



# Implementing Collaborative Care in a New Health System

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## Background

Collaborative Care (CoCM) is an evidence-based, patient-centered, team-based treatment model that integrates behavioral health treatment in a primary care setting. The effectiveness and efficiency of CoCM has been demonstrated in randomized control trials and meta-analyses (Gilbody 2006; Archer 2012). Beth Israel Lahey Health (BILH) formed in 2019, encompassing 13 hospitals, primary care network, community mental health organization, continuing care, and accountable care performance network. CoCM was implemented as a joint-venture with BILH Behavioral Services and BILH Primary Care, targeting the entire primary care network of 85 primary care sites and over 500,000 lives.

## Methods

Key stakeholders mapped a project implementation plan for all practices spanning 60-months, including prioritizing practice implementation, developing specific key performance indicators, aligning technology, infrastructure and reporting across five EHRs, financial performance across multiple business entities, and developing workforce for new clinical roles. Subject matter experts led ten project tracks to develop operational plans, clinical care models, practice changes and workflow optimization.

Figure 1

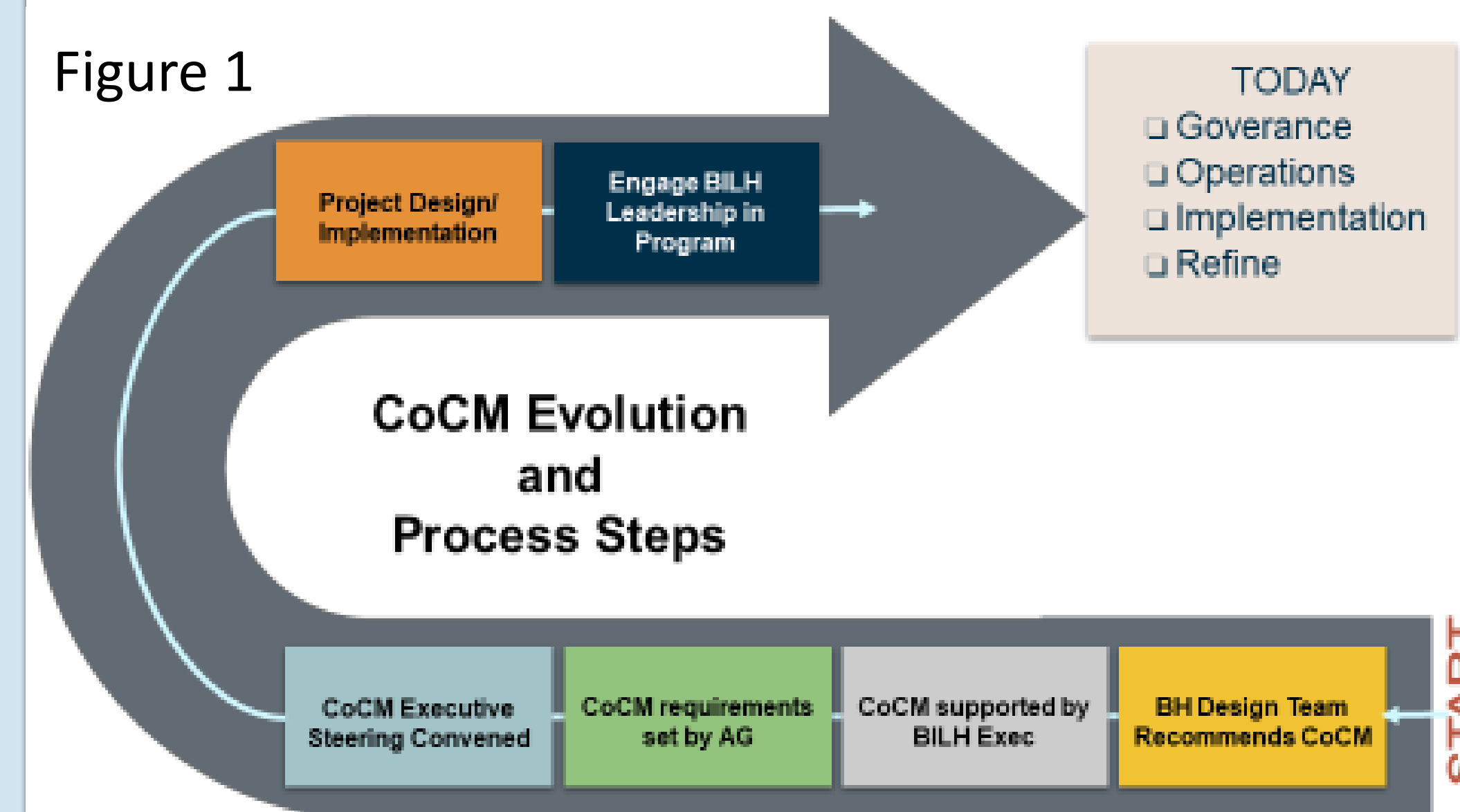


Figure 2



Figure 3

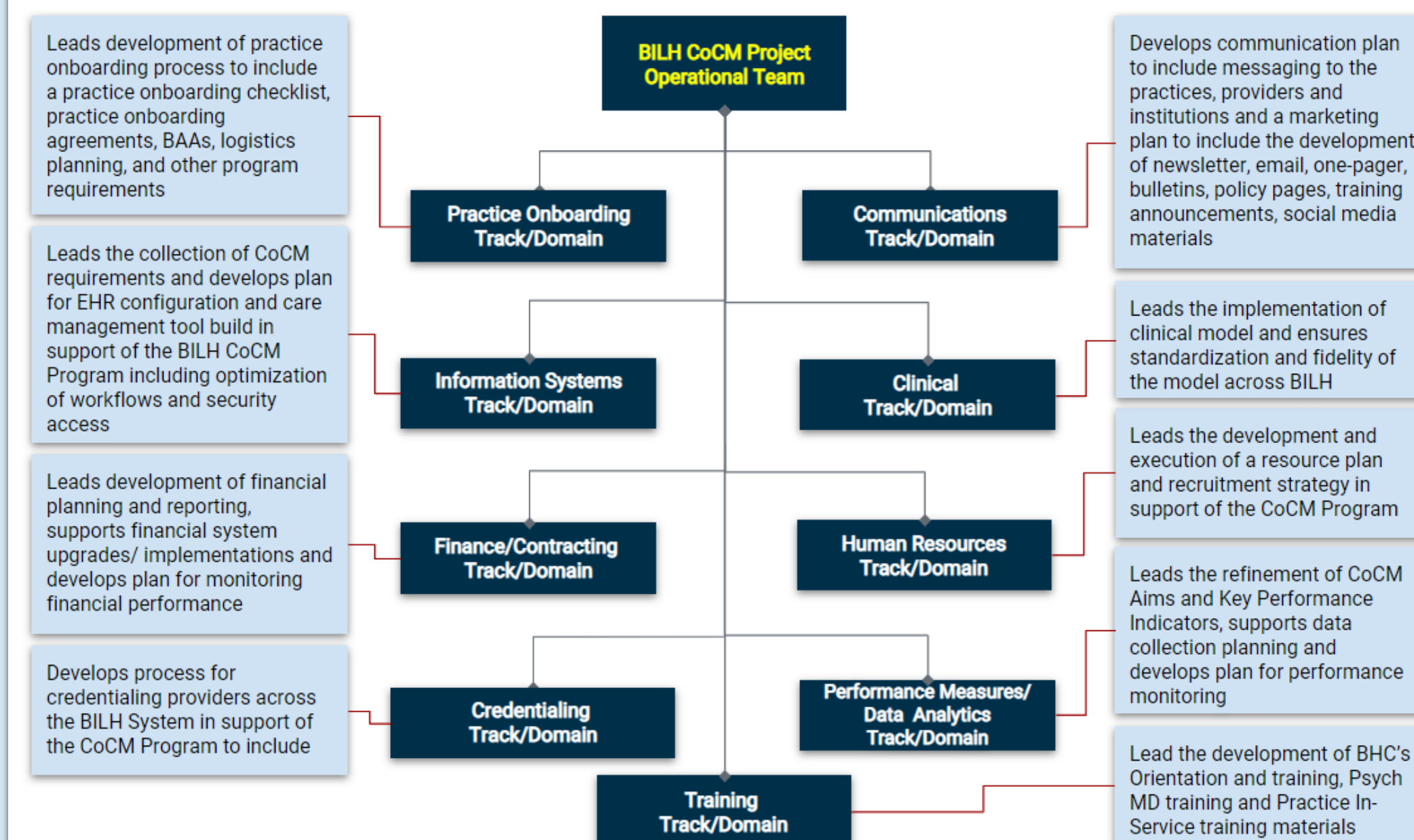


Figure 4

- Aim of Tool**
- Support Phasing of Practices
  - Embedding the Appropriate Clinician with the key skills and practice population knowledge set
- 9 Sections**
- Identifying Champions
  - Integration and Transformation Efforts
  - Practice and Provider Information
  - Practice Payer Mix
  - Patient Demographics
  - Special Populations
  - EHR Information
  - Practice Team Meetings
  - Other Considerations

## Results

Dynamic registries have been created integrating four EHRs to provide ongoing case review, clinical management and population-based performance and process measures. Iterative optimization has generated a standard operating procedure to start CoCM within a primary care practice over a 6-month time-frame incorporating readiness assessment, leadership alignment, workforce recruiting, training, workflow redesign, financial reporting and implementation. Implementation included successful adoption of CoCM CPT codes and engagement with insurers for coverage.

To date, the program has:

- ✓ 80% on-time implementation
- ✓ 483 providers across 60 practices
- ✓ 25 embedded providers
- ✓ 19,000 patients engaged
- ✓ 99% CoCM billing

Figure 1: Project evolution from conception to structure

Figure 2: Executive team oversaw implementation and alignment with system strategy while the operational team created processes for workflow, reporting, training and ongoing performance monitoring.

Figure 3: Project tracks aligned with operational functions

Figure 4: Primary Care Practice Questionnaire

## Discussion

- Main challenges to successful implementation include change management, IT integration, workforce recruitment, practice culture change, and sustainability.
- Use of a performance dashboard was created to continually assess readiness, productivity, sustainability and operational challenges.

## Conclusion

Broad-scale implementation of CoCM is possible in a newly integrated health system. Key strategies for success include recognition of individual cultures, aligning clear shared goals, developing standardized operations and consistent engagement with key stakeholders.

## References

- Archer J et al.. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012;10.
- Gilbody S et al. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Intern Med 2006;166.