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Establishing Integrated Healthcare with Mental and Physical Health through Appreciative Inquiry

Sanchez and Lam

Abstract

Physical and mental health care is presently delivered in a fragmented system. While there is the availability of research regarding integration between physical and mental healthcare providers and fragmented healthcare, limited research exists on the cross-referral, communication, collaboration, and coordination processes among providers in rural communities for consumers with both physical and mental health needs. The purpose of this appreciative inquiry study was to investigate the experiences of physical and mental health providers through use of semi-structured interviews to explore cross-referral, communication, collaboration, and coordination processes among these providers. This study included ten board licensed physical or mental health providers servicing residents in a rural community in New Mexico. The findings of the study suggest the importance of healthcare providers working as teammates and the simultaneous availability of physical and mental health in the process of integrated care with the development of an atmosphere which is conducive for high levels of communication, collaboration, and coordination among providers. Implications for practice and policy are discussed.

Introduction and Background

Epidemiological data from the National Comorbidity Survey shows that 34 million American adults have a physical and mental health condition (Goodell, Druss, & Walker, 2011; Kessler, 2008). Approximately 75% of all visits to physical care providers involve a mental health concern that requires the attention of a mental health provider (Auxier et al., 2012; Cunningham, 2009; Westheimer, Steinley-Bumgarner, & Brownson, 2008). Subsequently, the New Freedom Commission on Mental Health called for the need for better coordination between physical and mental health care systems (Westheimer et al., 2008). The Center for Medicare and Medicaid Services issued a series of recommendations to assist states in creating an Integrated Care Model that emphasizes person-centered, continuous, coordinated, and comprehensive delivery of care (Grabowski, 2012). However, studies found fragmented healthcare delivery compromises the implementation of the Integrated Care Model via challenges in utilization of services, particularly in the rural communities (Sanchez, Chapa, Ybarra, & Martinez, 2012).

Health and Mental Health Status in the State of New Mexico

New Mexico is presently experiencing the second highest rate of deaths in the nation for overdoses due to substance and alcohol abuse (Centers for Disease Control and Prevention, 2011), a 25% higher homicide rate, and a suicide rate 75% higher than the U.S. rate (State of New Mexico, Bureau of Vital Records and Health Statistics, 2012). Approximately 14,660 youth ages 12 through 17 and 82,235 adults depend on alcohol or drugs, with a rate of 6.5 % in New Mexico as compared to 4.8 % nationally (State of New Mexico, Bureau of Vital Records and Health Statistics, 2012). According to the most recent estimates from the Substance Abuse Mental Health Services Administration's National Survey on Drug Use and Health (New Mexico Department of Health, 2013), roughly 130,000 New Mexicans report past-year alcohol dependence or abuse, indicating an acute need for treatment. However, fewer than one in ten individuals in need of treatment actually receive treatment.

The experience of mental illness, an equally serious healthcare concern in New Mexico, contributes to the increase of risk for both attempted suicide and suicide. Approximately 90% of suicide victims have the possibility of being diagnosed with a mental health condition

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(New Mexico Department of Health, 2013). Overall, the suicide rate of New Mexico residents has consistently been 1.5-2 times greater than the national rate (New Mexico Department of Health, 2013). Untreated mental health and substance abuse concerns in New Mexico have resulted in an estimated cost of $3 billion or more annually, a significant problem for such a poor state (New Mexico Human Services Department, 2013).

The total number of healthcare workers in New Mexico is decreasing. The number of physicians per population of 100,000 has begun to decrease and is only 77% of national rates (New Mexico Human Services Department, 2013). The national benchmark rate for physicians is 2.42, and in the rural county studied it is 1.26 (New Mexico Human Services Department, 2013). Compared to the nation as a whole, New Mexico has fewer psychiatrists per 100,000 population—13.7 in New Mexico compared to 14.2 in the nation; 25.2 psychologists in New Mexico compared to 28.4 in the nation; and 31.2 social workers in New Mexico compared to 36.2 in the nation (New Mexico Human Services Department, 2013). Most practitioners licensed in New Mexico have out-of-state practice addresses, greatly reducing the amount of communications, collaboration, and referrals among healthcare providers. The limited resources in healthcare and availability of providers directly contribute to the creation of a healthcare system not able to meet serious needs or create a positive future for healthcare.

Rural Healthcare Fragmentation

According to the National Conference of State Legislatures (as cited in Campbell et al., 2014), the healthcare delivery system in rural America is largely fragmented. Compared with urban areas that contain provider networks, large hospitals, and greater access to technologies, rural areas often have a small number of independent practitioners who cover wide geographic areas, and the nearest medical specialist or hospital may be hours away (as cited in Campbell et al., 2014). The result is a fragmented healthcare system that often is more costly and less effective at meeting the needs of rural patients (Campbell et al., 2014). Rural residents may not seek treatment on their own because of long distances to providers. By integrating mental health services into the primary care setting, states can increase access for rural populations and reduce the stigma associated with seeking mental health treatment (Campbell et al., 2014).

Research on healthcare fragmentation specific to rural settings, such as those found in New Mexico, shows that fragmentation is directly caused by a lack of communication, coordination, and collaboration among providers in support of a cross-referral process (Center for Medicare and Medicaid Services, 2012). According to the New Mexico Human Service Department (2013), healthcare systems tend not to integrate healthcare services well because each system uses different funding streams, billing systems, enrollment processes, eligibility requirements, appeals procedures, and provider networks. These separate funding streams and delivery systems result in fragmented care and make it difficult for consumers to navigate the existing healthcare system. Overall, the experience of fragmentation is attributed to ineffective communication, collaboration, and coordination practices among providers that seriously limit the referral process and delivery of needed physical and mental health services. This results in a significant increase in healthcare costs because of high demand for emergency room visits, hospitalizations, and institutional based interventions.

In this study, the cross-referral processes between the physical and mental health care systems, as well as the level of communication, collaboration, coordination, and relationship among health care providers in the delivery of integrated and non-fragmented physical and mental health care, were explored. Specifically, this study addressed the following research questions:

How do physical and mental health professionals communicate, collaborate, and coordinate to provide consumers with integrated care?

How do the perceptions of mental and physical

health providers about each other directly impact the delivery of integrated care?

Methodology

Research Design

Appreciative inquiry approach was used to explore how physical and mental health providers engage in communication, coordination, and collaboration for consumers in rural communities in need of both healthcare systems. The centerpiece of appreciative inquiry is its ability to discover assets and strengths in communities while valuing methods for addressing problems through envisioning, dialogue, and collective co-construction of future goals (Nel & Pretorius, 2012). This research also emphasized the value of collaboration and the activation of stakeholders to become involved in the research itself in the creation of change; this contributed to the uniqueness of this research. Appreciative inquiry adds to the body of scholarly knowledge in tangible ways through its transformational change processes, resulting in generating organizational knowledge and translating evidence into practice settings by the emergence and adoption of innovative ideas (Boyd & Bright, 2007).

Sample Population

The study sample included both males and females of all racial and ethnic backgrounds who are either a physical or mental health provider in a rural county in New Mexico and age 25 and older. The research sample consisted of a convenient, purposeful sample of mental health providers (licensed independent social workers and licensed professional clinical counselors) and physical health providers (medical doctors, physician assistants, and nurse practitioners from primary care) in a rural northern New Mexico community. The sample size for the face-to-face interviews was 10 to 12 voluntary participants.

Procedures

Methods for engaging participants included local community meetings, community coalitions, and community forums on healthcare using verbal presentations, flyers, and written materials. Permission to participate in the study was obtained by using a Letter of Agreement formally approved by the Institutional Review Board (IRB). All study participants for consideration were 25 years of age or older, as defined in the proposal. Demographic information was collected from each participant to include age range, gender, ethnicity, number of years practicing as a physical or mental health provider, highest educational level acquired, and employment history. I employed selective sampling procedures in recruiting individuals, and self-referrals were allowed for participation in the study. Participants were contacted using written communications, email, flyers, and the Internet. Participants were provided with information about the purpose and nature of the study, confidentiality, permission to record information, and withdrawal from the study. Potential participants were engaged through dialogue and provided with the opportunity for discussion. Participants received information regarding follow-up once the study concluded. The follow-up contact process included the following: (a) participants were offered a written copy of the study if requested and/or (b) participants were provided an invitation to an interactive presentation of the study when completed.

Instruments

Through the use of semi-structured interviews, data were gathered from physical and mental healthcare providers on how cross-referral, communication, collaboration, and coordination may provide consumers with integrated care and how or if the perceptions of one provider influence the other. The semi-structured interviews built a background for understanding the experiences and perspectives of participants and stakeholders in their own terms (Clossey, Mehnert, & Silva, 2011). This study was designed to learn from/with the participants by taking into account such factors such as background, level of education, and service delivery perspectives.

Conditions fostering effective cross-referral practice

Mental health participants reported that the factors transpiring to successful cross-referrals are when physical health providers (a) give their time, (b) provide a medication review/consultation, (c) commit to a team approach that is not only based on crisis situations, and (d) have a communication system in place. Physical health participants reported that the conditions resulting in successful cross-referral processes are (a) the mental health provider knows and understands how to utilize community resources, (b) they have specific training in mental health counseling, and (c) the mental health provider is available.

Practice enhancement opportunities in cross-referral

Mental health participants discussed (a) the need to have a consistent team approach with regularly scheduled interdisciplinary case meetings, (b) the need for ongoing communication with physical health providers that is not only crisis-driven, and (c) the importance of follow-up once a referral has been made. Physical health participants discussed the need for (a) increased community resources, (b) an adequate number of mental health providers for service population, and (c) the importance of follow-up once a referral has been made.

What Healthcare Providers Would Like to See in the Future

Both mental and physical health participants reported the need for further feedback among health care providers and additional community resources for enhanced cross-referral availability. Mental Health Interviewee discussed what he or she would like to see in the future regarding follow-up:

> Feedback, I want feedback. I'd like to know how the referral went and easy feedback. Sometimes the people say, "Well, we can't give you the feedback because we have all these requirements." No, professional courtesy as to what happened to this child or what happened to this family, I think that would be very, very helpful without having to write forms or get permissions, just professional courtesy information - kind of a summary of what is the child, how did it work.

Physical Health Interviewees discussed what they would like to see in the future regarding community resources. Interviewee said, “We definitely need more resources.” Other Interviewee stated, “Well, I'd like to have a better place to refer them to. Often, they end up either not being referred anywhere or being referred back to outpatient.”

Overarching Theme: Importance of Professional Relationships (collaboration)

Mental Health Interviewee discussed the importance of having and maintaining supportive relationships with community healthcare providers to achieve integrated care:

> A personal relationship, if I've had history with them. For instance, we were talking about X and Y. X is a nurse practitioner, Y is a nurse practitioner and I've known them for 40 years. I would always count on a call back from them, but if I was calling, or trying to get in touch with many of the other docs, unless there's a personal relationship, there's usually not going to be a call back. Unless there's a life threatening-- now I will say this, anytime there has been a life threatening situation, or some kind of insult like that, yes I'll always get a call back.

Physical Health Interviewee discussed the importance of having and maintaining supportive relationships with community healthcare providers to achieve integrated care:

> I think there are several social workers and LPCs that have connections to the medical professionals in town, and I think because of those connections there's more of a buy-in from those family members to use behavioral health providers as an asset to their care.

Successful Elements in Communication

Mental health research participants reported that when the proximity of physical and mental health providers is in the same location, integration occurs more often and is seamless. Physical health participants stated that communication is effective and works well when mental health providers are (a) advocates for consumers and the services they need, (b) trained with an understanding of some medical content to use their expertise then to assist when issues arise, (c) know, and understand how to access resources. Both mental and physical health providers report that communication is optimal when patients and their families are involved in the treatment process to include communication opportunities such as being involved in interdisciplinary team meetings.

Conditions Fostering Effective Communication

Mental health participants discussed conditions that strengthen communication such as when physical health providers listen and are supportive of mental health provider recommendations. The physical health participants stated that the conditions fostering communication are a mental health provider's (a) willingness to participate in care, (b) timely communication, and (c) competency.

Practice Enhancement Opportunities in Communication

Both mental and physical health participants reported that communication would work better if follow-up occurred more regularly. Mental and physical health participants stated that receiving information about the progress and status of consumers is helpful in enhancing communication with the consumer and interdisciplinary providers involved.

What Healthcare Providers Would Like to See in the Future

Both mental and physical health participants reported that an increase in community resources is necessary for the rural service population. They discussed the factors influencing the limited availability of resources as being the rural landscape and minimal funding supporting social service programming.

Mental Health Interviewee discussed the limited rural community resources available:

> The goal in this X case, the X year old, is a structured living environment away from home where he is going to work, taking public transportation and coming home from work. If we could get complete buy-in from some of our other agencies here in town this X could get to the point where X was living in a structured, but semi-independent situation, but we don't have that kind of resource here in [rural community] town.

Physical Health Interviewees discussed the need for community resources and what they would like to see in the future. Interviewee said, "If we had better resources to send people that we refer on. We just don't. There's a lot that's not available for people that need it. We definitely need more resources." Interviewee stated, "Having more services. I think we could definitely push to advocate for more money, grants, whatever it takes to get more services to better serve the population."

Overarching Theme: Professional Scope of Practice (coordination)

Mental and physical health participants described practicing within their professional scope of practice and area of expertise as vital. Mental health participants discussed their specialized ability and skills surrounding the mental and emotional needs of consumers, therefore revealing their advocacy for physical health providers to refer consumers who are in need to them. Additionally, physical health

participants reported their preference and propensity to refer consumers to a mental health provider because of their specialized ability, skill, and physical health provider's time limitations on patient visits. Thus, both mental and physical health participants report the importance of having trained in-house mental health providers to address mental health related healthcare needs.
Mental Health Interviewee discussed the time limitations on physical health visits influencing integrated healthcare and provider's ability to address mental health issues:

> You have 15 minutes with your doctor to say what's going on. Payment and reimbursement is a huge, huge factor. I just joked with you, saying well you've only got 15 minutes with your doctor, you better have it all together.

Physical Health Interviewees discussed their propensity to refer to mental health providers due to time constraints, specialized training, and the need for mental health in-house providers. One interviewee said, "I do not have time during the clinical day to provide the mental health care that I feel the patients need." Another Interviewee stated, "My training is in the medical aspect of it, so I am responsible for ensuring the physical well-being of patients. When I feel that there's something outside of my personal training from mental wellness, then at that point, I have to get somebody else involved who has training specific for mental health." Another Interviewee said, "In private practice in general, ideally, I think every clinic should have a mental health worker in the clinic, and it shouldn't be a separate entity. That way, care of the patient is seamless."

Successful Elements in Coordinating Care

Mental health participants reported that the coordination of care is most effective when physical and mental healthcare providers (a) function with a team approach, (b) involve the patient and family in the treatment process, and (c) all parties are willing to work together to achieve the desired goals. Physical health participants reported efficient coordination occurs when a system for coordination is in place and when mental health services are timely.

Conditions Fostering Effective Coordination of Care

Mental health participants reported key factors supporting coordination of care occur when (a) phone calls are returned to discuss consumers, (b) physical health providers have time to meet or discuss consumer, and (c) there is willingness from all providers involved to participate in consumer's treatment, including both the physical and mental health needs. Physical health participants stated that the factors making coordination possible are the timeliness of mental health provider's response and that often the mental health provider knows the consumer from previous encounters, which is attributed to the rural practice community.

Practice Enhancement Opportunities in Coordination of Care

Both mental and physical health research participants informed that follow-up regarding consumer progress and status would further augment coordination efforts and support the furtherance of integrated healthcare.

What Healthcare Providers Would Like to See in the Future

An increase in community resources particularly addressing acute mental health needs was strongly verbalized by mental and physical health research participants.

Physical Health Interviewee discussed the need for increased community mental health resources:

> There's just not a lot out there, especially the way the [mental health] state hospital decides who they'll take, who they won't, and how fast they run people through. Appears to me that they do very little once we finally get someone there.

Overarching Theme: The Value and Necessity for Integrated Healthcare

Based on the information shared by mental and physical research participants, the need and importance for collaboration and integrated healthcare is compelling. Participants felt that it is vital for mental and physical health providers to work together because frequently a mental health issue contributes to a physical health need and vice versa. Both mental and physical health research participants reported that interdisciplinary collaboration increases positive health outcomes. Thus, collaborative approaches to healthcare not only benefit providers but ultimately profit consumers and their families.

Mental Health Interviewee discussed the need for integrated healthcare due to the relationship between mental and physical health issues:

> Many times, the mental health issue is also impacting the patient's medical problems, so they work hand in hand. Often, a person who has severe mental health problems will develop medical problems as well based on those issues.

Physical Health Interviewee discussed the need for integrated healthcare:

> I think that the goals should be integrated health care. There are reasons that that does not always happen. They can be financial. They can be bureaucratic. They can be political. There's so many reasons, but in the end, the integrated healthcare is really the best model for the patients for success.

Successful Elements in Collaboration

Mental health participants reported that collaboration works when there is shared-decision making and when mental health providers are seen as part of the physical healthcare team. Physical health participants attributed effective collaboration to competency that the mental health provider has the skills and ability to assist the consumer and trust in that consumer issues will be handled appropriately.

Conditions Fostering Effective Collaboration

Mutually both mental and physical health participants stated that the components facilitating collaboration are (a) interdisciplinary team meetings including the consumer and family, (b) approaching healthcare with an integrated holistic approach, and (c) having an established professional relationship with community healthcare providers.

Practice Enhancement Opportunities in Collaboration

Conjointly, mental and physical healthcare participants stated that collaboration could excel if healthcare providers remove egos and work alongside one another as teammates for the betterment of consumers and their families.

What Healthcare Providers Would Like to See in the Future

Both mental and physical health participants reported that additional acute mental health and social service resources would further help to achieve integrated healthcare and collaborative processes. In addition, follow-up among providers was described as desired by mental and physical health research participants.

Mental Health Interviewee discussed the need for follow-up among providers:

> I think a follow up, a brief follow up. If I'm referring someone over, for instance if we go back to the X who had pretty severe anxiety, I need just the briefest of reports back from the provider. First of all the X showed - the client showed - just a briefer on what the provider is seeing and if any other medication has been distributed. That's a huge issue.

Physical Health Interviewee discusses the need for acute mental health community resources: “When I feel like somebody needs [mental health] inpatient treatment, there's no easy access to it.”

Overarching Theme: Time Constraints among Providers

Both mental and physical health research participants reported time constraints due to heavy patient caseloads, large amounts of paperwork, reimbursement, and financial challenges hinder all aspects of integrated care processes, such as cross-referral, communication, coordination, and collaboration. These time constraints are reported to be especially challenging when providers attempt to engage in interdisciplinary efforts because extra time is needed to do so. Both mental and physical health participants reported that their perceptions are partly reflective of the severe time constraints healthcare providers work under.

Mental Health Interviewee discussed what would increase success in integrated healthcare and challenges of integrating care due to high demands in healthcare and time constraints:

> If there was more time to meet. It seems like today everybody's trying to fill their schedules as much as possible to be as productive as possible in their offices, so there's very little time that the doctors have for free time and they do not want to spend their free time or lunch times discussing things that sometimes they may feel doesn't apply to them, or they don't need it, or something like that.

Physical Health Interviewee discussed the challenges as a physical health provider in regards to time constraints:

> There's an enormous problem that I don't have time, even if I feel I could help, to devote to a needy X, and sometimes if I've got a therapist that I trust, that I can pass the kid on to, that I feel they'll do a good job, then that's a great relief. I think time concerns get in the way.

Mental Health Perceptions of Physical Health Providers

Mental health participants reported their perceptions of physical health providers as being (a) busy, (b) well-educated, (c) providers of an essential service, and (d) operating under extreme financial pressure. Mental Health Interviewee discussed perceptions of physical health providers:

> They're very busy, that they need a lot of education that they're well-developed in regards to what they do. That's what my perceptions are. That they like the information when we make referrals to be very clear, and clean, and specific, and they tend to be very busy and they tend to be under a lot of pressure.

How These Perceptions Impact Integrated Care

Mental health participants unanimously emphasized time limitations of physical health providers limit their ability to engage in integrative processes with them and negatively influence community integrative practices as a whole. In addition, mental health participants reported perceptions of physical health providers as being well organized, efficient, and prepared.

Physical Health Perceptions of Mental Health Providers

Physical health participants reported that their perceptions of mental health providers are that (a) they play an important role in physical health treatment, (b) they are a necessary component to physical healthcare, and (c) they are helpful.

Physical Health Interviewee discussed his or her perceptions of mental health providers:

> “I think that they play a very important role in primary care that they address a part of the person's being that medical providers do not always address, but it's very important.”

How These Perceptions Impact Integrated Care

Physical health providers reported that because of these perceptions they do not have reservations about calling a mental health provider when needed. The awareness and understanding about the impact mental health has on physical health and vice versa illustrated the necessity and desire for integrated healthcare.

Discussion

RQ1. How do physical and mental health professionals communicate, collaborate, and coordinate to provide consumers with integrated care?

This research question was addressed through interviews with physical and mental healthcare research participants. Overall, research participants believe that integrated care is accomplished by: (a) healthcare providers working as teammates and (b) increasing the availability of physical and mental health providers who work in the same location simultaneously.

Working as Teammates

Nine of the ten research participants identified working together as teammates in addressing fragmented care and disparities as being the means to how they cross-refer, communicate, collaborate, and coordinate to provide consumers with integrated care. Working as teammates included sharing information and providing each other feedback, which in turn further fostered their team efforts. Working as teammates also included working with service consumers and their family. This finding is consistent with the literature reviewed for this study, which supported the idea that best practices and better health outcomes result from the provision of holistic care and in support of the idea that when healthcare providers combine efforts with consumers and their families the needs of the individual are comprehensively met (Tansella, Thornicroft, & Lempp, 2014).

Feedback among Healthcare Providers

Research participant responses indicated that when they receive feedback from providers, especially during a referral, their communication, collaborations, and coordination are greatly increased and become very effective. Research participants highlighted the importance of communications with the referral source in the production of positive service outcomes. This is consistent with the literature, which suggests fragmentation of services can be lowered by increasing provider-to-provider feedback, especially during the referral process (Kilbourne et al., 2008). The importance of provider-to-provider communications is highlighted when addressing mental and physical health issues. For example, Lin, Zhang, Leung, & Clark (2011) found the prevalence of stroke, COPD or asthma, chronic kidney disease, hip or pelvic fracture, and dementia in older adults with co-occurring substance use disorders and mental illness was approximately 1.5 times as high in those with mental illness alone, which requires the need for physical and mental health providers to engage in communications and sharing of feedback to ensure the best delivery of integrated care possible.

Shared Decision-Making and familial Participation

Seven of the ten responses from research participants indicated that consumer and family input is essential and is the major factor which leads to how participation, collaboration, and engagement of healthcare reception of services is accomplished. Physical and mental health research participants both reported that familial involvement, along with the use of a mix of health care professionals, increased the connectivity with those consumers who have both physical and mental healthcare needs. This finding, consistent with literature, suggests that

consumer success or failure is highly dependent of the involvement of the family system in the treatment process, which in turn plays a pivotal role in consumer treatment adherence and important healthcare outcomes (MacFarlane, 2011). For example, the Family-Centered Care model of care envisions seamless collaboration between psychosocial, biomedical, nursing, and other healthcare providers, and views patient, family, communities, and provider systems as valued participants in the healthcare process (Kilmer, Cook, & Munsell, 2010).

That the knowledge that consumers and their families positively contribute to the integrated healthcare process and that shared decision making plays an important role is consistent with integrated care research and is of great value and importance. According to Elwyn et al. (2012), shared decision making is a collaborative process that allows consumers and their providers to make health care decisions together, taking into account the best scientific evidence available as well as the consumers' values and preferences. Moreover, this process of sharing in the decision -making tasks involves developing a partnership between healthcare practitioners and consumers that is based on empathy, exchanging information about the available options, deliberating while considering the potential consequences of each one, and making a decision by consensus (Elwyn et al., 2012). Overall, the knowledge expressed by physical and mental health research participants is consistent with, and supports and adds to, the existing literature that argues that consumer and familial input is helpful to achieve improved health outcomes and further assist in the achievement of integrated healthcare (Elwyn et al., 2012; Joosten et al., 2008; Shepherd, Shorthouse, & Gask, 2014).

Availability of Physical and Mental Health Providers Simultaneously

Research participants emphasized the idea that fully integrated care produces improved healthcare outcomes. This finding is supported by existing literature, which strongly suggests that healthcare simultaneously provided by physical and mental health providers enhances integrated healthcare practices by providers working as teammates, as well as sharing the same office space and duties associated with helping consumers in their healthcare treatment continuum (Kasper, Watts, & Lyons, 2010; Kilbourne et al., 2008; Westheimer et al., 2008). This method of practice and integration among providers is most effective because consumers usually require simultaneous physical and mental healthcare services. The literature suggests that many individuals who experience complex physical and mental health require care and treatment by both physical and mental health practitioners (Druss & Bornemann, 2010; Hepworth & Cushman, 2005; Levant & Heldring, 2007; Fox, Hodgson, & Lamson, 2012).

RQ2. How do the perceptions of mental and physical health providers about each other directly impact the delivery of integrated care?

This question was addressed using research interviews held with the physical and mental healthcare research participants. The data revealed that five mental health participants' perceptions of physical health providers' extreme time constraints did directly impact the delivery of integrated care. The impact of time constraints on the delivery of integrated care was directly attributed to the physical providers' ability to fully engage in integrative processes with the consumer. The data also revealed that physical health research participants do not have reservations about calling a mental health provider, especially because of the physical health providers' awareness of the positive impact mental health services have on physical health.

Overall, physical and mental health research participants acknowledged that issues such as time constraints and limited resources have a great influence on provider-to-provider communication, coordination, collaboration, and cross-referral.

However, these factors, although notably influential, do not restrict the desire or perseverance of the providers to work together to establish integrated care.

Recommendations for Future Research

Further research is needed to examine neighboring communities and other communities, including both rural and urban ones. The utilization of healthcare providers, including allied healthcare professionals, throughout neighboring communities is necessary to understand the depth of integrated healthcare practices with an emphasis on the unique healthcare community experiences. Research focusing on integrated healthcare practices of cross-referral, communication, coordination, and collaboration is necessary to gather data on the resources each community has, with a focus on describing and understanding how they manage integrated healthcare practices in their own communities as an appropriate avenue to gather future research.

In addition, because of limited or lack of resources, healthcare professionals are reluctant to work in rural areas and experience a high degree of dissatisfaction with their work environment (Crowden, 2010; Hastings & Cohn, 2013). Therefore, it is imperative for future research to focus on higher education and create knowledge that assists in the development of a healthcare workforce prepared and geared toward providing integrated healthcare services in rural environments. Based on existing literature since the 1980s, rural areas are not able to attract or retain qualified healthcare providers (Bhattacharya, 2013; Benavides-Vaello, Strode, & Sheeran, 2013). Lastly, future research should be conducted to understand educational efforts, which can help to increase healthcare provider retention and recruitment.

Policy

Supported by the literature (Slovak, Sparks, A., & Hall, 2011), the findings of this study suggest that inclusion of rural community needs and employment of communicative, coordination, collaborative, and cross-referral practices are essential in the development and delivery of integrated care services. Further research is warranted to include healthcare providers in identifying policy recommendations and policy interventions as a means to expand integrated healthcare practices in rural communities. For example, this study's findings suggest that time constraints experienced by providers, along with limited community resources, are essential factors that impact healthcare providers' ability to fully engage in integrated healthcare. Therefore, it is imperative for future research to focus on conducting studies for supporting policy modifications which help healthcare providers meet the needs of a specific community. Future research could assist in creating policy modifications to help examine resources allocated to rural communities which support the implementation of integrated care practices.

Practice

Based on this study's findings, it is recommended that further research be conducted on the exploration of community-wide, cross-disciplinary, integrative practices and include all healthcare professionals, such as case management services, peer support workers, registered nurses, and other allied social service and healthcare providers. For adding to existing literature and continuation of this study, it is suggested that future research focus on integrated care factors such as communication, coordination, collaboration, and cross-referral and their influence in the delivery of services. Finally, future research should include all healthcare providers and focus attention on the identification of best practices across disciplines including allied healthcare providers. This future research is essential in developing a healthcare workforce prepared to further the implementation of an integrated healthcare delivery system.

Identified Needs, Learning Experiences, and In-Service Needs

The primary goal of appreciative inquiry research is to assist participants in identifying and clarifing needs to address those needs better (Cooperrider & Srivastva, 2000).

As part of using the appreciative inquiry approach, the following identified needs are targeted at addressing fragmented healthcare within the rural community of a rural New Mexico county.

Identified Needs

First is time allocated for cross-disciplinary providers engage in integrative healthcare practices, as well as time allotted to dedicate their knowledge and expertise on what is needed to move integrated healthcare forward in the future in rural communities. Overall, because of this study, the research participants discovered and reported that the idea of appropriate time allotment is essential for engaging cross-disciplinary activities, which is important in the implementation of effective integrative healthcare practices. Prepared with this information, research participants are more able to make better use of their time by sharing knowledge and expertise on what is required to move integrated healthcare into the future and in rural communities.

Second is expansion of rural community resources, including acute care mental health services. The research participants also became aware of the need for expansion of rural community resources to include acute care mental health services. It is clear to the research participants that action steps can be articulated for increasing health services such as building teams among healthcare providers, thus improving the entire experience of providing health services.

The appreciation and awareness of community resources can be the energy needed for setting foundations for the development of a comprehensive integrated care system in a rural community. With set foundations, the entire system can be supported by providers who possess the required skills in communication, coordination, collaboration, and the cross-referral process. Furthermore, these professionals are vested in the implementation of quality training and building of teams designed to ensure integrated care is effectively provided in a resource scarce community.

Learning Experiences

Because a major interest in this appreciative inquiry study is to assist physical and mental healthcare providers in the enhancement of integrated healthcare, focus will be directed to learning experiences and action outcomes for addressing fragmented care and increasing integrated healthcare practices within the rural community in New Mexico. Physical and mental health research participants reported through the interview process that they developed a renewed motivation towards the continuance and furtherance in using communication, coordination, collaboration, and cross-referral processes as a means to enhance community integrated healthcare efforts in a rural county in New Mexico. Armed with this awareness, healthcare providers can work to develop policies or protocols for the enhancement of their practice by increasing their communication, coordination, and collaboration skills and abilities. In regards to the cross-referral process, the providers can work to commit themselves to consistent and promptly sharing of information, thus ensuring the most effective delivery of integrated care possible.

Research participants stated at the conclusion of the interviews they had learned they now have a fresh and increased appreciation for the complexity and components of communication, coordination, collaboration, and cross-referral processes. This increased appreciation for the complexity of integrated care offers the opportunity to stimulate the need for securing specific training in the area of integrated care, acquisition of support for establishing training programs, which specifically address concerns resulting from fragmented care or poorly integrated practices.

Physical and mental health participants also reported learning that they now have a newly experienced appreciation regarding valuing the importance of team and teambuilding practices among cross-disciplinary professionals. This awareness for team building can assist in the sharing of scarce community resources and building of trust necessary for engaging varying professional views, interest, and interventions.

Conclusion

The findings suggest that to maximize fully physical and mental health providers' ability to engage fully in integrated healthcare practices, it is necessary to expand healthcare resources, increase time availability for providers to engage in integrative practices, and secure technical and monitory support from funding sources. The profession of social work strongly rests upon social justice and emphasizes the belief that those who are marginalized should have access to resources and services that can positively impact their lives and empower them (National Association of Social Workers, 2008). In order to help support providers and rural communities with integrated healthcare, it is important that the social work profession work closely with those who provide healthcare services to help educate as well as develop services that may address fragmented care and associated consequences. Furthermore, while there have been a significant number of healthcare cuts across the country, current focus on integrated healthcare suggests the need for social workers to advocate locally and nationally for funding and services within rural communities and healthcare organizations that can work to mitigate adverse health outcomes and consequences. Healthcare has been identified as a significant social issue, and there is a great need for services and programs that address healthcare fragmentation and professional silos within our healthcare communities.

There is a need to advance communicative, coordinative, collaborative, and cross-referral efforts among mental health providers, physical health providers, social service organizations/ providers, and consumers to help address fragmented healthcare-related issues. Social workers are uniquely trained to address and identify issues on micro, mezzo, and macro scales. Fragmented care is a multifaceted issue, and as such it is imperative that social workers utilize their skills and training to educate and assist healthcare providers, policy makers, and communities in addressing integrated healthcare programing and practices.

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