| Study Design | Cost | Utilization | Quality | Key Takeaways and Limitations |
| --- | --- | --- | --- | --- |
| Example Section: Study citation here |
| Study design information including type of research, location, timespan, and sample size | Outcomes related to cost | Outcomes related to utilization | Outcomes related to quality | Narrative summary or relevant findings and possible study weaknesses/threats to validity |
| AIMS Center (Advancing Integrated Mental Health Solutions). Collaborative care evidence base. *University of Washington.* 2014. http://aims.uw.edu/sites/default/files/CollaborativeCareEvidenceBase\_0.pdf  |
| Multiple studies looked at; randomized controlled trials and systematic reviews from 2002-2012 |  |  |  |  |
| Archer J, Bower P, Gilbody S, et al. Collaborative care for depression and anxiety problems. *Cochrane Database Syst Rev.* 2012. doi: 10.1002/14651858.CD006525.pub2. |
| Systematic review and meta-analysis of 79 randomized controlled trials; searched databases from 1950-2012 |  |  |  |  |
| Coventry PA, Hudson JL, Kontopantelis E, et al. Characteristics of effective collaborative care for treatment of depression: A systematic review and meta-regression of 74 randomized controlled trials. *PLoS ONE.*  2014;9(9). doi: 10.1371/journal.pone.0108114 |
| Systematic review and meta-regression of 74 randomized controlled trials; any time before 2012; |  |  |  |  |
| Fortney J, Sladek R, Unützer J, et al. Fixing behavioral health care in America: A national call for integrating and coordinating specialty behavioral health care with the medical system. *The Kennedy Forum.* 2015. https://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForumBehavioralHealth\_FINAL\_3.pdf  |
| White paper; literature review | Provides support for a return on investment of 6X to implement collaborative care |  |  |  |
| Gilbody S, Bower P, Whitty P. Costs and consequences of enhanced primary care for depression: Systematic review of randomised economic evaluations. *Br J Psychiatry.* 2006;189:297-308. doi: 10.1192/bjp.bp.105.016006 |
| Systematic review of 11 randomized economic evaluations; included 4757 patients;  |  |  |  |  |
| Glied S, Herzog K, Frank R. Review: The net benefits of depression management in primary care. *Med Care Res Rev.* 2010;67(3):251-274. doi: 10.1177/1077558709356357  |
| Literature review;  |  |  | CC interventions generate net social benefits at conventional valuations of quality-adjusted life years |  |
| Lanyone A, Stewart KE, Rybarczyk BD, et al. The impact of integrated psychological services in a safety net primary care clinic on medical utilization. *Clinical Psychology.* 2017;73(6):681-692. doi: 10.1002/jclp.22367 |
| Retrospective pre‐ and posttreatment analysis with quasi‐experimental control group; 1440 patients |  | PC Integrated care high-risk inner-city Richmond VA; reduced acute medical admissions |  |  |
| Melek S, Norris DT, Paulus J, et al. Potential economic impact of integrated medical-behavioral healthcare. *Milliman Research Report.* 2018. http://www.milliman.com/uploadedFiles/insight/2018/Potential-Economic-Impact-Integrated-Healthcare.pdf |
| Research report; analysis of healthcare costs through administrative claim data; | Actuarial evidence for cost reductions of 9-17% of total healthcare costs when utilizing evidence-based integration strategies |  |  |  |
| Perrin JM, Asarnow JR, Stancin T, et al. Mental health conditions and health care payments for children with chronic medical conditions. *Academic Pediatrics.* 2019;19(1):44-50. doi: 10.1016/j.acap.2018.10.001 |
| Cross-sectional analysis of a national database of paid commercial insurance claims for 2012–2013; ages 0-26; 6.6 million children and 5.8 million parents |  |  |  |  |
| Peterson M, Turgesen J, Fisk L, McCarthy S. Integrated care in rural health: Seeking sustainability. *Fam Syst Health.* 2017;35(2):167-173. doi: 10.1037/fsh0000267 |
| Pilot project placing BHPs in 3 clinics to provide integrated care. Patient utilization of medical services for 6 months following BHP services was compared with baseline utilization; 256 patients and 459 consultations;  | Net savings of $674.22 for each of the 256 patients. | The overall effect sizes for reduced medical utilization for patients at clinics B and C were very large, Hedge's g = -2.31 and -4.79, respectively. |  |  |
| Reiss-Brennan B, Brunisholz KD, Dredge C, et al. Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost. *JAMA*. 2016;316(8):826–834. doi:10.1001/jama.2016.11232 |
| Retrospective, longitudinal, cohort study; adults aged >= 18 years old; 113 PCPs; 2003-2005; | Net Savings were $114 PMPY that is net savings after costs. | Per 100 person-years, rates of health care utilization were lower for TBC patients compared with TPM patients for emergency department visits  |  |  |
| Ross KM, Gilchrist EC, Melek SP, et al. Cost savings associated with an alternative payment model for integrating behavioral health in primary care. *Translational Behavioral Medicine.* 2018;9(2):274-281. doi:10.1093/tbm/iby054 |
| Demonstration project of the alternative SHAPE payments in Colorado; 6 practices; 18-months;  | Net savings of $100 PMPY; generated approximately $1.08 million in net cost savings for their public payer population | The cost savings were primarily achieved through reduction in downstream utilization  |  |  |
| Ross KM, Klein B, Ferro K, et al. The cost effectiveness of embedding a behavioral health clinician into an existing primary care practice to facilitate the integration of care: A prospective, case-control program evaluation. *J Clin Psychol Med Settings.* 2019;26(1):59-67. doi: 10.1007/s10880-018-9564-9 |
| Prospective, case-control design; 239 patients;  | Of the 239 patients seen by the psychologist in primary care, a net savings of $860 PMPY  |  |  |  |
| Unützer J, Harbin H, Schoenbaum M, et al. The collaborative care model: An approach for integrating physical and mental health care in Medicaid Health Homes. *Health Home Information Resource Center (CMS).* 2013. https://www.chcs.org/media/HH\_IRC\_Collaborative\_Care\_Model\_\_052113\_2.pdf |
| Issue brief? | An initial investment in Collaborative Care of $522 during Year 1 resulted in net cost savings of $3,363 over Years 1-4. |  |  |  |
| Unützer J, Katon WJ, Fan MY, et al. Long-term cost effects of collaborative care for late-life depression. *Am J Manag Care.* 2008;14(2):95-100. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3810022/pdf/nihms-521130.pdf> |
| largest RCT to date of the CoCM - the IMPACT study involving adults 60+ across 5 states and 18 primary care clinics; 551 patients | IMPACT participants had lower mean total healthcare costs ($29 422; 95% confidence interval, $26 479-$32 365) than usual care patients ($32 785; 95% confidence interval, $27 648-$37 921) during the 4 years |  | At 12 months, 45% of intervention patients had a 50% or greater reduction in depressive symptoms from baseline compared with 19% of usual care participants |  |