Collaborative Care Model (CoCM) for Substance Use Disorders

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Housekeeping

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.

- The overarching goal of PCSS-MOUD is to provide evidence-based training to healthcare professionals in preventing, identifying, and treating substance use disorders with a focus on medications for opioid use disorders.

Disclosures

- Anna Ratzliff, MD, PhD, presenter for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.
- Jasen Christensen, DO, presenter for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.
- Andrew Saxon, MD, collaborator for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.

Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Define need for substance use treatment in primary care settings.
  - List evidence for Collaborative Care Model (CoCM) and usefulness in substance use disorder treatment.
  - Describe strategies to implement CoCM for substance use disorders.
  - Name clinical learning goals for teams to deliver CoCM for substance use disorders.

Why do we need CoCM for Substance Use Disorders?

- Among people aged 12 or older in 2021, **70.3 million people** (or 24.9% of the population) used illicit drugs in the past year.
  - **8.9 million people** 12 and older misused opioids in the past year.

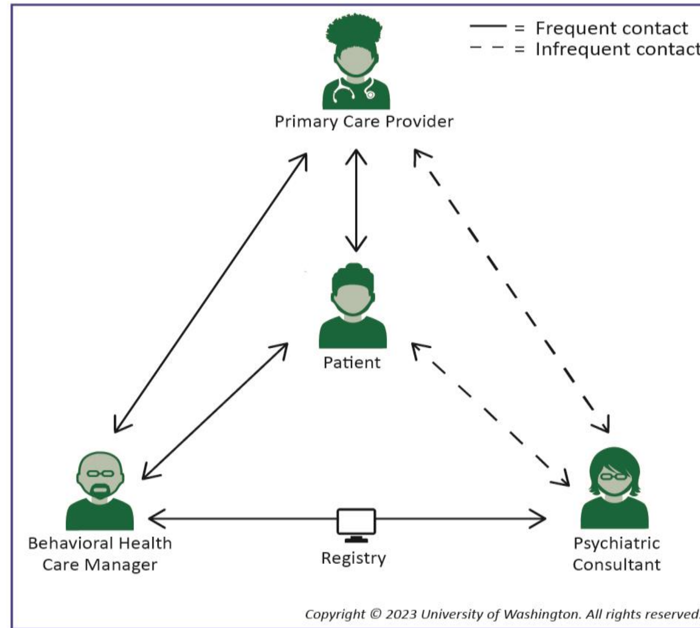
- **48.7 million people** aged 12 or older (or 17.3% of the population) met the applicable DSM-5 criteria for having a substance use disorder in the past year
  - **29.5 million people** who were classified as having an alcohol use disorder and 27.2 million people who were classified as having a drug use disorder.

- **In 2022, 94.7% of adults with a substance use disorder did not receive any treatment.**

[2022 National Survey on Drug Use and Health (NSDUH) Releases (samhsa.gov)]

Collaborative Care Model (CoCM)

Primary care patient-centered team-based care



Systematic caseload review with psychiatric consultant (focus on patients not improved)

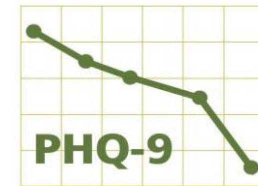
[Active Patients]

Flag	[Patient ID]	[Name]	[Enrollment Date]	Status	[Initial Assessment] Date	PHQ-9
	0001	Test, Test	2/8/2013	[T]	8/24/2013	
	0008	Test, Suzy	4/2/2013	[T]	5/21/2013	12
	0010	Test, Test	4/17/2012	[T]	4/25/2013	18
	0035	Test, Rpp Reminder	1/10/2013	[T]	1/10/2013	
	0038	Test Patient, Mbwc	1/23/2014	[T]	1/23/2014	22
	0041	Test, Test	3/4/2014	[T]	3/4/2014	
	0042	Test, Test	3/7/2014	[T]	3/7/2014	

Registry to track population

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

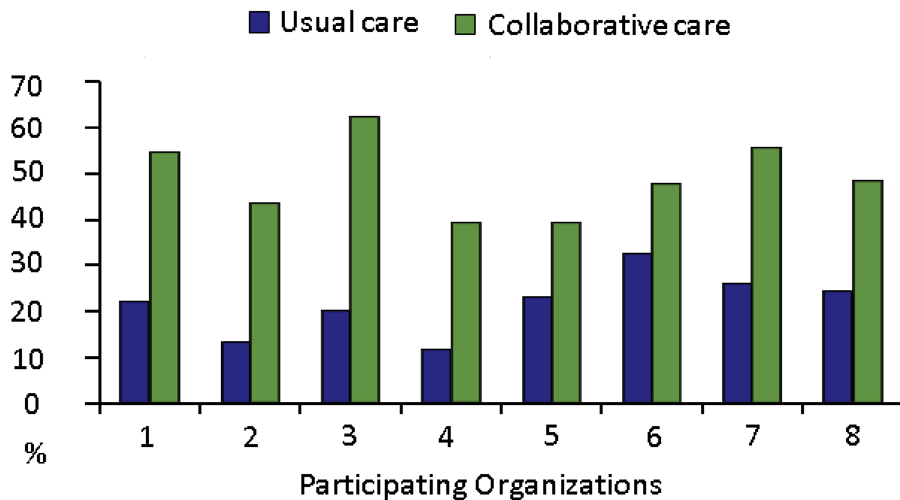
Active treatment with evidence-based approaches



Validated outcome measures tracked over time

[AIMS Center | Advancing Integrated Mental Health Solutions in Integrated Care (uw.edu)]

Collaborative Care Model (CoCM) Achieves Quintuple Aim



Usual Care 614 days, CoCM 86 days

- **Population Health Outcomes**
  - Increases access
  - Improves clinical outcomes
- **Reduces Total Cost of Care**
  - $6.50 ROI
- **Provider Satisfaction**
  - Compared to usual care
  - Increased 25% compared to usual care
- **Patient Satisfaction**
  - Increased 25% compared to usual care
- **Reduces Health Disparities**
  - Equivalent or better outcomes in patients from Black or African American, Latinx, Asian, AI/AN groups compared to White patients

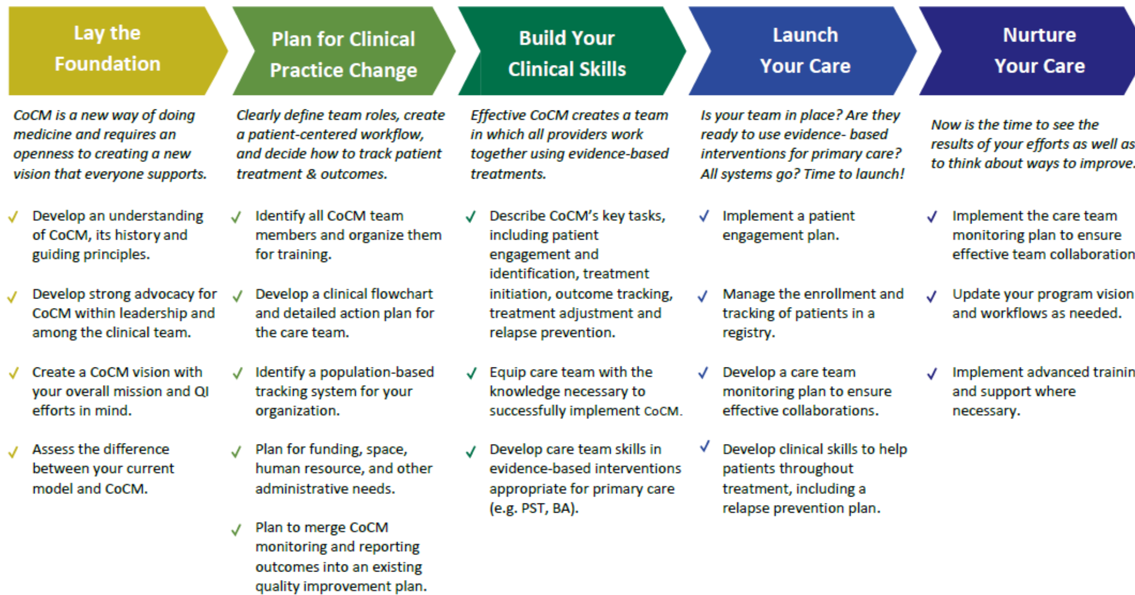
Unutzer 2002; Levine 2005; Arean 2005; Unutzer 2008; Bowen 2020; Hu 2020, Garrison 2016

SUMMIT Trial: Collaborative Care for Alcohol and Opioid Use Disorders

- Modifications to the Model:
  - Behavioral Health Care Manager (BHCM) delivered brief psychotherapy
  - mOUD/mAUD (buprenorphine/naloxone for OUD or long-acting injectable naltrexone for AUD)
- Outcomes: at 6 months
  - More access to treatment
  - More abstinence from alcohol and drugs

Watkins et al. Collaborative Care for Opioid and Alcohol Use Disorders in Primary Care: The SUMMIT Randomized Clinical Trial. JAMA Intern Med. 2017;177(10):1480–1488.

Implementation Considerations



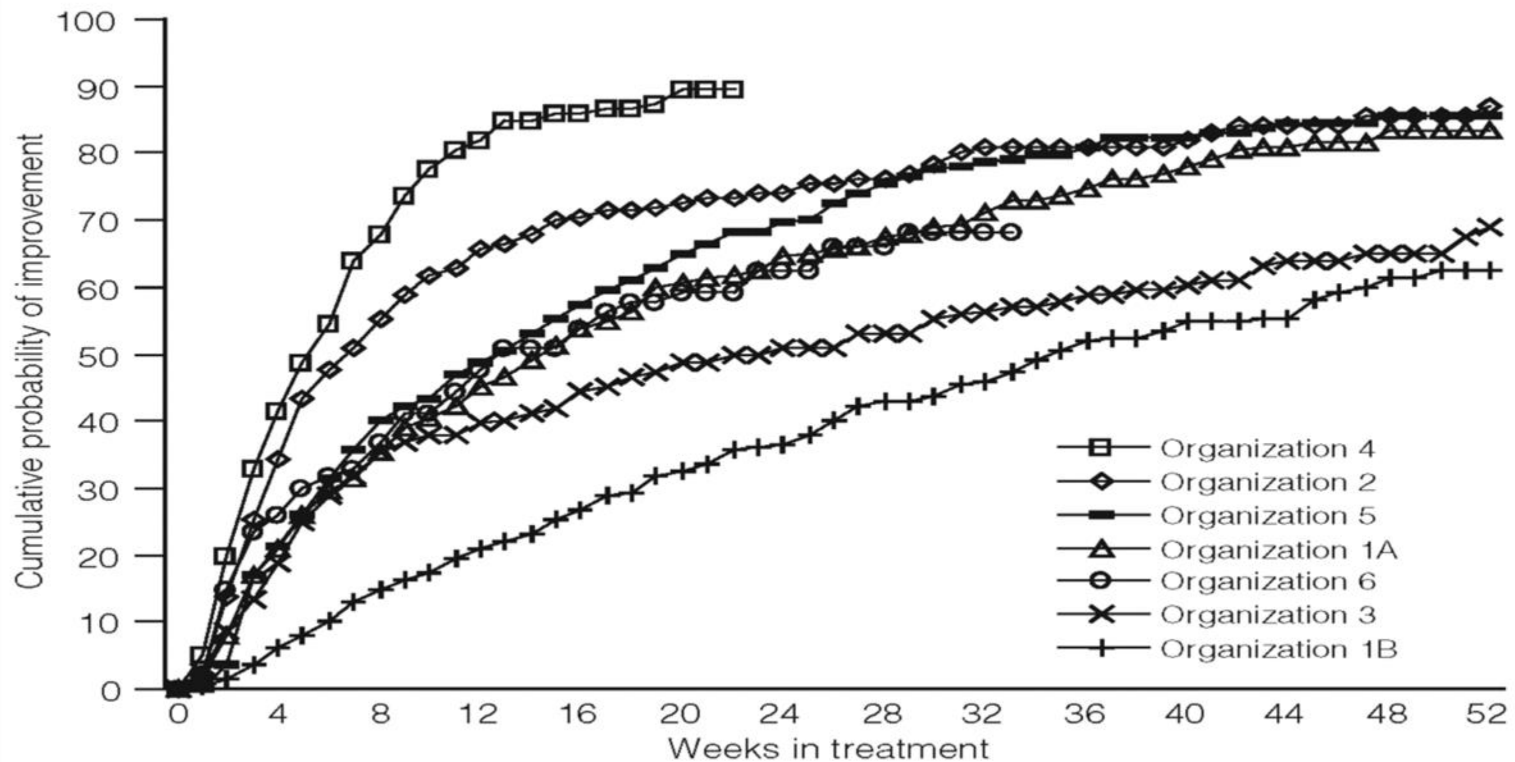
http://aims.uw.edu/

Phase 1: Lay the Foundation (3-12mo)

This phase of implementation prepares the practice to make the commitment to practice change needed to deliver CoCM. This step identifies gaps between care as it is now and the future vision for access to SUD care.

- Develop understanding of CoCM for SUD
- Enhance advocacy and commitment in practice for SUD care
- Create a vision for SUD care delivery

Leadership and Buy-In



Bauer et al Implementation of collaborative depression management at community-based primary care clinics: an evaluation. Psychiatr Serv. 2011

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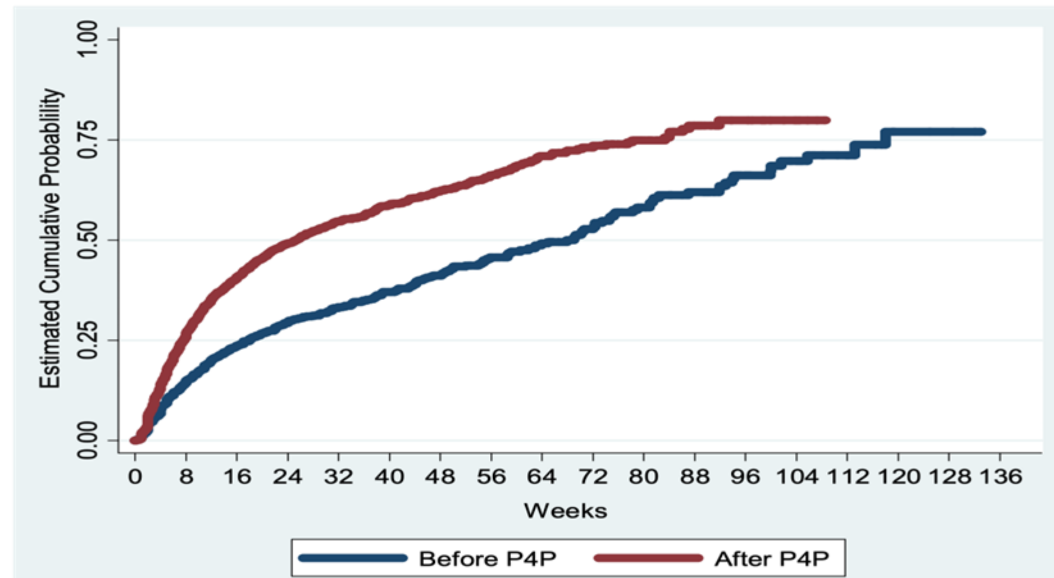
Phase 2: Plan for Clinical Practice Change (3-6mo)

Successful delivery of SUD care will require the whole team to work in new ways. This phase allows the team to consider the workflows and training needed.

- Consider the best approach to identifying patients in need of SUD care
- Build registry capacity for SUD care
- Create SUD care clinical workflows and protocols
- Consider SUD quality metrics
- Develop funding strategy for SUD CoCM

More than just adding team members…

Pay-for-performance cuts median time to depression treatment response in half



Unützer J. et al. Quality improvement with pay-for-performance incentives in integrated behavioral health care. Am J Public Health. 2012

Phase 3: Build Clinical Skills (2-4 weeks)

All members of the clinical and administrative team may need education and training to deliver CoCM for SUD. Clinics must clearly define team member roles, create a workflow, and identify how to track SUD treatment and outcomes.

- Consider SUD training needs
- Describe SUD care key tasks
- Utilize the many available resources
- Plan to practice key skills as a team before launching SUD clinical care

Skills for Collaborative Care Principles

Population-Based Care

Measurement-Based Treatment to Target

Patient-Centered Collaboration

Evidence-Based Care

Accountable Care

Clinical Training Needs for CoCM Team

All members
Major Depressive Disorder
Anxiety
Somatic Symptoms or Fatigue
Suicide or Violence
Child Psychiatry
Evidence-based medication approaches

Ratzliff A et al. Perceived Educational Needs of the Integrated Care Psychiatric Consultant. Acad Psychiatry. 2015.

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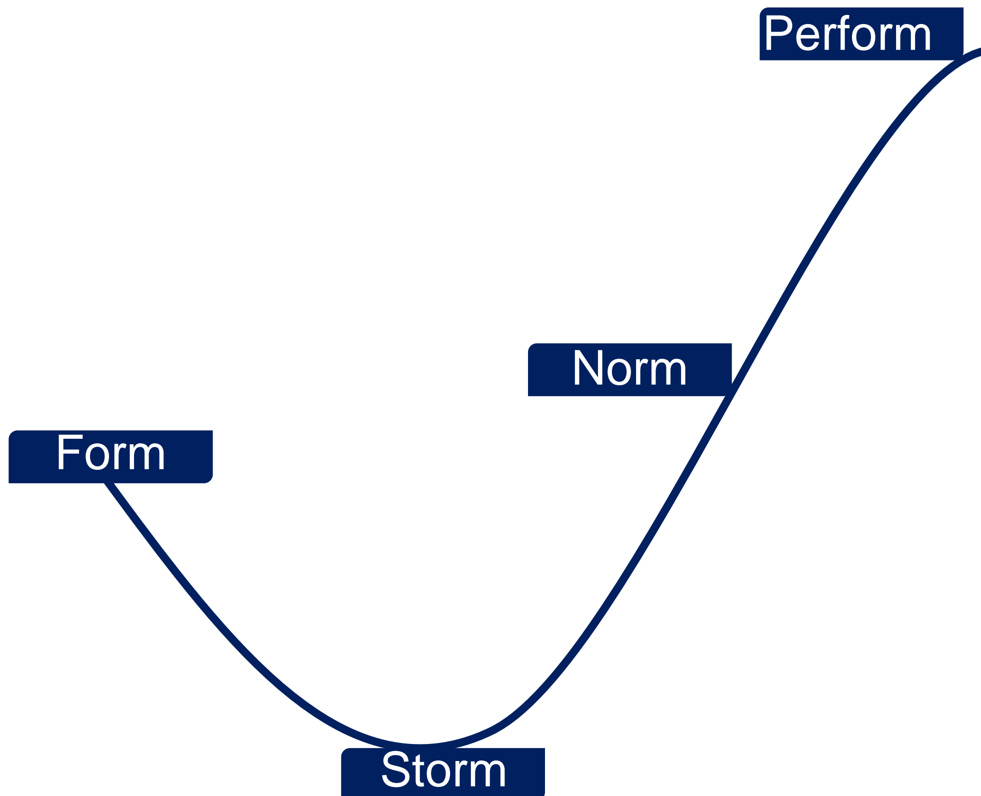
Learning to Be a Team

Tuckman's Model of Team Building



Principles of Effective Teams

- **Shared Goals**
- **Clear Roles**
- **Measurable Processes and Outcomes**
- **Mutual Trust**
- **Effective Communication**

Phase 4: Launch Care (3-6 mo)

Once the workflows have been developed and team members have been trained to offer integrated SUD care, your team is ready to deliver care.

- Start delivering SUD care
- Celebrate early wins in SUD care
- Prepare to adjust SUD workflows

Patient Education Materials

Your Collaborative Care Team

You

What is the patient's role?

You are the most important person on the team! You will get the best care if you participate actively with your primary care provider (PCP) and your care manager (CM). Tell them what is working for you and what is not. Work with your team to track your progress using a simple checklist. Let them know if you have questions or concerns about your care. If you take medication, know what it is and take it as prescribed.

[photo here]

First Name, Last Name, MD

What is the primary care provider's role?

The primary care provider oversees all aspects of your care at the clinic. He or she will work closely with the other members of the care team to make sure you get the best care possible. The PCP will make and/or confirm your diagnosis and may write or refill prescriptions for medications. The PCP works closely with your care manager to stay informed about your treatment progress. The PCP may also consult with the team psychiatrist if there are questions about the best treatments for you.

Patient Education Materials Continued

[photo here]

First Name, Last Name, MD

What is the primary care provider's role?

The primary care provider oversees all aspects of your care at the clinic. He or she will work closely with the other members of the care team to make sure you get the best care possible. The PCP will make and/or confirm your diagnosis and may write or refill prescriptions for medications. The PCP works closely with your care manager to stay informed about your treatment progress. The PCP may also consult with the team psychiatrist if there are questions about the best treatments for you.

[photo here]

First Name, Last Name
206.555.1212
name@domain.com

What is the care manager's role?

The care manager (CM) works closely with you and the PCP to implement a treatment plan. The CM answers questions about your treatment. He or she will check-in with you to keep track of your treatment progress and can help identify side effects if you are taking medications. The PCP and the CM work together with you if a change in your treatment is needed. The CM may also provide counseling or refer you for counseling if that is part of your treatment plan.

Phase 5: Nurture Your Care = Sustainability

Once care is being delivered, the team can shift to monitoring integrated SUD processes and outcomes of care as part of the routine clinical processes of continuous quality improvement of the organization.

- Monitor progress toward SUD care goals
- Engage in continuous quality improvement for SUD CoCM
- Share SUD care progress widely

New York Five Year Sustainability: Quantitative Results

- Care Manager: 1.0 FTE
- Number of Patients/FTE: 137
- Improvement Rate: 46%

- Care Manager: 0.5 FTE
- Number of Patients/FTE: 58
- Improvement Rate: 7.5%

Moise N et al. Sustainability of collaborative care management for depression in primary care settings with academic affiliations across New York State. *Implement Sci.* 2018.

Sustainability: Medicare CoCM Codes

CoCM Core components:

1. **Active treatment and care management for an identified patient population**
2. **Use of a patient tracking tool to promote regular, proactive outcome monitoring and treatment-to-target**
3. **Regular (typically weekly) systematic psychiatric caseload reviews**

- Bill total minutes of team effort under PCP (psychiatric consultant and BHCM do not bill separately)
- The patient must provide general consent for the service and they will have a co-pay

[Behavioral-Health-Integration-Services-(MLN909432)-2021-3-Print-Friendly (cms.gov)]

Code	Description	2023 Rate
99492	CoCM - first 70 min in first month	$147.12
99493	CoCM - first 60 min in any subsequent months	$139.18
99494	CoCM - each additional 30 min in any month (used in conjunction with 99492 or 99493)	$56.53
99484	Other BH services - 20 min per month	$41.99
G2214	30 min/month for either initial or subsequent months CoCM services	$57.19
For FQHC and RHC Only		
G0511	CCM – General Care Management	$76.04
G0512	CoCM: Psychiatric Collaborative Care Model	$143.15

Sustainability of Fidelity: Continuous Quality Improvement

Patient | Caseload | Program | Tools | Logout | Hello, Jurgen (unutzer)

(Switch to Clinic-stat)

Caseload Statistics L1

© University of Washington

CO	# of P.	Clinical Assessment			Follow Up				50% Improved after > 10 wks	
		#	Mean PHQ	Mean GAD	# of P.	Mean #	Mean # Clinic	Mean # Phone	PHQ	GAD
Care Manager 1	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
Care Manager 2	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Pl[illegible]

Clinical Considerations

Psychiatric Consultant/BHCM Interface

Setting Expectations:

- How frequently will BHCM meet with patients?
- Which topics should the BHCM discuss with patients (mediation side effects, medication adherence, current symptoms, appointment reminders, identifying social determinants, clarifying goals of treatment)?
- How often will the BHCM and the Psychiatric Consultant meet?

Psychiatric Consultant/BHCM Interface

Use of a Patient Registry:

- **Spreadsheet Registry:** Can be a clinic-constructed spreadsheet
- **Custom Registry:** Can be built into electronic health record Ex. EPIC
- **Registry Products:** Can license stand alone product Ex. UW AIMS Center Case Load Tracker

Active Patients

Report for : Suzy Hunter, CM
Report Created on : Wednesday, September 6, 2023, 12:04 PM

1 - 15 of 26 | 1 2 | Per page: 15

Flags	Patient ID	MRN	Name	Status	PHQ-9		GAD-7		PCL-5		Contacts							Deactivate
					First	Last	First	Last	First	Last	I/A	F/U	P/C	RPP	# Sess	Wks since I/A	Minutes This Month	
	00000001	12345	Demo, Frederico	T	18	20*	16	7*	40	12*	1/3/21	7/30/23	3/3/23		17	139	0	
	00000009	24332	Demo, Ralph	RPP	21	7	21	5	36	7*	11/18/22	8/22/23	6/27/23	7/27/23	11	41	0	
	00000010	24311	Demo, Greta	E											0	0	0	
	00000028	86723	Demo, Test	T	13	8	14	14			11/9/21	8/10/23			3	95	0	
	00000153	12347	Patient, Test	RPP	19	3	10	4			5/7/22	8/30/23	6/1/22	6/7/22	4	69	0	
	00000048	24317	Test, Charles	T	14	14					8/26/23				1	1	0	
	00000049	99786	Test, Leanne	E											0	0	0	
	00000053	98126	Test, Elsa	E											0	0	0	
	00000105	86756	Test, Test	E											0	0	0	
	00000116	012345	Test, Kaya	T	15	7	0	5			12/22/21	8/27/23			2	89	0	
	00000122	1222223	Test, Andrew	T	16	6	12	3			1/13/21	8/29/23	8/27/23		5	138	0	
	00000024	75644	Test, Test	T	9	16					6/5/23	8/20/23			2	13	0	
	00000128	35423	Test, Belinda	T	23	12	17	19			7/16/21	8/26/23	6/27/23		7	111	0	
	00000135	237654876	Test, Rachel	T	24	8	17	17*			8/13/21	8/10/23	4/28/23		5	107	0	
	00000130	123456774	Test, Jane	T	13	12	9	4			11/20/21	8/23/23	8/18/23		2	93	0	

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https://aims.uw.edu/registry-tools

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Psychiatric Consultant/BHCM Interface

Determining Appropriate Measurement Based Care Tools:

- Measurement based care (MBC) tools are typically used each time a behavioral health care manager (BHCM) meets with a patient.
- Results are logged in the patient registry
- MBC tools can include those that effectively monitor change over time for the target conditions:
- MBC tools can include Patient Health Questionnaire-9 (PHQ9) (depression), General Anxiety Disorder-7 (GAD7) (anxiety), PTSD Checklist for DSM-5 (PCL5) (PTSD), Brief Addiction Monitor, Alcohol Symptom Checklist, etc.

Psychiatric Consultant/BHCM Interface

Coaching in Motivational Interviewing:

- BHCM is in an ideal position to utilize MI to patients' benefit
- Psychiatric Consultant in in a position to offer coaching around MI skills such as OARS and maintaining a stance of curiosity.

Reviewing Scope of Practice:

- Discussing importance of relaying recommendations to PCP verbatim.
- BHCM may offer recommendations to patients such as: sleep hygiene, tips for medication adherence, etc.
- BHCM is not in a counseling or psychotherapy role, though it can feel this way to patients. So it's important to discuss limitations in practice scope and offer guidance for how BHCM can maintain these boundaries.

Psychiatric Consultant/BHCM Interface

Guidance for BHCM communications to PCP:

- Help BHCM determine which messages are appropriate to be relayed in the EHR, which are more appropriate via other means such as reaching out to the PCP's Medical Assistant.
- Support BHCM in drafting succinct messages to PCP and discuss appropriate frequency of messages.

Handling Patient Crisis Situations:

- Identify clinic's procedure for handling psychiatric crises.
- Ask the BHCM to be aware of how to access the charge nurse or 'doc of the day.'
- Discussing this process *before* a crisis arises is very useful.

Approaches to Use When Patient Engagement is Challenging

- Encourage **In-person meetings** between BHCM and patient (possibly immediately before or after PCP visits).
- Use of **Warm Handoffs** (with PCP sending message to BHCM that they have a candidate patient in the room).

Psychiatric Consultant/PCP Interface

Psychiatric Consultant may make treatment recommendations to PCP via an EHR consult note:

- Indicate Impression: include differential diagnosis, symptom severity, MBC scores/implications. Be sure to recognize the PCP's efforts in the case thus far - this indicates psychiatric consultant is aware of recent treatment and is helpful to build trust and deepen the team-oriented approach.

- Indicate Treatment Recommendations: use wording to acknowledge that the PCP is the primary treater and will ultimately decide which recommendations (if any) to use. Attempt to anticipate and offer guidance around common side effects.

Psychiatric Consultant/PCP Interface

Include a Disclaimer Statement in consult note to indicate the limitations of remote psychiatric consultation.

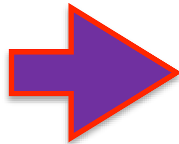
- "The treatment considerations and suggestions in this case review are based on consultations with the patient's Behavioral Health Care Manager and a review of information available in the care management tracking system. I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call me with any questions about the care of this patient."

  https://aims.uw.edu/resource-library/example-disclaimer-psychiatric-consultants

CoCM Case Example

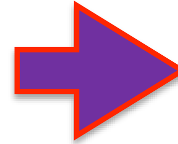
Patient is identified by clinic screening:
PHQ9 score of 20
Audit C score of 10

Primary Care Team Refers Patient to Behavioral Health Care Manager (BHCM)



BHCM meets with patient to introduce model, identify goals and gain more information

BHCM adds patient to electronic registry and prepares to discuss with psychiatry consultant at next weekly meeting



BHCM and Psychiatric Consultant review case at weekly virtual meeting to determine treatment approach

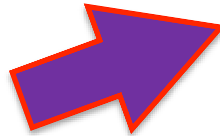
CASE:

- Confirms heavy alcohol use
- Confirms PRN opioid treatment
- Identifies transportation barrier
- Determines there has been no past depression treatment

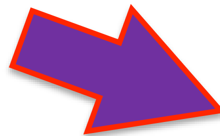
CoCM Case Example

BHCM and Psychiatrist discuss plan:

CASE:
- Escitalopram for depression
- Avoid Naltrexone for AUD in this case because of opioid treatment
- Acamprosate for AUD
- Referral for counseling
- Referral to case management for transportation resources
- BHCM will reach out weekly
- BHCM will confirm access to Naloxone



- Psychiatric Consultant generates consult note to relay plan to Primary Treatment Team and give medication recommendations.
- Primary Treatment Team prescribes medications. ℞



- BHCM initiates referrals to counseling and case management
- and maintains frequent contact with patient to inquire about medication side-effects and utilize MBC tools to monitor for improvement.

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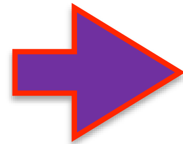
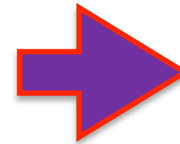
CoCM Case Example





BHCM and Psychiatric Consultant briefly discuss case the following week

BHCM maintains contact with patient and follows up on counseling referral

BHCM and Psychiatric Consultant discuss case in subsequent weeks

CASE:

- Patient is taking medications
- No benefit yet
- No side effects of nausea or headache
- Patient has seen case management
- Has not yet heard from counselor
- Patient has Naloxone

- Patient has established with counseling
- Patient is taking medications
- No side effects
- PHQ9 score is reduced to 9 (from 20)
- Audit C score is reduced to 5 (from 10)
- Patient has bus pass
- Patient knows date of next PCP appt.
- Further treatment planning occurs…

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PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in **addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

https://pcssNOW.org/mentoring/

P C S S Providers Clinical Support System
Medications for Opioid Use Disorders

PCSS-MOUD Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register

PCSS Medications for Opioid Use Disorders — Providers Clinical Support System

PCSS-MOUD is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Policy Forum	American College of Medical Toxicology
Addiction Technology Transfer Center*	American Dental Association
African American Behavioral Health Center of Excellence	American Medical Association*
American Academy of Addiction Psychiatry*	American Orthopedic Association
American Academy of Child and Adolescent Psychiatry	American Osteopathic Academy of Addiction Medicine*
American Academy of Family Physicians	American Pharmacists Association*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Chronic Pain Association	Coalition of Physician Education
American College of Emergency Physicians*	College of Psychiatric and Neurologic Pharmacists
	Black Faces Black Voices

Providers Clinical Support System

Medications for Opioid Use Disorders

PCSS-MOUD is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Columbia University, Department of Psychiatry*	Partnership for Drug-Free Kids
Council on Social Work Education*	Physician Assistant Education Association
Faces and Voices of Recovery	Project Lazarus
Medscape	Public Health Foundation (TRAIN Learning Network)
NAADAC Association for Addiction Professionals*	Sickle Cell Adult Provider Network
National Alliance for HIV Education and Workforce Development	Society for Academic Emergency Medicine*
National Association of Community Health Centers	Society of General Internal Medicine
National Association of Drug Court Professionals	Society of Teachers of Family Medicine
National Association of Social Workers*	The National Judicial College
National Council for Mental Wellbeing*	Veterans Health Administration
National Council of State Boards of Nursing	Voices Project
National Institute of Drug Abuse Clinical Trials Network	World Psychiatric Association
Northwest Portland Area Indian Health Board	Young People In Recovery

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Educate. Train. Mentor

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pcss@aaap.org

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