Development of Evaluation Plan of the Patient Experience of Integrated Behavioral Health Care in Family Medicine

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Introduction

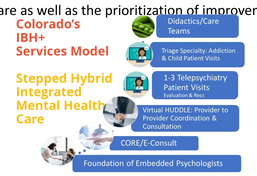
Colorado is in dire need of mental health care. One in seven Coloradoan's reported needing mental health treatment but not getting it. Barriers include access, availability, insurance, cost, staffing, and care coordination.

A potential solution to making behavioral health care more accessible and effective is by providing healthcare through an integrated behavioral healthcare model. Integrated behavioral healthcare is the systematic coordination of general and behavioral healthcare between primary care providers and behavioral health providers; this type of care blends care in one setting for medical and behavioral conditions. Integrated behavioral healthcare has been shown to be feasible and increases access for treatment, staff satisfaction, and patient satisfaction.

Integrated behavioral healthcare was implemented across seven different University of Colorado Department of Family Medicine clinics. A multiple year project was started to study its effectiveness; this study has UPL (upper payment limit) funding to include and cover all patients including patients covered by Medicaid.

The aim of this project was to develop an evaluation plan for the evaluation of the patient experience, costs of, and demand for integrated care and telepsychiatry services to help inform a value proposition and sustainability plan for the health system. An evaluation plan will help to further delineate the value proposition of the Integrated Behavioral Health model to CU medicine, guidance materials for spread to other settings, and strategies for sustainability.

While research elucidating patient perspectives of integrated behavioral healthcare is limited, it is well known that the patient perspective is key to patient care because the patient experience drives attitudes and behaviors in seeking and adhering to treatment and thus outcomes including sustainability, efficiency, and further growth of integrated behavioral health. Understanding the role of multidimensional patient-reported experiences results in identification of the most valued aspects of care as well as the prioritization of improvement.



Materials and methods

To develop an evaluation plan, methods included extensive literature review and expert interviews. Expert input was sought from clinical psychologists and researchers working firsthand in the integrated behavioral healthcare clinics involved in the project. After the literature review and expert interviews, a search and comparison of validated patient measures of the patient experience of integrated behavioral healthcare was conducted. Measures found were compared and compounded. Based on components not included in the developed measure, a patient interview guide was created as an additional component of the evaluation plan.

Development of Evaluation Plan

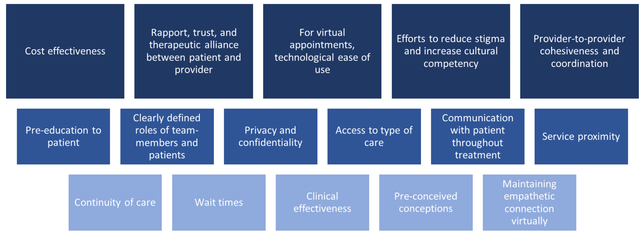


Figure 1. Extensive literature review showed the importance of the components listed. Components in top boxes were those discussed most in the literature.

Interviewee	Important Measures of the Patient Experience
Jeanette Waxmonsky, clinical psychologist and associate professor	Culture within clinic Pre-education of process to patient Destigmatization Team cohesiveness and communication Individualized treatment plan
Rodger Kessler, clinical psychologist and integrated behavioral healthcare researcher	Patient demographics Degree of patient engagement Quality of life Continuity of care Confidentiality Rapport Plan for ongoing treatment after completion
Lauren Tolle, clinical psychologist	Availability Provider to provider communication Destigmatization Patient centered care Cost effectiveness
Matt Mishkind, Deputy Director of the Johnson Depression Center and administrative director of the Stephen A Cohen Military Family Medicine Clinic	Ease of technology during virtual appointments Confidentiality during virtual appointments Pre-education of process to patient Clinical outcomes
Shandra Brown Levey, clinical psychologist and researcher	Rapport and trust between patient and provider Provider-to-provider communication Pre-education of process to patient Patient centered care Wait times Easy accessibility Ease of technology during virtual appointments

Figure 2. Results of expert interviews.

The following established patient experience and satisfaction surveys were compared and compounded based on results of above literature review and expert interviews:

- CAHPS clinician and group survey 3.0 with shared decision-making supplemental items
- Integrated Behavioral Health Partners Patient Satisfaction Survey
- Patient Satisfaction Survey from SAMHSA-HRSA Center for Integrated Solutions
- Midwest Clinician's Network Patient Experience Survey
- CAHPS ECHO Survey
- Patient Experience of Integrated Care Survey by Walker
- Telehealth Satisfaction Questionnaire by National First Nations Telehealth Research Project

Based on components not included in above measures, a patient interview guide was written to further elucidate patient experience of integrated behavioral healthcare in the Department of Family Medicine clinics. Topics that are addressed in the patient interviews include relationships between providers (cohesiveness and communication), patient centeredness, cost (insurance and billing), patient education, and health outcomes (including coping skills and future treatment plan)

Final Evaluation Plan:

- Patients invited through text/email after visits to complete patient experience survey on Redcap
- Survey respondents invited to complete semi-structured patient interviews with interview guide to gather further insights into experiences
- Mixed methods analysis of survey results and interview transcripts

Conclusions and Next Steps

The results of the survey and interview guide will help guide the integrated behavioral healthcare model currently being used at the University of Colorado Department of Family Medicine clinics. With some changes, this evaluation plan has been adopted and surveys and interviews have been completed. Qualitative and quantitative analyses are currently being conducted to assess survey and interview results.

Initially these surveys and interviews have shown:

- IBH increases access to in person and virtual behavioral healthcare
- Patients receiving IBH via in-person vs telehealth services has similar experiences and outcomes
- Strategies for improving the implementation include addressing scheduling challenges and better communicating to patients how behavioral health providers and primary care clinicians collaborate as part of an integrated care team

Future directions include ongoing re-evaluation of plan as it is used as well as conducting, analyzing, and sharing results of the surveys and interviews with the operations team of the project to ultimately make the necessary changes to improve patient care and expand the use of the model.

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