The WA-ICA included two companion tools: behavioral health and primary care (See Appendix A for WA-ICA qualitative questions)

- Subdomain questions: sites were asked to review each domain and sub-domain on the continuum of integration and select their level that corresponds to their clinical site (Preliminary, Intermediate I, Intermediate II, Advanced)
  - Sites had the option to complete an explanatory short-response for each subdomain level selection
  - BH: 15 subdomain questions (430 responses) & PC : 13 subdomain (210 responses)
- Narrative questions: involved questions a variety of integrated care topics
  - 4 narrative questions (435 BH responses) & (242 PC responses)

Sites were instructed to complete the assessment on behalf of their site, rather than organization

- ~25% of short-response questions in both assessments contained duplicate responses

**Analysis Methodology**

- Analysis for both assessments were conducted separately with the use of Dedoose analysis software
  - Results were compared to complete thematic analysis for this summary
- Duplicate responses were maintained for subdomain related questions, but were not used for analysis for non-subdomain questions
- Responses not pertaining to integrated care were not utilized
- Subdomain questions were used to find cited barriers & facilitators to integrated care efforts
- Narrative questions were used to develop additional codes and subsequent themes, including ideas about requested areas of support to advance integration

**Analysis Overview**

Compare the identified barriers and facilitators of integrated care found in subdomain-related questions in both the Behavioral Health (BH) and Primary Care (PC) assessments by navigating to Visual A

**Top BH Themes**
- Workforce (barrier)
- EHR (barrier)
- Finances (barrier)

**Top PC Themes**
- Workforce (barrier)
- Finances (barrier)
- Tools (facilitator)
**BEHAVIORAL HEALTH**

**barriers**
- Staff education (general health)
- Varying access to on-site prescribers
- Unclear role and expectations
- Compensation and hiring

**PRIMARY CARE**

**barriers**
- Time due to high caseload
- Inconsistent use of screening tools between providers

**shared workforce barriers (BH & PC)**
- High staff turnover and low retention
- Varying vision for integrated care
- Insufficient care coordination staff
- COVID-19 related-burnout & workflows

**CAPITAL RESOURCES & PAYMENT REFORM**

**shared barriers (BH & PC)**
1. Proper reimbursement needed for indirect minutes, particularly for care coordination and outreach
2. Complex structure with reimbursement rates being prohibitive to efforts
3. Ability to hire staff & invest in necessary resources

**BEHAVIORAL HEALTH**

**barriers**
- Cannot bill for preventative care due to billing codes, including vaccines

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"A guideline or clear expectation of a scope of BH prescribers' role related to treatment protocols for chronic health conditions, needs to be established."
- Behavioral Health site member

"We are not therapists, so we do not set self-management goals...anything more than a warm handoff is an unrealistic dream"
- Primary Care site member

"We used to have staff more trained in this area, but post COVID have not gotten back to this and have almost an entirely new group of staff now who have not had specific training in this area -BH site member"

"We are not therapists, so we do not self management goals."
- Primary Care site member

"It is apparent that behavioral health and social service workers' wage is inadequate to recruit and retain qualified workers"
- Behavioral Health site member
Behavorial Health

Unresponsiveness from primary care
Cost of EHR set up & maintenance
Ability to capture release of information

Primary Care

Difficulty completing EHR-based tools during patient visit due to high case load
Inability to share records to external BH providers

Technology & Information Sharing

Licensure

Shared Barriers (BH & PC)
1. Lack of expertise in tracking & EHR-based tools → difficulty tracking for reimbursement
2. Insufficient care coordination staff
3. Lack of interoperable EHR systems

Shared Barriers (BH & PC)
1. Long wait time for state licensure
2. Expansive licensure requirements
3. Barriers related to international licensing

BEHAVIORAL HEALTH Facilitator
• Policy changes easing licensure processes for mental health & substance use certifications

PRIMARY CARE Barrier
• Concerns primarily associated with time to obtain licensure

Electronic tools for monitoring and tracking do not currently exist.
- BH site members

 CFR. 42 continues to be a barrier for information exchange
- Behavioral Health site member

For patients referred externally, we have limited capacity for exchange of data
- Primary Care site member

Recognition and allowance to practice for providers with non-USA certifications and licensure for healthcare providers from other countries
- Behavioral Health site member

Licensing requirements for LISW’s are rigorous and expensive, prohibiting some from obtaining full licensure...
- Primary Care site member

The expansion of approved education and experience for credentialing of mental health professionals (MHPs) under WAC 246-341-0515 has allowed the agency to address shortages
- Behavioral Health site member

State licensure for LICSW took over 4 months to complete. Licensure and licensure requirements for billing all payers is a huge drawback to providing clinical care...
- Primary Care site member
**TRAINING & EDUCATION**

**shared barriers (BH & PC)**

1. Incorporating training time into workflow
2. Maintaining staff training given high turnover
3. Loss of revenue and compensation for staff

**top requested training areas**

**BEHAVIORAL HEALTH**

- Evidence-based workflows & guidelines
- Coaching & engagement
- Trauma informed care
- Electronic health record-based tools

**PRIMARY CARE**

- Internal training (workflow, use of tools)
- Evidence-based tools & guidelines

**Looking Ahead: Future Considerations**

**Future project:** Development of an online integrated care toolkit for health sites with resources ranging from suggested workflows and evidence-based tools (Social Determinant of Health screening tool), training videos (including technical assistance), and patient-facing pamphlet resources.

**Continuing education:** Development of trainings in requested areas of integration topics for Behavioral Health and Primary Care. Consider investing in reimbursement strategies to combat loss of revenue to increase site adherence.

**Clarifying vision:** Cohort 1 responses demonstrate varying perceptions on the capacity, role, and plausibility of complete integrated care. Communicating the future of integration to sites will be integral for longevity.
How will advancing integration help you address health equity? *

Health equity means that everyone has a fair and just opportunity to be as healthy as possible and clinical sites have a responsibility to create a welcoming and accountable environment meant for people of color, all gender identities and sexual orientations, and people with disabilities.

What is working well in regard to staff/provider licensing and reimbursement structures for your integrated care efforts? Where is there room for improvement? *

What resources/support does your clinical site need to advance integration? *

What are the top three challenges your clinical site faces in advancing integration?* If you would like to share more about the challenges you have selected, please do so here (no more than 250 words).

* Required question
APPENDIX B
Cohort 1 Standout Qualitative Responses

BEHAVIORAL HEALTH

"Without radically addressing compensation and value and respect for the human service workers from society, funders, individuals in need will be left without quality services on"
- Behavioral Health site member

"Since we are a behavioral health group, our focus is not systematic tracking of health issues, but clinicians do advise their clients to go to PCPs"
- Behavioral Health site member

"Without a stable workforce it has been incredibly difficult to expand the scope of Sounds whole person care efforts due to the inability to continuously develop staff. Efforts are further complicated by the lack of financial support for these efforts in our current financial payment structure"
- Behavioral Health site member

PRIMARY CARE

"Our workforce is not trained, or have the desire to do things like screenings"
- Primary Care site member

"The barrier to advancing on the continuum toward the use of quality metrics for program improvement is the lack of resources to employ a care coordinator with sufficient IT skills to do population health management, performance metrics, and quality improvement projects."
- Primary Care site member

"Part of this work is changing the mindset and culture around care... BH providers are a part of every patient's care team, not just the ones who have been identified with a mental health diagnosis. BH is a resource for all patients and we must start to think like that all the time, which means breaking more standard ideas of what BH interventions are and who receives them"
- Primary Care site member
[Visual A] displays the barriers and facilitators found in the Behavioral Health and Primary Care Assessment through the analysis of the subdomains. The full interactive visual can be found at: https://public.tableau.com/app/profile/lindsey.mcclellan/viz/WA-ICAProjectOverview/PCBH

[Visual A]: Workforce, Finances, and EHR cited as top barriers to Integrated Care

Behavioral Health Barriers

- Workforce
- Finances
- Technology
- Access
- Collaboration
- Staff Education
- Site Specific
- Time
- Willingness
- Licensure

Behavioral Health Facilitators

- Tools
- Collaboration
- Training
- Workforce
- Site Specific
- Communication
- Education

Primary Care Barriers

- Workforce
- Finances
- Collaboration
- EHR
- Site Specific
- Access
- Staff
- COVID

Primary Care Facilitators

- Tools
- EHR
- Workforce

Behavioral Health
N = 126 sites
15 Subdomain Questions
430 Subdomain Short Responses

Primary Care
N = 79 sites
13 Subdomain Questions
210 Subdomain Short Responses