INTEGRATION ACTION FRAMEWORK

make health whole INTEGRATING CARE. IMPROVING LIVES.

EUGENE S. FARLEY, JR. HEALTH POLICY CENTER

Introduction

Behavioral, physical and social health are inextricably intertwined; fragmentation of care into these artificial categories creates barriers to optimal whole person health. Integration is a solution to fragmentation. Policies and systems are needed to address the wholeness of a person, their physical, mental and social health in the context of family, home, community and the health care system.

To Make Health Whole is to transform delivery of care to normalize and elevate the standard of care to include integrated behavioral health in community and health care systems.

Recognizing that health is the whole person requires a shift in culture and perspective at every level, from within an individual, to external forces that more broadly affect our health. All sectors have an audience to engage around health. To initiate a cultural shift, three key audiences, each with critical spheres of influence are needed to advance integrated behavioral health: policy makers/state policy agencies, payers and insurers of health care, and philanthropic organizations that support behavioral health and policy initiatives.

Addressing fragmentation and moving policy forward is achievable, employing a series of tools and tactics to organize stakeholders for action. The Integration Action Framework provides a starting place to advance policy for integrating behavioral health. The Integration Action Framework begins wherever you are; whether you have been working for years to integrate behavioral health, or beginning a new effort, it can be applied within your current environmental context to advance your policy objectives.

Purpose

To articulate for partners and stakeholders a logical progression of steps for advancing policy toward integrated behavioral health in their own working environment, community, region or state.

The Integration Action Framework applies fundamental principles of bringing people together in action, through this natural progression:

1. Articulate the key problem(s); this may include experiences that give rise to the need for integrated health services or barriers to integrating care
2. Identify and collect information and data (quantitative and qualitative) that confirms, illustrates, illuminates, or clarifies the problem(s) and points to potential policy solutions; clarify what is cited as evidence related to the problem
3. Develop a narrative from the problem statement and the relevant information about it to shape a story that stakeholders can readily understand and begin to relate to—that provides direction and focus for leaders and decision makers, and sets a course for action
4. Deliver messages derived from the narrative that are tailored to specific audiences and opportunities, using engaging products and accessible modalities to share the story, enrich it, and amplify it
5. Create a work plan with partners so that they move forward purposefully and confidently to advance policy for integrated care

Implementation

1 Articulate the key problem(s)

A critical element to getting started is identifying who has and cares about the problem—who is defining the problem and who comprises the circle of people who need a shared view of the problem, acknowledging both their experiences and expertise.

- Know the players and the state: Learn who is on the scene doing what—their roles, charges, and assets they have at their disposal. Get a sense of the context and lay of the land within state agencies, policy makers, philanthropy, and payers; identify other partners working in the state to advance integrated behavioral health; identify gaps and redundancies in technical, adaptive, and/or leadership assistance. Use the Integration Networking Tool to identify potential partners and record information making it easier to see who may need each other and how they could work together. Then, help build relationships that can lead to collaboration.

Examples: Key informant interviews, potential partner surveys, published work from existing networks, site visits that include stakeholder meetings, web searches and other ways to get to know the players

This activity is expected to be different in each state or community and among different potential partners; even so, partners often need to come together in a strategic and practical way.

- Know the policy: Learn about viable policy options. Identify and describe a menu of policy opportunities, considering timeliness and feasibility

Examples: Key informant interviews, stakeholder meetings, policy analysis

- Know the politics: Policy is entangled in politics. With an understanding of the stakeholders and the landscape, it is essential to learn more about incentives and barriers related to the success of advancing particular policy. Historical context as well as current conversation will help inform the political perspective in relation to the identified problem.

Who are the potential partners for advancing integrated behavioral health in a given state?

This is different from state to state. But each state has a wide range of potential partners to bring together in a strategic and practical way. This is not a new idea, but appears new in practice. Consider current relevance of this 2007 quote from CJ Peek at the American Psychological Association Primary Care Alliance:

> *"Better integration of medical & mental health care is not accomplished by one kind of stakeholder acting alone. It takes well-aligned clinicians, health system leaders, health plans and payers, public policymakers and shapers, medical educators, researchers, and patients—all acting on a common vision for the future in their own region.*
>
> *Each has a perspective, a job to do, a set of things that are most important, and action areas that generate more energy for change than others.*
>
> *These stakeholders must achieve sufficient common understanding and appreciation of what is important to each other so that a genuinely cooperative approach can be taken and any concerns about losing what they already deeply value are dispelled.*
>
> *Not taking into account the total "social geography" helps explain why diffusion has been slow and remains in pockets .... But those in this picture [in a state] must find a common or summative voice coherent enough to be heard over the din of everything else important going on in healthcare.*
>
> *Even though everyone is trying to do the right thing 'on the ground where I live', a sufficiently common voice is needed to move beyond present fragmentation of efforts to integrate care."*

2 Identify and collect relevant information

First, take a broad view of what counts as relevant information. Use the State Data Analytics Tool to probe partner agencies and organizations for collecting and identifying their available data and information. Examples of relevant data and information include quantitative data (e.g., claims data, public health outcomes data, workforce data), as well as qualitative data to learn more about how people understand or cope with the problem; how the problem is seen as related or internally organized; and even common place stories or misunderstandings that people recognize. Key informant interviews and discussions, site visits and organized convenings are various means of collecting relevant information [see Tips for Collecting Qualitative Information].

Clarify what is cited as evidence and what is needed to provide the confident to act. For example, different people may think of evidence as any of the following:

- Rigorous scientific evidence such as landmark studies, meta-analyses, or systematic literature reviews
- "Rapid review" that speeds up systematic review by narrowing requirements on search scope, number of reviewers, or search strategies [see Rapid Review Methods Tools]
- Methods designed for real-world study such as pragmatic trials, qualitative or mixed methods, program evaluations or quality improvement projects
- Case studies, expert opinion or experience; broad "evidence-informed" program planning regarding costs, implementability, and acceptance in real-world settings

3 Develop a narrative from the problem statement and the relevant information about it

Basic information on how stakeholders understand the problems (information gathered in step 2) can be part of constructing a narrative inclusive of multiple perspectives—and begins to point toward actionable directions.

For example, the problem-based narrative could begin to identify compelling policy opportunities to advance a vision for integrated care—potential outcomes or at least promising opportunities.

A narrative could begin to point at potential or hoped-for benefit to partners in these opportunities—their reasons, incentives, and solutions to problems. The prospect of benefit to partners, as well as doing something good for the state, helps define promising opportunities. Opportunities identified must be compelling enough to attract takers and accompanied by the assistance needed to make them feasible.

A narrative could: 1) Look for action areas that are "ripe" or almost ready for action within a partner or stakeholders own scope or arena; 2) Look for such ripe areas for action that might involve more than one partner working together; 3) Note action already going on that could be made more powerful by a dose of collaboration, coordination or consultation; 3) Note action areas that are not at all ready or ripe—but are critically important in the long run—and begin work to "ripen" them over time.

And above all, look for areas that are felt by partners to be compelling and with clear benefit for their time and effort—areas that address shared dissatisfaction with the status quo or offer the feasible prospect of bringing long-sought improvement or benefit.

4 Deliver specific messages derived from the narrative that are tailored to audiences and opportunities

This is a way to make the general narrative or story speak to critical audiences and stakeholders, especially about what already matters to them. A range of tools or methods might be used to illustrate and highlight key messages. Targeting audiences and using digital media to share images or point to relevant data is an essential use of messaging. Consult with communications experts and test messages with advisors from your target audience – community members, decision makers, and critical influencers, to explore how messages resonate prior to distribution.

- Share the work broadly: Bring the work to those who can use it—those who can and will act. Bring the work (and examples of its use) to other states or other stakeholders within the same state. Make this work broadly available in the forms and venues to reach stakeholders.

Examples: It is useful in specific messages to include maps that define areas of high need, workforce distribution or payer distribution. Convene stakeholders to hone messages and develop recommendations for policy processes such as integrating their systems for data sharing or care delivery.

Different stakeholders will relate differently to approaching change or what image or metaphor works for them in specific messages. Often known as "theories of change," many common or even popular ways of thinking may be employed at different times as they fit the situation and opportunity.

1. Diffusion of innovation: Translating research into practice starts with the features of the innovation (relative advantage, compatibility, simplicity, trialability, observability)—and then moves toward features of the Adopting Organization (internal champion, a learning organization, structure that supports adoption). Then it adds two things, the alignment of external environment and a dissemination strategy.
2. Alignment of external environment: Financial incentives, regulations and public reporting and professional norms
3. Dissemination strategy: Professional and social networks, opinion leaders, credible sources and more to produce dissemination.
4. Tipping point: This is related to "diffusion of innovation." As uptake of an innovation gets to a certain point where adoption no longer is an uphill push, it begins to spread on its own as people see the value and how to do it in a feasible manner.
5. Commitment to change. Commitment is an interaction between perceived importance of the change and confidence that change can occur. It's a 2x2 table – low confidence and low importance of the issue is a box full of the unaware or cynical. High importance and low confidence is a box full of the frustrated. High confidence but low importance is the box for skeptics. The high importance with high confidence is the box where movement is possible and help can matter and yield success.
6. Relationship of confidence and certainty: When people are uncertain and lack confidence they don't act. When they are both confident and not so uncertain, action occurs. Collecting data and information, and aligning partners can help move states along on the certainty axis and the confidence axis.
7. Complex adaptive systems: This recognizes that change takes place among many independent "agents" (potential partners) acting on their own in a shared environment. Some agents are already massively interconnected and others more or less oblivious to each other. The goal is to create productive

interactions between the potential partners in a way that leads to a shared "good enough vision" and some "simple rules" they can share to bring it about without being directed or bossed from above like in a hierarchical project or organization. Everyone stays independent but moves through space and dodges obstacles together. This is a way to capture the spirit of how partner relationships are built up.

8. Project management: Once direction, commitments and resources are in place, projects often need to be conducted on a timeframe, using resources of all kinds effectively and efficiently. This is about implementing a plan well, with all the details that entails.

These can be combined as appropriate. For example, a project might start by treating potential partners in the spirit of "complex adaptive system," then move toward the "confidence and certainty" idea, then "commitment to change" which then leads to "tipping point" thinking and perhaps to "project management."

5 Create a work plan with partners so that they move forward purposefully and confidently to advance policy for integrated care

- Develop a specific agreed-upon work plan to achieve goals on a timeframe with known resources and division of labor with the partner(s). Choose and act on opportunities identified in the narrative or specific messages.

Examples: Develop a strategy to carve-in community-based mental health services to managed care; create behavioral health competencies to workforce

- Sustain the partnership while doing the work: Follow through on the work, by making good on division of labor, watching for scope creep or contraction, maintaining financial sustainability, maintaining trusting relationships.

Examples: Maintain regular communication via phone, email, and visits; focus energy on developing and maintaining partners and networks.

- Identify when assistance may be needed: Organizations, such as the Farley Health Policy Center (for all levels of policy assistance), and State Health and Values Strategies (for guidance to technical assistance) or others may function as a coach or consultant providing assistance to advance policy. Three types of assistance may be helpful in advancing policy: Technical, adaptive and leadership assistance.

Technical: Some assistance needs are "technical" in the sense of bringing forward or connecting to resources, training, tools, methods, templates, examples, processes, and implementation steps already well known in the field and ready to apply within the state's present arrangements. Often these approaches rely on content expertise offering specific assistance to a state or program.

Adaptive: Other assistance needs are "adaptive"—bringing about shifts in culture, purposes, relationships, and how to think differently. A state perspective may need to shift in order to move past the status quo and be able to use "off the shelf" technical solutions. This may also require the partner to shift their perspective of how the problem is addressed.

Leadership: Other assistance needs require "leadership" in the sense of understanding how to bring a state and all its stakeholders confidently and effectively through a process of both technical and adaptive change.[2]

Making connections and building partnerships is mostly a bottom-up process, while helping make the work feasible is often achieved via a combination of partners' internal resources and external expert coaching and assistance to facilitate the work.

Acknowledgement

The Farley Health Policy Center gratefully acknowledges CJ Peek, PhD, Professor at the University of Minnesota Department of Family Medicine and Community Health, for his consultation in developing the Integration Action Framework.

1 Peek CJ. Planning care in the clinical, operational, and financial worlds. In: Collaborative medicine case studies. New York, NY. Springer; 2008:25-38.

2 Heifetz RA. Leadership without easy answers. Cambridge, MA. Harvard University Press; 1994.

Robert Wood Johnson Foundation

Support for this initiative was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.