

Psychiatric Collaborative Care: How Technology Can Enhance and Scale your Integrated Care Initiatives

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Healthcare professionals are facing a historic volume of patients with behavioral health comorbidities. Yet, access to behavioral healthcare remains a significant barrier for patients seeking treatment: 77% of all counties in the US are designed as mental health shortage areas, with nearly every county in the US (96%) having some unmet need for mental health prescribers. This has led to increased workloads for physical health providers and complex patient journeys that are challenging to manage. Without a holistic, team-based approach to care, patients experience deficiencies in the identification, access, and quality of care delivery for their behavioral health conditions. Integrated behavioral health programs, such as psychiatric collaborative care (CoCM), offer a solution to address this enormous, and growing problem.

Integrating behavioral health services into medical settings is a clinically and financially effective approach that produces robust and durable positive outcomes for patients with behavioral health comorbidities. Despite the need and evidence base, however, CoCM adoption has lagged due to upfront costs and limited knowledge amongst clinical teams. Leveraging technology in medical settings has become a necessary component to effective CoCM scaling in settings with limited access to behavioral health providers. Technology-enabled CoCM using a mobile health (mHealth) platform can facilitate automated remote patient assessments, ongoing measurement-based care (MBC) and optimize the right level of care at the right time through triage mechanisms that take into account illness severity and patient engagement preferences.

In this session, we will first provide an overview of the psychiatric collaborative care model (5 min). Then we will discuss the use of mHealth technology to scale CoCM (10 min). Finally, we will highlight NeuroFlow as a specific mHealth tool in the delivery of high quality CoCM programming (15).

The Psychiatric Collaborative Care Model (CoCM) is the most effective evidence-based integrated care model for behavioral health. CoCM enables a holistic team that includes: a medical provider, behavioral health manager, psychiatrist, and the patient. This approach to treating mental health conditions by integrating behavioral health professionals into the care team increases the confidence of physical health providers in treating these disorders which allows better patient outcomes.

Learning Objectives

- Identify key challenges of delivering high quality and sustainable integrated behavioral health programs.
- Discuss innovative ways to support patients in managing behavioral health needs.
- Identify key strategies for the use of technology to enhance and scale integrated behavioral health programs.

References:

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2. USA Facts. (2021). Over one-third of Americans live in areas lacking mental health professionals. Retrieved from <https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-health-professionals/>
3. Wakida, Edith K., et al. (2018). Barriers and Facilitators to the Integration of Mental Health Services into Primary Health Care: A Systematic Review. Systematic Reviews; 7. Retrieved from <https://doi.org/10.1186/s13643-018-0882-7>.
4. Blackstone, Sarah R., et al. (2022). Improving Depression Screening in Primary Care: A Quality Improvement Initiative. Journal of Community Health; 47(3), 400–07. PubMed Central, <https://doi.org/10.1007/s10900-022-01068-6>.
5. American Medical Association. (2022). Accelerating and Enhancing Behavioral Health Integration Through Digitally Enabled Care: Opportunities and Challenges. Retrieved from <https://www.ama-assn.org/system/files/bhi-return-on-health-report.pdf>
6. Carlo, A.D., Barnett, B.S., and Unutzer, J. (2021). Harnessing Collaborative Care to Meet Mental Health Demands in the Era of COVID-19. JAMA Psychiatry. 78(4): 355-356. Retrieved from <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2771405>

Part 8: Presentation Type

Oral presentation

Part 9

Intermediate session

30 min or 60 min