

WASHINGTON INTEGRATED CARE ASSESSMENT (WA-ICA)

Cohort 1 Qualitative Analysis (July - August 2022)

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HealthierHere

ASSESSMENT BACKGROUND: COHORT 1

126 Behavioral Health (BH) sites **79** Primary Care (PC) sites

- 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](#)



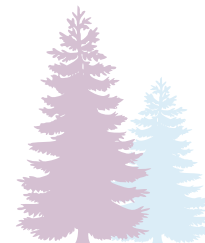
TOP BH THEMES

Workforce (<i>barrier</i>)
EHR (<i>barrier</i>)
Finances (<i>barrier</i>)

TOP PC THEMES

Workforce (<i>barrier</i>)
Finances (<i>barrier</i>)
Tools (<i>facilitator</i>)





WORKFORCE

BEHAVIORAL HEALTH

barriers

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

“ 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

PRIMARY CARE

barriers

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

“ 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

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



“ 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

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

“ There are no reimbursable interpreter services available for Medicaid patients who walk into the clinic...If providers use a different interpreter service for Medicaid patients, it is not reimbursable ”
- Behavioral Health site member

BEHAVIORAL HEALTH

barriers

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

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



TECHNOLOGY & INFORMATION SHARING

barriers

BEHAVIORAL HEALTH

Cost of EHR set up & maintenance

Unresponsiveness from primary care

42 CFR Part 2 limits SUD record sharing

Ability to capture release of information



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

PRIMARY CARE

Difficulty completing EHR-based tools during patient visit due to high case load

Inability to share records to external BH providers

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



LICENSURE

shared barriers (BH & PC)

- 1 Long wait time for state licensure
- 2 Expansive licensure requirements
- 3 Barriers related to international licensing

...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

BEHAVIORAL HEALTH

facilitator



- Policy changes easing licensure processes for mental health & substance use certifications

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

PRIMARY CARE

barrier



- Concerns primarily associated with time to obtain licensure

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

“Reimbursement for integrated training that would extend beyond covering salary and include the lost-opportunity costs to an agency of a provider being lost to production”
- Behavioral Health site member

top requested training areas

BEHAVIORAL HEALTH

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



“Resources for educating staff on coaching and engagement will be useful to advancement.”
- Behavioral Health site member

PRIMARY CARE



Internal training (workflow, use of tools)



Evidence-based tools & guidelines

“....training for staff on how best to integrate BH services...”
- Primary Care site member

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

APPENDIX A

WA-ICA Qualitative Questions

WA-ICA QUALITATIVE QUESTIONS

SUBDOMAIN QUESTION FORMAT

With your care team, please review each domain and sub-domain on the continuum of integration and select the level that best corresponds to the reality at your clinical site. *

Key Domains of Integrated Care	Sub-Domain	Preliminary	Intermediate I.	Intermediate II.	Advanced
2. Evidence based care for preventive interventions and common chronic health conditions	2.1 Evidence-based guidelines or treatment protocols for preventive interventions	Not used or minimal guidelines or protocols used for universal general health risk factor screenings care. No/minimal training for BH providers on preventive screening frequency and results.	Routine use of evidence-based guidelines to engage patients on universal general health risk factor screenings with limited training for BH providers on screening frequency and result.	Routine use of evidence-based guidelines for universal and targeted preventive screenings with use of standard workflows for f/u on positive results. BH staff routinely trained on screening frequency and result interpretation.	Systematic tracking and reminder system (embedded in EHR) used to assess need for preventive screenings, workflows for f/u availability of EB and outcomes driven programs to reduce or mitigate general health risk factors (smoking, alcohol, overweight, etc.).

If you would like, please share your thoughts or comments on this question, including any barriers you may have encountered as you assessed your organization on this subdomain and what resources are needed to advance on the continuum.

NARRATIVE QUESTIONS

1. How will advancing integration help you address health equity? *

a. 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.

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

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

4. 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.”
- 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

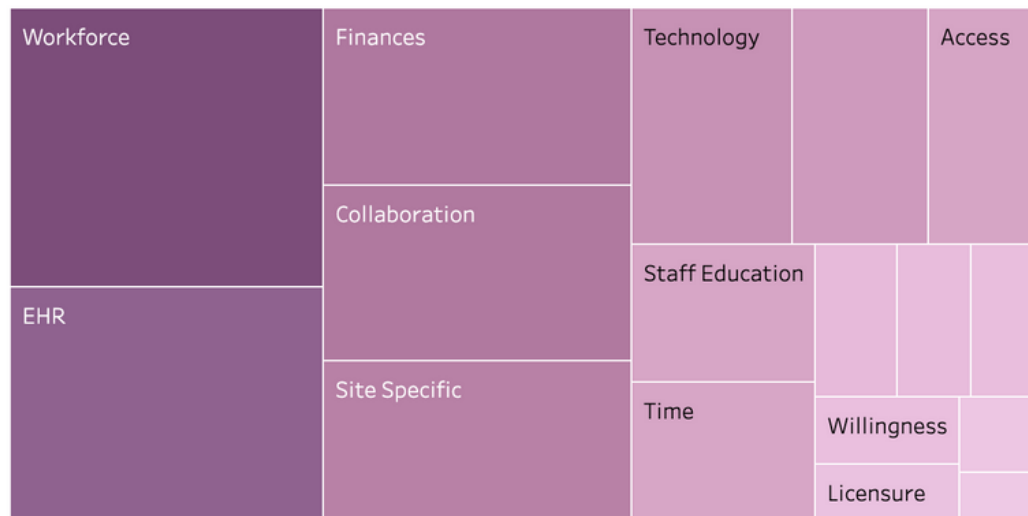
APPENDIX C

Data Visualization

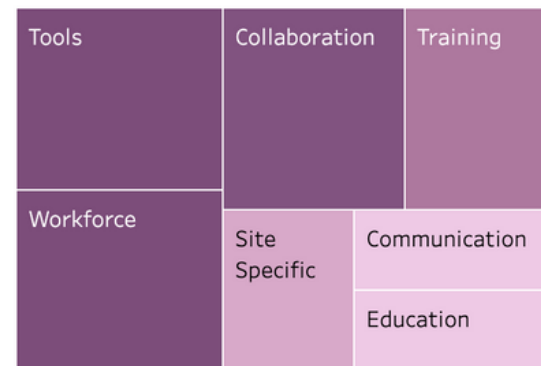
[Visual A] displays the barriers and facilitators found in the Behavioral Health and Primary Care Assessment through the analysis of the subdomains. The full interactive visual can be found at: <https://public.tableau.com/app/profile/lindsey.mcclellan/viz/WA-ICAPProjectOverview/PCBH> ✎

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

Behavioral Health Barriers

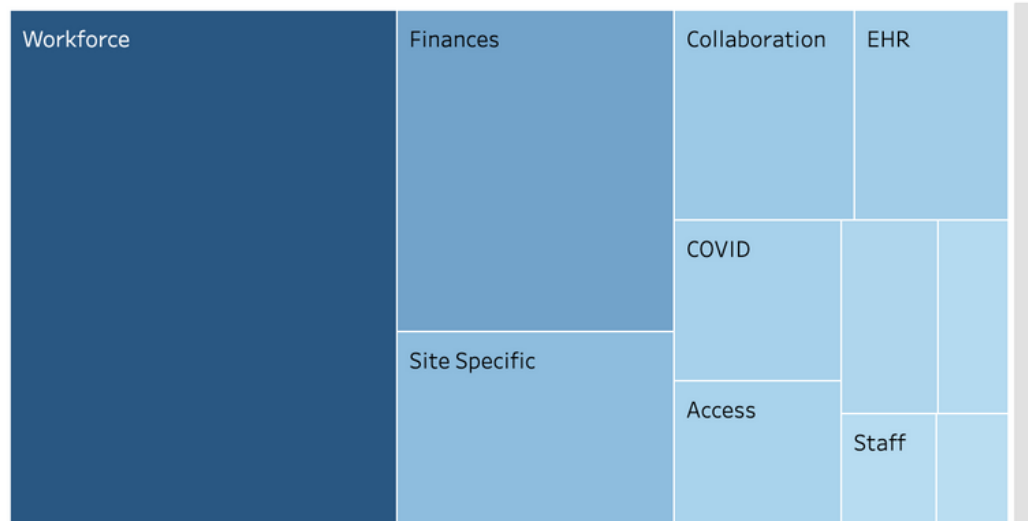


Behavioral Health Facilitators

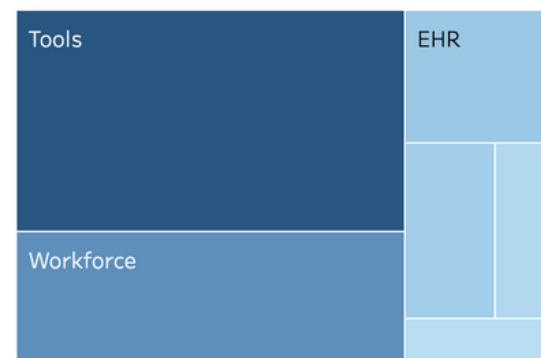


Behavioral Health
N = 126 sites
15 Subdomain Questions
430 Subdomain Short Responses

Primary Care Barriers



Primary Care Facilitators



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