Session # G2a

Seeing Eye to Eye: Using Qualitative Interviews to Enhance a Reliable Measure of Integration

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Discuss the role of integration measurement in research & clinical settings
- Compare expert and clinician perceptions of integrated care on the Practice Integration Profile (PIP)
- Discuss strengths & limitations of the PIP to measure integration

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Bibliography / Reference

1. Macchi, C. R., Kessler, R., Auxier, A., Hitt, J. R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). The Practice Integration Profile: Rationale, development, method, and research. *Families, Systems, & Health, 34*, 334-341.
2. Kessler, R. S., Auxier, A., Hitt, J. R., Macchi, C. R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). Development and validation of a measure of primary care behavioral health integration. *Families, Systems, & Health, 34*, 342-356.
3. Mullin, D. J., Hargreaves, L., Auxier, A., Brennhofer, S. A., Hitt, J. R., Kessler, R. S., ... & Trembath, F. (2019). Measuring the integration of primary care and behavioral health services. *Health Services Research, 54,* 379-389.
4. Kessler, R. S., van Eeghen, C., Auxier, A., Macchi, C. R., & Littenberg, B. (2015). Research in progress: measuring behavioral health integration in primary care settings. *The Health Psychologist,* 1-4.
5. van Eeghen, C. O., Littenberg, B., & Kessler, R. (2018). Chronic care coordination by integrating care through a team-based, population-driven approach: a case study. *Translational Behavioral Medicine, 8*, 468-480.

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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Qualitative Interviews

Why Measure Integration?

- Use of shared language/terminology
- Understand core components of integrated care
- Benchmark & tracking progress over time
- Improve allocation of resources

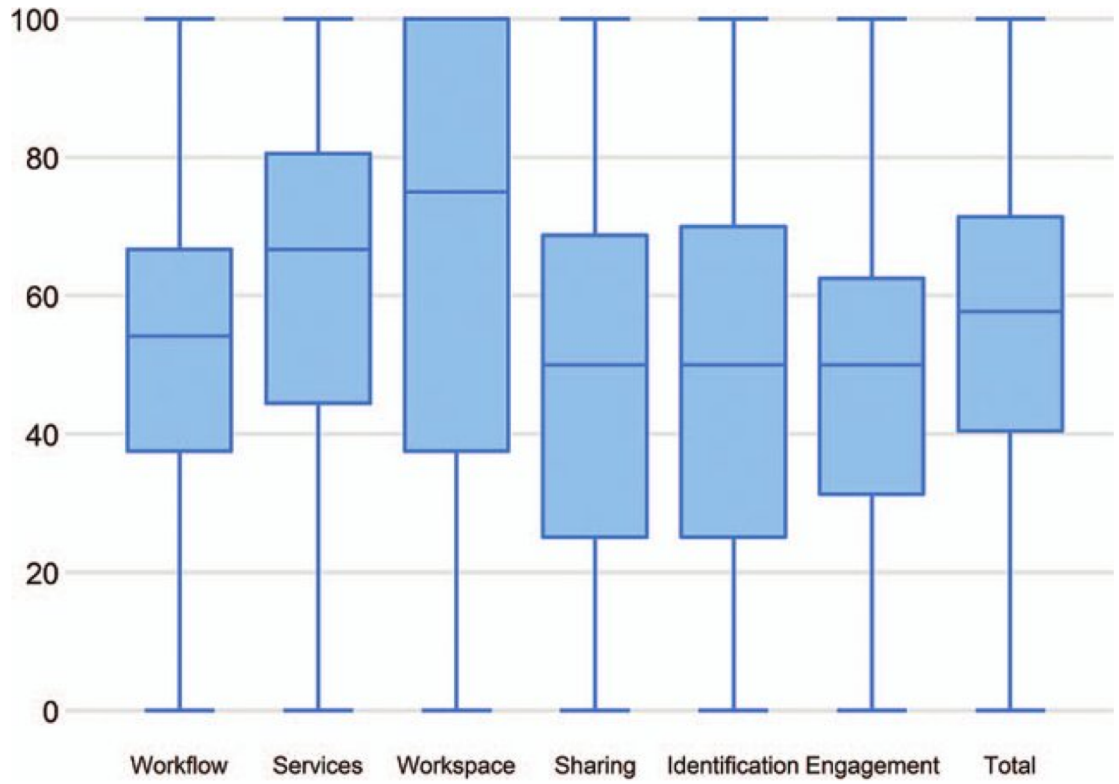
Practice Integration Profile (PIP)

practiceintegrationprofile.com

30 items, 6 domains:

- Workflow
- Clinical Services
- Workspace
- Shared Care & Integration
- Case Identification
- Patient Engagement

Distribution of PIP scores by domain (Macchi et al. 2016)



Study Overview

- N = 20 qualitative interviews with integrated care clinicians
- Original purpose – solicit feedback for PIP v.2
- Evolved into interest in state of the field

Study Methods

- Recruitment via professional listservs & snowball sampling
- Recorded via Zoom & transcribed
- Codebook iterative process
- All interviews coded independently by team members
- Discrepancies resolved by discussion/consensus

Sample Characteristics

- 70% Female

Role:

- 11 BHPs
- 5 BH Leadership
- 3 Physicians
- 1 Physician Assistant

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Emerging Themes:
IBH Views and Practices

Current State of the Field

Respondent reflections on specific PIP items revealed broader questions about the IBH field

- How are clinicians in the field conceptualizing IBH?
- How is IBH being practiced and addressing associated challenges?
- How do researcher and clinician views of IBH compare?

Broader themes emerged across PIP domains

How are clinicians conceptualizing IBH?

- Overall, high-level integration
- More than common mental health issues
- Goal: make integrated more population-focused
- Aspirational: beyond clinic walls

How is IBH being practiced?

- Highly variable (services, protocols, degree of collaboration)
- Tendency to target routine vs. acute visits
- BHPs will “see” anyone
- Referrals commonplace for SUD, SMI treatment
- Systems tracking referrals & follow-ups less common
- Overall, still separation between BH & medical care

What are the challenges with increased integration?

- Lack of clearly defined roles/responsibilities
- Communication
- Technology
- Limited resources
- Competing priorities
- Billing issues
- Patient barriers

How do researcher and clinician views of IBH compare?

- Use of terms
- Aspirational versus feasible
- Targeting integration efforts

Broad themes cutting across PIP domains

- ***Defining terms*** - Lexicon provided a shared language and practice targets
  - Not operationalized or widely disseminated
  - Lack of clarity about IBH-supporting processes (e.g., use of registries, shared treatment planning, medical support for patients with SMI or SU)
- ***Team functioning*** - variability of expectations and pragmatic functioning
  - Focus remains on individual team members' roles
  - Providers lack awareness or clarity about other members' practices
- ***Practice standardization*** – standard protocols are often associated with individual providers' practices
  - Inconsistent institutional standardization of assessments, patient engagement, treatment, and referrals

Strengths & Limitations of the PIP v1

- Demonstrated reliability & validity (Kessler et al., 2016)
- 5-factor model > 6-factor (Mullin et al., 2019)
- Suitable for comparisons between practices and within-practice transformation change over time
- Use of this study to inform development of PIP v2

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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