

February 21, 2023



Sen. Liz Boldon  
95 University Avenue W.  
3201 Minnesota Senate Bldg  
St. Paul, MN 55155

Rep. Robert Bierman  
100 Rev. Dr. Martin King Jr. Blvd  
579 State Office Building  
St. Paul, MN 55155

Dear Sen. Liz Boldon and Rep. Robert Bierman,

As physician leaders at Hennepin Healthcare, Minnesota's safety net hospital, we want to thank you for authoring Senate File 1219/House File 1771 which would mandate payment for the Collaborative Care model, an evidence-based program for integration of behavioral health and primary care, in both public and private insurance plans.

Hennepin Healthcare is an integrated system of care that includes HCMC as well as a clinic system with primary care clinics located in Minneapolis and across Hennepin County. Our patient population is unique amongst other health systems as nearly half of our patients are insured through Medicaid and nearly 20% of our Medicaid population is homeless or has housing insecurity. Behavioral health needs are more than twice as prevalent among Medicaid enrollees compared with the general population.

Behavioral health issues in the Medicaid population can have serious adverse impacts on this population's physical health when care is not coordinated with their primary care. This is why, in January 2017, the Centers for Medicare and Medicaid Services began making separate payments to physician and non-physician practitioners provided integrated primary care and behavioral health services using the Collaborative Care Model (CoCM). Not only does CoCM improve behavioral health outcomes, but it also improves physical health condition outcomes, and reduces unnecessary emergency department visits and hospitalizations.

In the CoCM, primary care providers (PCPs) treating patients' behavioral health problems are supported by a behavioral health care manager and a psychiatric and/or an addiction medicine consultant. This is the exact model primary care providers at Hennepin Healthcare need to help manage our patients' needs before they have an acute behavioral health crisis. Unfortunately, we currently don't have a payment methodology or benefit to pay for this needed care model.

Economic studies demonstrate that Collaborative Care is more cost-effective than care as usual. One randomized study found that an initial investment in Collaborative Care of \$522 during Year 1 resulted in net cost savings of \$3,363 over Years 1-4.

With one in five Americans experiencing behavioral health needs in the past year, we must pass this legislation. While we have been trying to coordinate the needs of our patients between our departments, we need additional team members to help with this coordination because of the unique needs of our patients.

This model will lead to earlier identification and treatment, delivering effective and more timely access to behavioral health care through our primary care clinics, coordinating with both our psychiatric and addiction medicine departments when needed. However, success of this model of care depends on the availability of reimbursement for these services. We are ready and committed to providing this model of care for our patients and want to thank you for authoring this important legislation.

We also want to thank the Minnesota Psychiatric Association for leading this advocacy. If you have any questions for us on how Hennepin Healthcare will integrate CoCM for our patients throughout our system, please reach out to the Sr. Director of Advocacy and Public Policy, Susie Emmert, at [susie.emmert@hcmcd.org](mailto:susie.emmert@hcmcd.org).

Sincerely,

Eduardo Colon-Navarro, MD  
Chief of Psychiatry

Gavin Bart, MD, PhD  
Division Director, Addiction Medicine

Tyler Winkelman, MD, MSc  
Division Director, General Internal Medicine