

# Integrating a Behavioral Health Collaborative Care Model

## Summary

Behavioral health (BH) disorders, such as depression and anxiety, are among the most common and disabling health conditions worldwide. Patients with BH disorders often have inadequate access to high-quality, evidence-based health care, so we integrated a Behavioral Health Collaborative Care (BHCC) model into primary care and hired a patient-facing social worker to help reduce the waiting period for access to BH services.



**Briarwood Medical Group**  
Ann Arbor, MI

**Practice type:**  
University-owned

**Track:** 2

**EHR:** Epic

**CPC Classic participant:** No

**Number of practitioners:** 12

**Number of patients:** 11,876

**Type of patient population:** Urban

**Insurance breakdown:**  
20% Medicare, 7% Medicaid,  
71% private insurance,  
2% uninsured/self-pay

**Population characteristics:**

We have an older patient population with a significant hypertension population.

**Change concepts:**

- 1.3.B Integrate behavioral health clinicians into the primary care setting and workflow
- 1.3.C Use evidence-based screening and case-finding strategies to identify individuals at risk and in need of behavioral health services



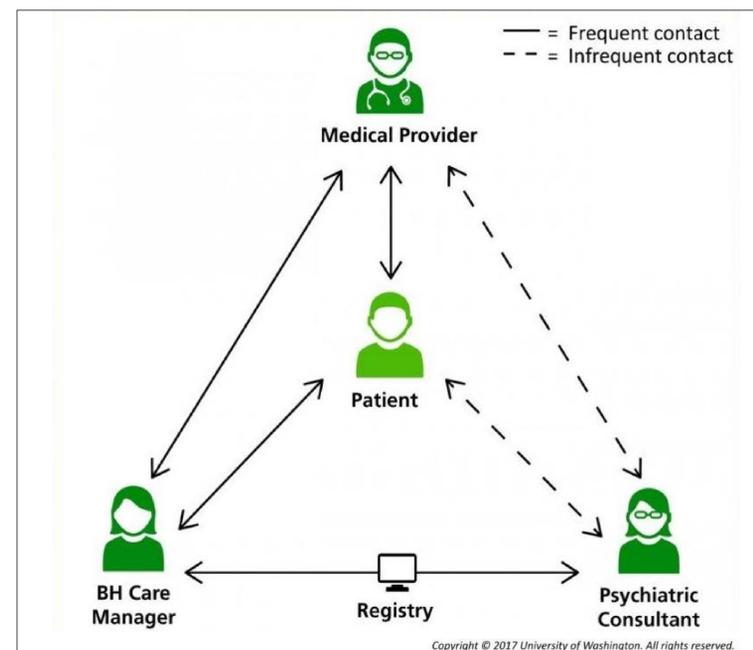
## Strategy for Change

- Our BH team now includes an embedded social worker and a consulting psychiatrist who use evidence-based screenings/strategies to identify those at risk and in need of services.
- We developed registry functionality within our electronic health record, MiChart, to support active care management outreach to patients and track patient outcomes.
- The registry helped us improve communication and information exchange/coordination workflows between BHCC team members.
- The consulting psychiatrist and BH care manager now have more conversations about patients, which the BH care manager can then relay to the provider.

## Results

- Of the total BHCC population attributed to Briarwood General Medicine, the average PHQ score has declined from 13.0 to 10.4.
- Average Generalized Anxiety Disorder (GAD) scores for the same population have decreased from 10.2 to 7.3.
- 55% of patients had two or more care management touches in their first month of being enrolled in BHCC.

*"I appreciate you and Dr. X being honest with me about how worried you were about my mental health. That helped me to make a major life decision for the better."*  
– Patient whose PHQ-9 score decreased from 17 to 9



## Next Steps

Collaboration has been the cornerstone of this clinical delivery model. Next steps include:

- Standardized workflows to support efficient, effective BH referrals, panel review, outcomes tracking and trending, and communications across the team.
- Systematic patient tracking, using a patient registry and routine patient outcome measures.

