



# Increasing Access and Reducing Disparities Through the Collaborative Care Model: CommonSpirit Health and Concert Health

## Value-based Care Activity

- 2.7 million value-based attributed individuals, representing over \$14B in total managed value-based arrangements
- Over 380 value-based contracts
- CommonSpirit has participated in BPCI-A, MSSP (Tracks 1, 1+, 2, 3, and Enhanced) and NextGen models through CMMI

[Accountable Care Atlas](#) Competency: Ensure Access to Care

## BACKGROUND

In any given year, [approximately](#) two in ten individuals consult their primary care provider for a mental health condition, and five in ten experience substantial psychological distress or impairment. In addition to their suffering, these individuals incur considerably [higher](#) medical costs.

In response to requests from primary care providers for more timely and accessible behavioral health support for their patients, CommonSpirit sought to identify a partner and a care model to help address this need. While technology was acceptable as an enabler, the providers very clearly expressed their preference for a largely person-oriented care model, one that was clinically focused and could be seamlessly incorporated into the existing workflow and team approach.

## APPROACH

Beginning in 2020, CommonSpirit formally partnered with Concert Health to incorporate their behavioral health care managers and psychiatric consultants into CommonSpirit clinics in the Central Valley of CA. While patient contacts are typically conducted via audio or video technology, the support is driven primarily by licensed professionals (not from an application or algorithm) using an evidence-based practice, the [Collaborative Care Model](#) (CoCM), which had already been successfully trialed in CommonSpirit-affiliated clinics in WA and CO.

CoCM was developed at the University of Washington and applies principles of targeted management for chronic illness care and population health to psychiatric conditions. Incorporating a registry and regular psychiatric case consultation, behavioral health professionals support primary care providers, develop behavioral health care plans, and deliver evidence-based treatment to patients with conditions such as depression and anxiety. CoCM improves behavioral health outcomes and reduces disparities in access to care while lowering the overall cost of care. The effectiveness of this care model has been [validated](#) through more than 80 randomized controlled trials and several meta-analyses.

Patients are screened for possible behavioral health needs through proactive population health case finding by Concert Health staff or during a primary care visit. Once a CommonSpirit provider identifies a patient and secures consent for referral, a warm handoff is triggered.

### ABOUT COMMONSPIRIT HEALTH

[CommonSpirit Health](#) (CommonSpirit) is the largest provider of care to individuals who are publicly-insured (i.e., Medicare/Medicaid) and the [second largest](#) nonprofit hospital system in the US. It is an integrated health system comprising 137 hospitals, and more than 1,000 care centers across 21 states.

### ABOUT CONCERT HEALTH

[Concert Health](#) is a virtual behavioral health medical group with over 150 licensed behavioral health professionals in eight states who support value-based care by delivering primary-care based Collaborative Care Management.

### KEY LEARNINGS

- The Collaborative Care Model (CoCM) is an evidence-based model to identify and treat patients with behavioral health needs in primary care settings. CoCM is patient-centered and offers choices outside of traditional therapy sessions.
- Sharing a common electronic health record is essential. In addition to coordinating care delivery, behavioral health care managers can assist providers with case finding and population health management, which facilitates access to supportive care, improves health outcomes, and builds the service as an integral part of whole-person primary care.
- CoCM increases access to behavioral health for all patients and is a mechanism to mitigate disparities in mental health care.

Concert Health staff are notified of the request and initiate outreach to the patient, usually within the same day and often within a few hours. While some clinics may have behavioral health staff located onsite, most are available via audio/telephone (the mode primarily preferred by CommonSpirit patients) or video connections. That ability to truly 'meet the patients where they are' offers unique advantages. Virna Little, COO of Concert Health, relates an intervention in which she was able to connect with a patient experiencing symptoms of depression and support him in making immediate, positive changes in his home environment, all while they were on the phone together – an intervention that would likely have been less impactful if initiated from within a traditional office setting.

Concert Health behavioral health care managers average two to five patient contacts per month and psychiatric staff regularly consult with primary care providers and are able to make recommendations for medication therapy when indicated. These medications are then prescribed and managed by the primary care provider within the primary care setting, as part of whole-person care. While the patients referred for CoCM may have a primary behavioral health diagnosis, many patients who are struggling to manage their chronic medical illnesses also benefit from consultation and engagement with the behavioral health care manager.

## RESULTS TO DATE

Concert Health staff who work with CommonSpirit providers have access to and chart within the same electronic health record (EHR), so patient records are centralized and there are no communication or care management gaps. Concert Health staff are able to identify and intervene at opportune times, such as during transitions of care. Use of a common EHR also assists with adherence and quality performance tracking and other population health management functions.

Concert Health maintains the registry that is central to the measurement-oriented CoCM model and uses this to help monitor and track patient progress and outcomes from individual and population health perspectives, including frequency of visits, length of time in treatment, and improvement of scores on standardized screening tools, such as the PHQ9 and GAD7. Results to date indicate about 55 percent of patients experience at least a 50 percent improvement in their symptoms within the first 90 days of receiving treatment through CoCM.

CommonSpirit maintains its own performance dashboard, and triangulates metrics related to CoCM along with other patient-level and population health metrics such as body mass index, blood pressure control, diabetes control, and utilization of emergency and hospital care. Reports can be stratified by certain patient demographic subgroups to monitor and address disparities. They are also starting to formally track patient satisfaction with the care model, but early signs point to wide acceptability by both patients and providers within the CommonSpirit system. Further, CoCM is filling a critical gap in access to care, as almost three quarters of patients report having had no prior access to behavioral health services.

Initially implemented in seven primary care clinics in the Bakersfield, CA area, the model has been met with enthusiasm from both providers and patients. The current plan is to scale the effort to three times that number of practice sites across multiple states by mid-2022, including a much-anticipated expansion into women's health clinics.

*"I used to think that virtual behavioral health care was not ideal for many of our patients. But with the Collaborative Care Model delivered by our partners at Concert Health coupled with the broader impacts of the pandemic, I now realize the paradigm has flipped and in-person behavioral health care is not the ideal in many cases."*

*- Julian A. Mitton, MD, MPH, System Director – Policy, CommonSpirit Health*

## CHALLENGES WITH IMPLEMENTATION

Initially, CommonSpirit was able to implement a small-scale launch of CoCM via grant funding, but the model is optimally sustainable with adequate and ongoing payer reimbursement. Fortunately, Medicare began [reimbursing](#) for behavioral health care services integrated with primary care, including the CoCM, in 2017, opening the door for other payers to follow suit. In early 2021, Medi-Cal [approved](#) reimbursement for the model in both managed care and fee-for-service plans, joining 18 other states and a variety of Medicare Advantage and commercial payers. However, some payers still require some education on how CoCM is delivered and billed as a primary care service, not as a behavioral health service subject to carve-outs.

### Contributors

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