

## **Mounting Evidence that use of the Mental Health Collaborative Care Model is Associated with Reductions in Total Healthcare Costs**

*Healthcare cost savings of 13% achieved under Collaborative Care Model versus treatment as usual*

**WASHINGTON – May 9, 2024** – Lack of access to affordable and effective care for mental health and substance use disorders (MHSUDs) is at crisis levels in the US. Primary care providers have a critical role to play in treating these patients, yet many are ill-equipped and inadequately compensated to do so. The Collaborative Care Model (CoCM) is a proven approach to integrating MHSUD treatment into primary care. An Issue Brief released today by The Bowman Family Foundation calls attention to the mounting evidence that implementation of CoCM not only reduces health inequities by increasing MHSUD treatment access but can also reduce total healthcare costs for commercial insurers, Medicare and Medicaid.

The Issue Brief, [Mounting Evidence That Use of the Collaborative Care Model Reduces Total Healthcare Costs](#), highlights findings from three key studies conducted by highly respected academic and healthcare organizations that observed healthcare cost reductions after implementing CoCM. The studies used different patient populations, payer mixes and payer data. Two of the studies were previously published by researchers at the University of Washington (IMPACT) and the University of Pennsylvania and Independence Blue Cross (Penn/IBC). Newly reported findings from a third previously unpublished study conducted by Kaiser Permanente Colorado continue to demonstrate the association between CoCM implementation and overall healthcare cost reductions.

“Upon review of the data outlined in this Issue Brief, this is promising that the practical application of CoCM in real populations shows the trend seen in academic studies and should continue to mature as a practice style,” said William Beecroft, MD, medical director of Behavioral Health, Blue Cross Blue Shield of Michigan.

In the Kaiser Permanente Colorado study, total costs for 1,525 adult patients enrolled in the plan’s Depression Care Management program and receiving CoCM in day-to-day primary care practices were compared to costs for patients with similar characteristics who received “treatment as usual” in primary care. Both groups included patients insured under commercial, Medicare and Medicaid plans. The study showed a 13% per-member-per-month savings in total healthcare costs for patients under CoCM versus “treatment-as-usual.”

“It’s well recognized that overall healthcare costs are significantly higher for people with mental health and substance use disorders, and that these higher costs are driven by medical/surgical care costs,” said Henry Harbin, MD, advisor to The Bowman Family Foundation. “This Issue Brief highlights important and growing evidence supporting the critical role that collaborative care can play in reducing costs.”

While each of these studies has limitations, taken together, the findings contribute to mounting evidence that implementing CoCM in day-to-day primary care not only improves access to MHSUD treatment, but also reduces overall healthcare costs, and that such reductions may occur as early as the first year and can increase over 3-4 years.

To underscore the need for increased access to in-network MHSUD care, the authors recommend that regulators and quality accreditation agencies treat in-network CoCM services as in-network MHSUD services when evaluating network adequacy and out-of-network use rates.

Supporters of the recommendations listed in the Issue Brief include many of the nation’s leading mental health and employer groups.

### **Collaborative Care Model**

A well-established, evidence-based method of integrating MHSUD care into primary care, under CoCM the primary care provider retains treatment responsibility for patients with MHSUDs while supported by a behavioral care manager and a psychiatric consultant. Expanding screening and standardized symptom monitoring, CoCM improves access, early detection, intervention, and effective treatment for MHSUDs. It provides a natural, practical solution to quickly close the gap between the need for MHSUD care and the capacity of the specialty MHSUD delivery system to meet this need.

### **May 10 Webinar**

In a complimentary webinar on May 10 from noon-1:00 pm ET, Patricia deSa, director of the National Mental Health, Wellness, and Addiction Care program at Kaiser Permanente will share their study findings and details on the expansion of this effort nationally to all of their markets, building on the success of the Kaiser Permanente Colorado study. This webinar is hosted by the MidAtlantic Path Forward that is led by the MidAtlantic Business Group on Health and the Mental Health Association of Maryland. [Learn more and register.](#)

### **About The Bowman Family Foundation**

The Bowman Family Foundation is a private foundation qualifying as 501(c)(3) nonprofit organization. The primary mission of the Foundation is to improve the lives of people with mental health and substance use conditions. The Foundation also provides funding to support the education and welfare of children. For more information, visit [thebowmanfamilyfoundation.org](http://thebowmanfamilyfoundation.org).

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