Health Professionals' Reflections of the Transforming and Expanding Access to Mental Health Care in Urban Pediatrics (TEAM UP) Initiative

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RESEARCH OBJECTIVES

- 50% of mental health disorders begin during childhood, but ~80% of US children who need behavioral health services do not receive them[a]

- Integration of behavioral health services in pediatric primary care can enable access to these services[b]

- This study explores pediatric health professionals' perspectives about the impact of behavioral health integration (BHI) on community health center (CHC) pediatric health services, which may help guide sustainability of the model

RESEARCH QUESTION

How have CHC providers and staff participating in TEAM UP experienced the implementation of pediatric behavioral health integration?

POPULATION STUDIED

Primary care providers (PCPs), behavioral health clinicians (BHCs), community health workers (CHWs), and other CHC staff were interviewed about the impact of BHI on their practice.

Table 1. Number of Participants by Role

PCPs	BHCs	CHWs	Other staff*	Total
9	9	7	10	35

*Other staff included nurses, medical assistants, and administrative staff

METHODS

- 35 semi-structured interviews with health professionals from 3 CHCs participating in TEAM UP – a collaboration between researchers and clinicians to develop a model of BHI in pediatric primary care – conducted between January and March 2019

- Interviews were conducted at the end of a three-year process of co-development, implementation, and evaluation

- We selected the relational coordination (RC) conceptual framework to frame the results and analyze how components of the RC framework facilitated or inhibited relationships and workflows that led to BHI at the 3 sites

- RC posits that relationships shape the communication vital to successful coordination

- RC focuses on shared goals, shared knowledge, and mutual respect, & the extent of their frequency, timeliness, accuracy, and problem-solving nature

PRELIMINARY RESULTS

Four preliminary themes serve as drivers (as well as inhibitors, if absent) of successful BHI. Themes include the importance of CHC staff and leadership buy-in to the BHI model; mutual respect among colleagues; effective communication among healthcare professionals; and the importance of CHWs, each of which relate to the RC framework[c] (see Figure 1).

Figure 1. RC Domains and Emergent Themes
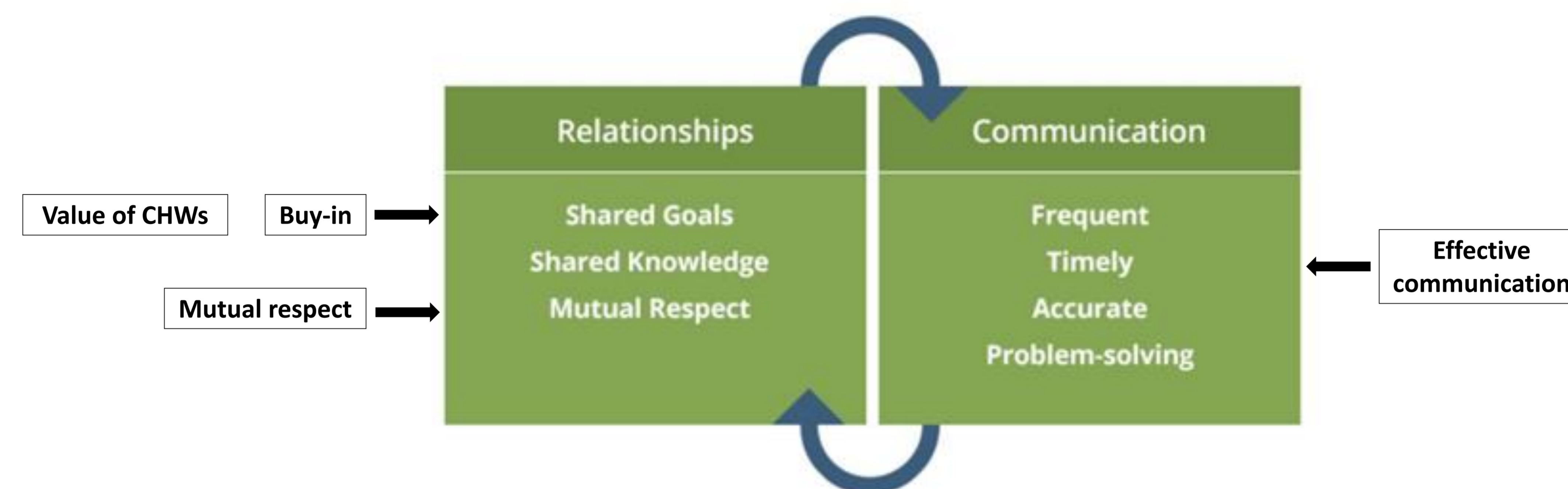
Theme 1: CHC Leadership Must Buy In to the BHI Model

"It's so critical to have leadership backing so that when space gets tight you can say, 'Those social workers and community health workers should be right there…right where the patients are,' 'cause the temptation is always going to be to move them out and put some dermatologist or someone there who's going to be making more money. So, to have leadership backing things, 'This is core to our mission, this is core to providing patient-centered care,' particularly in an accountable care era is so, so important." -PCP, CHC 2

Theme 2: CHC Providers and Staff Must Embody Mutual Respect

"…just working with the doctors and the nurse practitioners, I don't feel like a sense of like power dynamic between us which is really nice. Like, they respect our role, we respect their role and it's not like the doctors are above us…" –BHC, CHC 2

Theme 3: CHC Teams Must Communicate Effectively

"…now I'm pre-visit planning with people before the day starts and knowing who's gonna come in and what we think we're gonna do for those who are actively involved with both [the PCP and BHC]. I'm helping them anticipate people who I know are coming in who I think might need their support, and then after they see someone when we're doing a shared visit there's like immediate feedback…there's a lot more in the moment that day, knowing like okay, I'm going to do this, this is when I'm going to see them next. The plan is to have the therapist see them a few times before me. They'll let me know if anything crazy is going on with the meds but otherwise I'll see them for their next med visit in a month or something like that. So, it feels like much tighter –that's changed day-to-day." –PCP, CHC 1

Theme 4: CHWs Are an Integral Part of BHI

"What I'm worried about is the loss of the community health workers 'cause they play such an important part in helping a lot of our low-education, low-resource families in helping them with so many things – whether it be food pantries; furnishings for their home, you know, connecting them with the WISH Project; helping them figure out how they sign up for WIC; homelessness; how they sign up for kindergarten, preschool, everything. I mean, we have one that coordinates between early intervention and us and we have monthly meetings… I'm just really afraid if we lose them I don't know what we'll do…" –PCP, CHC 3

IMPLICATIONS FOR POLICY AND PRACTICE

- RC holds the potential to impact implementation of BHI at pediatric CHCs

- Additional research is needed to understand limitations to integration from health professionals' perspectives

- A better understanding of limitations from the patient/caregiver perspective is needed to ensure that integration meets the needs of its patients

CONCLUSION

Buy-in to the BHI model, mutual respect, and effective communication among providers and staff enabled the execution of workflows and positive work environments. The value of CHWs emerged as a concept that not only facilitated integration, but highlighted their importance for patient care.

REFERENCES

[a] TEAM UP for Children. Available at: https://www.teamupforchildren.org/about-us. Accessed 21 July 2020.

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[c] Relational Coordination Analytics. Available at: https://rcanalytic.com/rctheory. Accessed 21 July 2020.

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