

<b>Dimension: Age</b>	<b>Collaborative Care Model</b>
<b>This Intervention is Linked to the Following Secondary Driver:</b> <ul style="list-style-type: none"><li>• Effective clinic flow to care and support clients with Age-related issues, i.e., transitioning adolescent/adult care, referral tracking</li><li>• The care team understands the signs of a potential complication/barrier due to Age concerns</li><li>• Geriatric and pediatric health providers are integrated into the HIV care team and participate in case conferences</li></ul>	
<b>Level of Evidence:</b> 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-based<sup>2</sup> 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 do.

<sup>2</sup> 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>