



Transforming Behavioral Healthcare Delivery through the Collaborative Care Model

How the Collaborative Care Model and Digital Innovation Can Scale Services and Improve Patient Outcomes

The Behavioral Health Crisis in the United States

The United States is facing a behavioral health crisis, driven by persistent provider shortages combined with an explosive increase in demand and acuity. This perfect storm has resulted in the utilization of emergency department visits for mental health to skyrocket, particularly among our nation's youth. Sadly, the [American Foundation for Suicide Prevention](#) reported a 20% increase in suicide rates among youth between ages 15-24 between 2020 and 2022.¹ Furthermore, suicide was the 11th leading cause of death in the United States in 2021, the second leading cause of death for individuals between ages 10-14, and the third leading cause of death for ages 15-24.

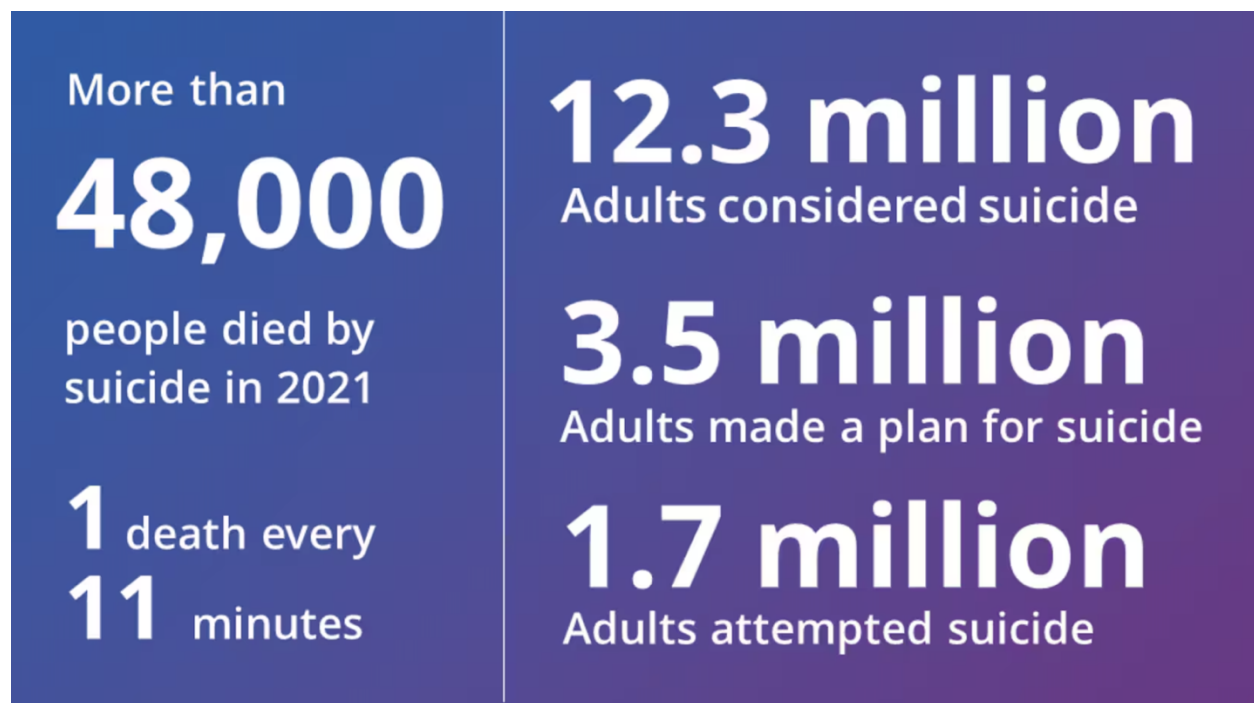


Figure 1 Suicide figures in USA

<https://www.cdc.gov/suicide/facts/data.html>

According to the [World Health Organization](#), the Covid-19 pandemic triggered a massive rise in the prevalence of depression, anxiety, and substance misuse fueled by social isolation, fears of being infected, and bereavement for lost loved ones.² While much of the



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angst around the pandemic has subsided, mental health concerns have persisted, exacerbated by the shortage of mental health providers and the overburdening of these providers.

While the pandemic profoundly impacted mental health, many other social and cultural factors have increased prevalence rates. A [KFF/CNN](#) survey in 2022 revealed that 90% of individuals believe the US is in a mental health crisis today, with many identifying economic uncertainty and cultural challenges as drivers.³

The Psychiatrist Shortage and the Role of Primary Care Providers in Mental Health Care

There is a critical shortage of psychiatrists in the United States, so much so that even if every psychiatrist was practicing at full capacity, a significant shortage gap would exist. According to data from both the American Psychiatric Association (APA) and the [Health Resources and Services Administration \(HRSA\)](#), this gap will prevent upwards of five million patients from obtaining psychiatric treatment.⁴ Moreover, [this gap will continue to rise](#) due to an aging workforce, provider burnout, and limited psychiatric residency slots, increasing the number of underserved patients to nearly eight million by 2030.⁵

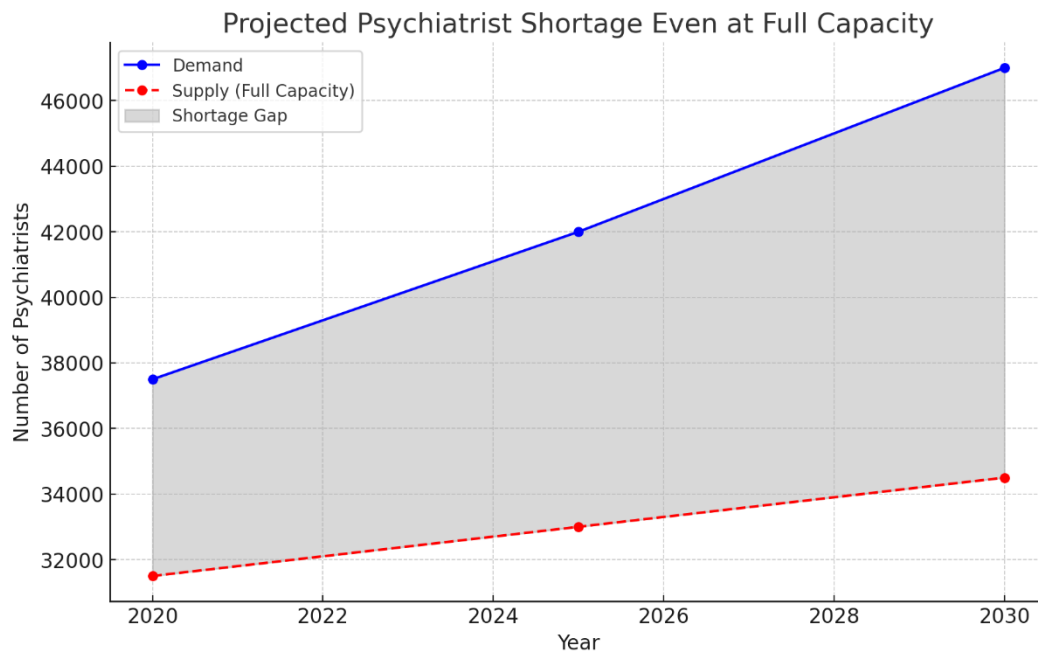


Figure 2: HRSA Behavioral Health Workforce Projections

Primary Care Providers (PCP’s) are at the front line of the mental health crisis, often referred to as the “de facto” psychiatric prescribers in their communities. [Estimates](#) indicate that PCP’s provide nearly three quarters of all psychiatric treatment in the US,



despite having little training or support in delivering this care.⁶ Research shows that PCPs prescribe over 60% of all antidepressants in the US, and notably, 50% of all antipsychotic medications. These concerns are particularly evident within underserved populations, such as [rural communities](#) where PCPs prescribe approximately 70% of all psychiatric medications.⁷

Primary care providers are overwhelmed, individuals and families are experiencing challenges, and the outlook is bleak.

Integrating Behavioral Health into Primary Care: Models and Strategies

To address this crisis, the integration of behavioral health services into the primary care setting is imperative. Various models exist for adding behavioral health components to primary care:

- **Co-located or Embedded Behavioral Health Provider:** A behavioral health provider is located within the primary care practice to provide traditional therapy services to patients within the clinic. This model may include some level of system integration, such as shared electronic health records, but lacks a fuller level of integrated care planning, and may not exist within the same clinical space. An example of co-located care is when a community mental health center shares facility space with a primary care office.
- **Integrated Care:** Integrated care reflects a higher level of incorporating mental health into physical health services, including shared schedules, co-development of treatment plans, and co-management of patients. Having a behavioral health clinician available within the practice affords PCP's nearly immediate access to services, allows patients to obtain these services directly within their healthcare home, and encourages patient adherence to care plans and keeps them engaged in their treatment. However, it's important to note the limitations of this model, including lack of scalability and difficulty in recruiting and retaining skilled mental health practitioners to work within the primary care space.
- **The Collaborative Care Model (CoCM):** A more sophisticated and scalable solution is the Collaborative Care Model (CoCM), the most evidence-based model for integrating behavioral health into primary care. In this model, a behavioral health care manager collaborates with the PCP and a psychiatric consultant to deliver team-based care. Progress is tracked via an electronic patient registry, which allows for both population health management and tracking individual patient progress. The model leans heavily into measurement-based care and treatment to target, which equips practitioners with actionable insights to provide patients the most appropriate treatments for their needs.





For some organizations, a less intensive version of collaborative care exists, referred to simply as [Behavioral Health Integration \(BHI\)](#)⁸, which excludes the utilization of a psychiatric consultant to oversee treatment planning, differential diagnoses, and provide overall clinical oversight to the team. The advantage of this approach is simplicity in implementation. Consequently, reimbursement is significantly limited compared to CoCM.

Features/Benefits	Co-located or Embedded	Integrated Care	Collaborative Care Model (CoCM)
Located within primary care practice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shared electronic health records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full care planning integration		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shared schedules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Co-development of treatment plans		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Co-management of patients		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral health practitioner available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Immediate access for PCPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient adherence to care plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Team-based care			<input checked="" type="checkbox"/>
Electronic patient registry			<input checked="" type="checkbox"/>
Measurement-based care			<input checked="" type="checkbox"/>
Population health management			<input checked="" type="checkbox"/>

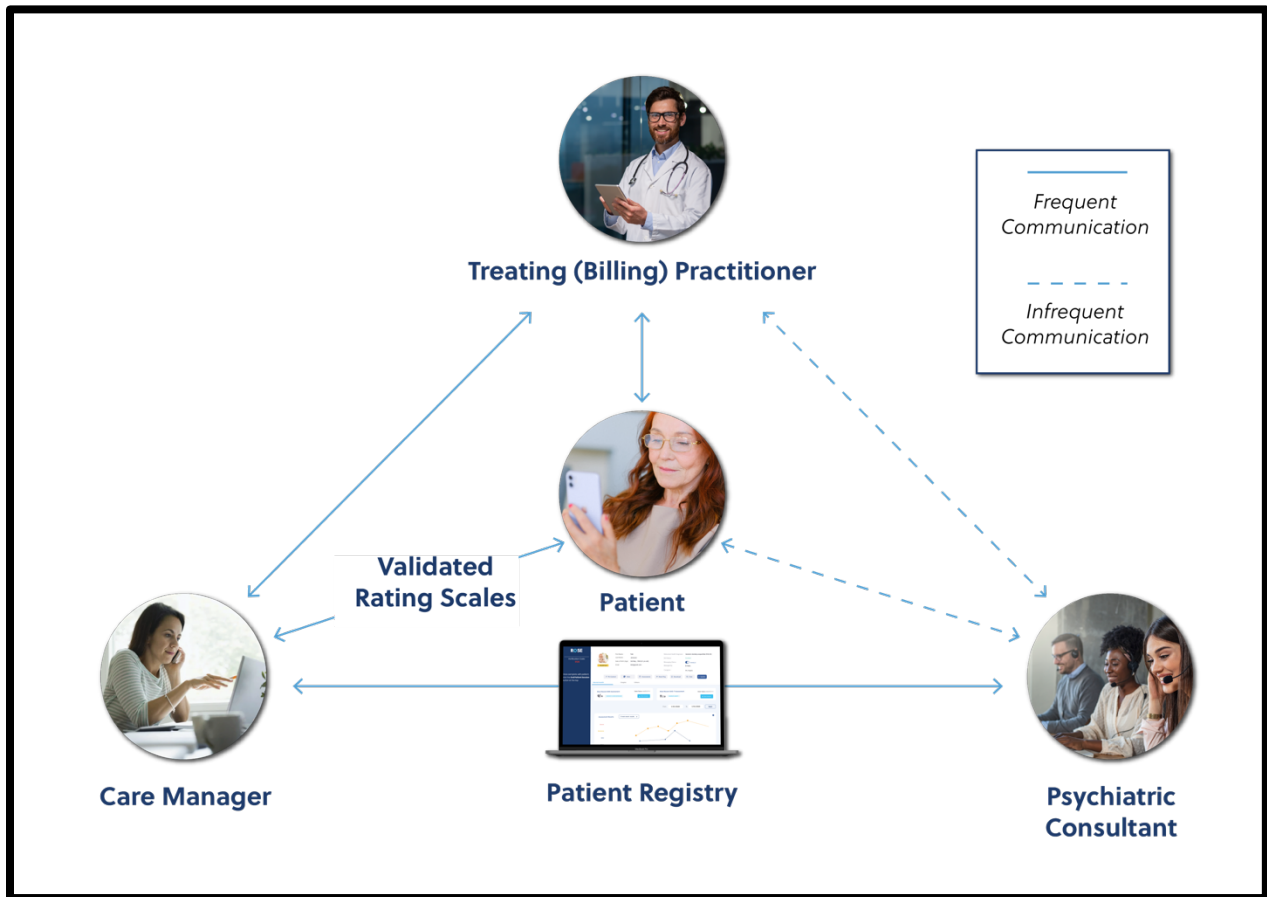


Figure 3 Collaborative Care Model Team

Popularized by the [AIMS Center at the University of Washington](#), significant empirical evidence exists demonstrating the clinical efficacy of the model.⁹ Nearly 100 randomized controlled trials show that CoCM is more effective than usual care for patients with depression, anxiety, and other behavioral health conditions. Additionally, CoCM is highly effective in treating co-morbid mental health and physical health problems.

How CoCM Achieves the Quadruple Aim

Clinical outcomes delivered by CoCM cannot be disputed, but how does the model deliver on other important aspects of care such as patient and provider experience and cost effectiveness?

The Triple Aim for healthcare was introduced by the Institute for Healthcare Improvement in 2008 and [includes enhancing patient experience, improving population health, and reducing costs](#).¹⁰ The Quadruple Aim expands on this approach to include provider experience to help address practitioner burnout and dissatisfaction. Provider experience is



a welcome addition to this framework, as the initial three goals can only be achieved by focusing on the health and wellbeing of care team members.

CoCM is one of the rare circumstances within healthcare where it's possible to deliver on each of the coveted components of the Quadruple Aim:

- CoCM delivers a [quality patient experience](#) by reducing friction and delays in obtaining evidence-based mental health treatment directly in the primary care provider's practice, an environment known and comfortable to patients. This helps address stigma associated with seeking mental health treatment and reduce opportunity for nonadherence to the patient's care plan.
- One of the core components of Collaborative Care is [population-based care](#), with a focus on proactive tracking and outreach to patients involved in the program. Utilization of an innovative digital registry to track patient progress allows for a systematic review of the population being served.
- When it comes to **reducing costs**, Collaborative Care has repeatedly proven to be a cost-effective solution for delivering behavioral health care within primary care. The seminal [IMPACT study](#), for example, demonstrated a cost savings of over \$3,000 per patient, which reflects a total return on investment of \$6.00 for every dollar spent on implementing a CoCM solution.¹¹

Benefits for Underserved Populations

Implementing the Collaborative Care Model can be an important consideration for provider groups and health systems seeking to improve their approach to populations who are at-risk for health disparities. [Evidence](#) suggests CoCM can *help engage vulnerable patients in behavioral health care and improve clinical symptoms and decrease health disparities* by reducing barriers to engagement for vulnerable populations.¹² Additionally, [researchers have concluded](#) that CoCM can be an effective model for treating culturally diverse populations, even with Serious Mental Illnesses (SMI).¹³

Lessons from the NHS's Stepped Care Model and Digital Innovations

The United Kingdom's National Health Service (NHS) has successfully integrated mental health resources into their primary care settings, utilizing a protocolized stepped-care model. The model relies on an "[Improving Access to Psychological Therapies \(IAPT\)](#)" framework, with the parallel goals of matching treatment intensity and duration to patient needs to optimize outcomes while managing utilization and service capacity. While IAPT was [rebranded NHS Talking Therapies](#) for anxiety and depression in 2023, the core conceptual approach to stepped care remains the same.¹⁴



Additionally, there is a significant digital component within both steps two and three of the stepped care model. This digital presence includes guided bibliotherapy and digital cognitive behavioral therapy (iCBT) combined with a routine monitoring component built on a set of metrics collected across every clinical interaction. This leads to a strong culture of measurement-based care, which synergizes effectively with digital interventions, in that they allow for the flow of data and metrics into the patient's electronic health record to facilitate efficient clinical review.

Given the stark imbalance between the demand for mental health services and the supply of mental health providers in the United States, we would be well-served to incorporate a digital component to our primary care integrated behavioral health strategies. Such an approach could improve our ability to effectively stratify patients to the most appropriate level of care, provide them with clinically validated content, and drive early detection for patients at risk of decompensation.

[Technology solutions](#) that utilize artificial intelligence via Large Language Models and Natural Language Processing have a great deal of potential to supplement practitioner interactions and observations of patients through early detection and diagnoses of mental health concerns as well as to monitor patient progress and adherence to treatment.¹⁵ Moreover, according to a [McKinsey international survey](#), more than 75% of patients expect to utilize digital services in the future.¹⁶

Expanding Collaborative Care Innovations and Future Directions in Integrated Mental Health Services

The mental health provider shortage combined with unrelenting increased demand for services have created a significant challenge for addressing mental health concerns. Much of this burden falls on the shoulders of our nation's primary care providers. Various models of behavioral health integration into primary care have emerged, with the Collaborative Care Model as the most effective framework for delivering evidence and measurement-based care, driving clinical outcomes, and cultivating a positive clinician and patient experience. Furthermore, the model is significantly more cost-effective than traditional treatment models, creating substantial value for providers, health systems and payers.

Looking to the future, CoCM demonstrates considerable potential for expansion from primary care into specialty practices such as OB/GYN, pain management, and cardiology. For example, integrating behavioral health into OB/GYN practices could help address mental health concerns among women during and [after pregnancy](#). Similarly, CoCM could address comorbid mental health or substance use concerns among patients suffering from [chronic pain](#).





Significant opportunity exists to iterate on the Collaborative Care Model to further drive patient engagement and clinical outcomes. Incorporating digital therapeutics, such as those being successfully implemented within the UK's National Health Service, can provide patients with convenient, continuous access to mental health resources. Furthermore, having the Collaborative Care psychiatric consultant available for evaluation and management (E/M) visits in addition to consulting within CoCM would ensure timely access to specialized care, addressing complex cases more efficiently, and reducing the responsibility for primary care providers to manage high acuity patient populations. By embracing these advancements and expanding into new domains, CoCM can continue to evolve, offering a robust, adaptable solution for integrating mental health care across various facets of healthcare.

References

- 1 - American Foundation for Suicide Prevention Suicide Statistics, 2024 ([Source](#))
- 2 - World Health Organization, COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide, 2022 ([Source](#))
- 3 - KFF, KFF/CNN Mental Health In America Survey, 2022 ([Source](#))
- 4 - American Psychiatric Association Workforce Development, 2024 ([Source](#))
- 5 - Health Resources & Services Administration Workforce Projections, 2021 ([Source](#))
- 6 - National Library of Medicine, Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): enhancing the assessment and treatment of psychiatric conditions, 2010 ([Source](#))
- 7 - National Library of Medicine, Rural-urban prescribing patterns by primary care and behavioral health providers in older adults with serious mental illness, 2022, ([Source](#))
- 8 - CMS Medicare Learning Network Bulletin ([Source](#))
- 9- AIMS Center, Evidence Base for Collaborative Care (CoCM), ([Source](#))
- 10 - National Library of Medicine, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, 2014, ([Source](#))
- 11 - AIMS Center, Building the Business Case for Team-Based Integrated Care, 2008, ([Source](#))
- 12 - PsychiatryOnline.org, Collaborative Care for Low-Income Patients From Racial-Ethnic Minority Groups in Primary Care: Engagement and Clinical Outcomes, 2020, ([Source](#))
- 13 - National Council of Wellbeing, A Comprehensive Primary Care-Behavioral Health Integration Model for Culturally Diverse Immigrant Clients with Serious Mental Illness, 2020, ([Source](#))





14 - NHS England, NHS Talking Therapies, for anxiety and depression, 2022 ([Source](#))

15 - National Library of Medicine, Revolutionizing healthcare: the role of artificial intelligence in clinical practice, 2023 ([Source](#))

16 - McKinsey & Company, Healthcare's digital future, 2014 ([Source](#))



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