Integrated Care: Key Informant Interviews

A Summary of Findings

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Prepared by:

Brenda M. Joly, PhD, MPH
Email: brendajoly@msn.com
Phone: 207.223.7647

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Overview

Over the last several years, the Maine Health Access Foundation (MeHAF) has invested heavily in the area of patient and family centered care. Beginning in 2008, part of this investment included awards to 43 grant recipients throughout the state who have focused on projects to improve the integration and delivery of mental/behavioral health and primary health care services. As part of the comprehensive evaluation of MeHAF's Integration Initiative, several systems-level outcomes are being explored including, but not limited to: 1) the proportion of Maine's population affected by the initiative, 2) organizational and policy changes to support and sustain integration, and 3) the spread of integration efforts beyond MeHAF grant recipients.

This report provides a summary of the results of key informant interviews designed to assess the level of awareness, activities and perceptions regarding integration efforts among *non-grantee organizations.*

Evaluation Questions

The qualitative findings are intended to complement other evaluation data being collected from the grantees and to provide preliminary information designed to help address the following evaluation 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

The key informant telephone interviews were based on a protocol that was jointly developed by MeHAF staff and consultants. Two separate structured protocols 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 solicited opinions about what is needed to spread and sustain efforts to further integrated 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 based in organizations from a diversity of sectors that might be involved in the dissemination of integrated care (see Figure 1). All sectors were included in the interview process 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
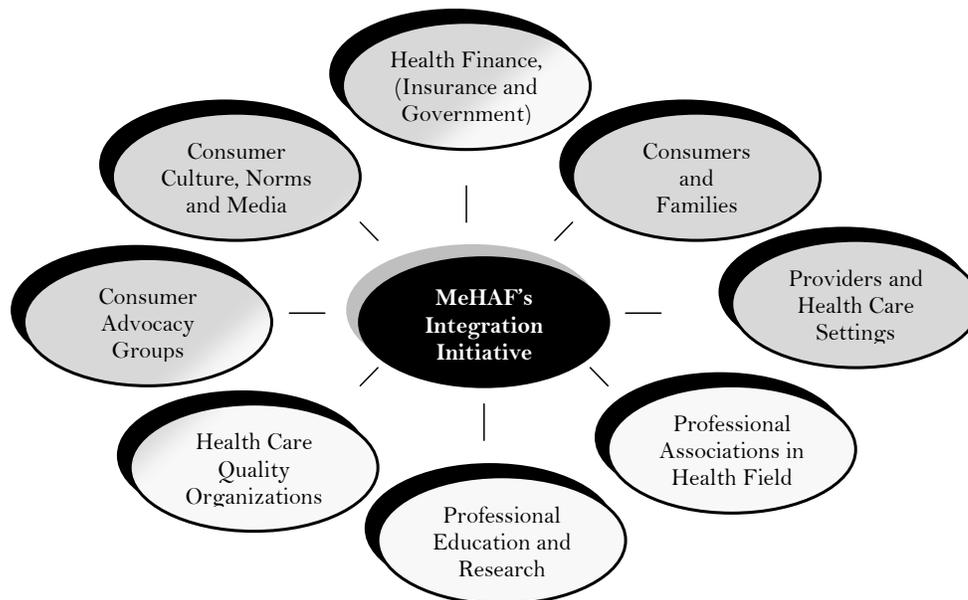
Once the list of interviewees was finalized, Foundation staff contacted 15 individuals to invite them to participate. All but two agreed and were interviewed between August and September of 2010. With the goal of conducting a total of 15 interviews in mind, two alternatives were selected by MeHAF and 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.

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.

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 15 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.

Despite these limitations, attempts were made to enhance the quality and credibility of the interview and analysis process consistent with efforts reported elsewhere.[1]

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[1] 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 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. All but two participants indicated that they had heard of the idea of integrating primary and mental health care services.

While the descriptions of integrated care varied, there were several consistencies among interviewees. For example, 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.

> *"Integrated care means that regardless of setting – when a patient seeks care that both behavioral and physical conditions are addressed in a holistic manner and treatment is coordinated."*
>
> - Non-Provider Interviewee

A few interviewees described integrated care based on a team approach. There were also a couple of participants who: 1) focused on the "same location" as a defining feature or, 2) discussed the concept of patient-centered care.

Based on the group we interviewed, non-providers were more likely to discuss integrated care in terms of the "holistic" nature and the opportunity to look at "the mind and body together" and "addressing the whole person seamlessly." Providers appeared to be focused on the structure (*e.g.*, team approach, co-location), and the concept of delivering patient-centered and high quality health care.

Sources of Information

Interviewees were asked to describe how they *first* learned about integrated care. The majority reported learning about this concept over five years ago. Among this group, a small subset indicated prior experience working with, or in, an organization that was including some aspects of integration or considering this approach.

A few participants were unable to identify how they *first* learned about the concept of integrated care and their responses were somewhat vague (*e.g.*, discussions with colleagues). In general, there were few consistencies among respondents with the exception of "the literature" and "journal articles." While some participants indicated the "big buzz" around this issue over the last five years, there were clearly multiple sources of information, both formal and informal.

<u>Perceptions of Integrated Care</u>
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 regardless of the tremendous value that was perceived. The issue of funding was raised several times.

> *"This is really good work, but that's not a sustainable business model. It's hard to figure out how to actually operationalize this…[changing the payment mechanisms] is on the short list of what we should invest in."*
>
> - Provider Interviewee

Additionally, the challenges of co-location were also addressed. 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."

Non-providers appeared to be equally passionate about the concept that integrated care could work. Several indicated their strong support for this approach based on the need to control costs, "what we're doing now costs too much – so it has to work." Additionally, a few discussed the value of integration in terms of 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

While no one indicated changing his/her mind about the applicability or utility of integrated care, many participants acknowledged an increase in their level of understanding regarding the barriers and challenges to providing meaningful integration. However, there were also a few individuals who indicated that the challenges are not "insurmountable" nor do the barriers "diminish the importance" of this issue. Additionally, there were some who indicated a higher level of passion or commitment around this issue that developed over the last few years.

Implementing Integrated Care

The *six providers* were asked whether or not their organization was using any aspect of integrated care. While all of the participants 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 because they "couldn't afford" to maintain the practice or "because of the economy."

Decision-Making Processes

In terms of decision-making processes, a few of the providers 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 indicated formal processes within the management level, others indicated a more bottom-up approach driven by direct service providers. 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 among staff and a desire to more efficiently deliver 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

Actions and Processes to Support Integrated Care

Although several supporting actions or processes to help implement integrated care were discussed, it was difficult to determine the extent to which these activities or processes were in place based on the responses. Several providers indicated 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, 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."

<u>Extent to Which Integrated Care is Working</u>
Overall, while the provider organizations that were interviewed 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 indicated increased levels of patient satisfaction, and another interviewee cited increased access for patients. Additionally, a few participants reported an increased awareness of integrated care among staff and more positive perceptions among clinicians regarding the effectiveness of "the model."

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
- Incorporated concepts of integration into specific projects
- Presented at conferences
- Developed written material
- 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

<u>Why and How Organizations Began Promoting Integrated Care</u>
The results suggest a mix of reasons, strategies, and processes for promoting the concept of integrated care. Among those who indicated that is was an *informal decision*, the impetus was typically driven by leadership/staff or interest from members. 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 supporting integration efforts as a priority of their program.

<u>Factors that Would Help the Promotion of Integrated Care</u>
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).

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.[2]

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
- Uncertainly on how to "really integrate" efforts
- Lack of clarity on what integrated care means and what types of care are actually included

MeHAF's Role in Helping Agencies Integrate Care

Several interviewees acknowledged the existing efforts of MeHAF in the area of integrated care and suggested that the Foundation continue efforts to *promote* integration. While a few non-providers indicated a lack of familiarity with MeHAF, most interviewees provided specific suggestions. For example:
- 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"
- Creating a "broader" consensus definition
- Disseminating best practices

Potential Sustainability

While most providers expressed interest in continuing or expanding efforts to integrate care, many were also forthcoming about the funding barriers that make sustainability difficult, particularly given the economy. The ideas for creating a sustainable system focused on payment reform efforts.

Additionally, a few interviewees commented on the benefits and challenges of sustaining grant-funded efforts aimed at integration.

> *"Funding that might help organizations directly pay for providers sets up an organization for a cycle of grant dependency. I'm pretty convinced that grants are very important for organizations doing experimental work..."*
>
> - Provider Interviewee

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[2] 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.

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 interviewees (both providers and non-providers) 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 addition to a relatively high level of awareness about the *concept* of integrated care, the interview findings also revealed positive views about the value of integration. Several of the participants indicated their strong support for this approach despite the challenges.

While participants had a *general understanding* of the notion of integrated care, it was difficult to determine the extent to which many of the interviewees fully understood the various aspect of integration, beyond the concept of co-location.

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. In several sites, a strong interest among staff and the desire to more efficiently deliver care served as the impetus for integration efforts.

Despite a *general level* of knowledge about existing integration efforts in the provider organizations, it was somewhat difficult to ascertain the *extent* to which integrated care was being implemented. When asked, several providers indicated hiring new staff and training personnel, changing the work roles of existing staff, forming teams, collecting data, and establishing or using electronic health records. However, it was hard to determine whether these activities were primarily driven by a desire to integrate efforts. 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.

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.

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?

This 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 payment reform in order to broaden the scope of, or maintain, their existing efforts. Other specific strategies discussed by interviewees included:
- Disseminating data on best practices and the effectiveness of various models
- Engaging key constituents
- Providing technical assistance to teams and organizations on "how to" integrate care
- Educating about, and advocating for, integrated care with stakeholders

Conclusions

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

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.

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:
<u>Awareness of Integrated Care</u>

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}

<u>Potential Sustainability</u>

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?

<u>Decision Process to Use Integrated Care</u>

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:
<u>Awareness of Integrated Care</u>

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

Maine Department of Health and Human Services mid-level manager: n=1
Mental health and/or substance abuse treatment providers: n=2
Patients or patient advocate organizations: n=3
Payer: n=1
Physical health care organizations: n=3
Social service providers: n=2
Statewide professional organizations: n=3