

# Reasons PCPs Love Collaborative Care

*"I practiced for 16 years without it and I will never go back"*  
*primary care physician, UW Neighborhood Clinic*

## 1 Gold Standard of Depression Care

Collaborative Care is the best approach to treating depression, as proven by 79 randomized controlled trials published in a 2012 Cochrane Review. Why practice anything less?

Collaborative Care has been recommended as a primary prevention strategy for fatal and nonfatal cardiovascular events in patients without preexisting heart disease.

## 2 Better Medical Care

Collaborative Care has been linked to better medical outcomes for patients with diabetes, cardiovascular disease, cancer, and chronic arthritis pain.

## 3 Access to experts

Care managers and psychiatric consultants expand the treatment options available and support the care provided by PCPs. From providing psychotherapy when clinically indicated to supporting pharmacotherapy, these experts support you as the primary clinical decision maker.

Only 30–50% of patients have a full response to the first treatment. That means 50–70% of patients need at least one change in treatment. Additional experts can help.

## 4 Help with Challenging Patients

Many of your most challenging patients likely have un-treated or under-treated mental health conditions. Care managers do the follow-up and behavioral intervention tasks a busy PCP doesn't have time for, tasks that can make a big difference for your patients.

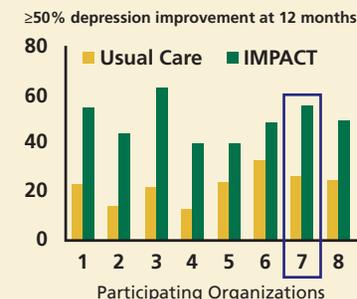
## 5 It Takes a Team

Collaborative Care uses a population-based, treat-to-target approach similar to care for chronic medical conditions. Knowing when a proactive change in care is needed makes sure that none of your patients fall through the cracks.

### Don't fool yourself!

As few as 20 percent of patients started on antidepressant medications in usual primary care show substantial clinical improvements.

Results of the landmark IMPACT study (1 of the 79 trials in the Cochrane Review) showed that Collaborative Care patients were twice as likely to experience significant improvement even though 70% of usual care patients were prescribed an antidepressant by their PCP.



Think co-locating a behavioral health specialist or handing out referrals is enough? Think again. The organization circled (#7) had Masters-level, co-located behavioral health clinicians practicing within the primary care clinic using a referral model. **Collaborative Care still worked twice as well!**