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Implementing collaborative care programs for psychiatric disorders in medical settings: a practical guide

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ABSTRACT

Objective: Collaborative care is a systematic, team-based approach to the management of depression and other psychiatric disorders in medical settings. Collaborative care has been found to be effective and cost-effective, but there is little information to guide its implementation in clinical care. The objective of this article is to provide a practical guide to the implementation of collaborative care programs in real-world settings.
Methods: Based on our experience delivering collaborative care programs, we provide (a) specific, stepwise recommendations for the successful implementation of collaborative care in outpatient settings and (b) an examination of the additional benefits and challenges of collaborative care programs that begin during hospitalization.
Results: The implementation of collaborative care requires senior buy-in, an effective team, clear treatment components, engaged clinicians, procedures to ensure quality and adequate infrastructure. Beginning these programs with hospitalized patients may offer additional advantages but also requires additional flexibility to adapt to the inpatient setting.
Conclusion: A systematic approach to the development and implementation of collaborative care programs may allow clinicians to effectively and efficiently treat psychiatric illness in medical populations in both inpatient and outpatient settings.

1. Introduction

Collaborative care (CC) is a systematic approach to the management of depression and other psychiatric disorders in medical settings [1–3]. It provides patients with specialty-level care within the context of their primary medical treatment through the use of a team-based approach. CC programs have three core components: (a) systematic identification of patients with relevant psychiatric disorders; (b) delivery of interventions by a team, which includes the patient, the primary care physician, other specialty physicians and the psychiatric CC group of psychiatrists and nonphysician care managers (CMs); and (c) a "treat-to-target" approach based on careful monitoring of patient outcomes [4], often via the use of rating scales, allowing for persistent, stepwise adjustment of interventions to maximally improve specific symptoms toward a predefined target value (often consistent with remission of the disorder). The CM typically serves as the backbone of the CC team, taking responsibility for identifying, screening and enrolling patients into the program, discussing treatment recommendations with the team psychiatrist, relaying recommendations to patients, following the patients over the course of the program via scheduled check-ins and completion of scale-based assessments, coordinating treatment recommendations with other providers and, in some cases, providing therapy. CC programs have been found to improve mental health outcomes, quality of life, function and physical health outcomes in a variety of clinical populations [2,5]. Furthermore, these programs are cost-effective and, in some cases, have even led to overall cost reductions [6].

CC programs have been implemented successfully as part of routine clinical care [7–9]. In the United States, this includes the creation of the DIAMOND project, a primary care-based CC program that involves a large proportion of the medically insured population in Minnesota [8], as well as the initiation of CC by Kaiser Permanente for over 3 million patients in California [10]. These programs appear to lead to improvements in clinical outcomes similar to those seen in research settings [7]. Indeed, though a prior meta-analysis found sufficient evidence supporting implementation of CC programs only in the US [1], a more recent meta-analysis confirmed these findings in Europe [11].

Enthusiasm for the implementation of CC programs has been fuelled by the trend toward integration of primary and specialist care in western healthcare systems (e.g., the Patient-centered Medical Home [12,13] and related initiatives in the United States, and the National Health Service Five-Year Plan in the United Kingdom [14]) and by incentives to simultaneously improve mental health care and reduce healthcare costs, such as those created through Accountable Care

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Organizations in the United States [15,16]. CC programs also align with the "Triple Aim" initiative of health care reform, which calls for enhanced quality of care, improved health of the population and reduction of the per capita cost of care [17]. Furthermore, some insurers in the US have begun to compensate CMs and other CC providers for their time and care [8,9]. Despite the enthusiasm for this use, initiation and maintenance of CC programs is nontrivial, and CC programs will only be effective if appropriately implemented. Although there is a large literature on the effectiveness of CC programs, we are not aware of any practical descriptions of real-world challenges in implementation and how they can be successfully overcome. Our combined teams have initiated CC programs in medical settings as a part of five separate research projects [3,18–21], giving us substantial insight into the main personnel requirements, practical implementation steps and challenges regarding these models of care. In this article, we describe key recommendations for developing and implementing a CC program based on our experience as CC researchers and clinicians in medical settings. We will also discuss additional opportunities and challenges in implementing CC programs that begin in the inpatient setting [22–24], a novel endeavor that may improve outcomes for patients at high risk of adverse clinical outcomes [25–27].

2. Recommendations for implementing a CC program

2.1. Lessons learned from successful implementation of CC programs (see Fig. 1)

2.1.1. Secure buy-in from leaders

Buy-in from hospital or clinic leaders is essential for the funding and implementation of a new CC program, and this process often requires one or more meetings with these leaders. Guides for advocacy and CC implementation are available via Web sites such as the Advancing Integrated Mental Health Solutions and the Improving Mood - Promoting Access to Collaborative Treatment (IMPACT) Web sites [28,29,27]. Overall, key tenets of an effective approach to clinical leaders and hospital administrators include providing education regarding the CC model

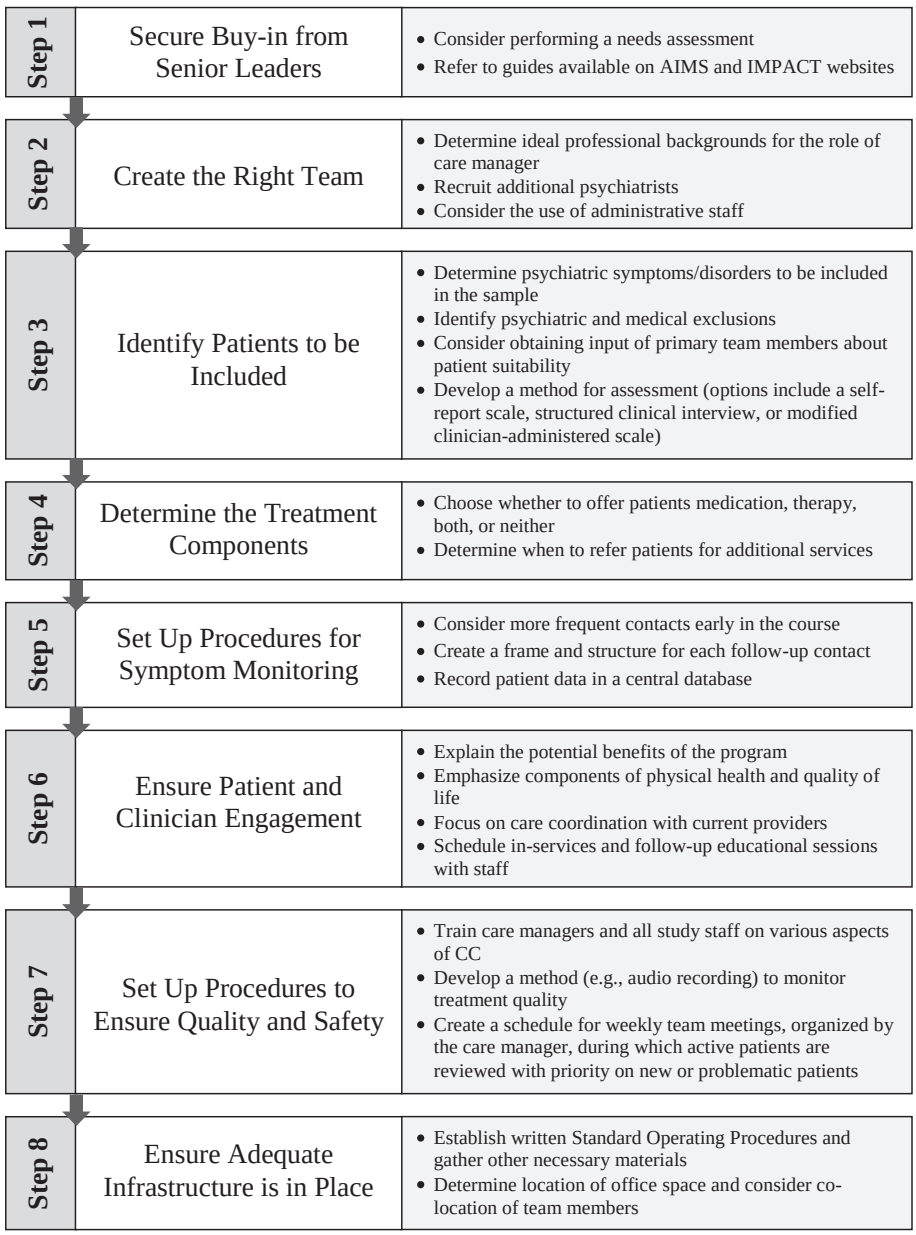

Fig. 1. Steps for implementing a CC program.