

Collaborative Care Primary Care Provider Opportunities

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Learning Objectives

- Describe the evidence base for the Collaborative Care Model (CoCM)
- Understand Collaborative Care Model and Clinical Implications
- Understand patients appropriate for Collaborative Care

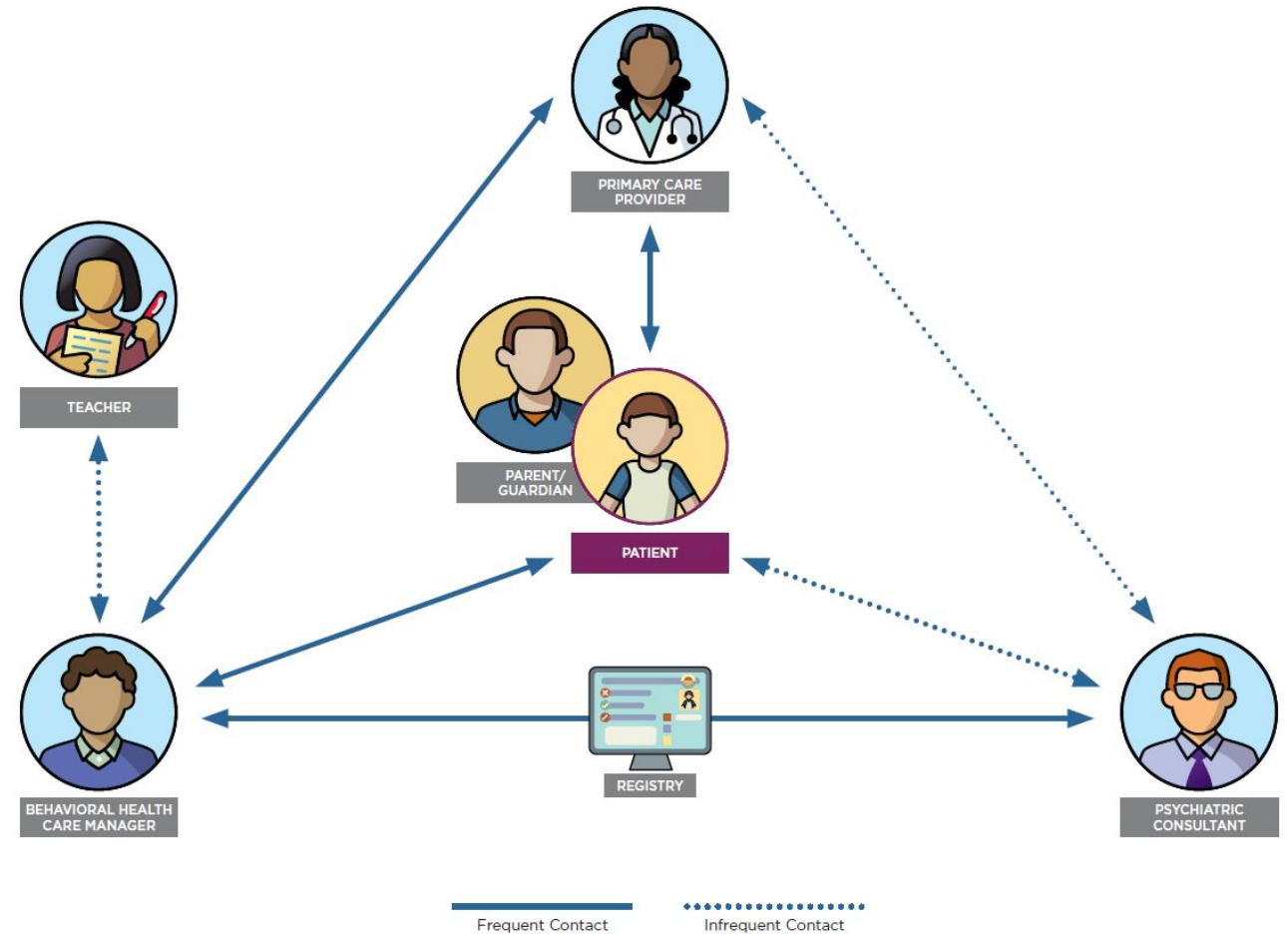
***What is the Collaborative
Care Model (CoCM)?***

Collaborative Care

An evidence based model to identify and treat individuals with behavioral health conditions in healthcare settings

Collaborative Care

CoCM is a team-based, data-driven, patient-centered population health approach to integrated behavioral health.



Five Core Principles of CoCM

Patient-centered
team care

Population-base
d care

Measurement-b
ased treatment
to target

Accountable
care

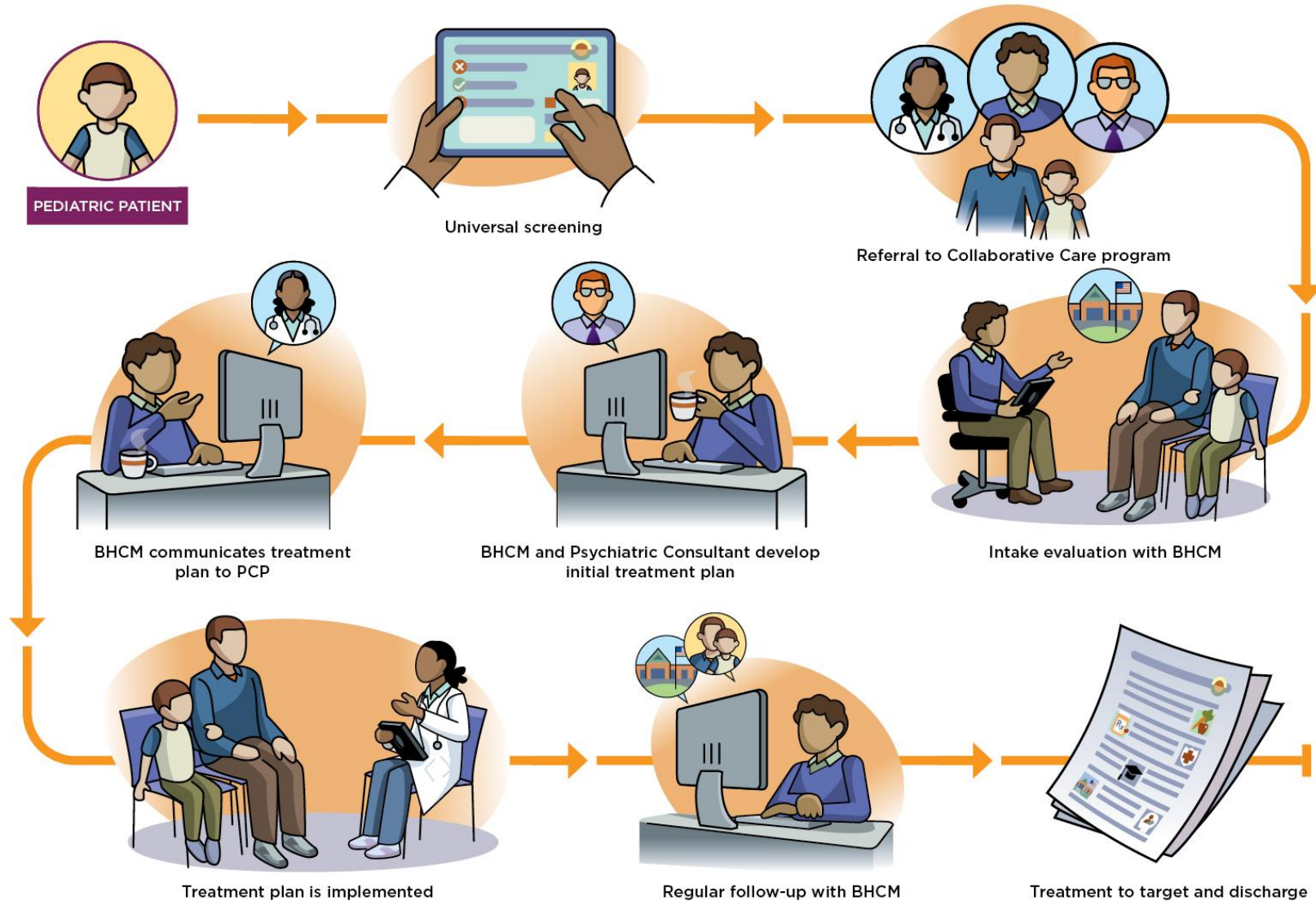
Evidence-based
care

Treatment Choices

- Medication Support
- Goal Setting
- Talk Treatment
- Symptom Monitoring



THE COLLABORATIVE CARE MODEL WORKFLOW



Available for download at
<https://mmhpi.org/cocm/>

Evidence for CoCM

Findings from the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) Study

Clinical Trial > JAMA. 2002 Dec 11;288(22):2836-45. doi: 10.1001/jama.288.22.2836.

Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial

Jürgen Unützer¹, Wayne Katon, Christopher M Callahan, John W Williams Jr, Enid Hunkeler, Linda Harpole, Marc Hoffing, Richard D Della Penna, Polly Hitchcock Noël, Elizabeth H B Lin, Patricia A Areán, Mark T Hegel, Lingqi Tang, Thomas R Belin, Sabine Oishi, Christopher Langston; IMPACT Investigators. Improving Mood-Promoting Access to Collaborative Treatment

Affiliations + expand

PMID: 12472325 DOI: 10.1001/jama.288.22.2836

(Unützer et al., 2002)

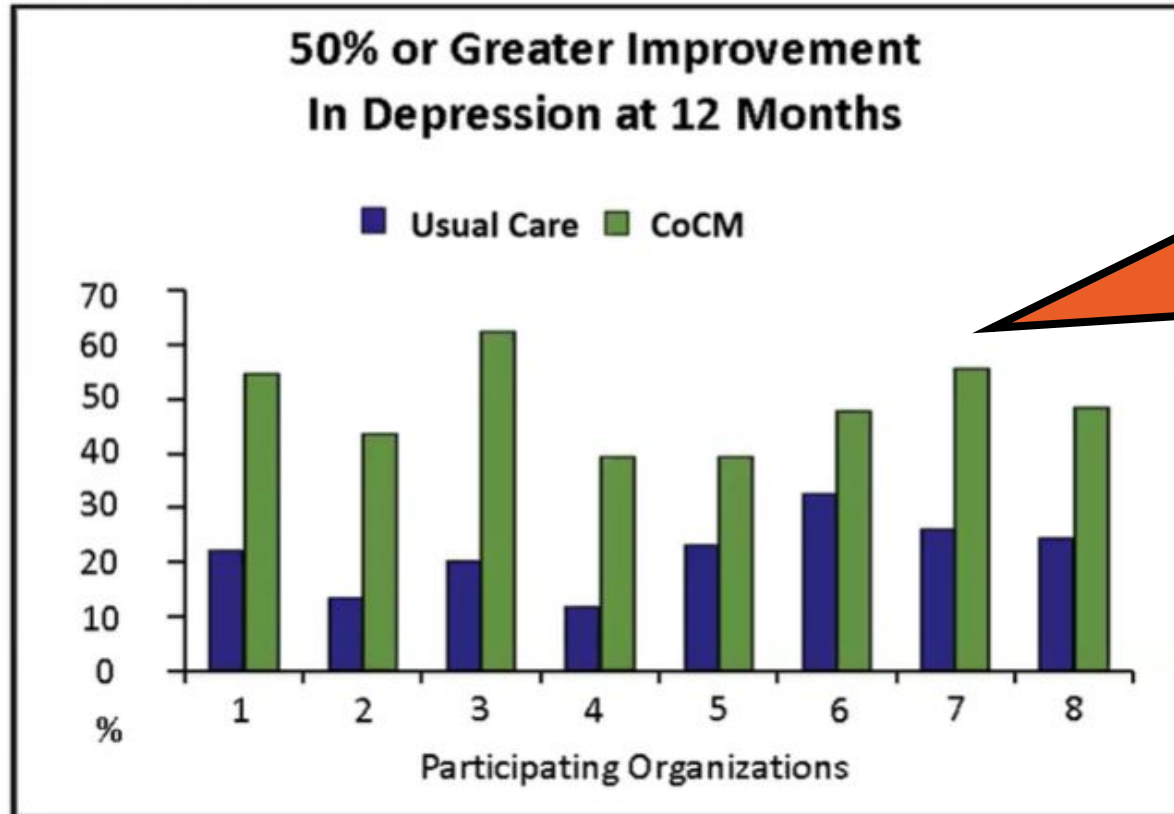
CoCM Evidence Base

- CoCM is the most evidence-based model for behavioral health integration.
- CoCM has been shown to be effective for various mental health problems across populations and treatment settings.
- There are more than 100 randomized controlled trials corroborating the efficacy of the model.
- CoCM incorporates evidence-based treatment guidance
 - Psychopharmacology
 - Brief behavioral interventions: CBT, MI, PST, and BA.



(Meadows Mental Health Policy Institute, 2023)

CoCM Improves Care and Population Health



At organization 7, “usual care” included offering psychotherapy from Master’s level clinicians co-located within the primary care clinic.

Critical Understanding for Primary Care

- Collaborative Care is a primary care initiative and billed under primary care providers
- Understanding not patients who need “counseling” but entire population
- Understanding outcomes
- Transition to “doses” of care
- Embracing role that telephonic care can play
- Creates access

Population Health

- Substance use/misuse
- Depression
- Anxiety
- Adult and child ADHD
- Suicide risk
- Bipolar
- PTSD/Trauma



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CoCM Reduces Health Care Costs

- CoCM has a **6:1 return on investment** (Unützer et al., 2008).
- Benefit of **~\$1,000 per patient** treated with depression and diabetes (Simon et al., 2007).
- CoCM is cost effective using the standard of **\$50,000 per QALY** (Jacob et al., 2012).
- Billing has been shown to be feasible in real-world settings (Carlo et al., 2019; Carlo et al., 2020).
- CoCM outcomes improved with pay-for-performance incentives (Unützer et al., 2012).

CoCM Improves Workforce Wellbeing

- CoCM improves **provider satisfaction, knowledge, and self-efficacy** (Holmes et al., 2022) while reducing the burden of managing complex behavioral health conditions in isolation.
- In one survey of primary care providers working in CoCM for at least one year (Pelishek et al., 2025):
 - 84.6% indicated **reduced stress level**,
 - 80.8% reported **improved job satisfaction**,
 - 57.7% noted **increased comfort with prescribing** psychotropic medications, and
 - All respondents recommended CoCM to their colleagues

Workforce Considerations

- CMS does not require licensure
- Monthly case rate allows for flexibility and coverage of many currently uncovered work
- Can support non licensed, pending , non independent and non appointed providers
- Support student training program and services



CoCM Billing Codes

Code	Description	Minimum Time Threshold *
99492	First <u>70 minutes</u> of CoCM services rendered in the <u>initial</u> service month	36 Mins
99493	First <u>60 minutes</u> of CoCM services rendered in any <u>subsequent</u> service month	31 Mins
99494	Each <u>additional 30 minutes</u> of CoCM services rendered in <u>any</u> service month after the total time for the primary code has been met Typically, no more than 2-4 units per month are paid	16 Mins
G2214	<u>30 minutes</u> of CoCM services rendered in <u>any</u> service month Cannot be billed in the same month as 99492 or 99493	16 Mins
99484	<u>20 minutes</u> of general BHI services in <u>any</u> service month Cannot be billed in the same month of CoCM codes	N/A

** Applies if payer follows CPT time rule*

Thoughts ?



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