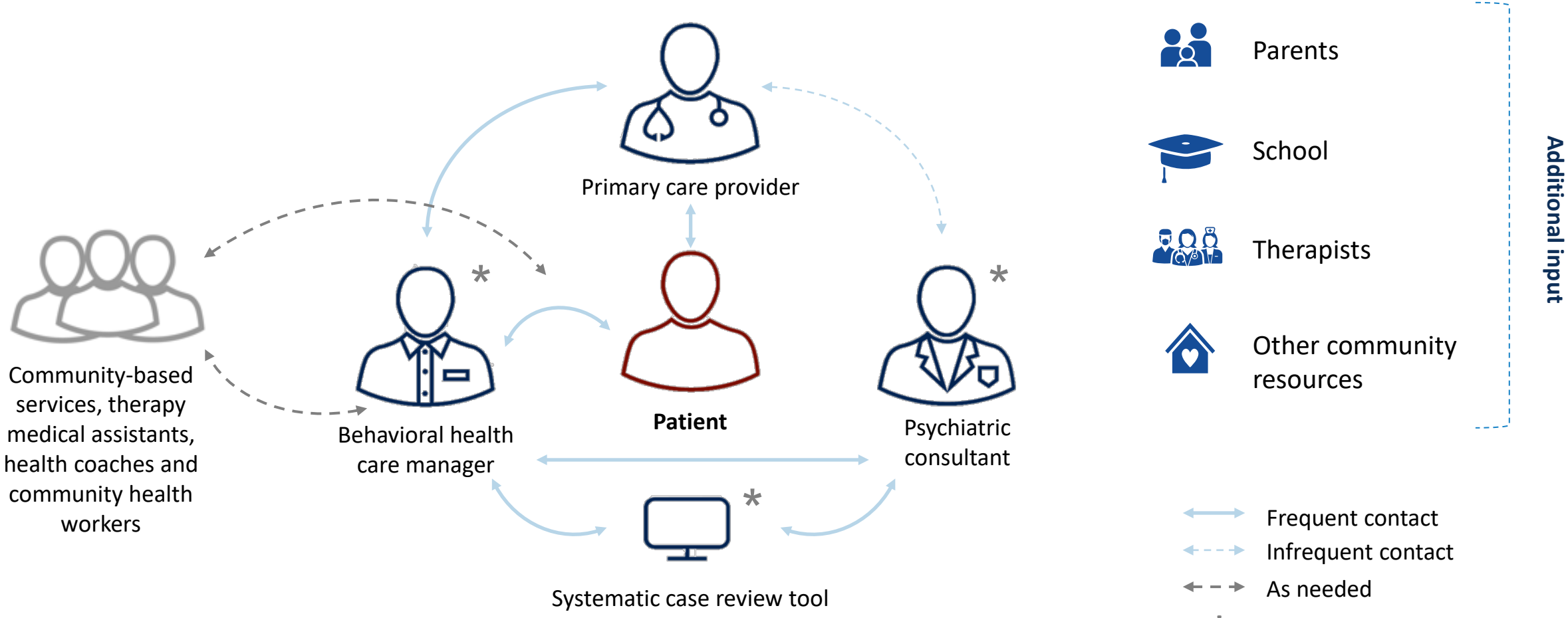
~1,270 practitioners
Receiving CoCM value-based reimbursement

Blue Cross:

Population-specific modules attendees:

- Trained 36 practitioners from 23 offices on perinatal CoCM
- Trained 8 practitioners from 6 offices on SUD CoCM
- Trained 113 practitioners from 90 offices on adolescent CoCM

The adolescent care team includes additional input



Need for Collaborative Care

Quality mental health treatment can be **difficult to access.**

When accessible and done right, mental health treatment **works.**

Yet, **½ of people** with depression go untreated.

Many people start with their PCP and do not connect to effective care for multiple reasons:

- PCP inadequate **knowledge** and **resources**
- **Shortage** of mental health providers or long wait lists
- Inadequate mental health provider **networks**
- **Stigma**
- Lack of **engagement** in treatment

Sources: (1) The Collaborative Care Model

Collaborative Care outcomes

Provides access to mental health care that is **timely, effective, less costly and less stigmatizing.**

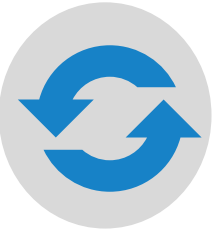
For every $1 spent on care delivered in the CoCM, there is a **$6.50 ROI** in improved health and productivity.

Engages people in their treatment so they can get back on track.

Receiving care in CoCM, employers can see a **combined cost savings of $1,815 per employee per year** in health care spend and improved productivity.

Effective, supported by over 80 randomized clinical trials.

Results in **knowledge transfer** from psychiatrists to PCPs and leaves PCPs feeling more comfortable delivering behavioral health care, increasing access to care.



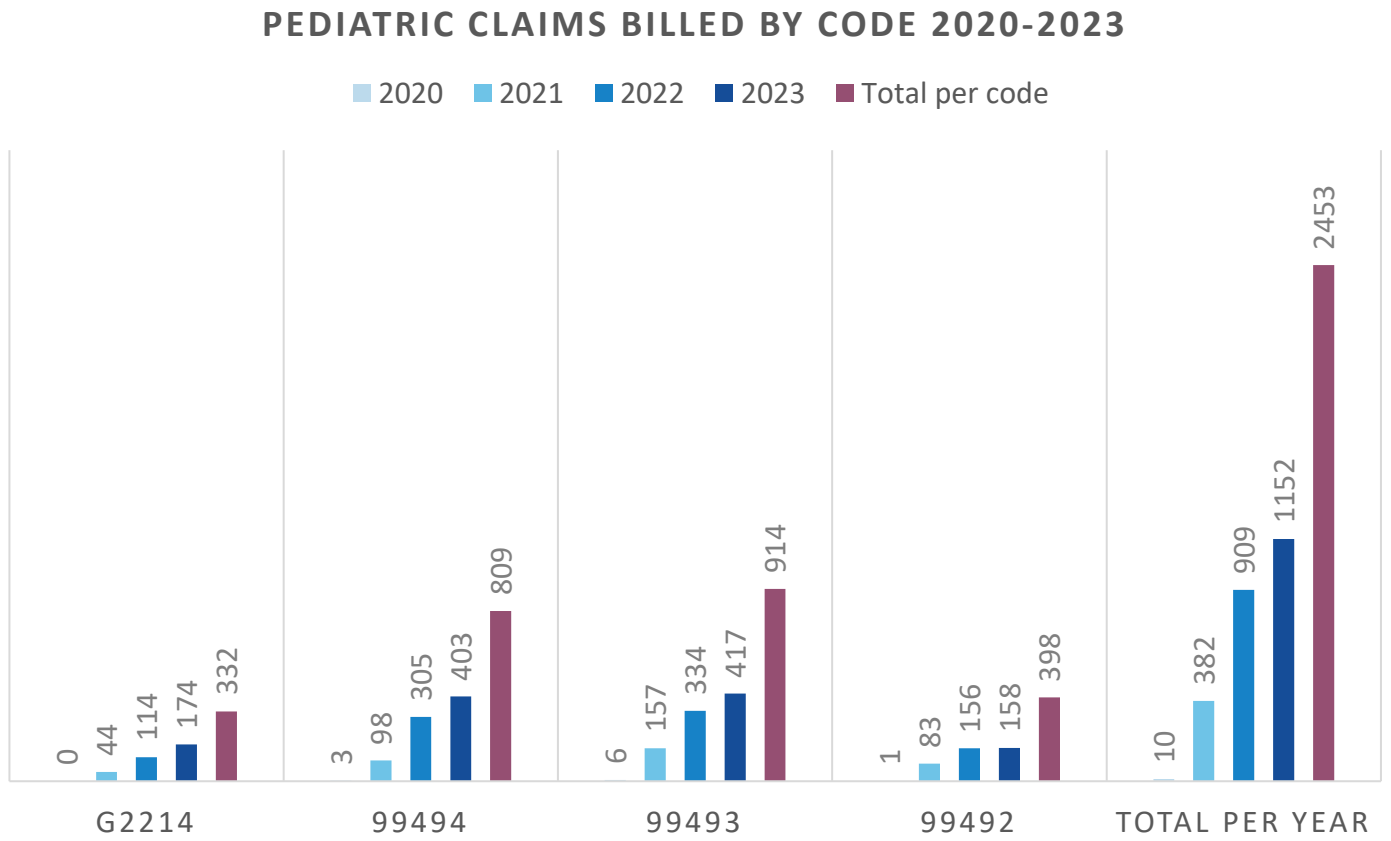
Source: The Collaborative Care Model

A Collaborative Care Model has numerous benefits

- Streamlines the approach to care
- Enhances coordination between specialties
- Eliminates need to make additional provider appointments
- Widespread and frequent screening

- Reduces patient wait time and improves access
- Maintains patient's relationship with a trusted provider
- Reduces stigma
- Treat to target based on screenings

Pediatric claims billed by code



Code	2020	2021	2022	2023	Total per code
G2214	0	44	114	174	332
99494	3	98	305	403	809
99493	6	157	334	417	914
99492	1	83	156	158	398
Total per year	10	382	909	1152	2453

Collaborative care key takeaways

- ✓ Collaborative Care seems simple, but it requires **workflow changes and culture shifts**
- ✓ Recognize that the work is difficult for providers and **explore possible incentives**
- ✓ Time-based billing and optimizing reimbursement opportunities is unfamiliar
- ✓ **Ongoing support** is as important as training
- ✓ Treating the whole person with a coordinated **multidisciplinary team** in the primary care setting **reduces health care costs** and **improves outcomes** when behavioral health needs are at an all-time high
- ✓ **Strong provider relationships** provide the foundation for growing CoCM
- ✓ CoCM makes it easier for members to receive better care and **leverages rare psychiatric resources** to “influence” the care of patients

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Thank you

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Maryland Medicaid Collaborative Care Overview

Claire Gregory, Senior Program Manager
Office of Innovation, Research, and Development

September 29, 2023

Collaborative Care in Maryland Medicaid

Pilot and Benefit Overview

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General Overview

- The Collaborative Care Model (CoCM) is a patient-centered, evidence-based approach for integrating physical and behavioral health services in primary care settings that includes;
  - care coordination and management;
  - Regular systematic monitoring and treatment using a validated clinical rating scale; and
  - Regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement
- Joint effort of medical professionals led by a PCP that collaborate to use shared care plans to achieve concrete treatment goals for a defined population of patients.

CoCM Pilot

HB 1682/SB 835—*Maryland Medical Assistance Program – Collaborative Care Pilot Program* (Chapters 683 and 684 of the Acts of 2018) establishes a Collaborative Care Pilot Program. Specifically, the bill required the Maryland Department of Health (MDH) to:

- Establish and implement the Collaborative Care Model (CoCM) in primary care settings in which health care services are provided to Medical Assistance Program participants
- Administer the CoCM Pilot Program and to select up to three CoCM Pilot Sites with certain characteristics to participate
- Report to the Governor and the General Assembly the findings and recommendations from the CoCM Pilot Program by November 1, 2023

The bill required the Governor to include in the annual budget $550,000 for fiscal years (FY) 2020, 2021, 2022, and 2023 for the CoCM Pilot Program.

§1115 HealthChoice Demonstration Waiver: Approved by CMS in April 2020; pilot implemented in July 2020

CoCM Pilot Delivery

Request for Applications & Awardee

- 2019-Privial Medical Services LLC
- 3 Areas: Rural, Urban, OB/Gyn

Funding

- Infrastructure-up to $225,000 FY20
- Services- $550,000 annually FY21-23

Eligibility

- Medicaid participant
- Diagnosis of mild-moderate depression or anxiety

Billing

- Quarterly billing
- Physical invoices

Evaluation

- HealthChoice Evaluation
- Joint Chairmen's Report

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CoCM Patient Outcomes

- Decreasing scores for both PHQ-9 and GAD-7 tests indicate improvements in participants' depression and anxiety
- For patients that have been enrolled for more than 70 days, more than 65 percent have had clinically significant improvement.
- Baseline scores dropped more than 50 percent OR scores dropped below eligibility levels for the CoCM Pilot

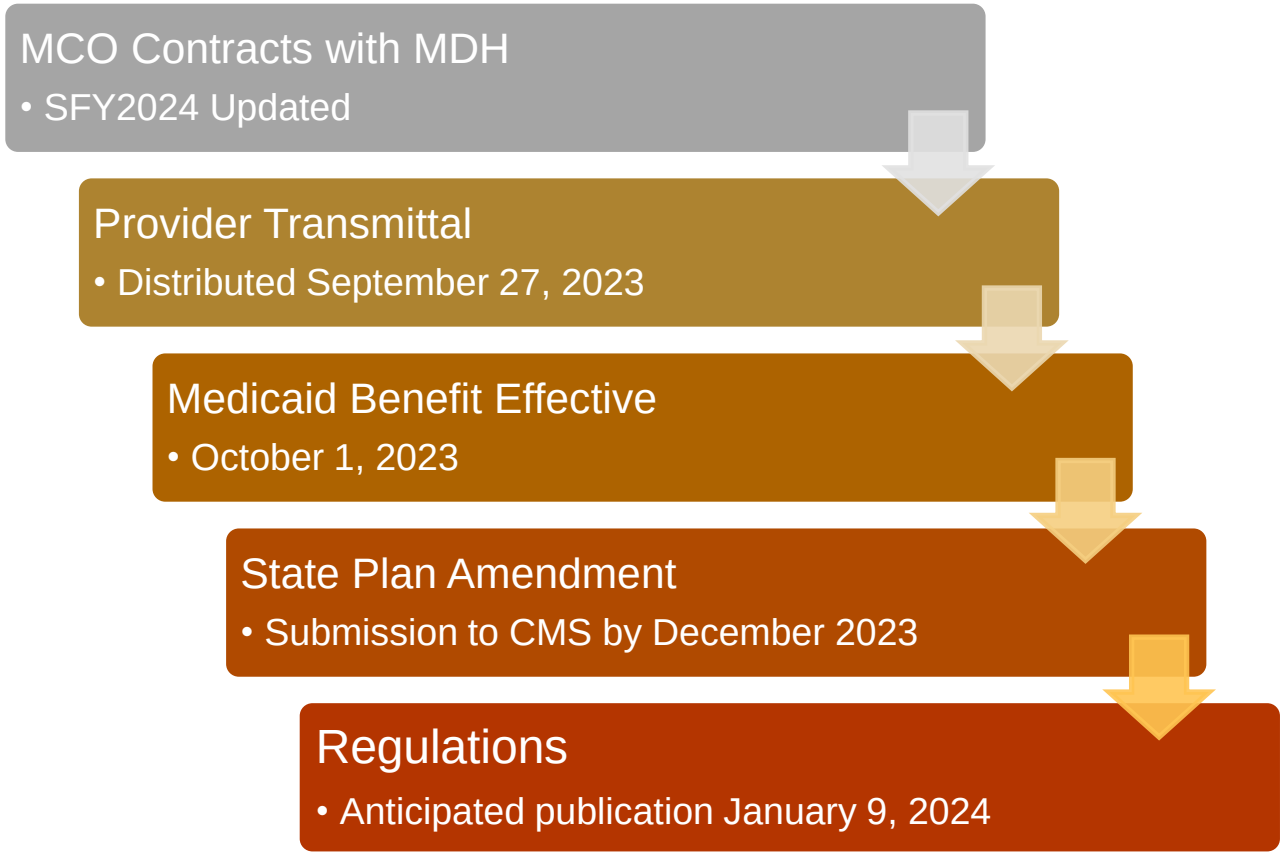
	Test	Participants	Mean Change
FY 2021 Q2	PHQ-9	38	-2.6
	GAD-7	32	-0.8
FY 2021 Q3	PHQ-9	58	-2.3
	GAD-7	52	-1.3
FY 2021 Q4	PHQ-9	49	-1.1
	GAD-7	46	-0.04

CoCM Statewide Benefit

Effective October 1, 2023, Maryland Medicaid will expand the CoCM Pilot Program to a statewide benefit in primary care settings authorized by HB48/SB101 (Chapters 284 and 285 of the Acts of 2023)

- MDH estimates over 46,000 Medicaid participants will be eligible for the new benefit (including both fee-for-service and MCO enrollees)
- Approximately 58% of those eligible (27,005) will receive services (based on participation rates for the pilot program)

Timeline of Benefit



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Collaborative Care Transmittal to MCOs

- Enrollee Eligibility Criteria
- Provider Enrollment and Conditions of Participation
- Reimbursement Methodology
- Coordination with Behavioral Health Services and Health Homes

Enrollee Eligibility Criteria

- To be eligible to receive CoCM, Medicaid participants must receive full benefits through a HealthChoice Managed Care Organization (MCO) or be enrolled in Fee-For-Service (FFS) Medicaid.
- Eligibility is limited to those with a diagnosis of mild to moderate anxiety, depression, or substance use disorder.

Provider Enrollment and Conditions of Participation

- Primary care providers must be enrolled with Maryland Medicaid to become eligible for Medicaid reimbursement. Interested providers not yet enrolled with Medicaid will need to complete a new application via ePREP.
- By billing for CoCM services, providers are attesting that they have reviewed standard CoCM guidelines, have implemented CoCM consistent with those guidelines, and are providing services in accordance with those guidelines.

CoCM Provider Payments

- Primary Care Providers

CPT Code and Description	Payment (per unit rate)	Description
99492	$161.28	First 70 minutes in the first calendar month or behavioral health care manager activities
99493	$128.88	First 60 minutes in a subsequent month for behavioral health care manager activities
99494	$66.60	Each additional 30 minutes in a calendar month of behavioral health care manager activities

CoCM Provider Payments

- Federal Qualified Health Center

CPT Code and Description	Payment (per unit rate)	Description
G0512	$145.08	Minimum of 70 mins in the first calendar month and at least 60 mins in subsequent calendar months

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Coordination with Behavioral Health Services and Health Homes

- Providers should coordinate care to ensure CoCM services are not duplicative of ASO services the patient is already receiving.
- Broadly, Medicaid participants who receive CoCM services should not also be in receipt of specialty behavioral health services, as the intent of CoCM is to manage behavioral health issues in a primary care setting, as appropriate.
- The Department is currently working with the ASO and MCOs to define workflows.

Resources

- Collaborative Care Pilot
- Joint Chairmans Report Website
- HealthChoice Monitoring and Evaluation

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Questions/Contact Info

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