

# Collaborative Care Management (CoCM) in a Virtual World

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## Virtual Care and CoCM - Overview

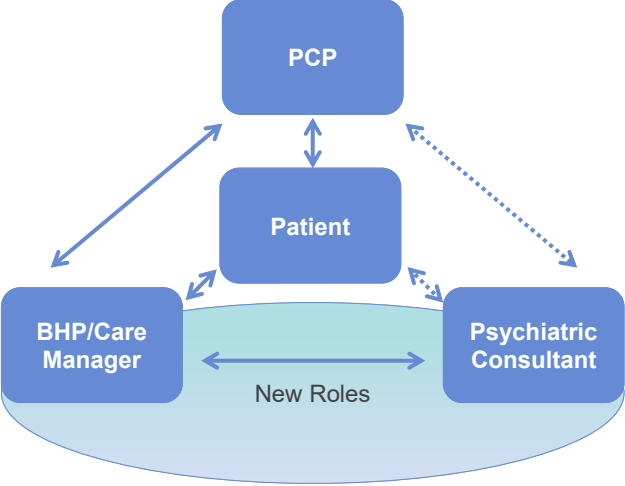



- Review the CoCM model
- Describe 2 versions of the virtual CoCM model
- Describe the evidence for CoCM delivered virtually
- Challenges and strategies
- Turnkey solutions


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## CoCM – Caseload focused Psych consultation supported by care manager







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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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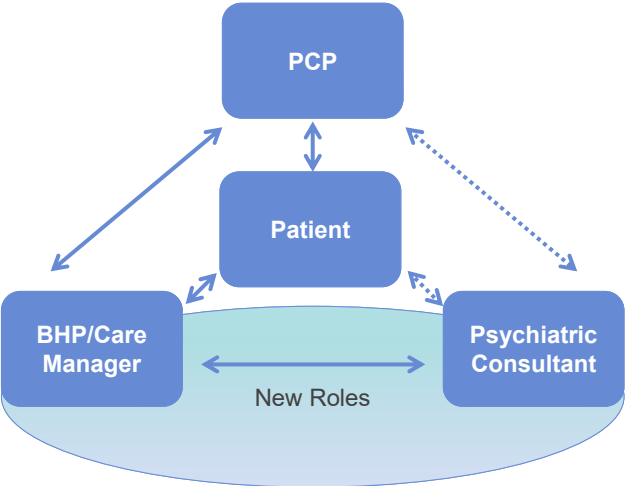
**Evidence-Based Care.** Providers use treatments that have research evidence for effectiveness.
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**Accountable Care.** Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.

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## CoCM



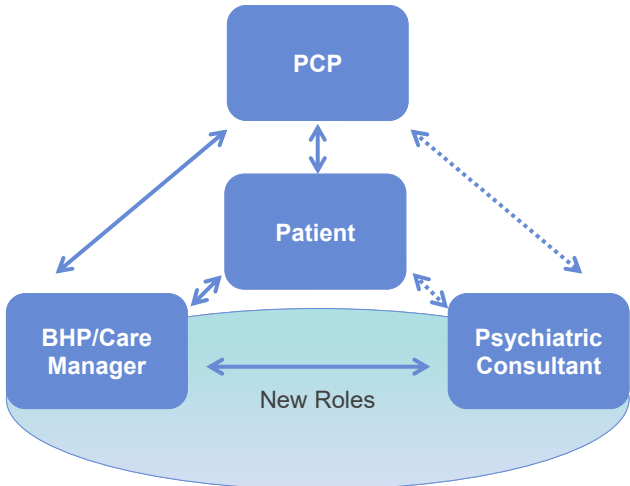



### Over 90 RCTs of CoCM

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

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# CoCM

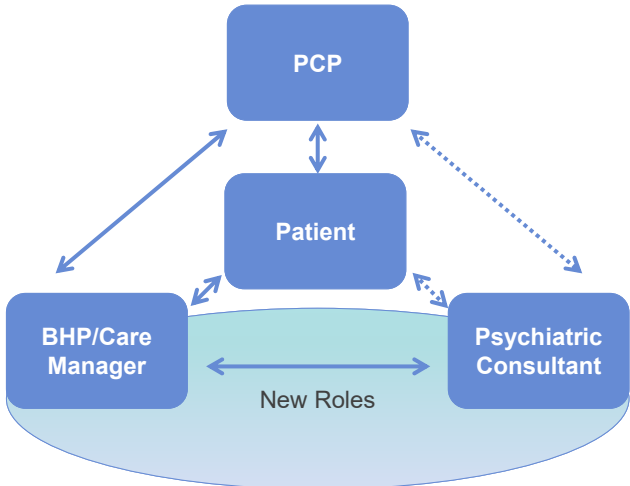



Over 90 RCTs of CoCM

- 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



Over 90 RCTs of CoCM

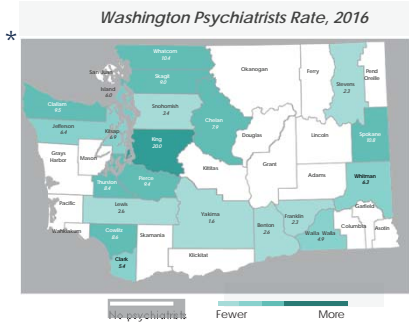
It saves money!!

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

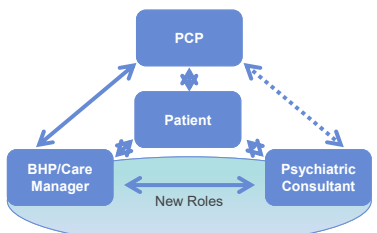
\*Unutzer J et al. Long-term cost effects of collaborative care for late-life depression. Am J Manag Care. 2008 Feb;14(2):95-100.

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# Virtual CoCM – Version 1



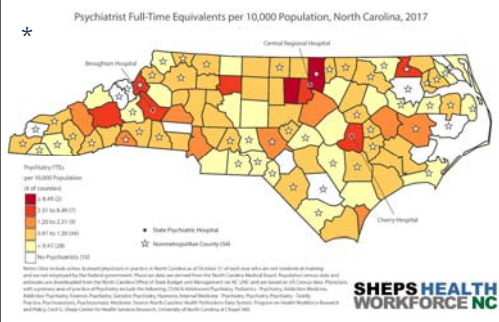
- Embedded care manager with distant psychiatric consultant
- Psychiatrist and Care manager meet via video conference for weekly case consultation
  - Emphasis on importance of warm handoff
  - Stressed close collaboration with primary care provider
  - Encouraged frequent referral and integration into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



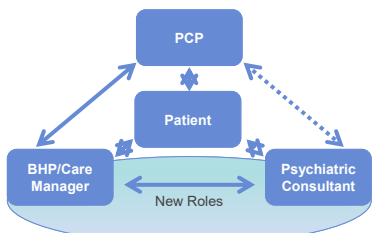
\*2018 Washington state Health Assessment (<https://doh.wa.gov/sites/default/files/legacy/Documents/1000//SHA-AccessstoBehavioralHealthProviders.pdf>)

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# Virtual CoCM – Version 1



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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/](https://nchealthworkforce.unc.edu/blog/psychiatry_fte_2017/))

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# 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



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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<sup>1,2,3</sup>, Jeffrey M. Pyne, MD<sup>1,2,3</sup>, Sip B. Mouden, MS, CRC<sup>4</sup>, Dinesh Mittal, MD<sup>1,2,3</sup>, Teresa J. Hudson, PharmD<sup>1,2,3</sup>, Gary W. Schroeder, PhD<sup>1</sup>, David K. Williams, PhD<sup>5</sup>, Carol A. Bynum, PhD<sup>6</sup>, Rhonda Mattox, MD<sup>7</sup>, and Kathryn M Rost, PhD<sup>8</sup>

**“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 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



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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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## 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

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## 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

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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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