



A 3-Year Evaluation of the Impact of Collaborative Care Implementation on Provider Satisfaction, Productivity, and Confidence

Elizabeth Attaya, MS; Samantha Karwin, MS, LMHC; Lisa Gelormini, MSW, LICSW; Patrick R. Aquino, MD, PhD; David W. Van Norstrand, MD, PhD; Nizelky Genao, MSW, PMP, ITIL

Beth Israel Lahey Health Behavioral Services

Background

Collaborative Care (CoCM) is an evidenced-based model of integrated care at the intersection of primary care and the expansion of behavioral health care (Gilbody 2006; Archer 2012). Following Beth Israel Lahey Health Behavioral Services' (BILH BS) launch of the CoCM Initiative in 2019, an annual evaluation survey was created to track provider satisfaction, productivity, and confidence with addressing their patients' behavioral health needs in the primary care setting. This survey also serves to provide insights into the overall success of the CoCM program's implementation.

Methods

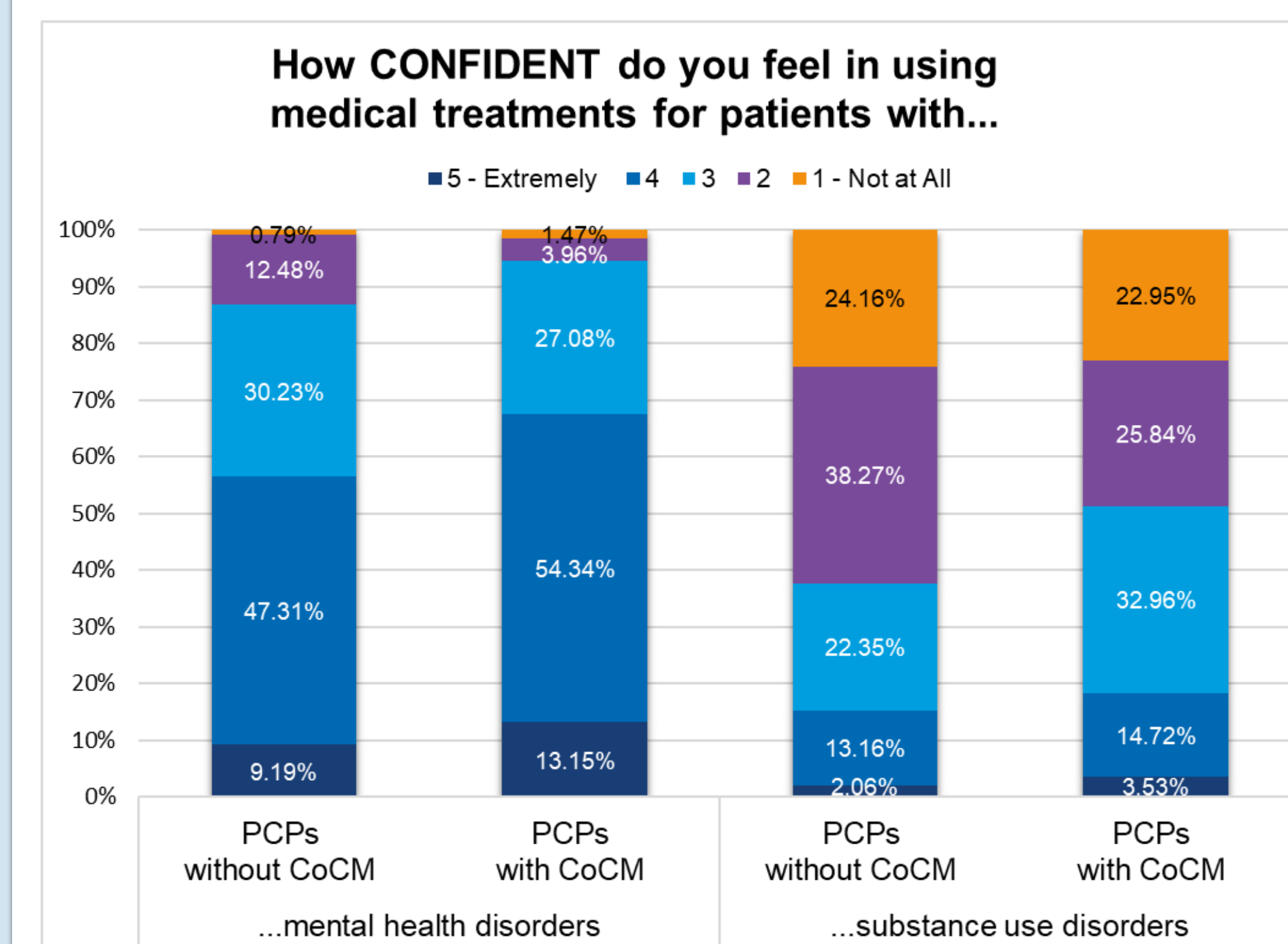
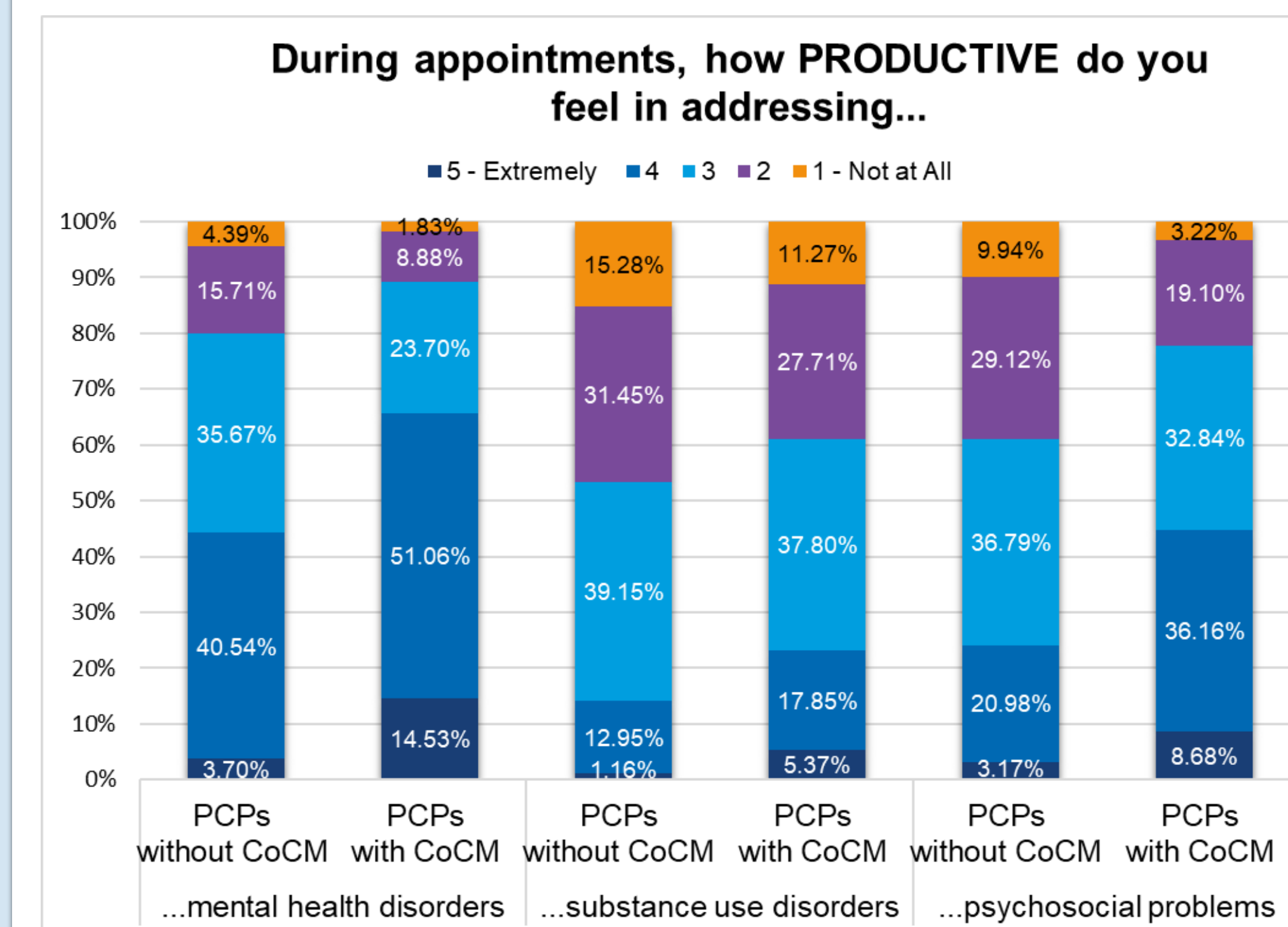
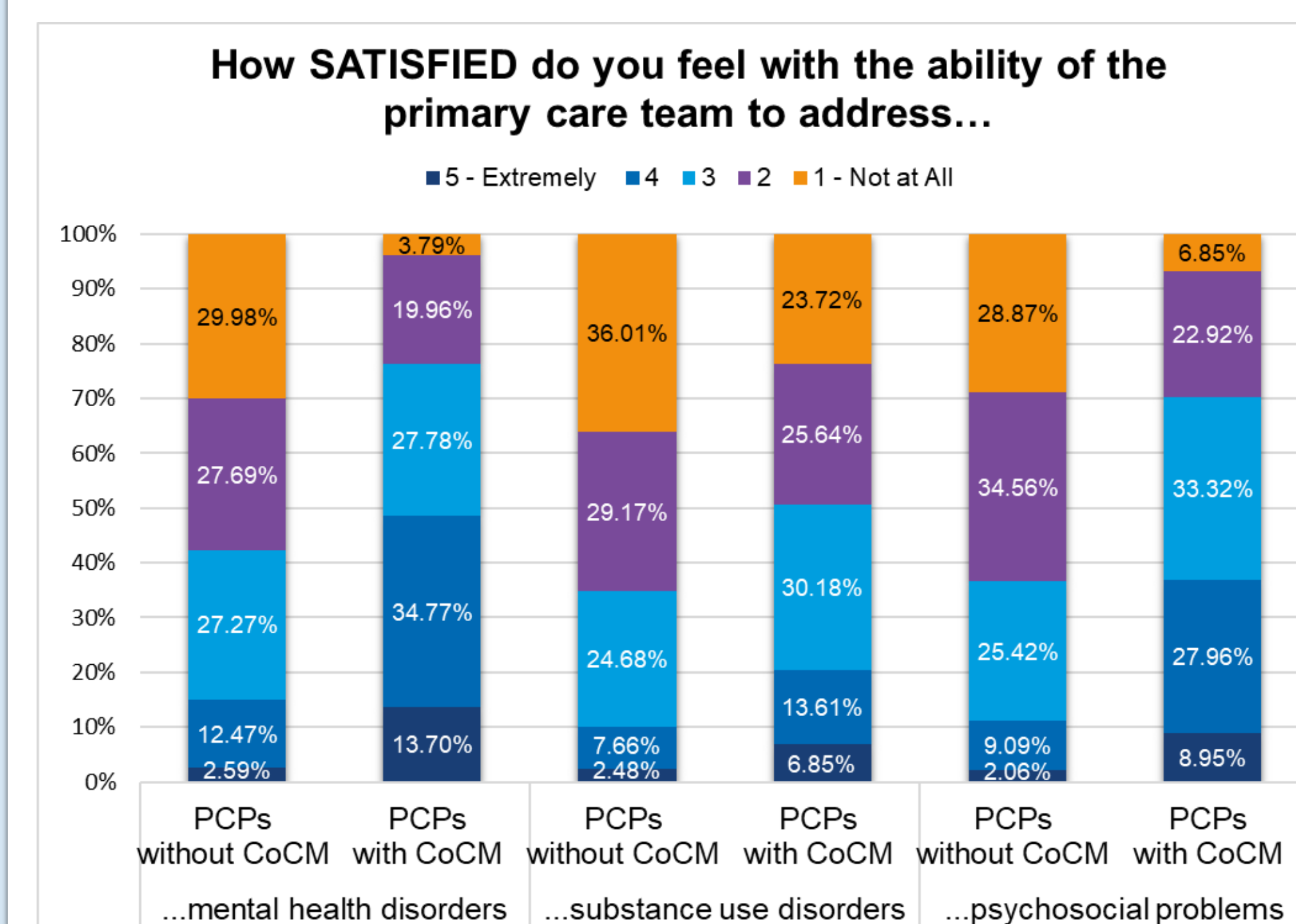
The survey was developed to assess provider ability in assessing and managing mental health disorders, substance use disorders, and psychosocial needs. Responses are based on a 5-point Likert scale where respondents select their level of agreement. The survey has been administered annually since 2020 to all BILH PCPs, behavioral health clinicians (BHCs), and consulting psychiatrists, regardless of CoCM implementation status. 1,528 total surveys were distributed. Response rates were PCP 30.57%, BHC 89.25%, and psychiatrists 75.00%.

Number of Surveys Distributed Over Three Years				
Provider	2020	2021	2022	Total
PCPs	491	476	489	1,456
BHCs	15	21	24	60
Consulting Psychiatrists	N/A	N/A	12	12
Total	506	497	525	1528

Results

The survey results demonstrate a significant shift in the dispersion of response scores between PCPs within sites with access to CoCM and PCPs without access to CoCM. A larger percentage of PCPs with CoCM ranked their agreement higher than PCPs without CoCM on questions pertaining to their satisfaction, productivity, and confidence in addressing the needs of patients with mental health disorders, substance use disorders, and psychosocial needs.

Graphs below represent averages from 3 years of survey responses: 2020, 2021, and 2022.



*Percentages may not total 100 due to rounding

Discussion

- ✓ Implementation of CoCM in a primary care practice correlates with an increased ability in assessing and managing behavioral health conditions by both the PCPs and BHCs.
- ✓ Positive response scores of providers with CoCM also serve to bolster confidence in the CoCM model for the communities served.

✓ Positive responses are not attributed equally to different behavioral health conditions.

✓ Specifically, questions around substance use disorders treatment frequently received the lowest relative scores. This serves to highlight areas for continued improvement in service delivery as well as areas to enhance education efforts.

✓ Consideration for the presence of neutral choice survey response bias should also be taken into account.

Conclusion

The implementation of CoCM within primary care sites has created an effective intervention to expand the ability of PCPs, BHCs, and primary care teams in addressing behavioral health conditions. Opportunities exist to enhance training and the availability of substance use disorder services for CoCM PCPs and BHCs.

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.