Increasing Access to Integrated Behavioral Healthcare: Adopting the Collaborative Care Model for Substance Use Disorder (SUD)

The Urgent Need

COVID-19 has exacerbated the mental health and SUD crisis, with drug overdoses on the rise in over 40 states and the CDC reporting the highest annual number of fatal overdoses from May 2019-May 2020.

Primary care has become our de facto behavioral health system in the U.S., with only 20% of patients in need of care receiving treatment in a specialty setting.¹

The Collaborative Care Model (CoCM)

The CoCM delivers effective SUD and mental health care in the primary care setting. The care team is lead by the PCP and includes a behavioral health care manager and a psychiatric or addiction specialist.

CoCM relies on measurement-based care to track patient progress and enhance quality services.

Why does it work? Most PCPs don’t screen for behavioral health disorders because they don’t know where to send patients. CoCM provides a support system for physicians so they can better treat their patients and connect them with specialty services when needed.
Clinical Effectiveness

Over 80 randomized clinical trials on CoCM demonstrate improved outcomes and enhanced patient access.

Compared with usual care, CoCM in the treatment of opioid and alcohol use disorders has shown a 39% increase in patients receiving evidence-based treatment and the number achieving abstinence at 6 months.5

The Economic Case

For every $1 spent on care delivered in the CoCM, there is a $6.50 ROI.2

Medicaid enrollees with behavioral health conditions account for 20% of patients, but over 50% of Medicaid spending.3

National implementation of CoCM in Medicaid can save the program $15 billion per year.4