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POSITION STATEMENT

Oklahoma Senate Bill 444: Psychiatric Collaborative Care Model February 20, 2023

Senate Bill 444 was brought to the attention of the Oklahoma Psychiatric Physicians Association (OPPA) for which members overwhelmingly voiced support. Rates of depression and anxiety are increasing in our state and there are not enough psychiatrists to meet the demand. The Healthy Minds Policy Initiative recently conducted an evaluation of the Oklahoma Behavioral Health Workforce and found significant deficits in the numbers of all behavioral health clinicians. This leaves many Oklahomans without easy access to treatment. Expansion of the current models of care is necessary to address patient needs in our communities, while also providing the highest level of competent and safe care.

SB444 will direct Medicaid and commercial insurers to open and reimburse for the CPTs (current procedural codes) associated with the Collaborative Care Model (CoCM) of behavioral health treatment in primary care settings. The CoCM utilizes a team approach to deliver evidenced-based treatments for common behavioral health disorders in primary care settings. There are five components to the CoCM: patient-centered care, population-based care, measurement-based treatment to target, evidenced-based care, and accountable care. The team consists of a psychiatric consultant, a primary care provider, and a care manager. The primary provider identifies patients appropriate for the model, prescribes psychotropics with psychiatric support, and sees patients for visits. The care manager completes an initial assessment, tracks response to treatment, and delivers evidenced-based psychotherapies. The psychiatric consultant develops treatment plans and documents recommendations in the electronic health record. The psychiatric consultant and care manager meet once a week to develop treatment plans, focusing on new patients and patients who are not improving. A registry is used to track patient symptoms over time using highly reputable rating scales.

At this point in time, there are over 90 randomized controlled trials demonstrating improved outcomes in CoCM compared to care as usual for common behavioral health conditions. The CoCM is cost effective with a return on investment of \$6.50 in healthcare costs for every \$1 invested in treatment. Adopting CoCM can also **increase access** to behavioral health care for patients and free up time for psychiatrists to address complex cases. Studies have shown patients being treated through collaborative care, showed **significantly better outcomes** and an approximately **50% reduction** in emergency room utilization and inpatient care, which results in savings for the system as a whole.

A new billing structure is needed to cover the services provided in the CoCM. Some institutions bill fee-for-service; however, the psychiatric consultation time is not billable in this structure. To bill for the psychiatric consultation time and care coordination, mandated payment for behavioral health integration codes are needed. Let's increase access to evidence-based treatments for Oklahomans and support SB444.

References

AIMS Center. Advancing Integrated Mental Health Solutions. <http://aims.uw.edu>

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American Psychiatric Association. Integrated Care. <https://www.psychiatry.org/collaborate>