



Senate Bill 2085 Collaborative Care Model

Senate Sponsors: Laura Fine, Laura Murphy, Julie Morrison, Laura Ellman, and Elgie R. Sims, Jr.; House Chief Sponsor Deb Conroy

Issue – Access to Mental Health and Substance Use Disorder Treatment

One in five Americans experienced mental illness in the past year.¹ Mental health and substance use disorders (MH/SUD) are often chronic conditions that people experience with other health conditions, such as heart disease and diabetes. Yet, only 25% of patients receive effective mental health care, including in primary care settings, where the majority of patients with MH/SUD receive their usual care.² ***In Illinois, 2.5 million people have a mental health condition but just one-third can get treatment.*** Also, given the low Medicaid reimbursement rate, and given the elimination of Psychiatric Leadership Capacity Grants, this bill will expand opportunities for patients and primary care teams to benefit from the mental health expertise and consultation offered by psychiatrists.

Solution – Collaborative Care Model

Better care coordination via integration of mental health and primary care has been shown to improve patient access and outcomes. Three decades of research and over 80 randomized controlled trials (RCT) have identified one model in particular – the Collaborative Care Model (CoCM) – as being effective and efficient in delivering integrated care.³ ***It is estimated that \$37.6 - \$67.8 billion, nationally, could be saved annually through effective integration of mental health and other medical care.***³ Additionally, research has shown that Collaborative Care returns over \$12 for each dollar spent for treatment of depression in primary care and over \$15 for each dollar spent for treatment of anxiety in primary care.⁴

How It Works

The CoCM uses a team approach consisting of a primary care provider, a care manager (nurse, clinical social worker, psychologist, behavioral health coaches or behavioral health providers), and a psychiatric consultant. The team cares for a defined group of patients and closely tracks each patient's progress using validated clinical rating scales (e.g., PHQ-9 for depression). Treatment is adjusted if patients are not improving as expected. Patients who don't respond to treatment are referred to more intensive mental health specialty care including seeing the psychiatrist. Instead of psychiatrists seeing all patients one-on-one, the psychiatrists provide caseload consultation to a population of patients to the primary care practice, providing proactive, effective care. This approach improves access, health outcomes, and reduces provider burnout.

SB 2085

Primary care practices that are providing services under the CoCM can now bill Medicare for those services using CPT® codes for *Psychiatric collaborative care management services* (99492, 99493, 99494). Federally

¹ Department of Health and Human Services. "Mental Health Myths and Facts." <http://www.mentalhealth.gov/basics/myths-facts/>

² Nützer J et al. "The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes." Health Home Information Resource Center Brief. Centers for Medicare and Medicaid Services. May 2013.

³ 3 Advancing Integrated Mental Health Solutions (AIMS) Center. "Evidence Base." <https://aims.uw.edu/collaborative-care/evidence-base>

⁴ Washington State Institute for Public Policy. "Benefit Cost Results: Adult Mental Health". http://www.wsipp.wa.gov/BenefitCost/Pdf/8/WSIPP_BenefitCost_Adult-Mental-Health

Qualified Health Centers and Rural Health Clinics can also be reimbursed using HCPCS code G0512. Some state Medicaid agencies (Washington State, North Carolina, Maryland) have started to allow billing for the codes as a way to improve access to mental health care. This legislation would allow for PCPs in Illinois to bill Medicaid or commercial insurers for the model. ***We strongly urge you to support SB 2085.***

For any questions or comments, please contact Meryl Sosa at msosa@ilpsych.org.

Supporting Organizations

Riveredge Hospital
NAMI Illinois
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Thresholds
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Mental Health Summit
Community Behavioral Health Association
Mental Health America Illinois
Illinois Osteopathic Medical Society
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