

Case Studies

New York State

Collaborative Care Initiative: 2012-2014¹

From 2012-2014, the New York State (NYS) Hospital Medical Home Program, the NYS Department of Health (DOH), and NYS Office of Mental Health (OMH) partnered to implement Collaborative Care for depression across the state in an initiative known as the NYS Collaborative Care Initiative (NYS-CCI).

Nineteen academic medical centers implemented the Collaborative Care Model in 32 of their primary care clinics. Over time, all clinics worked to improve their implementation of Collaborative Care based on continuous feedback and technical assistance. Data collected during the project (by DOH) indicated almost all practices succeeded in delivering Collaborative Care with improved outcomes.

Collaborative Care Medicaid Program

Following the success of the grant, the New York State Collaborative Care Medicaid Program (CCMP) was launched in 2015. The state legislature allocated at least \$11 million annually to allow for thousands of Medicaid patients to receive depression treatment in a primary care setting. There are now over 100 primary care practices participating across the state, including hospital-affiliated clinics, federally qualified health centers, and independent provider practices. CCMP continues to provide technical assistance and training to participating practices to help them grow and sustain their programs.

NYS designed an innovative value-based reimbursement model using a monthly case rate payment to help sustain practices involved with CCMP. This allows practices to provide necessary services flexibly without being limited by fee-for-service billing. The monthly payment also helps to support crucial infrastructure such as the addition of behavioral health care management staff to provide counseling and care coordination, as well as maintenance of a population health registry system that allows for tracking of patient progress.

The value-based payment model emphasizes frequent telephone contact with the patient, recurring in-person sessions, and virtual consultation with an off-site psychiatrist for caseload support focused on patients who are not improving. In order to receive the monthly payment, the practice needs to have had a contact with the patient and completed a PHQ-9 to track the patient's depression symptoms. 25% of the payment is withheld each month, but can be paid retroactively after 6 months if the practice can attest that the patient has improved, or that they have intervened and made adjustments to the patient's treatment plan to address the lack of improvement. Participating sites report both process and outcomes data on a quarterly basis. These measures drive fidelity to the model and hold providers accountable so that patients do not remain in ineffective treatment.

The combination of financial and training support has resulted in positive outcomes for participating sites. As of June 2017, an average of 53% of patients being treated for depression in CCMP sites have shown improvement after 10 weeks or more of treatment. CCMP sites are screening an average of 80% of their patients for depression. Sites have also seen an increase in the number of patients who are not improving that have changes made to their treatment plan and/or their case reviewed by the psychiatric consultant. This indicates practices are intervening earlier to improve outcomes.

¹ Sederer, L.I., Derman, M., Carruthers, J. et al. The New York State Collaborative Care Initiative: 2012-2014. *Psychiatric Quarterly* (2016) 87: 1. <https://doi.org/10.1007/s11126-015-9375-1>

In addition to CCMP, other major NYS initiatives, including the DSRIP project²ⁱ and Advanced Primary Care, support the implementation of Collaborative Care as part of the increasing emphasis on behavioral health integration. In concert with the Medicaid program, these programs stand to materially improve access to integrated and coordinated behavior healthcare for New Yorkers. In doing so, NYS seeks to reduce the burden of disease for common, disabling behavior health conditions, such as depression, anxiety, and substance use disorders. For information on the Collaborative Care model or the Medicaid program, contact nyscollaborativecare@omh.ny.gov. More information may also be found at <http://aims.uw.edu/nyscc/>
