

Texas Learning Community on Integrated Health Care: Coming Together to Advance the Adoption and Acceleration of Integrated Health Care in Texas

In recent decades providers have been working to improve the coordination of health care to people with multiple health conditions. Emerging from their efforts is integrated health care, the systematic coordination of primary care and mental health services. This approach offers a more effective, and potentially more efficient, way of delivering holistic and coordinated health care.¹ Integrated health care also has the potential to enhance access to care and minimize the stigma associated with seeking mental health services.²

The Hogg Foundation for Mental Health funded the Texas Learning Community (TLC) on Integrated Health Care from 2009-2011 to advance the adoption and acceleration of integrated health care in Texas. Learning communities are groups of people that come together over time to acquire and share knowledge about a common goal while individually furthering their own projects.³ The TLC was coordinated by Mental Health America (MHA) of Greater Houston and had additional funding from The Meadows Foundation. The TLC brought together primary and mental health care provider organizations from throughout the state to share their approaches and learn more about strategies to implement integrated care in their communities. This summary report serves as an account of these efforts and the factors that promoted or challenged the implementation of integrated health care at the participating organizations.²

As part of the collaboration, participating programs had access to webinars and expert consultation, as well as the opportunity to conduct site visits of model programs and attend a TLC conference each year. There were some changes in the composition of programs participating in the learning community over the grant term, with 11 programs participating in the first year (2009-2010) and 18 programs participating in the second year (2010-2011).² Programs ranged from community-based partnerships to stand-alone organizations, all providing some level of integrated health care.

MHA of Greater Houston contracted with two local firms, Sage Associates, Inc. in the first year and Working Partner, LLC in the second year, to conduct an assessment of the learning community.^{2,4} This report focuses on the programs' implementation of integrated health care and the learning community components. Implementation findings include information gathered from monthly phone calls, survey feedback, meetings at the conference and end-of-year interviews. The learning community component findings include the results from a survey regarding the helpfulness of technical assistance offered as part of the grant program.⁵ Thirteen of the 18 programs participated in the evaluation.

KEY IMPLEMENTATION FACTORS OF INTEGRATED HEALTH CARE

LEADERSHIP. TLC participants cited support from their administrators as an important aspect in the implementation process. When a program's leadership was committed to integrated care and willing to devote resources to its implementation, the process rolled out smoothly. The loss of leadership was a central challenge for some TLC participants. In particular, two programs had years of collaborative work invested in their integrated care partners, but the loss of leadership at each of their partner agencies caused collaboration around integration to lose priority in relation to other issues at that agency, thereby weakening the overall effort.² In addition, staff turnover, particularly in leadership positions, made integration more difficult.^{2,5}

RESOURCES. Financial and staffing resources played an important role in efforts to implement integrated care. Some partnering organizations had capital funds dedicated to facility development. Having integrated care in mind when planning facilities seemed to accelerate implementation efforts. Other TLC participants received Substance Abuse and Mental Health Services Administration integration grant funds or committed their own resources that allowed shared access to psychiatrists through telepsychiatry.² The most commonly cited challenge was the lack of resources to adequately staff programs.^{2,5}



ORGANIZATIONAL CULTURE.

Primary care physicians are important partners in integration, yet traditionally their focus has not been on mental health care, and time constraints often pose a challenge to their full participation in coordinated care. In some cases, organizations reported that working with nurse practitioners, whose holistic approach to care is open to and compatible with integrated care, was more conducive to an organizational culture supportive of integrated care.² Other programs reported that balancing medical and mental health service delivery was a challenge.^{2,5}

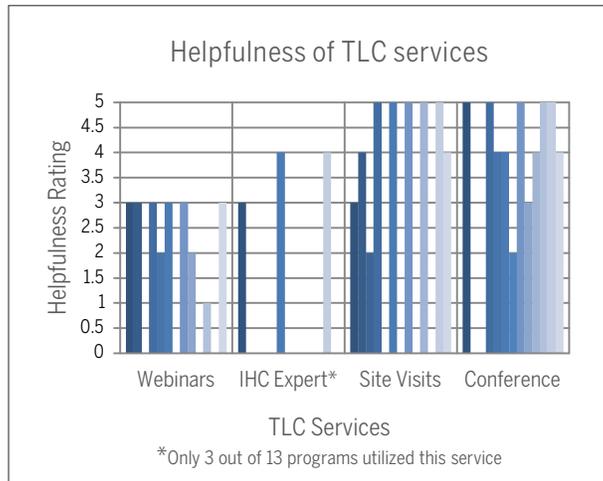
PLANNING. Several TLC participants underwent extensive planning processes for implementing integrated care. Agencies that emphasized planning felt that the process provided an opportunity to set goals and kept them on track with their integration efforts.² Many programs noted lack of time for both planning and implementation activities as a barrier.^{2,5}

LEARNING COMMUNITY COMPONENTS

SITE VISITS. TLC participants were presented with the opportunity to make site visits to agencies that were further along in providing integrated care. Every TLC participant that attended emphasized how important the site visits were to their efforts. Several TLC participants noted that the site visits were critical to their understanding of how integrated care should be implemented, and expanded their program's vision and goals for integrated care.²

TLC CONFERENCE. According to survey results, in addition to the site visits, participants found the TLC conference to be a helpful component in assisting in their integration efforts. In addition to the value of seeing other successfully integrated sites, programs reported that meeting and talking with others at the conference supported their implementation process.² Multiple programs asked for additional opportunities to share with other programs in the future.

EXPERT CONSULTATION. Peer learning was far preferred over expert assistance. Only three programs utilized the expert consultation.⁵ Evaluation results suggest that program readiness for consultation impacted utilization. TLC



participants were at distinct stages in their integration process and some programs reported not fully understanding how to apply the expert feedback. The results suggest that adapting consultation and other technical assistance to programs' developmental stage may prove beneficial, increasing utilization and enhancing learning. In addition, assessing programs' level of readiness may be an important step in designing

technical assistance services.

WEBINARS. Although some programs reported that the webinars were helpful, many TLC participants felt the instructional content of the webinars did not match their learning needs.⁵ Programs expressed that the webinars duplicated information they already received from other sources and that topics were either too elementary or too technical. This feedback reinforces the idea that technical assistance services should fit each program's needs and stage of integration.

CONCLUSION

The TLC evaluation highlighted important lessons for integrated health care learning communities. Leadership, resources, planning and organizational culture were found to be key factors for successful implementation. With respect to technical assistance provided through the TLC, programs reported that learning from each other through site visits and meetings were most helpful.² The evaluation suggests that programs' level of readiness may impact utilization of and satisfaction with certain types of technical assistance.⁵ The evaluation findings were limited by certain factors; only two programs utilized every service offered by the learning community and programs and evaluators shifted between the first and second year. Due to fluctuations in the TLC membership and the lack of a standardized measure to assess progress toward integration, outcomes of the learning community were difficult to capture. Regardless of its limitations, this report serves to highlight lessons learned about integrated health care implementation and technical assistance that may support these efforts.



REFERENCES

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3. Grantmakers for Effective Organizations and Research Center for Leadership in Action, NYU's Robert F. Wagner Graduate School of Public Service (2012). *Learn and Let Learn: Supporting Learning Communities for Innovation and Impact*.
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THE HOGG FOUNDATION'S INTEGRATED HEALTH CARE INITIATIVE

The Hogg Foundation's work in the area of integrated health care began in 2006 with the award of \$2.6 million in three-year grants to bring the "collaborative care" model of integrated health care to several clinics in Texas. Several models to integrate physical and mental health care are in use in the U.S. The collaborative care model places a primary care physician and a mental health professional at the same site to improve access to both types of care. The model proved so successful that most of the grantees continued using it after the grant ended. Read the executive summary of our evaluation at <http://bit.ly/CollaborativeCareExecSummary>.

In August 2012, the Hogg Foundation awarded \$720,950 to support the planning and implementation of integrated mental and physical health care programs at 10 organizations across Texas. Five organizations in the early stages of adopting an integrated health care program received up to \$25,000 each to support their planning process. After one year, these grantees will be eligible for a second year of funding upon successful completion of the planning activities. Five additional organizations that are further along in implementing integrated health care were awarded up to \$100,000 each over a two-year period to advance their integrated health care efforts. One organization will receive both types of grants.

To read more about our integrated health care initiative, please go to: <http://bit.ly/HoggIntegratedHealth>.