

Dec. 4, 2020: State Advocacy Update

Collaborative care model normalizes mental health and addiction treatment in primary care

Patients are more comfortable talking to primary care physicians about their mental health in general and especially when we have resources available to support their mental health needs, said Matthew Press, MD, and Cecilia Livesey, MD—two of the architects of Penn Integrated Care at Penn Medicine, a program based on a validated model of integrated physical and mental health care called collaborative care.

"This is not a new concept in medicine," said Dr. Press. "We took the evidence-based collaborative care model and made a few changes to expand access to mental health care for patients seen in our primary care practices." The way it works, according to Drs. Press and Livesey, is that when patients have a primary care visit, which could be for an acute problem or a check-up, patients are given a universal depression screening as part of the routine intake process. If the screening indicates a concern, or if the primary care physician identifies a concern, a more thorough assessment is given and determinations are made with the patient whether a referral to specialty mental health care is needed or whether can be provided in the primary care setting with the help of a clinical social worker working in tandem with the primary care physician and a consulting psychiatrist. One difference between usual care and collaborative care is that the referral process happens relatively seamlessly. Whereas it is common in many parts of the United States for patients to face major obstacles to getting treatment for a mental illness or substance use disorder, the primary care physician in the Penn Medicine program can easily connect patients to the "front door" of care, where follow-up is optimized for his or her clinical condition, geographic location, insurance status, and availability of psychiatrists and other specialty providers. [Read the full story.](#)

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