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Collaborative Care is an evidence-based model to identify and treat patients with depression and anxiety, it is supported by over 90 randomized control trials, is on the Medicaid fee schedule in 24-states and has been a Medicare benefit since 2017. The ability to provide evidence based behavioral health treatment is critical to ensuring the ongoing health and wellbeing of our communities. Most individuals present first to their primary healthcare provider, who they know and trust. In fact, more prescriptions for anxiety and depression medications are written by primary care rather than specialty mental health. Seniors, more than a third who go undiagnosed or treated and represent almost 19% of all suicides or the child who can't access treatment for months in their community exacerbating the risk and rise in suicide in the 10–14-year-old population. So, whether it is the senior whose diabetes is worsening and is self-isolating at home or the adolescent who is increasingly anxious they are unable to sleep and have started to miss school- these individuals will identify in primary care and could get evidence based behavioral health treatment on the same day they present, as part of a dedicated team that includes their provider.

As a clinician who has been providing care for patients using the Collaborative Care model for over twenty years, I have seen the senior be out and about in the community and the adolescent back at school, in a matter of weeks. Collaborative Care changes the experience, offering patients who struggle with depression and anxiety each day with skills that can have a lifelong impact on health and well-being. It is truly life changing for these patients and the thousands more that could be served with the addition of these codes to the Maryland Medicaid fee schedule. It is also important to consider the ability to truly provide care for those who include It most, by including Federally Qualified Health Centers in the ability to get reimbursed, School Based Health Centers and to reimburse the codes at 120% of Medicare, as other states have done.

***“I did not know how sad I was, my doctor asked me to speak with a care manager who was going to call me, and I did. I was not sleeping, most days not even getting dressed – I had stopped talking to my friends and was avoiding my neighbors. I had stopped bathing in the bathroom because of a fall and no one knew. It really helped to have someone talk to me each day and help me to start to do all the things that I should and used to. I now know how sad I was. Talking to someone helped me to talk to my friends and family again, everyone who wanted to help me made me feel better- and happy again.”***

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