

Barriers and Facilitators to Integrated Behavioral Health Model Adoption: A Mixed Method Study Among Community Health Care Providers

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INTRODUCTION/ PURPOSE

- There is a lack of research on what factors are related to adoption of IBH in practice (Hunter et al., 2017).
- Identifying the factors that act as barriers or facilitators are important for understanding model implementation.
- The goal of this project was to identify barriers and facilitators to adoption of integration among health care providers at a community FQHC.

PARTICIPANTS

- Health care providers employed at HealthCore Clinic in Wichita, Kansas.
- 14 providers consisting of Advanced Practice Registered Nurse (APRN, 14.3%), Doctor of Medicine (MD, 14.3%), Master of Social Work (MSW, 21.4%), Master of Marriage and Family Therapy (MMFT, 14.3), Registered Dental Hygienist (RDH, 14.3%), Certified Nurse-Midwife (CNM, 7.1%), Licensed Addictions Counselor (LAC, 7.1%), and Physician Assistant (PA, 7.1%). This breaks down to 7 medical providers, 5 behavioral health, and 2 dental providers.
- 11 providers identified as female, 3 identified as male.
- 71.4% of the sample did **not** have residence or previous clinical training exposure to integrated care.

MEASURES & PROCEDURE:

CONVERGET MIXED-METHODS DESIGN

Phase 1: Fourteen providers completed the BFAI: which is a measure that identifies organizational context, patient, provider, and innovation characteristics that may function as barriers to implementation of a novel health care service. The BFAI has been shown to reliably differentiate between these four factors and the items were adapted for integrated care (Harmsen et al., 2005).

Phase 2: Six providers voluntarily signed up to complete a 20-30-minute semi-structured interview created to supplement quantitative measures of barriers and facilitators of model adoption.

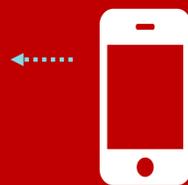
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- Hunter, C. L., Funderburk, J. S., Polaha, J., Bauman, D., Goodie, J. L., & Hunter, C. M. (2017). Primary Care Behavioral Health (PCBH) Model Research: Current State of the Science and a Call to Action. *Journal of Clinical Psychology in Medical Settings*, 25(2), 127-156.

What are the barriers and facilitators to provider adoption of the integrated behavioral health model in a community primary care setting?



Want to see more in-depth results including examples of what providers said about integrated care? Take a picture to learn more.



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RESULTS

- According to the BFAI, context factors had the most reported barriers, though the data suggests that patient and provider factors are also important to model adoption. For example, half the sample wished they had known more about integrated care before they were asked to implement it.

BARRIERS

- **100% agreement, context factor:** *It is difficult to implement integrated care if there is not enough supportive staff.*
- **92.9% agreement, context factor:** *It is difficult to implement integrated care if instruments needed (e.g., behavioral health assessments, electronic medical record) are not available.*
- **78.6% agreement, context factor:** *It is difficult to implement integrated care because the timing of the care is awkward (e.g., other provider is not available).*

FACILITATORS

- **100% agreement, innovation factor:** *The process of integrated care is flexible enough to take into account my patients' preferences in their health care.*
- **100% disagreement, professional factor** (coded as not a barrier): *I have a general resistance to working according to protocols.*
- **100% disagreement, professional factor** (coded as not a barrier): *It is difficult to implement integrated care because I have not been involved in setting up integrated care.*
- **100% disagreement, patient factor** (coded as not a barrier): *It is difficult to implement integrated care to patients with low SES.*

THEMES

Nine themes emerged related to barriers and eight for facilitators. Exemplar quotes are below;

- *More like, the medical side. Like, medical diagnosis [. . .] We don't, we don't really know that [. . .] So it was kind of us coming in and not getting the training that we probably need then [. . .] we were winging it for a while. [Barrier, provider]*
- *It is working really, really, well, but I don't foresee it continuing because we can't right now, you know, we [medical] are supporting the behavioral health end of it. And that can't go on forever. [Barrier, provider]*
- *They don't have to go all over town searching for somebody to do that. You are here and we can do it right here and make it affordable for you. [Facilitator, patient]*

LIMITATIONS

- The small sample size and convenience sample may limit generalizability. There was a lack of objective data (e.g., electronic health record). Due to timing, no dental providers were interviewed.

FUTURE DIRECTIONS

- Future research should focus on replication in other settings, getting a more diverse provider participant perspective, and obtaining administration perspectives on IBH.