Introduction

Our current health care system suffers from fragmentation, and in particular, a divide between the physical health and mental health realms. We recognize that this separation has many causes and a long history. There are many initiatives underway locally and nationally to help improve communication and collaboration between the two realms.

In this project we were interested in learning more about the perspective of health care professionals and policymakers regarding the current barriers and enablers of collaboration across the primary care and mental health divide. We interviewed a variety of health care professionals and policymakers to better understand the range of perspectives. We were most interested in the mild to moderate problems commonly seen in primary care, and less on services for those with severe mental illness.

Research Questions

- What is current landscape of interprofessional collaboration between healthcare providers in Vermont?
- What are the factors that enable this collaboration?
- What are the barriers to this collaboration?
- Where do we move from here to improve our healthcare delivery system?

Methods

A series of 17 semi-structured interviews were conducted over a two-week period. After giving verbal consent participants were asked to describe their roles as either healthcare professionals or policymakers. These individuals practiced in a variety of settings including federally qualified community health care centers (FQHC), academic institutions, private insurance providers, primary care practices, the Vermont House of Representatives, as well as many individuals involved with pilot programs such as Blueprint for Health. A series of questions were issued to ascertain the interviewee’s thoughts on enablers, barriers, and other aspects of interprofessional collaboration. While one researcher conducted the interview, the other took notes into a secure file for subsequent analysis. Each interview was approximately 60 minutes in duration.

Data Analysis

Following the interview the typed notes were organized into a merged file containing comments from project contributors. This merged file highlighted emergent themes from the perspectives of the interviewees. The following conclusions were drawn from these themes.
Findings

Enablers
- Enhanced Communication
- Team-based approach
- Co-located practices
- Changing education and training

Barriers
- Financial Pressures
- Limited resources and access
- Cultural Stigma

Discussion

There is general discontent with the current level of integration of mental health into primary care. Although there has been significant progress in this area, many believe there is still a long way to go. The current system is fragmented, with limited communication between professionals in different disciplines. There is a lack of resources and support for primary care providers, resulting in a lack of access for patients. Many specialties have successfully integrated mental health into their practice and perhaps could serve as a model for primary care to promote and perpetuate this change.

Arguably, some of the more influential motivators in the health care system are the payers. Currently, insurance determines access for many services and drives a medication-based treatment plan. By focusing on short-term finances, long-term treatments and positive outcomes are often overlooked. For integration to be successful, payment needs to be standardized across health care, without bias. Reimbursement for successful results will not only reduce costs long-term, but reward interdisciplinary collaboration among healthcare providers.

There is evidence that successful collaboration will lead to increased access and initiation for mental health treatments. Although shared medical records have helped to facilitate lines of communication, there is a perceived barrier regarding protected information. There also exists a language barrier among health professionals from different disciplines. Training providers in common language and how to openly share information without compromising patient privacy will increase the ease and efficiency of health care delivery.

Co-located services ease not only the ability for providers to work together, but also increases patients’ access to a variety of services. Although sometimes difficult to find enough office space, many providers report significant positive changes in the way they practice after implementing co-location programs. It helps to alleviate many barriers, such as low therapy initiation rates, transportation and stigma issues for the patients, and the ability for providers to refer and access one another.

However, many feel co-location alone is not enough to obtain the optimal level of collaboration. In order to gain experience and knowledge from colleagues, professionals should coordinate as a team. Regular interactions, utilization of team member strengths, and clear role definitions and protocols will achieve the highest level of collaboration and thus, the highest level of care for patients.

For such a cohesive team to exist, health professional students must be trained with a collaborative mindset. Education should cross the perceived divide between
mental and physical health, persisting beyond school, and becoming central themes in conferences and CME programs. Emphasis should be on teamwork, and follow the shifting culture of medicine to rely more on different areas of expertise to deliver the best health care.

It is perhaps the cultural barriers that may be the most difficult to surpass. Mental health is shrouded in stigma that prevents both patients and providers from accessing resources. For mental health to fully integrate into primary care, it must be viewed and treated in the same manner as other areas of health. Baseline mental health maintenance and prevention should be included in every health visit. By making mental health more routine, it will reduce cultural stigma and close the gap that currently exists between mental health and primary care.