

BAYLOR SCOTT & WHITE HEALTH COLLABORATIVE CARE (COCM)

IMPLEMENTATION CASE STUDY

January 2025

SUMMARY

Members of the MMHPI technical assistance (TA) team supported Baylor Scott & White Health (BSW) in successfully implementing a full-fidelity Collaborative Care (CoCM) program to integrate mental health care into primary care settings at their Family and Internal Medicine Clinics. This initiative has enhanced access to cost-effective care for over 7,000 patients across Central and North Texas, addressing a range of common behavioral health conditions.

Regional Details¹

Location: 160 Clinics across Central and North Texas, concentrated in Dallas and Williamson Counties

Local Population:

Dallas County, Texas with a population of approximately 2,586,050
Williamson County, Texas with a population of approximately 643,026

Site Details

Baylor Scott & White (BSW) Family and Internal Medicine Clinics are spread across Central and North Texas, with a primary concentration in Dallas and Williamson Counties. The network comprises 160 clinical locations, staffed by 461 physicians and 142 advanced practice providers. These clinics serve a diverse treatment population, including patients aged 6 and older. For CoCM services, BSW is reimbursed by all commercial payers, as well as Medicare and Medicaid.

DISPARITIES IN MENTAL HEALTH ACCESS: LOCAL, STATE, AND NATIONAL PROVIDER-TO- PATIENT RATIOS



1 to 530
in Dallas County

1 to 670
in Williamson County



1 to 690
in Texas



1 to 340
in the United States

“The COVID-19 pandemic amplified the need for access to behavioral health care. With 20% of the population facing behavioral health challenges and knowing that 80-90% of those needs can be effectively managed in primary care, CoCM was thought to be the ideal model for BSW to implement.”

Tonya Selman

Director of Behavioral Health
Collaborative Care, Baylor
Scott & White Health

¹County health rankings & roadmaps (2023). Mental health providers. County health rankings.
<https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/mental-health-providers?year=2023&county=48041>

COLLABORATIVE CARE PROGRAM

Vendor Support

BSW did not receive CoCM vendor support but members of the MMHPI technical assistance (TA) team provided targeted TA with the implementation of their full fidelity CoCM program. BSW implemented CoCM using internal staff who have extensive model expertise. Staff members worked jointly as a CoCM implementation and facilitation team.

Training and Implementation

BSW implemented virtual CoCM services system-wide to centralize the program rather than establish it at individual practices. After integrating CoCM referral capabilities into their electronic health record (EHR), the implementation team trained five initial practices, each with 5-10 primary care providers (PCPs). Behavioral health care managers (BHCMs) completed online modules and in-person training, while PCPs participated in interactive sessions. A single experienced psychiatric consultant supported the rollout, with additional training provided as new PCPs joined these practices.

Simultaneously, the CoCM team promoted the program's benefits at system-wide meetings, prompting PCPs from other practices to request referral access through regional medical directors. These directors coordinated with the centralized CoCM team, and BHCMs provided PCPs with program details and referral instructions. This iterative approach enabled CoCM to expand across BSW, growing the centralized team's capacity. Established through systematic training, the program remains active and successful today.

Workflow

At BSW, patients are screened with the PHQ-9 during medical encounters. If their results meet the inclusion criteria, the PCP refers them to the virtual behavioral health care team. A community health worker engages with the patient and facilitates enrollment in the CoCM program. Once enrolled, the BHCM conducts the patient intake and begins to establish a therapeutic relationship. Unlike many CoCM programs where team members are co-located, the BSW CoCM program operates entirely virtually, making it a distinctive model.

Billing

BSW implemented automated billing to streamline processes and ensure timely payment. This system automatically generates monthly charges based on the time spent by the BHCM addressing patients' treatment needs. These charges are extracted as a report and imported into the EHR Epic as transactions. PCPs bill for CoCM services monthly through patients' medical insurance benefits, even when using behavioral health diagnoses. While the automated billing system has supported the program's success, one challenge that remains is that some payers still classify CoCM as a behavioral health benefit.

Conclusion

BSW has successfully implemented a full-fidelity CoCM program to address the mental health needs of its population. Sustained engagement with PCPs will be crucial to overcoming barriers, enhancing understanding of CoCM benefits, and advocating for improved reimbursement structures. With continued support and refinement, the program holds significant potential to further improve access to quality mental health care across Central and North Texas.

For information on Collaborative Care technical assistance and implementation visit mmhpi.org/cocm.

“BSW has found that patients enrolled in CoCM demonstrate more robust improvement compared to those in primary or specialty care alone, with additional benefits including medical cost savings and reductions in inpatient, outpatient, and emergency department visits.”

Tonya Selman

*Director of Behavioral Health
Collaborative Care, Baylor
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