

Dimension: Mental Health	Collaborative Care Model
This Intervention is Linked to the Following Secondary Driver: <ul style="list-style-type: none">• Effective clinic flow to care and support clients with mental health issues, i.e., coordinating HIV care and mental health care and support systems	
Level of Evidence: Well-Defined Interventions with an evidence-base	

Summary:

The integration of physical and mental health care is an important component in effective patient care for patients with co-morbid conditions. The Collaborative Care Model offers an evidence-based² approach to integration in which primary care providers, care managers, and psychiatric consultants work together to provide care and monitor patients' progress.

Core Components

According to the American Psychiatric Association, the Collaborative Care Model consists of 5 key elements:

1. **Patient-Centered Team Care** - Primary care and behavioral health providers collaborate effectively using shared care plans that incorporate patient goals. The ability to get both physical and mental health care at a familiar location is comfortable to patients and reduces duplicate assessments. Increased patient engagement oftentimes results in a better health care experience and improved patient outcomes.
2. **Population-Based Care** - Care team shares a defined group of patients tracked in a registry to ensure no one falls through the cracks. Practices track and reach out to patients who are not improving, and mental health specialists provide caseload-focused consultation, not just ad-hoc advice.
3. **Measurement-Based Treatment to Target** - Each patient's treatment plan clearly articulates personal goals and clinical outcomes and are routinely measured by evidence-based tools. Treatments are actively changed if patients are not showing improvement as expected until the clinical goals are achieved.
4. **Evidence-Based Care** - Patients are offered treatments with credible research evidence to support their efficacy in treating the target condition. The Collaborative Care Model (CoCM) has a substantial evidence base for its effectiveness, one of the few integrated care models that does.

² Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *The Cochrane database of systematic reviews*, 10, CD006525. <https://doi.org/10.1002/14651858.CD006525.pub2>

5. **Accountable Care** - Providers are accountable and reimbursed for quality of care and clinical outcomes, not just the volume of care provided.

Tips and Tricks:

- In addition to detailed implementation guide, the American Psychiatric Association offers guidance on billing and payment structures to make use of this model sustainable for clinics (see Additional Resources section below).
- Successful implementation of the Collaborative Care Model takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- American Psychiatric Association's [Collaborative Care Model Resources](#). Among other relevant materials, this site offers:
 - Access to training, including online training
 - A step-by-step Implementation Guide
 - Draft Job Descriptions
 - Examples across different healthcare settings
 - Billing and Payment Models
- McMaster University's [Identifying and Assessing the Core Components of Collaborative Care](#) offers guidance on how to assess fidelity to the model.
- AIMS Center's [Checklist of Collaborative Care Principles and Components](#)

Suggested Measures:

Process Measures

- The extent to which the clinic implements the Collaborative Care Model in accordance with the AIMS Center's Checklist of Collaborative Care Principles
- % of patients for whom Collaborative Care is indicated that receive Collaborative Care

Outcome Measures

- % of patients that receive Collaborative Care that have not achieved viral suppression that demonstrated improved viral suppression rates within 6 months
- % of patients that receive Collaborative Care that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Citations and Acknowledgements:

Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *The Cochrane database of systematic reviews*, 10, CD006525. <https://doi.org/10.1002/14651858.CD006525.pub2>