Increasing Access to Integrated Behavioral Healthcare:

Adopting the Collaborative Care Model for Substance Use Disorder (SUD)

The Urgent Need

COVID-19 has exacerbated the mental health and SUD crisis, with drug overdoses on the rise in over 40 states and the CDC reporting the **highest annual number of fatal overdoses from May 2019-May 2020**.

Primary care has become our de facto behavioral health system in the U.S., with **only 20% of patients in need of care receiving treatment in a specialty setting**.[1]

The U.S. currently treats addiction at stage 4 in the emergency rooms and in crisis situations. **The CoCM is a scalable solution to treat addiction at stage 1**.

The Collaborative Care Model (CoCM)

The CoCM delivers effective SUD and mental health care in the primary care setting. The care team is lead by the PCP and includes a behavioral health care manager and a psychiatric or addiction specialist.

CoCM relies on **measurement-based care** to track patient progress and enhance quality services.

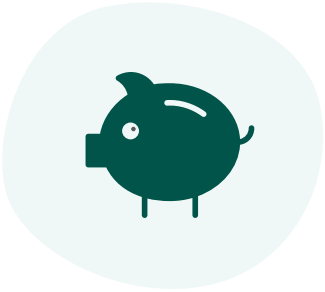
Why does it work? Most PCPs don't screen for behavioral health disorders because they don't know where to send patients. **CoCM provides a support system for physicians so they can better treat their patients and connect them with specialty services when needed**.

The Economic Case

For every $1 spent on care delivered in the CoCM, there is a **$6.50 ROI**.[2]

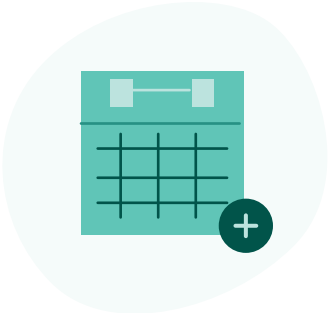
Medicaid enrollees with behavioral health conditions account for **20%** of patients, but over **50%** of Medicaid spending.[3]

National implementation of CoCM in Medicaid can save the program **$15 billion per year**.[4]



Clinical Effectiveness

Over 80 randomized clinical trials on CoCM demonstrate **improved outcomes and enhanced patient access**.



Compared with usual care, CoCM in the treatment of opioid and alcohol use disorders has shown a **39% increase in patients receiving evidence-based treatment and the number achieving abstinence at 6 months.**[5]

1 Wang PS, Demler O, Olfson M, Pincus HA, Wells KB, Kessler RC. Changing profiles of service sectors used for mental health care in the United States. American Journal of Psychiatry, 163(7) (2006).

2 Unützer J, Katon W, Fan M, Schoenbaum M, Lin E, Della Penna R, Powers D. Long-term cost effects of collaborative care for late life depression. The American Journal of Managed Care, 14(2) (2008).

3 Zur J, Musumeci M, Garfield R. Medicaid's role in financing behavioral health services for low-income individuals. Kaiser Family Foundation (2017).

4 Unützer J, Harbin H, Schoenbaum M, Druss B. The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. Health Home Information Resource Center (2013).

5 Watkins K, Ober A, Lamp K, Lind M, Setodji C, Osilla K, Hunter S, McCullough C, Becker K, Iyieware P, Diamant A, Heinzerling K,Pincus H. Collaborative care for opioid and alcohol use disorders in primary care: the SUMMIT randomized clinical trial. JAMA Internal Medicine, 177(10) (2017).