



---

# **Patient-Centered Integrated Care Initiative**

## **Findings from Key Informant Interviews**

---

---

**Summary Report**  
August, 2014

**Prepared for:**

Maine Health Access Foundation  
150 Capitol Street, Suite 4  
Augusta, ME 04330  
Phone: 207.620.8266  
Website: [www.mehaf.org](http://www.mehaf.org)

**Prepared by:**

Brenda M. Joly, PhD, MPH  
Email: [brendajoly@msn.com](mailto:brendajoly@msn.com)  
Phone: 207.223.7647

# Table of Contents

<b>Overview.....</b>	<b>3</b>
Purpose of Report .....	3
Evaluation Questions .....	3
<b>Methods.....</b>	<b>4</b>
Data Collection.....	4
Selection of Interviewees.....	4
Data Analysis.....	5
<b>Limitations.....</b>	<b>5</b>
<b>Results.....</b>	<b>6</b>
Awareness of Integrated Care.....	6
Implementing Integrated Care.....	8
Promoting Integrated Care.....	10
Challenges and Barriers.....	11
Potential Sustainability.....	12
<b>Discussion.....</b>	<b>13</b>
Non-Grantee Awareness of Integration.....	13
Non-Grantee Adoption or Support of Integration.....	13
Non-Grantee Opinions about Accelerating Integration.....	14
<b>Conclusions.....</b>	<b>15</b>
<b>Appendices.....</b>	<b>16</b>
Appendix A: Provider Protocol.....	16
Appendix B: Non-Provider Protocol.....	20
Appendix C: Interviewees by Sector.....	23

## Overview

Over the last several years, the Maine Health Access Foundation (MeHAF) has invested heavily in the area of patient and family centered care. As part of this investment, the Foundation awarded approximately \$10 million to organizations across the state in three separate rounds of funding and in technical support. In all, there were 42 grantees that focused on projects to improve the integration and delivery of mental/behavioral health and primary health care services. One-year planning and three-year implementation grants included a variety of Clinical Practice and Systems Transformation projects. The first grants were funded in 2007 and concluded in 2010. The final grants were conducted from 2009-2012.

Integrated care has rapidly spread in Maine during the last years of the grant cycle and since then, with about 45% of all primary care practices now providing some level of integrated care. Additionally, integrated care was incorporated as a core element in the Patient Centered Medical Homes (PCMH), Health Homes (HH), Behavioral Health Homes (BHH), and State Innovation Model (SIM) initiatives by the State of Maine Department of Health and Human Services and Maine Quality Counts.

### Purpose of Report

This report is part of a larger effort by MeHAF to evaluate the impact of its funding on non-grantees, including the sustainability and spread of integrated care beyond the Foundation's grant recipients.

The report summarizes the results of two rounds of key informant interviews conducted in 2010 and 2014 with key informants whose organizations were not recipients of MeHAF integrated care grants. The interviews were designed to assess the level of awareness, activities and perceptions regarding integration efforts among *non-grantee organizations* at two points, one mid-way through the overall funding cycle and one after funding had ended. The first round of interviews was conducted just after the passage of the Affordable Care Act, which provided opportunities to encourage the coordination of care. By the time of the second round of interviews, Maine had included integrated care as a required, foundational element for practices participating in these efforts, such as the Health Homes and SIM initiatives.

### Evaluation Questions

The data included in this report are intended to complement other existing evaluation efforts over the last several years. The report addresses the following questions:

1. Are non-MeHAF grantees aware of efforts to integrate primary and mental health care in Maine?
2. Have non-grantee organizations adopted or supported the adoption of integrated care efforts?
3. What could be done to accelerate the spread of integrated care in Maine and sustain efforts?

# Methods

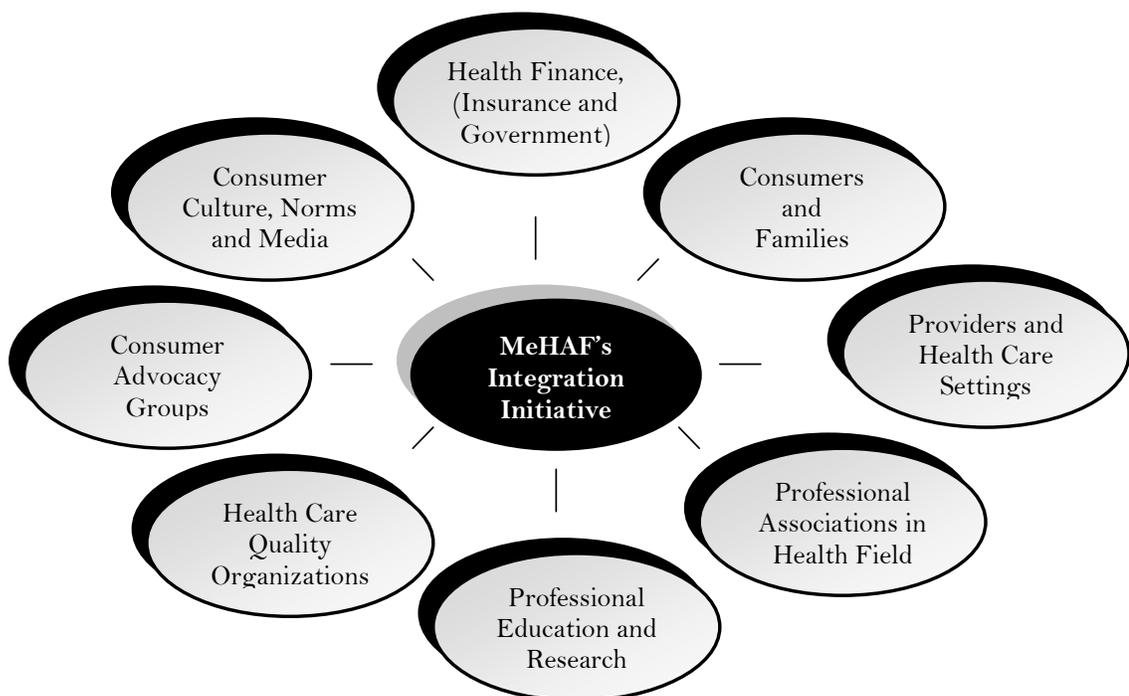
## Data Collection

A series of telephone key informant interviews were conducted based on a structured protocol that was jointly developed by MeHAF staff and consultants. Two separate interview guides were developed. The “provider” protocol (see Appendix A) included 19 questions that focused primarily on awareness, use, and perceptions of integrated care. The “non-provider” protocol included 13 items designed to elicit feedback about the level of awareness of integrated care as well as specific activities undertaken to promote integration. The questions also focused on perceptions regarding the spread and sustainability of efforts to further integrate primary and behavioral health care across the state (see Appendix B).

## Selection of Interviewees

Participants were identified based on purposeful selection procedures, as is often common with qualitative work. MeHAF generated a list of potential interviewees affiliated with organizations representing a diversity of sectors that might be involved in the dissemination of integrated care (see Figure 1). All sectors were included in both rounds of interviews with the exception of the professional education and research community and the cultural/social norms and media group (see Appendix C).

FIGURE 1. SECTORS IN HEALTH SYSTEM ENVIRONMENT



**Round One Interviews.** Foundation staff identified and initially contacted 15 individuals to invite them to participate. All but two agreed and were interviewed between August and September of 2010. With the goal of conducting a total of 15 interviews in mind, two alternatives were selected by MeHAF and each agreed to participate. Due to scheduling conflicts, one was interviewed in October, and the final interview was conducted in November, 2010. Of the 15 participants, 40% (n=6) were classified as providers. On average, the interviews lasted 30-45 minutes. All interviews were digitally recorded.

**Round Two Interviews.** A second round of interviews was conducted in 2014. A total of 18 individuals were identified and asked to participate; all but one agreed to be interviewed. The interviews were conducted in June and July, 2014 and they generally lasted 30 minutes. Four participants (25%) were classified as providers. Once again, interviews were digitally recorded.

## Data Analysis

The data were analyzed by systematically organizing and interpreting the information using categories and themes to identify patterns and relationships. Themes were explored across all participants and, when possible, among providers and non-providers. The findings were then aggregated to determine themes across both round one and round two interviewees. Direct quotes were used, when appropriate, to illustrate the findings.

## Limitations

While the value and strengths of qualitative approaches have been well documented in the literature, there are also a series of limitations with this work. For example:

- The interviews were conducted with a small subset of individuals; therefore, the findings cannot be generalized to the larger population of *non-grantees*.
- The findings are based on a snapshot in time, and may not capture the evolving activities and processes underway in the sectors we interviewed.
- The individuals we interviewed may or may not have been able to adequately describe the efforts within their organization or the efforts within their sector.
- When appropriate, attempts were made to compare findings between the provider and the non-provider groups. However, due to differences in protocols, the comparisons were made with caution and interpretation should be thoughtful.

Despite these limitations, attempts were made to enhance the quality and credibility of the interview process and analyses in a manner that is consistent with efforts reported elsewhere.<sup>1</sup>

---

<sup>1</sup> Patton MQ. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5); 1189-1208.

## Results

This section summarizes the major findings from the interviews in round one and round two based on the focus areas delineated in the protocols.

### Awareness of Integrated Care

Interviewees were asked if they were familiar with the concept of integrated care and to describe what the term means to them. In round one, all but two participants indicated that they had heard of the idea of integrating primary and mental health care services. Only one interviewee in round two reported no familiarity with this concept.

While the descriptions of integrated care varied, there were several consistencies among interviewees in both rounds. For example, in round one, a number of participants stressed the concept of *coordination* and its specific relationship to care, service delivery and treatment. Additionally, several participants also focused on the “holistic” nature of integrated care. Similarly, in the second round of interviews, several respondents focused on the collaboration among providers to coordinate services as well as the need to address the “whole health needs” of a person.

*“Integrated care is about the whole person, the whole health needs.”*

- Non-Provider Interviewee, Round Two

A few interviewees in both rounds described integrated care based on a team approach designed to bring patients “toward better health.” Also, a limited number of participants in rounds one and two focused on the “same location” or “co-location” as a defining feature; yet, several interviewees in round two indicated that co-location was not necessary for integrating services.

The one term we heard in both rounds of interviews was “patient-centered care.” In addition, two interviewees from round two described integrated care by using the term “one-stop shop.” Interviewees from round two also characterized integrated services as care that meets both the physical and mental health needs of patients.

Based on both sets of interviews, non-providers in round one appeared more likely to discuss integrated care in terms of the “holistic” aspect and the opportunity to look at “the mind and body together.” Providers from round one also appeared to be more focused on the structure (*e.g.*, team approach, co-location), versus those in round two. Round two interviewees tended to focus on collaboration among providers and access to specialists.

**Sources of Information:** Interviewees were asked to describe how they *first* learned about integrated care. In both rounds of interviews, the majority reported learning about this concept over five years prior to the time they were interviewed. Among this group, a small subset indicated prior experience working with, or in, an organization that was including some aspects of integrated care or considering this approach. In addition, three interviewees from round two learned about this concept while working in Pennsylvania.

Among those who reported increased awareness of this concept in the last five years prior to the interview, several identified MeHAF, Quality Counts and Patient Centered Medical Homes as sources of information. In addition, a few of these participants also mentioned trade associations and the doctor's office.

Although most respondents were able to identify how they *first* learned about the concept of integrated care, there were a few participants that were unable to recall specific details. In general, their responses were somewhat vague (*e.g.*, discussions with colleagues, "ACA").

When asked to identify "other sources" of information, several respondents in both rounds indicated "the literature" and "journal articles." Statewide conferences, MeHAF funding and trade association meetings were an additional venue for learning about integrated care. While some participants indicated the "big buzz" around this issue over the five years prior to the interview, there were clearly multiple sources of information, both formal and informal.

**Perceptions of Integrated Care:** Providers were asked "When you first heard about integrated care, did you think that it would be applicable to use in your organization?" The overwhelming response was "yes." Participants indicated that adopting this approach was "a good idea" and "makes sense." However, despite feedback that this was a "no brainer strategy and incredibly important," several respondents were quick to point out the challenges, particularly related to funding, regardless of the tremendous value that was perceived. In addition, one provider from round two indicated "hope" and one communicated skepticism while remaining optimistic.

*"I was interested and skeptical of the new care model du jour, but it built upon the past. I came in optimistic...."*

- Provider Interviewee, Round Two

The challenges of co-location were also addressed among round one providers. One interviewee, in particular, was very vocal about the need for a broader definition of integrated care and the recognition that "placing a mental health provider in a primary care setting is not a sufficient model." Conversely, providers in round two were more likely to discuss their support and their organization's efforts to continue integrating services or to explore opportunities to "increase" their efforts.

Non-providers appeared to be equally passionate about the benefits of integrated care. Several interviewees in round one indicated their strong support for this approach, “what we’re doing now costs too much – so it has to work.” Additionally, respondents in both rounds discussed the role of integration in decreasing duplicative efforts.

*“Intuitively [integrated care] makes sense. We know that with any condition, fragmentation and duplication not only complicates treatment and compromises quality, but drive[s] up costs unnecessarily.”*

- Non-Provider Interviewee, Round One

*“[Integrated care] makes for less duplicate work.”*

- Non-Provider Interviewee, Round Two

While no one indicated changing his/her mind about the applicability or utility of integrated care in either round of interviews, many acknowledged an increase in their level of understanding regarding the barriers and challenges to providing meaningful integration. According to one respondent from round two, the challenges of “systems change,” buy-in, “turf issues” and “bringing it to scale” add complexity. However, there were also a few individuals who indicated that the challenges are not “insurmountable” and “the benefits outweigh the barriers and obstacles.”

Interestingly, there were interviewees in both rounds who indicated that a higher level of commitment around this issue had recently developed (relative to the time of the interview). One respondent in round two indicated optimism for the State of Maine in achieving integration due to the focus on health homes and new grant opportunities. However, one respondent in this same round indicated frustration with the amount of “traction” given the payment structures, provider pay differentials, and lack of public health infrastructure in Maine.

## **Implementing Integrated Care**

The *providers* were asked whether or not their organization was implementing any aspect of integrated care. While all of the participants in round one indicated that their organization had started using this approach, the responses were somewhat vague and the elements were often unclear. Furthermore, the interviewees were frequently unsure of the specific components being implemented beyond co-location. Several providers indicated that co-location of treatment had occurred or was planned but was no longer offered or never materialized due to financial reasons. Conversely in the second round, two of the four providers indicated that their organization was in the early stages of providing integrated care and one provider indicated they were well underway.

**Decision-Making Processes:** In terms of decision-making processes, a few of the providers in round one were unable to comment on how their organization decided to use integrated care and most provided only general information about who was involved, their roles and the key influential factors. While some providers in both rounds of interviews indicated formal processes within the management level, others indicated a more bottom-up approach driven by direct service staff. One provider indicated that there was a clear champion who advocated internally for integration, while a few others indicated that there was never a decision, but rather it had always been a way of doing business. In general, the major impetus appeared to be interest and support among leaders and staff members, a desire to more efficiently deliver care, and a perception that integration was the “right way to give care.”

*“When we talked about it with the medical staff, they [sic] were really receptive and had been very open to having mental health professionals in their offices.”*

- Provider Interviewee, Round One

*“The leadership team and program people were at the table and the decision was made to do this.”*

- Provider Interviewee, Round Two

**Actions and Processes to Support Integrated Care:** Although several supporting actions or processes to help implement integrated care were discussed in both rounds, it was difficult to determine the timing of, impetus for, and spread of these activities or processes within the organization. Several providers indicated implementing new screening or assessment tools, hiring new staff, changing the work roles of existing staff, forming teamwork structures, collecting data, providing training, and adopting or moving to implement electronic health records. One provider in round two also indicated “providing new services that are integrated.” However, the extent to which these activities were done *within the context of integrated care* remains unclear.

**Reach of Integrated Care within Participating Organizations:** The interviews attempted to assess how extensively integrated care was being used in the provider organizations. This proved to be a challenging line of inquiry for several reasons. First, many of the providers we spoke with had several practice sites and some practices were more integrated than others. Second, determining the proportion of an organization’s providers (often off-site) actively engaged in integrated care was difficult. Third, many of the respondents found it challenging to *quantify* the proportion of providers actively engaged in and assuring integrated care, as well as the proportion of patients screened for and receiving integrated services. This information is not typically captured, and among those who responded, several indicated “don’t know” or “not sure.” Yet, despite the challenges with assessing the reach of integrated care, we did learn that providers in round two appeared to be eager to adopt this approach. One respondent indicated that “we are doing it everywhere we can.” A second interviewee suggested

that “the potential is there to use it extensively.” A third provider mentioned being in the early stages, but suggested that many of the organization’s providers were becoming active in delivering integrated care.

***Extent to Which Integrated Care is Working:*** Overall, while the providers indicated they had implemented certain aspect of integrated care, several were far from their vision and most indicated that they only had *anecdotal data* to assess their efforts. One respondent in the first round indicated increased levels of patient satisfaction, and another interviewee cited increased access for patients. Additionally, a few round one participants reported an increased level of awareness of integrated care among staff and more positive perceptions among clinicians regarding the effectiveness of “the model.”

Similarly, in round two, the providers indicated that integration was “working well” and “incredibly helpful” where it was happening. One respondent also talked about the organization’s evolution with providing integrated services.

*“It’s working better than it did last year. It’s improving.”*

- Provider Interviewee, Round Two

## **Promoting Integrated Care**

The *non-provider* organizations were asked to describe their efforts in “promoting or supporting the use of integrated care.” Although there were very few consistencies or themes that emerged, all respondents were able to provide specific examples, including:

- Helped to link providers
- Engaged service providers in problem-solving and integration discussions
- Developed billing codes to help support integrated care
- Provided trainings, educated office staff and developed written material
- Incorporated concepts of integration into specific projects or practices
- Presented at conferences
- Provided feedback on grants applications regarding the patient perspective
- Convened related projects focusing on a medical home
- Convened a committee and engaged partner organizations
- Communicated to management team about integration expectations
- Advocated for funding and resources to support integrated care
- Participated in meetings to assure patient needs are not compromised
- Partnered on statewide grants supporting integration of services.

***Why and How Organizations Began Promoting Integrated Care:*** The results suggest a mix of reasons, strategies, and processes for promoting the concept of integrated care among both rounds of interviews. Among those who indicated that it was an *informal decision*, the impetus was typically driven by leadership/staff or interest from members and often consistent with the culture. In some instances, the conversation naturally came up given the work of the organization. The start-up phase occurred primarily with meetings, casual conversations, generating ideas, and developing committees. A few individuals indicated more formal processes that involved creating a plan, seeking grant funding, and aligning with program priorities.

***Factors that Would Help the Promotion of Integrated Care:*** Not surprisingly, funding was an issue raised by several interviewees. Additionally, a few respondents suggested increased opportunities for: 1) education regarding the best models for integrating care with limited funds, 2) creative strategies for providers to integrate services, and 3) engagement of a broad array of mental health professionals (*e.g.*, psychologists, substance abuse professionals). Additionally, one respondent indicated sharing of data, partnerships and peer support. Finally, two interviewees discussed integration beyond primary care and mental health (*e.g.*, oral health, pharmacy).

## **Challenges and Barriers**

Both providers and non-providers were asked about the major challenges regarding the integration of primary and mental health care. The results are relatively consistent with previous findings reported in Maine.<sup>2-3</sup>

The general themes that emerged included:

- Funding, billing and reimbursement issues including concerns about sustainability
- Limited resources and technical assistance for training teams and implementing integrated care
- Uncertainty on how to “really integrate” efforts
- Lack of clarity on what integrated care means and what types of care are actually included.

In addition to the themes identified above, round two interviewees mentioned specific barriers that were not identified previously. Several respondents indicated the need for models in rural areas or among smaller practices with limited resources, and the disagreement on the best treatment for mental health diagnoses. A few respondents also suggested the political climate and lack of providers as ongoing challenges. One additional theme that emerged from this second round of interviews was related to the lack of public awareness regarding integrated care. Both providers and non-providers mentioned the need to generate more public awareness so “people start asking for it.” There was a tendency for respondents in this second round to discuss some of the external factors (beyond policy and funding) that could facilitate more widespread support and advocacy, particularly among consumers of care.

---

<sup>2</sup> Gale JA, Lambert D. (2009). Maine Barriers to Integration Study: The View From Maine on the Barriers to Integrated Care and Recommendations for Moving Forward. Muskie School of Public Service, University of Southern Maine.

<sup>3</sup> JSI. (2009). Maine Health Access Foundation Evaluation of Integration Initiative. Year One Report.

***MeHAF's Role in Helping Agencies Integrate Care:*** Several interviewees acknowledged the existing efforts of MeHAF in the area of integrated care and a few spoke candidly about MeHAF's credibility and influence. Most were aware of the Foundation's effort to promote integration and many were supportive of ongoing work in this area. Several respondents also spoke favorably of MeHAF's ability to convene partners, disseminate information and translate research to policy. While a few non-providers from both rounds indicated a lack of familiarity with MeHAF, the vast majority of interviewees provided specific suggestions including:

- Providing data on the effectiveness of integration
- Continuing to serve as a convener and educating stakeholders and policy makers
- Advocating for payment reform
- Providing technical assistance and examples of "models" both local and national
- Creating a "broader" consensus definition
- Disseminating best practices
- Facilitating pooled resources for smaller or more rural practices
- Providing suggestions for funding models
- Assessing outcomes, including patient satisfaction
- Translating research
- Emphasizing this issue and serving as a communication vehicle.

## **Potential Sustainability**

While most providers in both round one and round two expressed interest in continuing or expanding efforts to integrate care, many were also forthcoming about the funding barriers that make sustainability difficult. The ideas for creating a sustainable system focused on payment reform efforts, providing financing for "start-up," avoiding reimbursement structures that "limit access" in terms of who pays and where you can go to receive services, and identifying "pathways to implementation."

Additionally, a few interviewees in round one commented on the benefits and challenges of sustaining grant-funded efforts aimed at integration. Among these respondents, one was concerned about creating a "cycle of grant dependency."

The issue of public awareness, mentioned earlier, was also discussed in the context of sustainability. According to a respondent in the second round of interviews, one approach for accelerating and sustaining integrated care services was through public awareness and advocacy.

*"The public should know more and advocate."*

- Provider Interviewee, Round Two

## Discussion

This section focuses on the findings in relationship to the evaluation questions.

### Non-Grantee Awareness of Integration

Evaluation Question #1:

- Are non-MeHAF grantees aware of efforts to integrate primary and mental health care in Maine?

By all accounts, *most* of the respondents (both providers and non-providers) in both rounds of interviews were familiar with efforts to integrate primary and mental health care, and several gave examples specific to Maine. Many respondents had been aware of this concept for five or more years, and a few had previous experience working for an agency delivering integrated care or considering this approach. In recent years, the concept appears to have become more commonplace and its implementation less novel.

In addition to a relatively high level of awareness about the *concept* of integrated care, the interview findings also revealed positive views about the value and benefits of integration, particularly as they relate to patients. Several of the participants indicated their strong support for this approach despite the challenges. Interestingly, many of the respondents indicated a more thorough understanding and appreciation for the challenges and barriers to providing integrated care as their knowledge and experience with this approach increased.

While participants in round one had a *general understanding* of the notion of integrated care, it was difficult to determine the extent to which many of these interviewees fully understood the various aspect of integration, beyond the concept of co-location. However, respondents in round two appeared more sophisticated in their description of integrated care to include some of the key features. In some instances, interviewees from this second round also expanded their definition to include the integration of services beyond primary care and mental health.

### Non-Grantee Adoption or Support of Integration

Evaluation Question #2:

- Have non-grantee organizations adopted or supported the adoption of integrated care efforts?

Among the providers, all were aware of efforts within their organization to integrate care and several provided specific examples of practice sites where primary and mental health care practitioners were co-located, engaging in a “warm hand-off” or coordinating care plans. Some sites were clearly more advanced in their efforts and the models of integration varied widely. However, there was general support for the adoption of integrated care in the provider agencies we interviewed.

In several sites, a strong interest among leaders and staff as well as the desire to more efficiently deliver care served as the impetus for integration efforts. Providing patient centered care was also cited as an important factor. Interviewees from round two

indicated increased attention being placed on integrated services among the State and other funders.

Despite a *general level* of knowledge about existing integration efforts in the provider organizations, it was somewhat difficult to ascertain with certainty the *extent* to which integrated care was being implemented, including its reach and organization-wide diffusion. Several providers indicated implementing new screening or assessment tools, hiring new staff, changing the work roles of existing staff, forming teamwork structures, collecting data, providing training, and adopting or moving to implement electronic health records. However, it was hard to determine whether these activities were primarily driven by a desire to integrate efforts or if there was a different driving force. Moreover, it was also difficult for the providers to *quantify* the extent of integrated care within their organization due to lack of data and vast differences across practice sites.

Yet, despite the challenges with assessing the reach of integrated care, we did learn that providers in round two appeared to be enthusiastic about this approach. The providers said “we are doing it everywhere we can” and “the potential is there to use it extensively.” Although some organizations were in the early stages, expansion of integrated care was described as part of the strategy for providing more patient centered care.

Among the non-providers, most were able to share specific examples of their efforts in “promoting or supporting the use of integrated care.” These included convening and engaging stakeholders and providing education, among others. Again, this group was overwhelmingly supportive of efforts to expand models of integrated care throughout the state.

## **Non-Grantee Opinions about Accelerating Integration**

Evaluation Question #3:

- What could be done to accelerate the spread of integrated care in Maine and sustain efforts?

The issue of funding surfaced as a major theme related to the spread and sustainability of integration efforts in Maine. Several interviewees spoke of the need for creating a sustainable system focused on payment reform efforts, providing financing for “start-up,” avoiding reimbursement structures that “limit access” in terms of who pays and where you can go to receive services, and identifying “pathways to implementation.”

Interviewees in round two also discussed the need to address integration in more rural areas or among smaller practices with limited resources. Pooling resources, identifying models that work and training emerging providers were all strategies that were identified to expand and accelerate integrated care in Maine.

Other specific strategies discussed by interviewees included:

- Disseminating data on best practices and the effectiveness of various models
- Sharing outcomes that support integrated care delivery models
- Engaging key constituents to help advocate and disseminate information
- Promoting greater awareness among the public

- Providing technical assistance to teams and organizations on “how to” integrate care by translating research to practice
- Educating about, and advocating for, integrated care with stakeholders and policy makers.

## Conclusions

Overall, the findings revealed a relatively high level of awareness among interviewees regarding the concept, value and challenges of integrated care. While some participants, particularly in round one, were less familiar with all of the components that make up an integrated care model, there was clear consistency in the perceived benefits among most interviewees.

The results suggest that efforts are indeed underway among non-grantees to implement and support integrated care. However, in order to enhance existing efforts and achieve the vision of an integrated system of care available to everyone in Maine, financial and regulatory reform is needed to support a variety of models that adequately reflect and address the demographic and provider needs of a community. In addition, greater public awareness and support could help accelerate the demand for integrated care.

# Appendix A: Provider Protocol

## MeHAF's Integration Initiative Key Informant Interview Protocol: Providers

Date: \_\_\_\_\_

Interviewee: \_\_\_\_\_

Sector: \_\_\_\_\_

Thank you for agreeing to be interviewed. As you may know, the Maine Health Access Foundation has been supporting efforts to integrate primary and mental health care. You have been invited to participate because of your work for {name of organization.} which is in one of the sectors that may be involved in integrated behavioral health services and primary care. We are interested in your level of awareness and opinions about integrated care. Your insights will help MeHAF prepare for potential future work concerning the spread of integrated care across the state of Maine.

Your responses will remain confidential and will not be disclosed to anyone outside of the evaluation team and your name will not be included in the report.

I will be tape recording the interview because I don't want to miss any of your comments – and sometimes I can't write fast enough to get them all down. Is that ok with you?

This interview is completely voluntary and should not last more than one hour. Are you willing to participate? Do you have any questions for me before we begin? [*Note: If they have less than an hour for the interview, offer to schedule a more convenient time if they are willing to be interviewed.*]

Okay, let's get started...

### **Questions:**

#### Awareness of Integrated Care

1. Have you heard anything about the idea of integrating primary and mental health care?  
[If *no*, give a definition and ask, "Do you think integrated care might be applicable to use in your organization? Why/Why not?" Then, skip to Q17.]
2. In your own words, what does the term "integrated care" mean to you?  
Probe: Anything else?
3. How did you *first* hear about integrated care? How long ago was that? How else have you heard about integrated care?  
Probes: Any other sources of information?

4. When you first heard about integrated care, did you think that it would be applicable to use in your organization? Why or why not?
5. Have you changed your mind at all about how applicable integrated care would be for your own practice/organization? If yes, what led you to change your mind?

### Implementing Integrated Care

6. Have you started to use any of those aspects of integrated care in our own organization (or practice)?

If yes - what aspects are you using? If no, go to Q 16.

Probes: Example integration components from SSA. Are they making any changes for each dimension?

- Co-location of treatment for primary care and behavioral/mental health care?
- Combined (or single) treatment plan(s) for primary care *and* behavioral/mental health care
- Communication with patients about integrated care
- Social support (for patients to implement recommended treatment)
- Patient care team for implementing integrated care.

7. How was it decided to use integrated care in your practice/agency? Who was involved – in terms of their roles in your organization? What were some key factors that influenced the decision to use integrated care?

Probe: a formal or informal decision?

8. What supporting actions has your practice/agency taken to be able to implement integrated care?

Probes: Have you...

- Implemented new screening and assessment tools?
- Hired new staff?
- Changed the work roles of existing staff?
- Visited another site already using integrated care?
- Had training in evidence-based treatments for providers?
- Formed a teamwork structure?
- Started providing new services that are integrated?
- Worked on community involvement or a Patient advisory group?
- Changed EHR's or other information system to track integrated care?
- Entered a contractual or other type of agreement with another organization?
- Other?

9. How extensively are you using integrated care in your agency?
  - a. What proportion of your providers are active in delivering integrated care?
  - b. About what proportions of your patients are screened for their potential needs for **integrated care**?
  - c. About what proportion of your patients receive services that would be considered integrated?
  - d. If screening shows that additional integrated care is needed, to what extent can the practice make sure that the patients get the care they need?
  
10. As of now, what is your opinion as to how well integrated care is working in your organization? What is working well?
  
11. Are there any challenges or barriers that you are still working on? If yes, what are they? How is your organization addressing these?
  
12. Are there any actions that MeHAF could do that would help your agency to implement integrated care, other than providing direct funding?
  
13. Has your office/organization written reports or other documents about integrated care in your site? If yes, could they share a copy of it, for this report?  
{Can be kept confidential, if desired}

#### Potential Sustainability

14. Do you think that your organization will be able to continue your current extent of integrated care? Any plans for expanding its components or increasing the scope of your integrated care delivery?
  
15. In your opinion, what types of changes are needed to accelerate the spread of integrated care in Maine?
 

Probes:

  - Policies for reimbursement
  - Other policy changes
  - Others?
  
16. What could help your organization continue or expand its integrated care delivery efforts?

#### Decision Process to Use Integrated Care

17. [**Note: Ask only to those who answered “no” to Q1 or skipped Q7-Q16 – those who have not started to implement any components of integrated care**] Has your organization had a discussion or decision process about potentially using integrated care? If yes, how did that happen?
 

Probe: Current status of discussions?

  - Who was involved?

- If a decision was made not to implement integrated care, what were the major reasons for that decision?

18. [**Note: Ask only to those who answered “no” to Q1 or skipped Q7-Q16 – those who have not started to implement any components of integrated care**] What might MeHAF do that could help your agency or its providers to *understand* more about integrated care, other than providing direct funding?

19. Is there anything else you would like to tell us about integrated care?

## Appendix B: Non-Provider Protocol

### MeHAF's Integration Initiative Key Informant Interview Protocol: Non-Providers

Date: \_\_\_\_\_

Interviewee: \_\_\_\_\_

Sector: \_\_\_\_\_

Thank you for agreeing to be interviewed. As you may know, the Maine Health Access Foundation has been supporting efforts to integrate primary and mental health care. You have been invited to participate because of your work for {name of organization.} which is in one of the sectors that may be involved in integrated care. We are interested in your level of awareness and opinions about integrated behavioral health and primary care. Your insights will help MeHAF prepare for potential future work concerning the spread of integrated care across the state of Maine.

Your responses will remain confidential and will not be disclosed to anyone outside of the evaluation team and your name will not be included in the report.

I will be tape recording the interview because I don't want to miss any of your comments – and sometimes I can't write fast enough to get them all down. Is that ok with you?

This interview is completely voluntary and should not last more than one hour. Are you willing to participate? Do you have any questions for me before we begin? [*Note: If they have less than an hour for the interview, offer to schedule a more convenient time if they are willing to be interviewed.*]

Okay, let's get started...

#### **Questions:**

##### Awareness of Integrated Care

1. Have you heard anything about the idea of integrating primary and mental health care? [If no, skip to Q13.]
2. In your own words, what does the term "integrated care" mean to you?  
Probe: Anything else?
3. How did you *first* hear about integrated care? How long ago was that?  
How else have you heard about integrated care?  
Probes: Any other sources of information?
4. When you first heard about integrated care, did you think that it could work? Why or why not?
5. To what extent has your opinion about integrated care changed over time?  
Probe: If opinion changed – why?

### Implementing Integrated Care

6. Is your own organization doing anything to *promote* or *support* the use of integrated care? [If no, go to Q11.]  
Probes: If so...
  - What activities have you been engaged in?
  - Are there any results from those activities that you know of?
  - Have you received any feedback from your constituents/clients?
  - What are the major challenges (if any) that impact your organization's ability to *promote* the integration of primary and mental health care?
7. Why and how did your organization start promoting integrated care?  
Probes:
  - Was it a formal or informal decision?
  - How did you get started?
8. What could help your organization continue or expand its efforts around the *promotion* and support of integrated care delivery?

### Potential Sustainability

9. In your opinion, what types of changes are needed to accelerate the spread of integrated care in Maine?  
Probes:
  - Policies for reimbursement
  - Other policy changes
  - Other?
10. In your opinion, are there any actions that MeHAF could do that would help agencies *implement* integrated care, other than providing direct funding?

### Decision Process to Use Integrated Care

11. [Note: Ask only to those who skipped Q7-Q10 – those who have not started to implement any components of integrated care] Has your organization had a discussion or decision process about potentially *promoting* or *supporting* integrated care? If yes, how did that happen?  
Probes:
  - What is the current status of the discussion(s)?
  - Who was involved?
  - If a decision was made not to *promote* or support integrated care, what were the major reasons for that decision?
12. [Note: Ask only to those who skipped Q7-Q10 – those who have not started to implement any components of integrated care] What might MeHAF do that could help your organization or its providers *promote* or support integrated care, other than providing direct funding?

13. Is there anything else you would like to tell us about integrated care?

## Appendix C: Interviewees by Sector

### Number of Key Informant Interviews by Sector

	Round 1	Round 2
Maine Department of Health and Human Services:	n=1	n=1
Mental health or substance abuse treatment providers:	n=2	n=2
Patients or patient advocate organizations:	n=3	n=6
Payer:	n=1	n=1
Physical health care organizations:	n=3	n=3
Social service providers:	n=2	n=1
Statewide professional organizations:	n=3	n=3
Other (Healthy Maine Partnership):	n=0	n=1