

Integrated Care: Key Informant Interviews with Non-Grantees

A Brief Review of the Findings

December 2010

Overview

Over the last several years, the Maine Health Access Foundation (MeHAF) has invested heavily in projects to improve the integration of mental/behavioral health and primary health care services. To learn whether integrated care is disseminating to non-grantee organizations, 15 key informant interviews with non-grantees were conducted during the summer and fall of 2010. Organizations representing various sectors within the health system environment were identified, and representatives were invited to participate.

The interviews were designed to 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?

Brief Summary of Results

Non-Grantee Awareness of Integration

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

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 deliver care more efficiently 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, in part, to a 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

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 perceived as being needed.