

Cost Effectiveness Impact of Collaborative Care Models for Behavioral Health in Primary Care DIAMOND Steering Committee 2008

Cost Effectiveness

Almost all the studies done on this aspect have compared enhanced/collaborative care with care as usual. Typically enhanced care has involved creating a list of depressed patients under treatment, having a care manager perform education, call or meet with patient periodically to ensure compliance with medications and/or psychotherapy, and to reliably ensure follow up visits and measurement of outcomes. Some have involved varying participation of physicians, behavioral health professionals and/or patients.

The studies on cost primarily have looked at outpatient costs, including the total cost of outpatient care (both mental health and medical) as well as the cost to implement the enhanced care, and then compared this to cost of usual care.

Most of these studies have concluded that creating and implementing a collaborative care model will increase effectiveness - producing significant and sustained gains in “depression-free days.” The six month and one year studies show increased cost to the outpatient care system. The two-year studies show mixed results, possibly indicated a turning point. The only longer-term study conducted was the Katon (Unutzer/IMPACT) study. This was a well done study analyzing the costs of performing collaborative care for one year over a four-year period and illustrated a cost savings of \$3,363 per patient over the four-year period.

Summary from Randomized Controlled Trials (RCTs) on Costs of Enhanced Care

Study	Length of Study	Age/ Gender	Cost Impact from Usual Care to Enhanced	Annualized Net Costs	Outcomes	Annualized Outcomes
Simon et al ¹	6 months	Mean age =47 74% women	\$357/pt	\$675/pt/yr	16.7 additional depression-free days/pt	33.4 additional depression-free days/pt/yr
Simon et al ²	1 year	Mean age = 45 ~77% women	\$1974/pt	\$1974/pt/yr	47.7 additional depression-free days	47.4 additional depression-free days/yr
Dickinson et al ³	2 years	Mean age = 43.4 84% women	\$980 cost savings (for depressed patients with psychological diagnoses) \$1378 increase (for depressed patient who had physical complaints only)	+\$490/pt/yr +\$689/pt/yr		

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Study	Length of Study	Age /Gender	Cost impact from usual care to enhanced	Annualized Net Costs	Outcomes	Annualized Outcomes
Katon et al ⁴ (age >60)	2 years	Mean age = 71.2 65% women	\$295 increase/pt	\$148 increase /pt/yr	52.6 additional depression-free days/pt/yr for first year and 54.3/pt/yr for the second year	
Unutzer et al ¹⁰ (age >60)	4 years	Mean age= 71.2 65% women	\$840savings/pt/yr Cost of enhanced care during the first year were \$522 per patient and are figured in the four-year savings	Decreased total health care costs by \$3,363/pt over a four year period		

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3. Dickinson L, Rost K, Nutting P, Elliott C, Keeley R, Pincus H; RCT of a Care Manager Intervention for Major Depression in Primary Care: 2-Year Costs for Patients with Physical vs Psychological Complaints. Annals of Family Medicine, Vol. 3, No. 1, January/February 2005. Randomized controlled study of 200 primary care patients followed for twenty-four months. At 2 years depressed patients who complained of psychological symptoms showed \$980 decreased outpatient medical costs and those with physical complaints saved \$1,378.
4. Katon W, Schoenbaum M, Fan M, Callahan C, Williams J, Hunkeler E, Harpole L, Zhou X, Langston C, Unutzer J, Cost-effectiveness of Improving Primary Care Treatment of Late-Life Depression. Arch Gen Psychiatry/Vol.62, Dec 2005.
5. Unutzer, Jurgen, Katon, Wayne, Ming-Yu, Fan, Schoebaum, Michael, Lin, Elizabeth, Penna, Richard, Powers, Diane; Long-Term Cost Effects of Collaborative Care, American Journal of Managed Care, Vol 14, No. 2