

Care Management for BHI Programs

A Practical Guide to General BHI and Collaborative Care (CoCM)

The Gap in Chronic Disease Management

Most chronic diseases involve behavioral health. Depression complicates diabetes; anxiety drives ER utilization; substance use undermines hypertension control. Yet traditional healthcare silos behavioral health away, leaving patients navigating referrals they often can't access, and PCPs managing psychiatric conditions without support.

Behavioral Health Integration changes this model.

Instead of referring out, you bring behavioral health *into* the primary care workflow.

Two Models, Different Levels of Infrastructure

	General BHI	Collaborative Care (CoCM)
Core idea	Embedded behavioral health care manager in primary care	BHI + systematic psychiatric consultation + registry-based tracking
Psychiatric consultant required?	No	Yes
Registry required?	Helpful, not required	Required
Evidence base	Emerging	90+ RCTs — one of the most studied interventions in healthcare
Reimbursement	Lower	Higher

CoCM isn't just "more BHI."

It's a fundamentally *different operational model*, and the evidence shows it delivers better outcomes.

The CoCM Difference: Treat-to-Target

Most care management is reactive. CoCM is systematic.

The Registry tracks every patient: baseline scores, current scores, weeks in treatment, response status.

The Psychiatric Consultant reviews non-responders monthly—not individual patients, but the *population* of patients not improving.

Treat-to-Target means you don't let patients plateau. If someone's PHQ-9 stays at 16 for 12 weeks, the system flags it. Treatment gets adjusted.

This is why CoCM works. This is also why it requires real infrastructure.

The Question Practices Get Wrong

"Should we do General BHI or CoCM?"

This is the wrong framing.

The question is: *What infrastructure do we have—and what are we willing to build?*

If you have...	Consider...
1. A care manager but no psychiatric consultant access	→ Start with General BHI
2. A psychiatric consultant + ability to build registry workflows	→ CoCM delivers better outcomes and higher reimbursement
3. Neither	→ Build toward General BHI first

Care Management for BHI Programs: What's in the Zenara's Full Guide

- ✓ General BHI requirements: eligibility, consent, required elements, documentation checklist
- ✓ CoCM deep dive: team roles, registry specifications, treat-to-target workflows
- ✓ Collision rules: what stacks with CCM/APCM, what doesn't
- ✓ Worked examples with month-by-month billing scenarios
- ✓ Care manager caseload benchmarks and operational guidance

Building or optimizing a behavioral health integration program?

Get the Full Guide: Care Management for BHI Programs