VIEWPOINT

COVID-19: BEYOND TOMORROW

Harnessing Collaborative Care to Meet Mental Health Demands in the Era of COVID-19

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The coronavirus disease 2019 (COVID-19) pandemic increasingly weighs on the US psyche as it exposes structural inequities, intensifies long-standing mental health access challenges, and vastly increases the number of individuals in need of treatment. Neuropsychiatric sequelae[1] have developed in some survivors after COVID-19 infection, whereas others have been traumatized in their roles as frontline health care workers and first responders. Still others have been stricken with new anxiety or depressive disorders, while those with preexisting mental health problems have seen their conditions worsen amid social distancing directives. As demands on our already strained and specialty-focused mental health care system increase, one of the most promising solutions for the pandemic's unique needs is expediting the integration of mental and physical health care in the primary care setting, with the collaborative care model (CoCM) being an extensively evidence-based strategy.

Over the past 2 decades, more than 80 randomized clinical trials have validated the efficacy of CoCM across diverse settings, diagnoses, and populations.[2] The model relies on a specially trained behavioral health care manager (often, but not necessarily, a licensed clinical social worker or registered nurse) to practice in concert with primary care practitioners (PCPs) and evaluate patients' mental health care needs using common patient-reported outcome instruments (eg, the 9-Item Patient Health Questionnaire for depression), all while receiving regular input and supervision from a designated psychiatric consultant. Such supervision may be provided by any licensed mental health professional qualified to prescribe the full range of psychiatric medications. Through structured case reviews, the behavioral health care manager and psychiatric consultant jointly develop a treatment plan for each patient, which may include medication recommendations to the PCP, short-term psychotherapy, or both. When deemed necessary by the CoCM team, psychiatric consultants may see patients individually for a limited number of in-person or telehealth visits to assist with diagnostic clarification. Notably, CoCM is financially supported by novel billing codes recognized by Medicare and many other public and commercial payers, making the model financially sustainable.[3]

The pressing need for large-scale CoCM implementation is underscored by the fact that our current specialty mental health care delivery system is unable to meet the expected service demands of the pandemic and beyond. Even before COVID-19, access to mental health care was limited throughout the United States. Mental health specialists remain largely confined to solo-clinician practices in urban areas and have poor participation in insurance networks. These factors often result in mental health services being geographically distant from many patients, delivered out of insurance networks (leading to higher out-of-pocket treatment costs), and effectively siloed from medical teams. Use of CoCM provides solutions, summarized in the **Table**, to these and many other problems that have been exacerbated by or emerged because of COVID-19.[2-5]

CoCM brings specialty expertise directly into the setting where most mental health problems are already being treated: primary care. Although CoCM may increase the number of mental health visits for PCPs, the integrated and coordinated nature of care delivered through the model ultimately reduces preventable use and demands on PCPs and the health care system overall.[6] Furthermore, with primary care increasingly delivered via video chats and secure messaging, CoCM can capitalize on telemedicine to facilitate geographic flexibility for patients and clinicians in this virtual clinical space. Although behavioral health care managers must be prepared to conduct in-person visits if needed, they are encouraged to use the electronic medical record, telephony, and video conferencing for patient care whenever possible.[5] Using the same technology, the CoCM team can communicate with PCPs as needed. Of note, CoCM billing codes are designed to account for services delivered between face-to-face visits and are billed in the name of the PCP, thereby partially mitigating specialty mental health insurance network adequacy problems. Coupled with recent telehealth billing flexibility for physician services, this means that all facets of CoCM—including individual virtual visits between the patient and psychiatric consultant—are billable in the COVID-19 era.

Leveraging telehealth also allows CoCM to extend the clinical reach of scarce mental health specialists to include large numbers of patients over expansive geographic areas. Through weekly case review sessions of 1 or 2 hours with each behavioral health care manager, a single psychiatrist can contribute his or her mental health expertise to as many as 100 patients. In addition, because psychiatric consultants are not required to see patients in person, co-location with the behavioral health care manager is not essential and the consultants can make clinical recommendations for patients living in rural or underserved areas without needing to travel long distances. This operational flexibility also allows more than 1 psychiatric consultant to fill the role in the common scenario where a single professional cannot be secured longitudinally. Of note, other previously described CoCM implementation challenges remain formidable amid the COVID-19 pandemic (eg, cultural

Table. COVID-19 Mental Health Challenges and CoCM-Driven Solutions

COVID-19 mental health challenge	CoCM-driven solution
Hospitals and health care systems need evidence-based, scalable treatment models to manage the increased incidence of mental health problems in the wake of the COVID-19 pandemic	CoCM is a scalable population health intervention that has been shown to be effective in >80 randomized clinical trials across diverse settings, diagnoses, and populations[2]
COVID-19 has exacerbated existing disparities in health care, particularly for racial/ethnic minorities and vulnerable populations	Implementation of CoCM has been shown to reduce racial/ethnic depression outcome disparities in primary care[4]
In the era of COVID-19, primary care mental health needs have increased, and mental health problems require substantial time and coordination for proper diagnosis and effective treatment	CoCM enables PCPs to deliver higher-quality mental health treatment by supplementing existing services with a designated team[2]
COVID-19 has created a rapidly growing need for trauma-focused treatment, but the number of specialty-trained clinicians is limited	CoCM has been shown to be effective for posttraumatic stress disorder in multiple randomized clinical trials (including through telehealth delivery)[5]
Provision of in-person mental health services is challenging in this era of social distancing guidelines, and much of primary care has transitioned to virtual delivery	Research has shown that CoCM is effective through remote telehealth delivery[5]; CoCM billing codes account for services delivered virtually between in-person visits and are billed in the name of the PCP (partially mitigating specialty mental health insurance network adequacy problems)[3]
COVID-19 survivors may have complex neuropsychiatric symptoms and require coordinated medical, neurologic, and mental health treatment	CoCM is an inherently integrated, multidisciplinary strategy for treating chronic physical and mental health problems in the primary medical setting[2]
A need exists for proactive outreach to high-risk populations to screen for common mental health problems in the era of COVID-19 and beyond	The CoCM behavioral health care manager uses a population health approach[2] that can easily be directed toward high-risk populations, such as frontline health care workers or patients recovering from COVID-19 infection

Abbreviations: CoCM, collaborative care model; COVID-19, coronavirus disease 2019; PCP, primary care practitioner.

differences between mental health and primary care, novel workflow establishment), and organizations are encouraged to consider previously described mitigation strategies in their workflow designs.[7]

In addition to its operational flexibility, CoCM is versatile and has been validated in the treatment of depression, anxiety, posttraumatic stress disorder, and other common mental health conditions.[2,5] This adaptability allows organizations implementing CoCM to leverage the behavioral health care manager and existing infrastructure to quickly target or proactively screen high-risk populations, including those with a history of COVID-19, frontline health care workers, and underserved populations. More importantly, given that racial/ethnic minority groups have a higher risk of COVID-19 infection and its associated complications, adaptation of CoCM principles has been shown to reduce racial/ethnic minority treatment disparities in the primary care management of depression.[4]

The COVID-19 pandemic has highlighted the US's need for more efficient and widespread mental health service delivery, especially for patients with complex medical and psychiatric needs. Our current mental health care system is inaccessible and siloed from the rest of medicine, rendering it poorly equipped to rise to this critical occasion. To meet the increased mental health service needs during COVID-19, health care systems nationwide must begin to quickly implement integrated mental health delivery models that are scalable, flexible, and sustainable. With more than 2 decades of evidence supporting its use across diverse populations and diagnoses, CoCM should form the backbone of our mental health care response to this pandemic and the challenges that lie beyond it.

ARTICLE INFORMATION

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