The Collaborative Care Model: A Higher Level of Care for Patients at Risk for Suicide

Background

With more than 47,000 suicide deaths and an estimated 1.4 million attempts every year in the United States,[1] suicide is the 10th leading cause of death, ranking alongside diabetes, heart disease, and stroke. Research shows that approximately 45% of people who died by suicide visited a primary care provider (PCP) in the month before their death.[2] This places primary care practices in a unique position to reduce suicide deaths. To do this, primary care practices need to utilize the resources already available to help care for patients at risk for suicide. One such resource is the Collaborative Care model. Traditionally, primary care providers make a referral for the emergency department or weekly therapy services for their patients at risk for suicide even if these options are not well suited to the patient's situation or preferences about how they receive services. In contrast, Collaborative Care offers a short-term, patient-centered, high touch approach to caring for patients with thoughts of suicide in primary care.

Collaborative Care

Collaborative Care is an evidence-based model that identifies and treats behavioral health conditions, such as anxiety and depression, in the primary care settings where patients are already being seen. Collaborative Care is widely supported and is now a Medicare benefit, a Medicaid benefit in 18 states, and recognized as effective by most commercial health plans. Collaborative Care is a treat-to-target approach that has been widely adopted by primary care organizations, large and small, across the country. Patients are typically identified for Collaborative Care through the use of the Patient Health Questionnaire-9 (PHQ-9), a depression

screening tool that asks about suicidal ideation in Question 9. As a result of implementing this screening tool, many patients at risk for suicide are being identified in primary care settings, necessitating further assessment, care, safety planning, resources, and treatment.

Collaborative Care is unique because it creates a care team with a trained PCP and an embedded behavioral care manager (BCM) and psychiatric consultant. Collaborative Care allows for telephonic, video, or in-person patient contact and can support multiple brief contacts weekly or even daily to support symptom reduction, safety planning, and reducing access to lethal means. Patients enrolled in Collaborative Care receive frequent follow-up from the BCM, and the behavioral health care manager has weekly access to a psychiatric consultant to review and discuss the patient's care. Progress is measured quantitatively through various benchmarks and outcome measures, such as improvement on scales such as the PHQ-9, in order to keep providers accountable for tracking and facilitating the improvement of patients' symptoms. The Collaborative Care model provides psychiatric consultation and review of the patients condition within a week , or perhaps even sooner for urgent cases, and then weekly as needed . This access is significantly higher than would be received as part of a traditional mental health referral , where a patient may have in-put from a psychiatric provider for weeks, and then at most monthly.

Collaborative Care in Addressing Suicide Risk

Collaborative Care is ideal for patients who respond affirmatively on Question 9 on the PHQ-9, because it allows for more flexible and comprehensive follow up than a traditional mental health referral, even though outpatient mental health has traditionally been viewed as a "higher level of care." The average length of traditional outpatient mental health treatment is four

sessions or contacts per patient, or roughly four weeks of care. Concert Health, a provider of Collaborative Care to hundreds of primary care providers nationally, typically engages patients for an average of 97 days, or 3 months.

Of Concert Health's active patients (n=2,241), 17% (389) have been identified as at-risk for suicide, predominantly by a positive response to PHQ-9 Question 9. Of all time (n=7755) 13% (1042) have been identified as having responded positively to the PHQ question 9. Directly asking about suicide through screening

Conclusion

Primary care providers should consider Collaborative Care to treat their patients with mental health conditions, such as anxiety and depression, and some of those patients may be at risk for suicide. PCPs often have a strong rapport with their patients and are treating other conditions known to be associated with increased suicide risk. By screening for behavioral health conditions in primary care settings, PCPs can not only identify suicidal risk, but through Collaborative Care they can assist patients by providing interventions such as suicide safety planning and counseling on access to lethal means. Collaborative Care has the potential to provide better care than treatment as usual for individuals with common mental health conditions identified in primary care, and provides organizations, practices, and providers with a system that ensures patient-centered care for patients at risk for suicide.

References:

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2. Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry*. 2002;159:909-916