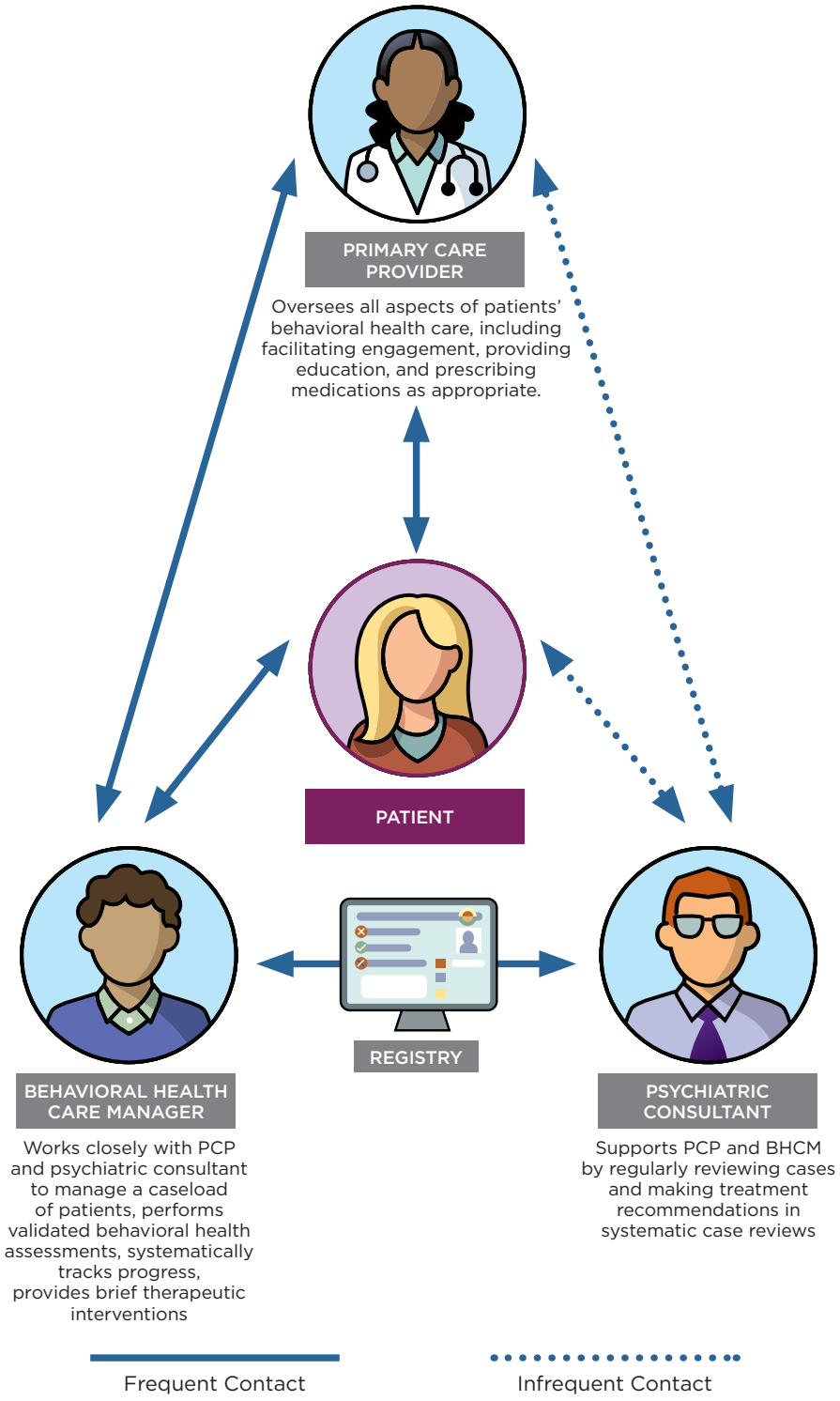
Collaborative Care Model

Clinical Team Structure

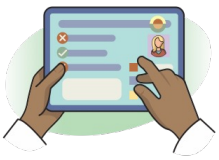
The Collaborative Care Model (CoCM) Program enables a primary care provider (PCP), a psychiatric consultant, and behavioral health care manager (BHCM) to support the patient in the primary care office by screening for common behavioral health (BH) disorders (e.g., depression or anxiety) during medically focused visits. The CoCM team works together, under the clinical direction of the PCP, to detect and provide evidence-based interventions for BH needs, measure patients' progress toward treatment targets, and adjust a patient's treatment plan when appropriate. When a BH need is detected, the clinical team offers enrollment into CoCM and proceeds according to the Clinical Team Model Structure below.



Collaborative Care Model

Clinical Team Structure

The Collaborative Care Model (CoCM) enables the clinical team to implement measurement-informed care plans based on evidence-based practice guidelines for common mental health problems. Each clinical team member plays a distinct role in CoCM, with key clinical, administrative, and billing responsibilities.



Primary Care Physician (PCP) or Pediatrician

Clinical: Reviews mental health screening assessments and refers patients with positive screens to CoCM. Facilitates education, enrollment, patient engagement, prescriptions for recommended medications, and maintenance care once patient reaches an evidenced-based treatment target.

Administrative: Obtains verbal patient consent for CoCM and communicates with CoCM team.

Billing: CoCM billing is processed under the PCP National Provider Identifier, so patient's medical benefits are utilized instead of behavioral health benefits.

Behavioral Health Care Manager (BHCM)

Clinical: Provides primary behavioral health support for patients through behavioral health assessments, measurement-based care, and brief evidence-based interventions. Meets with patient directly for initial and follow-up assessments and to administer brief behavioral interventions as needed. Maintains patient registry to track progress, meets weekly with the psychiatric consultant to review caseload, and communicates regularly with the PCP.

Administrative: Licensure or formal education requirements vary by state and payer (many do not require licensure although specialized training in behavioral health is required). The BHCM does not need to be contracted with insurance panels, although, in some cases payers may require to be notified of the BHCMs on staff.

Billing: Records monthly minutes spent on CoCM services for each patient, which are logged in registry and submitted to billing team.

Psychiatric Consultant

Clinical: Provides psychiatric expertise through direct contact with the BHCM and PCP but, in most cases, has no direct contact with the patient. Supervises the BHCM and works with the BHCM and PCP to make treatment recommendations and create personalized treatment plans for each enrolled patient.

Administrative: Is a medical provider trained in psychiatry and qualified to prescribe the full range of medications. This is most often a psychiatrist but could also be a Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) if they meet the above qualifications. Holds weekly meetings with the BHCM to develop treatment plans and make medication recommendations.

Billing: Consultation provided by the psychiatric consultant is accounted for in valuation of CoCM codes.

Patient

Clinical: Actively participates in their treatment; remains in direct contact with both the BHCM and PCP.

Administrative: Provide verbal consent prior to enrollment in CoCM.

Billing: In some cases, responsible for a co-pay based on insurance but medical benefits are billed for behavioral health services.