Rural Integrative Care Planning in Sullivan County, New Hampshire

Readiness Study Results:
Attitudes of Patients, Primary Care Providers, and Medical Administrators Toward Integrative Care at Newport Health Center

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EXECUTIVE SUMMARY

Why did we do this study? This study and report were created to help inform rural integrative care planning efforts by Antioch University New England's Center for Research on Psychological Practice (CROPP). Currently, planning is focused on developing a model pilot integrative care project at Newport Health Center (NHC), in Newport, NH. Along with CROPP and NHC, other major stakeholders involved in the planning the NHC pilot are New London Hospital (NLH), which owns NHC, and West Central Behavioral Health (Sullivan County's community mental health center).

What is integrative care? Within primary care settings, integrative health care pairs the recognition of the fundamental unity of mind and body along with integration of mental and physical health services. The integration of mental health services within primary care can take many forms, ranging from the primary care team simply paying greater attention to mental health issues to ongoing and systematic collaboration (either on or off-site) between primary care providers and their mental health counterparts.

What did we want to find out? We wanted to assess the readiness of key Newport Health Center stakeholders for integrative care; research indicates that information about stakeholder readiness is critical to the success of any organizational change efforts.

What data did we collect? Along with demographic data, we collected information about readiness for and attitudes toward integrative care from Newport Health Center patients and primary care providers (PCP) using paper surveys (See Appendices). A total of 46 patients and seven primary care providers completed surveys.

How were the data analyzed? We used descriptive statistics as well as qualitative analysis of open-ended responses.

What did we find? Most NHC patients and PCP's were positively inclined toward integrative health care. Most patients had previous contact with mental health professional and at least a somewhat satisfactory experience with mental health care. Further, NHC patients were generally positive about the prospect of receiving mental health care at NHC. In contrast, PCP's previous experiences with their mental health counterparts were generally not that satisfactory; nevertheless, they still viewed the prospect of integrating mental health care within NHC very favorably. In sum, given proper responsiveness to the expressed attitudes and needs of PCP's and patients (along with surmounting the remaining financial barriers!), it appears that NHC is motivationally "ready" for a successful integrative care pilot project.

How will the results be used? By identifying perceived barriers and advantages to the integrative care, we can help to shape this implementation project to best fit the needs of patients and PCP's at NHC. Pages 7-9 contain a series of recommendations about how to make integrative care as responsive as needs of patients and PCP's at NHC. These recommendations focus on the desired characteristics of a successful mental health professional in the primary care world, ideas about recruiting and hiring a mental health professional, strategies to continually reflect on and improve the integrative care model, and thoughts about how to make mental and behavioral health interventions maximally responsive to NHC patient needs.

DETAILED FINDINGS

PATIENT-SPECIFIC FINDINGS

In addition to basic demographic data, we asked patients to report aspects of their prior experiences with mental health care and their current attitudes toward receiving mental health services within their primary care setting.

Demographics

A total of 46 patients answered the survey. Of these, 76% were female and 24% were male, with ages spanning 16 to 88 years old. The demographic makeup of our patient sample was 89% Caucasian, with 11% reporting their race/ethnicity as Native American/American Indian (it is not clear whether this 11% mistakenly reported themselves as Native American instead of Caucasian – the latest census estimates indicate that only 1% of Sullivan County residents identify as Native American). Most respondents (57%) had completed high school, while 20% attended some college, 20% obtained a college degree, and 2% held a graduate degree. Most respondents came from low to middle income levels; 25% reported an annual household income of $24,999 or less, 40% reported an income between $25,000 and $49,999, 16% reported an income of $50,000 to $74,999, and 9% reported and income of $75,000 and over. Most patients utilized NHC fairly frequently, with 61% of patients reporting at least one or two visits per year, and another 33% reporting at least one or two visits per month.

Previous Experience with Mental Health Care

Of the 46 patients that responded to the survey, *61% reported some previous experience with a mental health provider,* mostly in either community mental health clinics (44%) or private practice (37%); in addition, *a sizable minority (15%) of NHC patients were seen for mental health reasons in a hospital or emergency services setting*. Patients had seen a wide variety of mental health professionals; 61% had experience with a counselor, 39% reported experience with a psychiatrist, 29% with a psychologist, 14% with a social worker, and 4% with a psychiatric nurse practitioner. About 21% were unsure what type of mental health provider they had seen.

The *most prevalent reasons reported for patient mental health care were anxiety and depression (52%), family and relationship concerns (37%), substance abuse (19%), and attention/ADHD related issues (19%).* Medical issues (4%) and a variety of "other reasons," such as grief and insomnia, were also reported (11%).

Most *patients reported being at least somewhat satisfied with previous mental health services*. Specifically, 14% were extremely satisfied, 45% were satisfied, and 31% were somewhat satisfied with the quality of care they had received from mental health professionals, whereas 10% were not at all satisfied. Patients most commonly gave the following reasons for their positive experiences with mental health care:

- Helpful and effective medication management

- Provision of psychological tools to help patients manage mental health problems
- Provider availability and satisfactory follow-up care

Patient Attitudes toward Integrative Care

Overall, *patient attitudes toward integrative care were generally positive, with the majority of respondents indicating that they would feel comfortable being involved in some form of integrative care within NHC*. Because the integrated care project hopes to implement a stepped care approach in which the most severe cases related to mental health receive the most intensive services, we asked patients to respond to a series of questions designed to assess their comfort with varying levels of integrated care. *Although the notion of meeting with a mental health provider in a medical setting was at least somewhat comfortable to most patients (82%), it was not comfortable to a significant minority (18%).*

Receiving mental health treatment from your doctor or nurse	
not at all comfortable	12%
somewhat comfortable	24%
comfortable	**38%**
extremely comfortable	26%

Receiving a referral to counseling or other mental health services from your doctor/nurse	
not at all comfortable	10%
somewhat comfortable	22%
comfortable	**46%**
extremely comfortable	22%

Having your doctor/nurse consult regularly with a mental health provider regarding your care	
not at all comfortable	10%
somewhat comfortable	15%
comfortable	**54%**
extremely comfortable	21%

Being seen by a mental health provider within your medical clinic	
not at all comfortable	18%
somewhat comfortable	10%
comfortable	**59%**
extremely comfortable	13%

Being contacted by a mental health provider for follow-up care	
not at all comfortable	10%
somewhat comfortable	21%
comfortable	**51%**
extremely comfortable	18%

PRIMARY CARE PROVIDER-SPECIFIC FINDINGS

In addition to basic demographic data, we asked primary care providers about their professional experiences collaborating with mental health providers, their attitudes toward integrative care, and the pros and cons of integration from their perspective.

Demographics

A total of seven PCP's answered our survey. Ages of PCP's spanned 47 to 60 years old, and three respondents were female and four were male. The average time spent practicing in Sullivan County was 13 years, out of a total average of 22 years practicing overall. Five PCP's identified themselves as adult and family practitioners, three reported working with the pediatric population, and three identified themselves as serving all three of these populations. Six PCP's identified themselves as Caucasian and one as Asian. The PCP sample consisted of five medical doctors, one nurse practitioner, and one physician's assistant.

Previous Professional Experience with Mental Health Care

Most of the PCP's reported previous collaboration, at least at a minimal level, with mental health providers. Six of the seven PCP's reported professional collaboration with a mental health provider at a frequency of at least once or twice per month, and one reported collaboration only once or twice per year. PCP's collaborated mostly with psychiatrists and psychologists, though four reported working with counselors, three with social workers, and two with psychiatric nurse practitioners. All PCP's described collaboration in the form of direct referrals to mental health providers, and several reported phone consultation to help assess patient needs (4), phone consultations to help with the PCP's treatment (3), and meeting in person with a mental health provider to help with patient assessment and treatment (1).

On average, PCP's reported marginal levels of satisfaction with their mental health counterparts. Three of the seven PCP's surveyed reported that they were not at all satisfied with their interactions with mental health providers to date. Of the other four providers, two stated that they were somewhat satisfied and two satisfied with collaborations with mental health care.

Overall, the lack of PCP satisfaction with mental health providers revolved around the perceived lack of responsiveness and effectiveness of the mental health providers. More specifically, PCP's reported the following reasons for lack of satisfaction with their mental health counterparts:

- Lack of access to mental health care: e.g. affordable counseling, reimbursement, availability of providers, no professional relationships with local providers
- Insufficient feedback from mental health providers on referrals from PCP's

- Rigidity of mental health provider treatment plans; i.e. lack of flexibility to meet patient needs
- Lack of noticeable results from mental health treatment

Attitudes Toward Integrative Care

Overall, most PCP's were very positively inclined toward integration both in general and at NHC. The majority of providers reported that they were interested in further integrating mental health care into their medical practice. Of the seven respondents, three indicated that they are already somewhat integrating mental health care into their practice and three reported that they are partially integrating such care. These providers described their integration efforts as follows:

- "I try to have open communication between myself and mental health services if the patient will allow it. I frequently use mental health services as an adjunct to medications for mental health issues, family issues, substance abuse, etc."
- "Some minimal office based counseling, brief interventions"
- "[Mental health care] done personally during office visits"

PCP's were asked several questions about their willingness to contact mental health providers. PCP's expressed a willingness to contact mental health in the following situations:

	# PCP's
When I feel my patient needs mental health services	7
When my patient asks for mental health services	4
When I am unsure or unfamiliar with the nature of my patient's symptoms and how to treat them	4
When my patient requests that I consult with his or her mental health provider	4
When conventional medical treatments do not alleviate the patient's symptoms	3
Other: "Management of medication or need to reevaluate medications"	1

Advantages and Barriers to Integrative Care

PCP's were asked to list up to 10 advantages and barriers to integrative care and to rate the importance of each on a scale of 1-5, with 1 being "not important at all" and 5 being "extremely important." *On average, PCP's reported that the advantages of integrative care outweighed the barriers by 4 to 1, indicating a high level of readiness for integrative care.* In each case in which the respondent provided ratings, the numerical value of the advantages noticeably outweighed that of the barriers. This indicates that PCP's at Newport Health Center are "ready" for integrated care and would likely support its implementation at their site, even given the significant barriers and difficulties.

Several major themes about the advantages and barriers to integrative care were also identified:

Advantages	Barriers
More accurate assessment and diagnosis	Mental health services already exist
Improved communication between PCP's and mental health providers	Increased cost; poor reimbursement for mental health services
Opportunity for better case management and follow-up	Difficulty in recruiting qualified mental health providers to region
Quicker and easier referrals	Lack of office space
Team approach to treatment; co-management of difficult problems	
Relief of PCP caseload	
More time for patient care	
Improved medication management	

IMPLICATIONS AND RECOMMENDATIONS

The study results indicate that patients and PCP's at NHC are generally "ready and willing" for integrative care. Patients reported significant mental health concerns, generally positive impressions of mental health services, and general comfort with the prospect of receiving mental health care at NHC. For their part, PCP's were enthusiastic about the prospect of integrative care at NHC. At the same time, these results also highlight two potential impediments to integrative care at NHC that warrant attention: 1) The sizable minority (18%) of patients who did not feel comfortable meeting with a mental health professional at NHC and 2) PCP's generally unsatisfactory experiences with their mental health counterparts to date. Consistent with the professional literature, these results suggest that integrative care can succeed at NHC if it adequately responds to the needs of PCPs and patients alike. With that in mind, we offer the following recommendations:

First, by virtue of training, experience, and/or native ability, any mental health professional embedded within NHC would ideally possess a number of key knowledge structures, abilities, and skills in order to be maximally responsive and effective in working with PCP's and primary care patients alike:

- Cultural responsiveness, including knowledge and understanding of primary care culture and a willingness and ability to adapt to it along with empathy and compassion for the plight of the rural/poor in NH.
- Effective communication skills, including the desire and ability to rapidly and effectively "on the fly" in a clear, direct, and concise manner.
- Strong relationship and social skills, including warmth, openness, listening skills, collaboration and conflict resolution skills, and the ability to work as part of a team.

- Strong clinical intervention skills appropriate to primary care, including effective use of brief and targeted interventions; advanced psychopharmacological knowledge; and the ability to provide “on the spot” consultation to PCP’s and patients alike.

Second, attracting and hiring the “right” mental health professional(s) for NHC will be critical. Beyond the basics such as salary and fringe benefits, it will be important to be creative about recruiting and attracting qualified applicants to NHC. For example:

- Highlight the natural beauty and rural lifestyle of Sullivan County (and advertise in outlets most likely to appeal to those desiring such as lifestyle).
- Use networking contacts to proactively identify promising candidates.
- Investigate the possibility of that NHC behavioral health specialists would qualify for loan repayment programs.
- Highlight the potential for supervising and training graduate students
- Emphasize the prospect of being a “pioneer” in an up-and-coming area of mental health service
- Remember that the skills and abilities delineated in the first recommendation are more important than overall level of clinical experience or even primary care specific training/experience per se.

Third, ongoing communication, development, training, culture building, and evaluation of the integrative care model will be crucial in maintaining and improving services and retaining mental health (and primary care) providers over time. In that vein, it seems important to

- Develop a strong “co-training” model among NHC staff.
- Invest in sending any NHC mental health professional(s) to a formal integrative care training certificate program conducted by Sandy Blount.
- Help mental health professional network and consult with other mental health professionals in similar positions.
- PCP’s and mental health providers should continually collaborate on developing a shared vision for integrative care at NHC.
- Effective and ongoing means of formal (e.g., EMR) and informal (hallway consults) communication are developed and maintained.
- Program evaluation in integrated into the integrative care model in a way that provides meaningful feedback about the success of the program over time

Fourth, several strategies can help tailor NHC’s integrative care model to the needs of their patients, including those who currently feel uncomfortable about the prospect of receiving mental and behavioral health care within NHC.

- Basic and consistent patient education about mental and behavioral health care may help many clients more readily accept a referral to an in-house mental health

clinician. This education should be done via formal (e.g., written pamphlets, posters) and informal channels (e.g., in conversation with their PCP).

- Labels such as "behavioral health specialist" rather than "mental health counselor" or "psychologist" may increase patient comfort with accessing mental health care within NHC.
- NHC PCP's must feel knowledgeable and confident with the mental and behavioral health care offering at NHC; make in house mental and behavioral health referrals to patients in a direct and straightforward manner; and respond in a patient, encouraging, and open manner to client resistance and concerns.
- Once a patient makes initial contact with the behavioral health specialist, of course, his or her continued utilization and promotion of this service will hinge largely on the extent to which they feel understood and helped within this initial contact. Thus, it is critical for the behavioral health specialist to rapidly establish rapport and respond quickly, directly, and pragmatically to patient's most pressing needs and concerns.
- Identifying and developing proficiency in one or two short-term and present-oriented models of behavioral health intervention appropriate for primary care will enhance the effectiveness of clinical interventions and provide a shared language for communication between the behavioral health specialist, PCP's, and staff at NHC over time.
- Our results suggest that NHC patients suffer from the same kinds of problems as patients in specialty outpatient mental health settings and that these problems are severe enough to warrant Emergency Room/Inpatient services at times (15% of our survey participants). Should these results be confirmed via a more thorough review of patient mental health presenting problems, it suggests that the use of a stepped-care approach to treatment, in combination with evidence-based models for the treatment of depression, interpersonal problems, and substance abuse, should prove maximally responsive for NHC patients.
- Patients reported that effective medication management, coping tools, and the availability of mental health providers and follow-up care were essential elements of positive interactions with mental health care. Thus, NHC's integrative care model should attend not only to behavioral health consultation and short-term mental health interventions, but also to care management functions.