New collaborative care model improves access to mental health care

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Even before the COVID-19 pandemic, mental health issues have been on the rise across the nation, but many struggle to access the care they need. Collaborative care—a proven approach for improving psychiatric

care—combats this issue by integrating mental health professionals into the primary care setting. Penn Medicine's collaborative care program, Penn Integrated Care (PIC), utilizes a centralized resource center to facilitate intake, triage, and referral management for all patients with mental health needs. A new study, published today in the *Annals of Family Medicine*, suggests that this approach is effective and efficient for meeting the needs of a diverse group of patients with the full range of mental health conditions seen in primary care.

"Collaborative care is a proven model for connecting both physical and [mental health](), which is what modern healthcare is all about. Without a formalized process for following up with patients and providing supportive guidance, individuals in need of mental health care may fall through the cracks or receive suboptimal care," said corresponding author Courtney Benjamin Wolk, Ph.D., an assistant professor of Psychiatry in the Perelman School of Medicine at the University of Pennsylvania.

In January 2018, Penn's department of Psychiatry and the Primary Care Service Line launched PIC to increase access to and engagement with mental health care to improve mental and physical health outcomes. In the PIC model, which builds upon other collaborative care programs, the collaborative care team consists of the patient, primary care provider (PCP), a mental health provider, consulting psychiatrist, and the mental health intake coordinators in the Resource Center.

Penn Medicine, a large and diverse health system, encouraged primary care practitioners to refer patients with any mental health symptom or condition for further evaluation, as opposed to only those patients with mild to moderate issues, as is the case in typical collaborative care models. The Resource Center assesses patients by phone, referring them to the appropriate level of care using decision-support software, and facilitating engagement in community-based specialty care. Previous

analyses and research demonstrates the benefit of collaborative care for patients with depression or anxiety, however this is the first large study illustrating the benefits of adding a resource center to the model.

"The benefit of this collaborative care model with a resource center is two-fold. First, while other care models support mild-to-moderate mental health conditions, PCPs face the full spectrum of conditions and are often challenged to access appropriate care for more severe conditions—the PIC approach ensures these patients who need more specialized care are supported as well," Wolk said. "Second, the Resource Center alleviates the mental health professionals in the practices from becoming overwhelmed with assessment and referral activities given their limited time. This allows the mental health providers to use their time to see and treat patients, after they are evaluated through the Resource center."

Primary care providers in eight practices participating in PIC referred patients with any unmet mental health needs to the program. In first 12 months, 6,124 patients were referred. These individuals reported symptoms consistent with a range of conditions from mild to moderate depression and anxiety to serious mental illness including psychosis and acute suicidal ideation. Of those who then enrolled in PIC, the average length of treatment was 7.2 encounters over 78.1 days. Nearly 33 percent of patients with depression and almost 40 percent of patients with anxiety experienced symptom remission, over the first year of PIC. In the subsequent years since the launch of PIC, even more patients have experienced remission.

The researchers gathered feedback on PIC from stakeholders, including health system leaders, PCPs, mental health personnel, and patients, and all viewed the program favorably. Stakeholders found that PIC took the onus of navigating community mental health treatment off the shoulders of providers and patients, and created a streamlined referral process that

enabled more patients to access needed care. Furthermore, stakeholders reported during qualitative interviews that they found PIC to be an efficient and cost-effective way to coordinate and risk-stratify primary care patients' mental health needs when compared to services as usual.

Of the eight practices which initially implemented PIC in 2018, all eight continue to implement the program, demonstrating 100 percent sustainment. Additionally, due to the program's success, expansion is in progress—PIC has recently expanded to three new primary care practices, and 10-15 are expected in the next year.

"The results from the first year of PIC reinforce that collaborative care brings high-quality mental health care to patients in a way that is convenient, efficient, and effective. As we continue to expand our program across primary care at Penn Medicine, we hope other health systems and physician organizations look to collaborative care to meet their patients' mental health needs," said Matthew Press, MD, Physician Executive of Penn Primary Care.

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