

Collaborative Care: A Tool to Help Address Increased Behavioral Health Needs during COVID-19

Primary care providers are currently faced with the challenges of transitioning to remote care and treatment, along with caring for new populations of patients who are both infected and/or affected by COVID-19. Primary care providers are starting to recognize the increased behavioral health needs of these populations. A national survey by the American Psychiatric Association found that 48% of respondents reported feeling anxious about contracting COVID-19, 40% reported feeling anxious about becoming seriously ill or dying from the virus, 62% feel anxious about the possibility of family and loved ones falling ill, 36% said COVID-19 is seriously affecting their mental health, and 59% said COVID-19 is having a serious impact on their daily life.¹ In this time of crisis, primary care practices who do not provide behavioral health services may be hesitant to take on a new line of business, due to shifting services and decreased revenue. Primary care practices can benefit from Collaborative Care, an existing and supported model that can be utilized to help address the behavioral health needs of COVID-19 populations.

The Collaborative Care Model is an evidence-based model that identifies and treats patients with common mental health conditions, such as anxiety and depression, in primary care settings.

- A Behavioral Health Care Manager is embedded into the primary care team, either in person or remotely. A care manager can be from a range of disciplines, including nurses, counselors, clinical social workers, psychologists, or anyone who is qualified to complete the necessary tasks of the position.
- A Psychiatric Consultant supports the care managers and primary care providers through telephonic case consultation and treatment adjustment.
- A defined group of patients are tracked in a registry with the PHQ9 and GAD7, which are already accessible or utilized by most primary care practices as part of their screening initiatives.

Expansive evidence has shown Collaborative Care to be more effective than usual care, with improved outcomes for patients, improved functioning, and reductions in healthcare costs.² Some other benefits of Collaborative Care that are of particular importance during the COVID-19 pandemic include:

- Telephonic care interventions have become necessary during the COVID-19 pandemic. Collaborative Care already embeds this component in the model through remote, telephonic care management.
- Psychiatric Consultants can help manage patients treated in primary care settings who do not have access to their community provider for medications or other supports.
- Collaborative Care can help support and engage patients in health and mental health care, and can continue as an effective model of care for the practice long term.
- The Collaborative Care Model can be sustained financially through specific billing codes, helping generate revenue for practices and providers during these difficult times.

Collaborative Care can be beneficial as practices expect to see a consistent rise in the number of patients being identified with anxiety and depression in the coming weeks and months. Collaborative Care is an evidence-based model that can be incorporated into a primary care practice as part of their COVID-19 response plan, addressing the demand and desire of primary care to meet the behavioral and physical health needs of their patients.

To learn more about Collaborative Care or receive assistance in implementing the Collaborative Care Model:

- **Detailed description of Behavioral Health Integration and Collaborative Care:** [Behavioral Health Integration Services Booklet](#)
- **Concert Health** provides turn-key, no-risk, behavioral health services for primary care practices nationally. <https://concerthealth.io/>

1. *High Anxiety in America Over COVID-19 - Medscape - Mar 28, 2020.* <https://www.medscape.com/viewarticle/927711>
2. *Archer, J. et al. (2012) Collaborative care for people with anxiety and depression. Cochrane Database of Systematic Reviews. Issue 10. Art. No.: CD006525. DOI: 10.1002/14651858.CD006525.pub2*