Increasing Attitudes of Integrated Care and Decreasing Workplace Shortages

Carrie G. Watson, MC, DBH
Lecturer, Arizona State University

Colleen Clemency Cordes, PhD
Assistant Dean of Non-Tenure Eligible Faculty Success, Arizona State University

Introduction

Workplace Shortages

• The need for integrated care is well-established in the research as seen by the expected realignment of previous provider roles which helps to address the workplace shortages that currently exist in the healthcare field.

Lack of Advanced Integrated Care Training

• Currently, mental health professionals lack advanced integrated care training, which leaves these professionals to obtain on-the-job training.

Internships and Attitudes

• Examining the relationship between internships, the attitudes of the stakeholders at integrated care healthcare clinics, and degree of integration is a necessary step to ensure that the hands-on learning is achieving the necessary goals for both parties.

Description of Setting

• 177 active integrated care internship sites that are approved for internships through the ASU DBH program.
• The sites that have also submitted PIP data will be utilized as the locations from which this study gathered data.
• The survey was sent to 220 participants; two at each of the internship sites.
• Twenty percent responded, resulting in 45 responses from 37 internship sites.

• Including 17 (38%) medical preceptors, 19 (42%) site liaisons, and nine (20%) individuals who were unsure of their title.

Descriptive statistics regarding the sites themselves were provided from the PIP scores that were collected by the ASU DBH program.

• The total PIP scores ranged from 1 – 95.2, with high scores representative of a high degree of integration at the site, and reported in ranges. Of the 37 internship sites that responded to the survey, one (3%) had a total PIP score in the 90-100 range, six (16%) had a total PIP score in the 80-89 range, one (3%) had a total PIP score in the 70-79 range, 11 (30%) had a total PIP score in the 60 – 69 range, seven (19%) had a total PIP score in the 50-59 range, four (11%) had a total PIP score in the 40-49 range, two (5%) had a total PIP score in the 30-39 range, three (8%) had a total PIP score in the 20-29 range, one (3%) had a total PIP score in the 0-10 range, and one (3%) had a null score.

Results

• A non-significant result was found for the relationship between the internships sites PIP scores and the total combined score of the three subscales of the AIHCS. It is possible that the level of integration as measured on the PIP scale is not an adequate variable to determine a relationship within the AIHCS due to confounding variables that were not taken into consideration during the initial survey, such as lack of specification of population served as well as small sample size due to low response level.

• A non-significant result was found for the relationship between the length of time a site hosted an ASU DBH intern and the total combined score of the three subscales of the AIHCS. The length of time that a site hosted ASU DBH interns may have been too broad of a variable in order to gather a significant result.

Although the initial regressions were found to be not significant, post hoc analyses found some interesting trends to investigate further.

• For example, as the scores on the reasons for integration subscale increased, the PIP scores also increased. It is possible that continual improvement of integration efforts, and even PCMH certification, could provide important benefits to organizations while also improving the perception of their integrated care site. In turn, this could lead to a greater workforce in integrated care as well as increasing positive attitudes and therefore higher levels of integration.

• In additional post hoc analyses of the individual questions, there were four which were showed a trend to significance (p = .10) and should be investigated further. When correlated with the PIP scores, the AIHCS question which asked if integrating health care should be the top priority of health systems, there was a trend toward a positive correlation with the PIP.

• Additionally, the AIHCS question regarding inter-agency collaboration and interdisciplinary teamwork were needed for integrated care to be successful, there was a trend toward a positive correlation.

• The AIHCS question which asked participants if integrated health care would be most effective providers related to perceptions.

• In the study where the PIP score survey was given at a different point in time from when the attitudes survey was given, the data may be taken by two different individuals which may complicate the perception results.

• Finally, there was a trend towards correlation between the length of time a site hosted an intern whether participants believed that providing services through integrated systems decreases overall health care costs.

• These findings could be utilized to help the ASU DBH program to better evaluate the internship experience as an intern may gain more supportive training in integrated care if the site has a higher PIP score.

Future Research Possibilities:

• In future research, it may be important to gather PIP scores and the AIHCS from the same individual as this may allow for greater correlation and reduce possible confounding variables.

• In the study where the PIP score survey was given at a different point in time from when the attitudes survey was given, the data may be taken by two different individuals which may complicate the perception results.

• Another possible extension of this research would be to look more closely at the differentiation in answers between the preceptor and the site liaison to determine if there is an attitude differential between the two positions.

• It would also be beneficial to break the data down further by type of profession (e.g. behavioral health, medical doctor, nurse, etc.). Professionals from a large number of different professional and higher education training programs may have varying degrees of exposure to integrated care, thus influencing their perceptions and the study results.

• A more expanded study could generalize this research to look at other higher education programs that do not focus on integrated care to consider if IPE in these programs, and internships at integrated sites would help positively increase attitudes toward integrated care in both the sites as well as the higher education training programs, which in turn may help decrease the workforce shortage in these fields.

• The attitudes of the patients could provide significant information into the dynamic that occurs between patient and provider, thus considering the confounding variables of patient interactions with providers related to perceptions.