

Barriers to Integrated Health Care: Initial Lessons Learned from a Texas Initiative



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About the Hogg Foundation

- For over 65 years, the Hogg Foundation has worked to improve the mental health of all Texans
 - Grants for mental health services, research, policy, and public education projects in Texas
 - Internal programs, including public education and policy analysis
- 2005 strategic planning process to identify potential “tipping points” in the state
 - Integrated health care was top of the list

Mental health problems in primary care settings

- Most people seek help for mental health problems in primary care settings
- Integrating mental health services into primary care delivery offers:
 - Chance to reach groups who cannot or will not access specialty care
 - Early intervention opportunity
- Unfortunately, “usual care” in primary care is poor
 - Mental health problems often go undetected and untreated in primary care



Integrated health care

- Integrated health care (IHC) is often cited as a key solution to reducing stigma and improving mental health service delivery, especially with populations of color and in rural areas
- IHC has been defined and operationalized in many ways



Collaborative care

- Mental health adaptation of Wagner's chronic care model
- Builds on training, screening, referrals, and collocation to improve the quality of care
- Collaborative care is a set of basic principles and core components
 - Workable for settings (e.g., rural areas) with limited financial and/or workforce resources as well as those with more
- Strong research support



A brief overview

- PCP identifies MH problem and initiates treatment
- Care manager
 - Educates patient
 - Tracks treatment response using assessment tool
 - May also provide short-term counseling
- Patient registry
- Psychiatric consultation (~ 1-2hr/wk per care manager)
 - Reviews care manager's panel
 - Offers treatment recommendations

From evidence to practice

- On national level, there is growing consensus that the core components of collaborative care constitute best practices and should be promoted
 - e.g., National Business Group on Health, President's New Freedom Commission
- With strong collaborative care research base, the focus has shifted to real-world implementation
 - e.g., Robert Wood Johnson Foundation's Incentives grant project, MacArthur Foundation's Initiative, HRSA's Health Disparities Collaborative, Aetna, Kaiser Permanente (CA), Group Health (WA), Intermountain Health Care (UT), Colorado Access, Washtenaw County Health Organization (MI)

Real-world barriers

- Barriers exist at all levels of the service delivery system, from the patient up to health plans and purchasers
 - Clinical (e.g., PCPs' limited training in MH, PCPs and patients' stigmatizing attitudes)
 - Organizational (e.g., PCPs' limited time, primary care's "acute" orientation)
 - Financial (e.g., lack of reimbursement for evidence-based practices like care management and psychiatric consultation)
 - Policy (e.g., information-sharing restrictions)



Addressing collaborative care barriers

- Hogg Foundation's IHC Initiative is focused on addressing the real-world barriers to collaborative care in Texas
 - Grant program
 - Policy activities

IHC grant program

- Issued RFP in Fall 2005
- ~\$2.6M over 3 years
- Working with 7 grantee organizations
 - Serve Texas' diverse populations of color and predominantly uninsured patients
 - Urban and rural (frontier) service areas
 - "Yugo" and "Cadillac" approaches
- GOAL: Identify solutions to real-world barriers to Texas collaborative care

TA & evaluation

- Training and consultation: Jürgen Unützer and Univ. of Washington colleagues
 - In-person training & monthly phone consultation
 - Web-based registry

- Evaluation: Richard Frank (Harvard U.) and colleagues
 - Formative approach
 - Process & outcome evaluation



One year later...

- What have we learned so far?



Lessons learned – Culture change

- Primary care culture: Acute focus
- Mental health culture: Individual (not population) focus
- Adjusting to a public health approach can be challenging, especially for experienced mental health professionals
- Examples of chronic disease management (e.g., for diabetes) can help make it clear for PCPs


Lessons learned – Staff buy-in

- Most providers understand why this is needed, but feasibility must be demonstrated
- Administrative support and PCP champions are critical
- Psychiatrist and care managers need to establish trust with PCPs – Takes time
- Once implemented, PCPs see the benefits, and late adopters come on board



Lessons learned – Workforce

- Even with collaborative care, workforce issues have impact:
 - Limited availability of psychiatrists & care managers, especially in rural areas
 - Child mental health providers particularly hard to find
- Care managers' personality or orientation may be more important than credentials
- For partnerships across distances, a web-based registry facilitates communication



Lessons learned – Clinical issues

- Collaborative care approach can reduce stigma as barrier to treatment seeking in populations of color
- Severity of mental health problems in CHCs is high
- Co-morbid conditions (especially SU & chronic pain) must be addressed
- Demand is great – Have to be creative
- Specialty mental health partners are critical – Can't do this alone

Lessons learned: Adapting collaborative care for children

- Assessment is more cumbersome
 - Brief validated measures are scarce
 - Need for data from multiple sources is difficult
- Treatment issues are significant
 - Providers are more cautious (and resistant) re: prescribing
 - Behavioral treatments are best practice, but workforce issues are a barrier
- Working with children is more complex, but holds great promise – especially with ADHD → Additional work is needed



Lessons learned – Sustainability

- Policy piece is critical to address state and federal barriers
- Financial solutions require state and local problem-solving
- Creative partnerships facilitate model
 - El Paso example
- Need to promote collaborations between Texas primary care provider organization, hospitals / hospital districts, mental health partners, and others



Building on lessons learned

- Learning more about collaborative care for children with ADHD
 - ADHD pilot project with current HF grantees
 - RFP on collaborative care for ADHD
- Facilitating other organizations' adoption of collaborative care
 - Training package & ongoing mentoring / consultation

Responding to growing interest in Texas

- Partnering with other foundations
- Informing other Texas efforts (e.g., Medicaid, Frew settlement, Department of State Health Services initiative)
 - Involvement of mental health advocates
- Why the interest?
 - HB 2292 (78th TX Lege, 2003)
 - HHS reorganization – 12 agencies reduced to 5
 - Priority population now diagnosis specific
 - Local and state pressures

Key challenges in working with policymakers & stakeholders

- Helping MH providers shift to a public health perspective
- Making the case despite imperfect data
- Convincing stakeholders to base decisions on best evidence
- Informing policy efforts without “pushing” a particular model
- Ensuring that new programs will fit communities with very different resources



Longer-term activities

- Working with CHIP and Medicaid
 - Continuing to foster support
 - Target child population
- Facilitating dialogue between CMHCs and CHCs
- Promoting local planning and partnerships

More information

Hogg Foundation's IHC website:

http://www.hogg.utexas.edu/programs_ihc.html

- Information, tools, and resources:
 - Programs implementing collaborative care
 - Collaborative care toolkits
 - Sample patient registry
 - Special topics in collaborative care
 - Annotated bibliography
 - Year 1 report (by January 2008)