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TESTIMONY IN SUPPORT OF HB 0048:

Maryland Medical Assistance Program – Collaborative Care Model Services –
Implementation and Reimbursement Expansion

FROM: Sarah Frazell, Director of Behavioral Health Programs, Primary
Care Coalition

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My name is Sarah Frazell, and I am a licensed clinical social worker in the state of Maryland, and the Director of Behavioral Health Programs at Primary Care Coalition (PCC). The Primary Care Coalition (PCC) administers a variety of programs that provide a continuum of health services for uninsured and underinsured, ethnically diverse individuals who have limited resources and face other barriers to care.

Since 2005, the Primary Care Coalition has operated a successful Collaborative Care Model (CoCM) program right here in Maryland—the Montgomery Cares Behavioral Health Program (MCBHP). Because of the positive impact this program has had for our patients and community, the PCC supports HB 0048 to implement and expand reimbursement so that more Marylanders can receive the benefits of this effective model of care delivery.

The MCBHP embeds licensed behavioral health providers in five private nonprofit primary care clinics and serves around 1,300-1,600 patients annually (approximately 10-15% of all patients seen at the clinics where we operate) using the CoCM. The program is funded by the Montgomery County government and provides care to patients who live in Montgomery County, are uninsured/unable to access insurance, and live at 250% or below the federal poverty line. PCC hires and deploys behavioral health clinicians and consulting psychiatrists, in partnership with Medstar Georgetown, to community clinics. These staff serve as part of the clinic's team, working with

the nurses and primary care providers to identify and treat patients with depression, anxiety, PTSD, risky drinking, panic attacks, and intimate partner violence. The staff also assist providers in assessing crisis situations, often with the ability to connect patients with services and avoid unnecessary visits to the emergency room.

HB 0048 will improve the quality of behavioral health care delivered in primary care settings for Maryland Medicaid recipients by expanding their access to the proven CoCM.

CoCM is a validated, patient-centered, evidence-based approach for integrating physical and behavioral health care in primary care settings, which is where most people with mild to moderate behavioral health conditions first seek care. The model uses a team-based approach to deliver (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic behavioral health caseload reviews and consultation for patients. CoCM has been validated in over 80 randomized controlled trials and shown to improve health outcomes and save money, mostly via a reduction in unnecessary hospitalization and higher intensity levels of care.

The MCBHP tracks clinical outcomes and screening rates. We know now, that across the clinics where we work, at least 90% of patients have had at least one depression screen in the past year.

Commercial health insurers in Maryland and Medicare are already reimbursing providers for delivering this model. An ongoing CoCM pilot in the Maryland Medicaid program has demonstrated “clinically significant improvement” in depression and anxiety symptoms for more than 65 percent of participants. It is time to end the pilot and join the 20+ other states that are providing CoCM broadly to their Medicaid recipients.

As you are all aware, the COVID-19 pandemic has brought to light and exacerbated existing behavioral health concerns across the country. The CoCM model allows community members to have “in-house” support in clinics where they are already receiving care rather than requiring people to navigate complicated systems of accessing therapists or other services on their own. - a system that is already strained due to an insufficient number of psychiatrists and mental health therapists to meet the need of those looking for care.

In closing, I'd like to share an example of a patient who has had her life changed by the MCBHP CoCM. (Names and details changed to protect confidentiality)

When Josefina, a 42-year-old woman originally from El Salvador, attended her annual physical with her primary care provider, her pulse was high, and her provider asked if there was anything that was causing her stress. Josefina shared that she was not feeling safe at home. The primary care provider immediately called the Behavioral Health Care Manager, who met with Josefina right away. Josefina shared that while she didn't have any current concern about going home, she had experienced a history of abuse as both a child and adult, the traumatic loss of a partner in an accident, and was struggling with severe symptoms of depression, anxiety, and PTSD. Josefina had never considered seeking mental health services before and shared that she would not have known how to access these services on her own.

The Care Manager spoke with the consulting psychiatrist, who recommended an antidepressant and brief therapy, which was provided by the Care Manager. The primary care provider prescribed an antidepressant based on the psychiatrist recommendation, and the Care Manager provided medication education for Josefina, letting her know which side effects were common and

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that it could take some delay for her to notice a difference in her mood. In addition to providing counseling and medication management, the Care Manager also helped Josefina connect with services to help her with material needs such as internet, food, and clothing.

After just a few months of treatment, Josefina shared that her symptoms of anxiety, depression, and PTSD were very minimal and she felt happy and safe.

This bill will improve behavioral health outcomes, save money, and keep people out of crisis. For these reasons, Primary Care Coalition urges this committee to pass HB 0048.

Sincerely,

Sarah Frazell, LCSW-C
Director of Behavioral Health Programs
Primary Care Coalition