

## Bree Collaborative Recommendations & Collaborative Care Model:

### What are the differences between these two approaches?

The Washington State Medicaid Transformation Toolkit Project 2A asks that one of two integrated care approaches be implemented in a primary care setting:

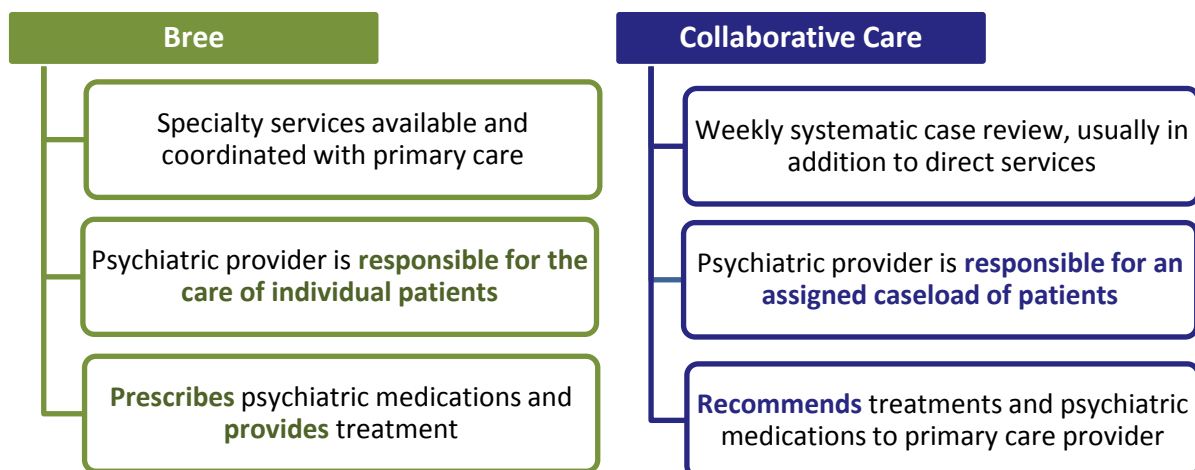
- **Bree Collaborative Recommendations (Bree):** The Robert Bree Collaborative convened to develop recommendations for behavioral health integration from April 2016 to March 2017. Eight common elements are included in the recommendations “to bridge the different models used throughout Washington State and across the country.”
- **Collaborative Care Model (CoCM):** CoCM focuses on defined patient populations tracked in a registry, measurement-based practice and treatment to target. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication and/or psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustment for patients who are not improving as expected.

### The common elements between the two approaches:

- ✓ Behavioral health provider is part of the primary care team
- ✓ Systematic behavioral health screening
- ✓ Measurement-based care
- ✓ Access to psychiatric services
- ✓ Population-based care; treatment to target
- ✓ Tracking and follow-up
- ✓ Evidence-based treatment
- ✓ Virtual or in-person psychiatric services

### The differences between the two approaches:

The two approaches to integrated care are very similar but differ in their approach to providing psychiatric services:



For additional questions or inquiries, contact the AIMS Center at [uwaims@uw.edu](mailto:uwaims@uw.edu).