The Collaborative Care Model for Substance Use Disorders

Problem and Existing Gap in Alcohol Use Disorder (AUD) Treatment

New Mexico has long grappled with unhealthy alcohol use, having the highest alcohol-related death rate in the US every year since 1997.[1] 12% of New Mexico's adult population had an alcohol use disorder (AUD) across 2021 and 2022.[2] People with AUD – a chronic, but treatable, disease – struggle to reduce or quit drinking despite experiencing negative consequences.[3] Excessive alcohol use contributes to chronic health issues including cancers and diseases affecting the heart, liver, pancreas and gallbladder.[4] It also contributes to deaths from suicide, car crashes, poisoning, and can exacerbate social determinants of health such as poverty, unemployment, and violence.[5] Despite the severity of this problem, less than one in ten people with AUD receive treatment.[6] One barrier to care is limited access. The Collaborative Care Model (CoCM) aims to address this problem by integrating behavioral health (including substance use disorder care) into primary care using patient-centered care teams.[7]

Model Description

CoCM is an effective, patient-centered way to integrate behavioral health care into primary care settings and uses the principles of chronic illness care.[8] CoCM teams use a treatment plan informed by evidence-based measurement tools to care for a shared patient group whose progress is tracked in a registry.[9] The teams consist of primary care providers, mental health professionals, and care managers.[10] The use of care teams can help address common barriers to treatment such as limited behavioral health knowledge among primary care providers, limited specialty care, and stigma.[11] Measurement based care allows the team to monitor patient outcomes and adjust treatment plans if necessary.[12]

Evidence of Benefits

- Based on more than 70 randomized controlled trials, considered the gold-standard for research studies, the collaborative care model has the most robust evidence base among treatment integration approaches.[13] For example a 2017 study found that compared with usual care, after six months the patient group who received CoCM had a higher proportion of patients abstinent from opioids and alcohol (32.8% vs. 22.3%), as well as a higher proportion of patients who had received evidence-based treatment for OUD or AUD (39% vs 16.8%).[14]
- CoCM has been shown to reduce healthcare costs.[15] For example, in 2023 Shatterproof estimated that based on the approximate cost of implementing CoCM, the net savings per year would be around $1,300 for each program participant.[16]

- Evidence supports the use of CoCM across various healthcare settings, geographic areas, and diverse racial, ethnic, and socioeconomic groups (including homeless people).[17]
- Other benefits include improved patient access to care, patient and provider satisfaction, and faster patient improvements.[18]

Medicaid Coverage and Payment

Nationwide, Medicare and many major private insurers reimburse for the CoCM.[19] Despite the need for SUD treatment, including AUD treatment, among Medicaid beneficiaries and the ability for state programs to cover it, many state Medicaid programs (including New Mexico) do not pay for the CoCM.[20] States can promote use of CoCM by requiring that all Medicaid plans (both MCOs and fee-for-service) cover the CoCM reimbursement codes.[21] Currently, Washington, New Hampshire, and Massachusetts, among other states, reimburse providers for collaborative care.[22]

States can choose from several payment methods for CoCM such as fee-for-service, case-rate payments, and full capitation.[23] States including New York and Washington have used pay-for-performance components to hold providers accountable for care quality and/or patient outcomes.[24]

States can use funds from Medicaid Health Homes or Section 1115 Waiver demonstration projects to pay for startup costs related to developing care management infrastructure and staff training.[25] The Substance Abuse and Mental Health Services Administration has also funded grants specifically aimed at supporting CoCM implementation, and is forecasted to do so again in 2025.[26]

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For more about payment methods, also see https://aims.uw.edu/billing-and-financing/ and https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid.

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