

## Appendix Five

### Additional Detail from Regional Meetings – Person Centered Health Home Effectiveness

**Question 1: “The person-centered health home is effective in delivering integrated services that support recovery, resiliency and improved health status.”**

- Among respondents with an opinion, **85% agreed or strongly agreed** that PCHHs are effective (181 of 212).
- **One fourth** of the sample (n=69) said they **lacked information or had no opinion**.

Figure 7. Numbers of participants who agree or disagree that the PCHH is effective

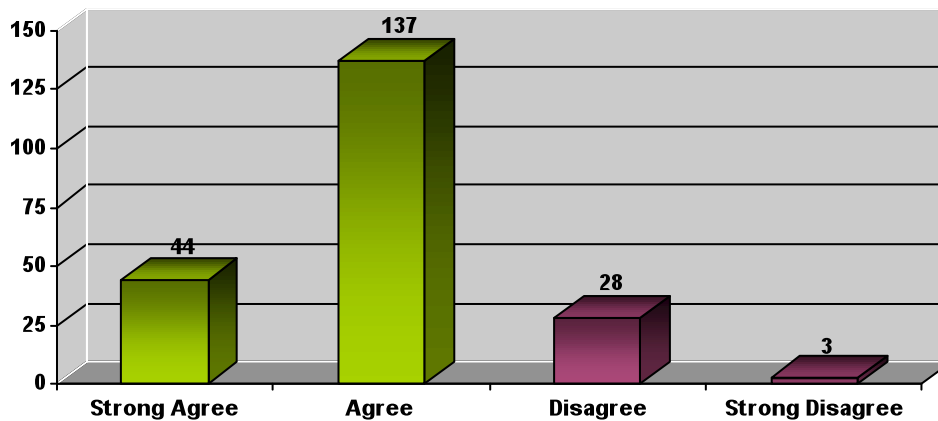
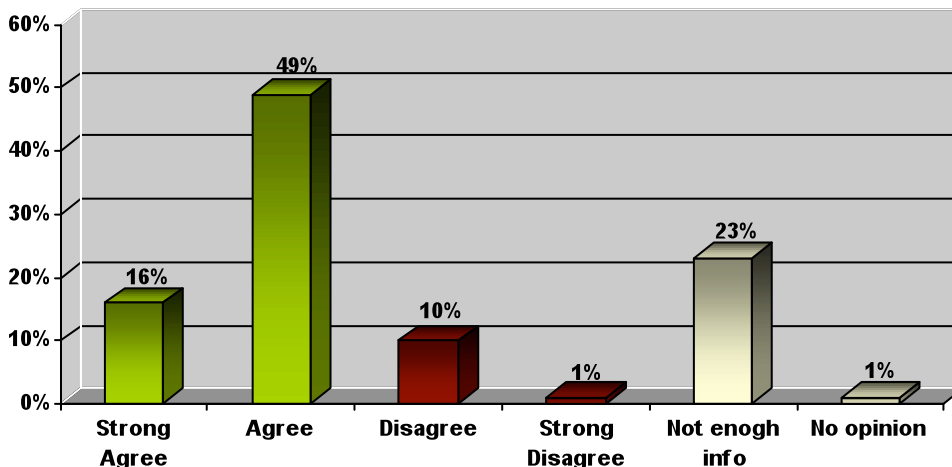


Figure 8. Overall percentage breakdown of responses regarding PCHH effectiveness

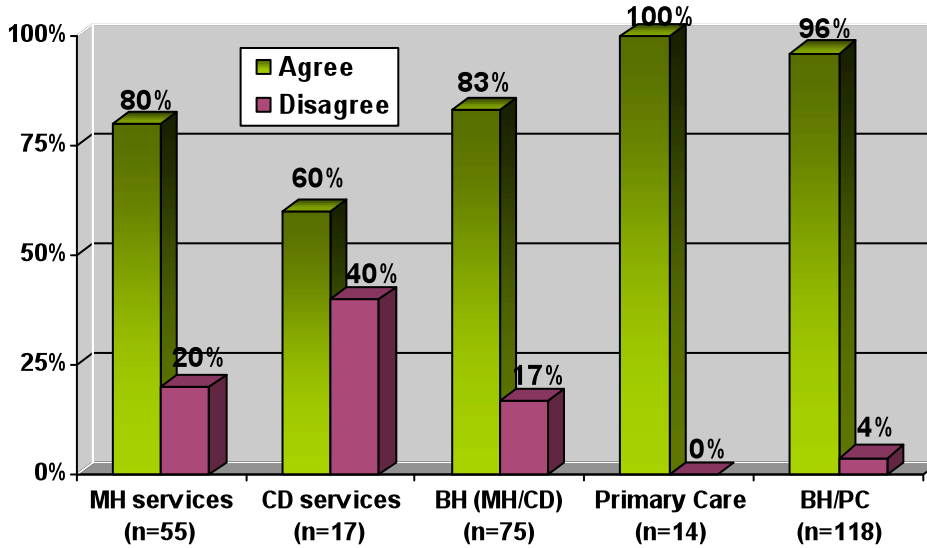


(Note: In the many figures below that involve percentages, the number of people representing each subgroup [“n=”] refers to the total in the sample, not the subgroup who responded in the categories included in the graph.)



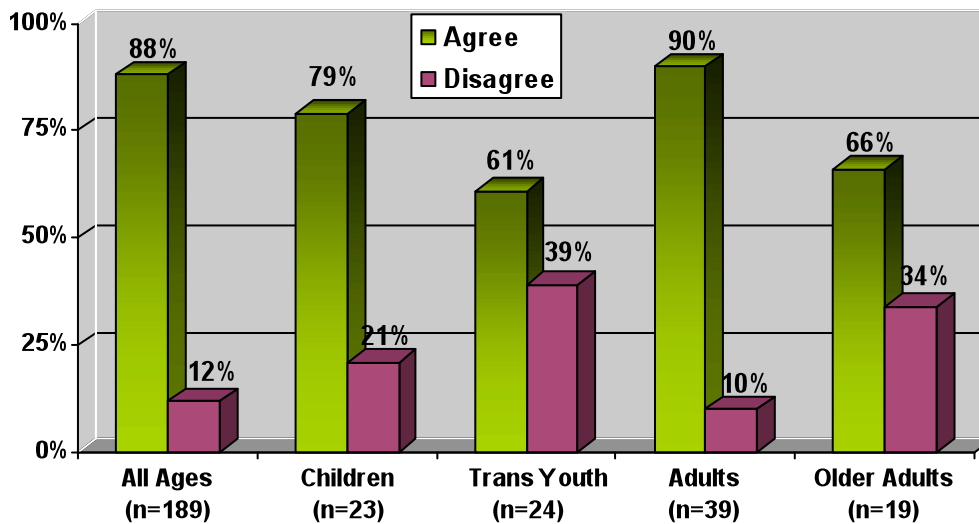
*Responses of Participants by Health Services of Primary Interest*

Figure 9. Percentages of participants who agree or disagree that PCHHs are effective, by health services of primary interest



*Responses of Participants by Populations of Interest*

Figure 10. Percentages of participants who agree or disagree that PCHHs are effective, by populations of interest



*Responses of Participants by Race/Ethnicity*

Figure 11. Percentages of participants who agree or disagree that PCHHs are effective, by different race/ethnicity groups (“other” category not included)

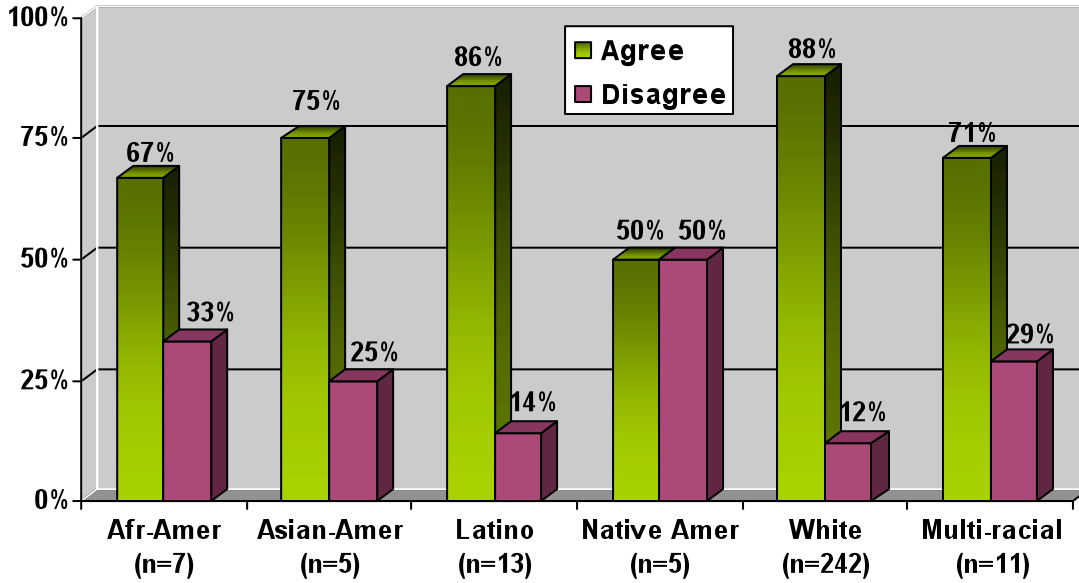
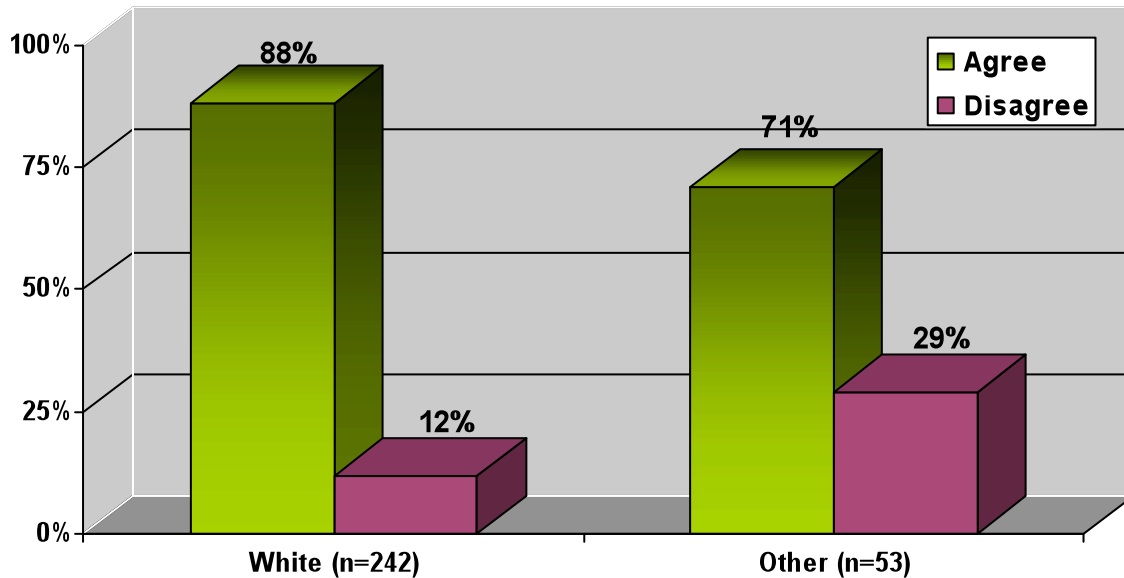
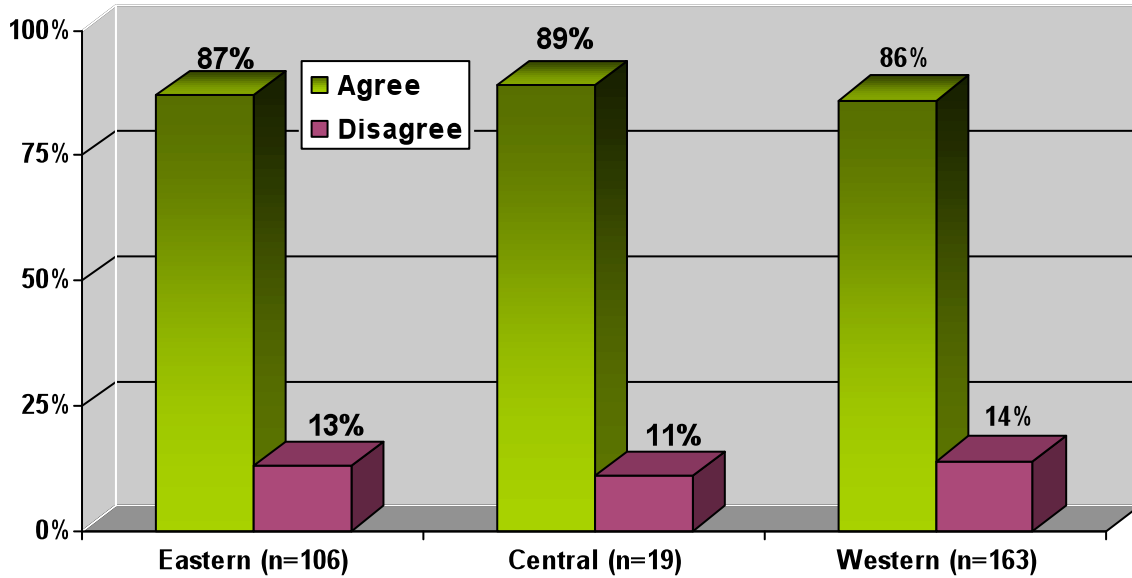


Figure 12. Percentages of White and all Other Racial/Ethnic Groups who agree or disagree that PCHHs are effective



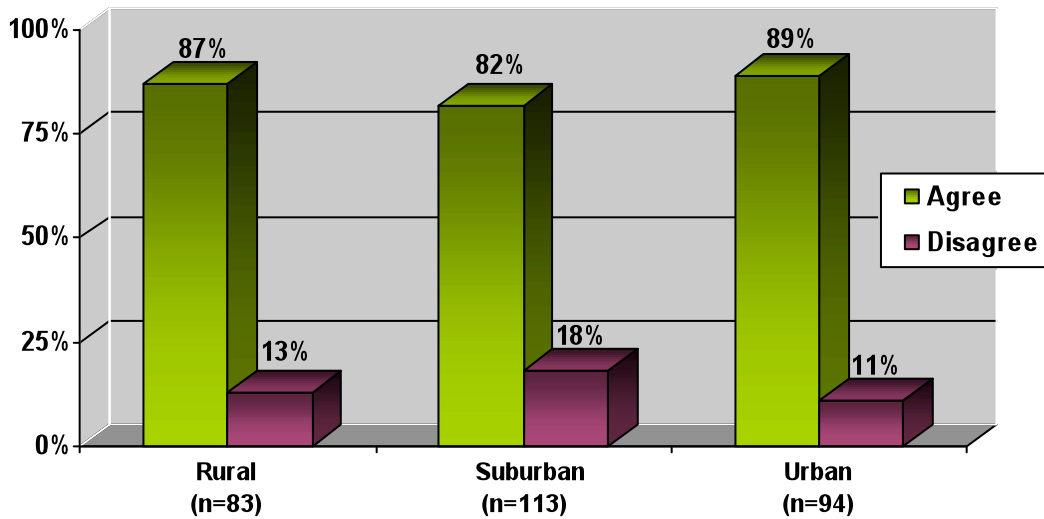
*Responses of Participants by Place of Residence*

Figure 13. Percentages of participants who agree or disagree that PCHHs are effective, by region of Washington in which they live



As Figure 14 below shows, there was little variation across rural, urban, and suburban participants in the perceived overall effectiveness of PCHHs.

Figure 14. Percentages of participants who agree or disagree that PCHHs are effective, by rural-urban-suburban locations of residence



Response by **Primary Affiliations**

Figure 15a. Percentages of participants who agree or disagree that PCHHs are effective, by primary affiliation\*

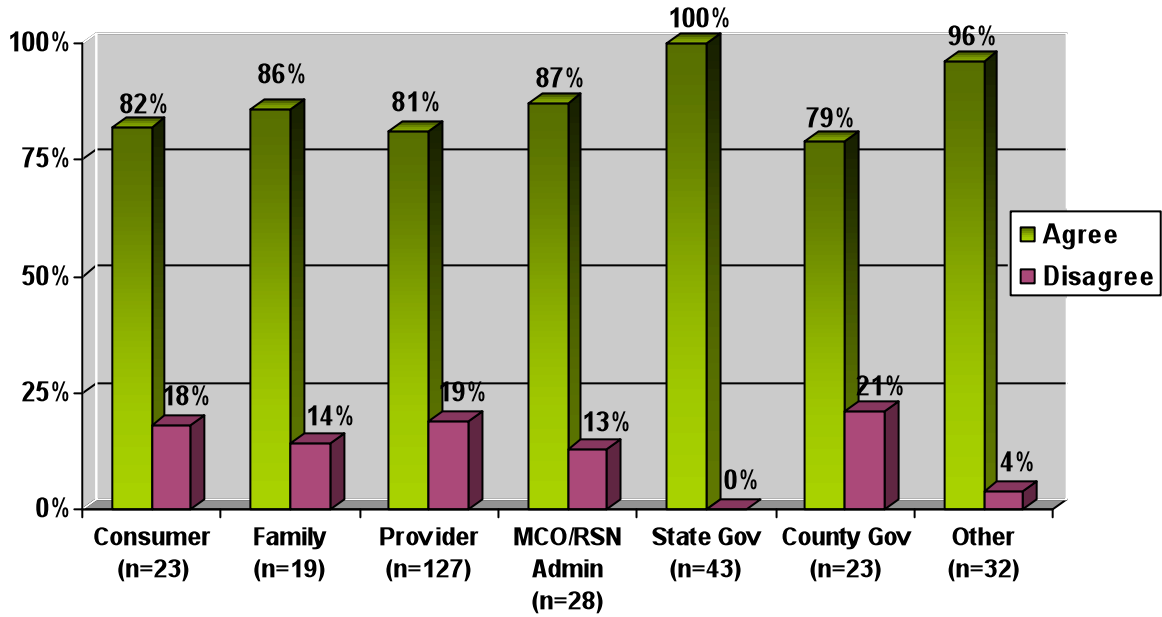
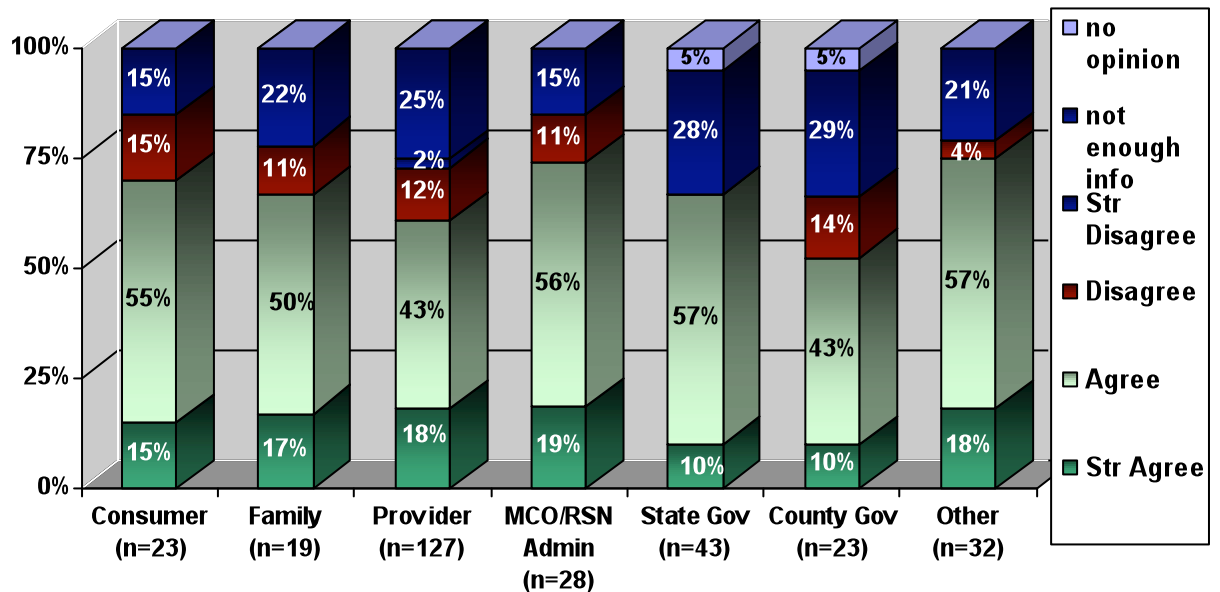


Figure 15b. All responses regarding whether PCHHs are effective, by primary affiliation\*



\*The "Other" category also includes legislative, judicial and law enforcement representatives.



Figure 16. Participants Most Likely to Agree that PCHHs are Effective (reported in percentages)

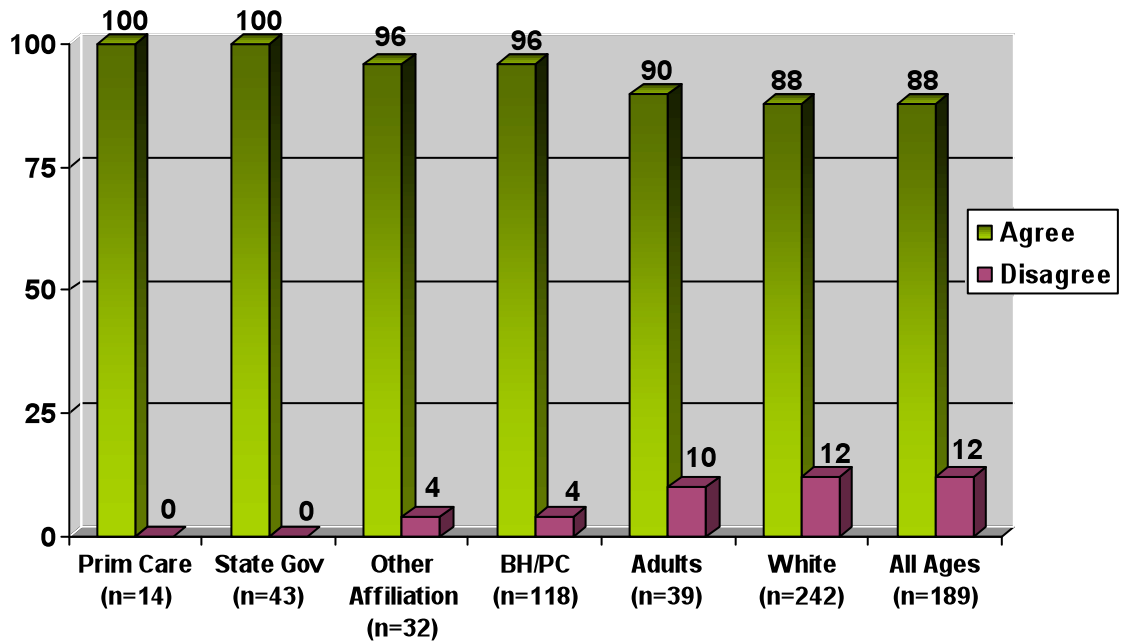
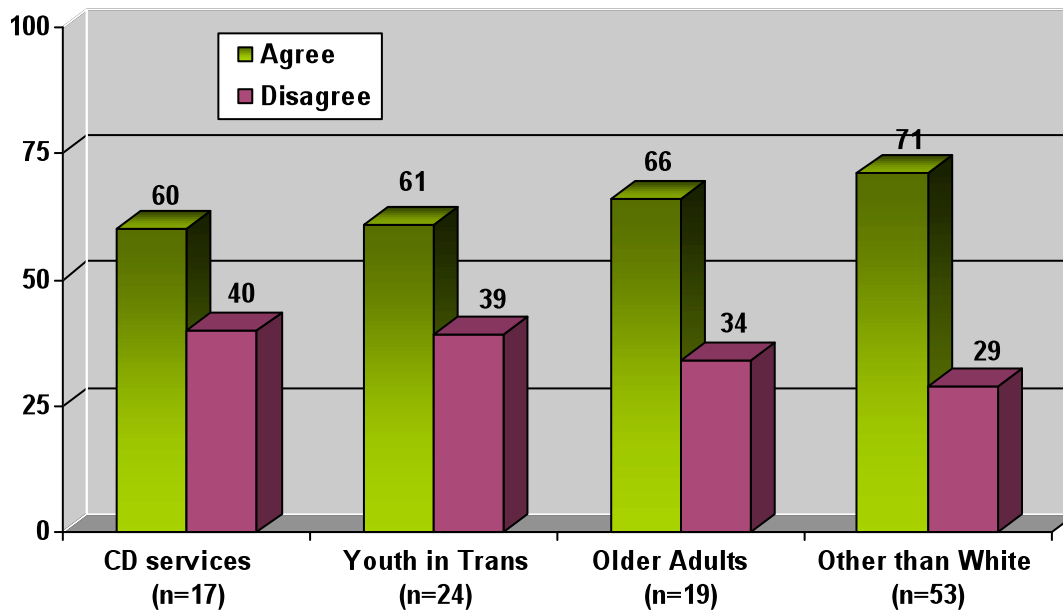


Figure 17. Participants Least Likely to Agree that PCHHs are Effective (reported in percentages)



## Participants Reporting a *Lack of Information* in Deciding Whether PCHHs are Effective

A sub-set of participants reported that they did not have enough information to indicate one way or the other whether PCHHs were effective in delivering integrated services that supported recovery, resiliency and improved health status. In the charts that follow, we identify for each of the demographic variables the percentages of respondent subgroups who reported a lack of information. This data may be helpful as Washington attempts to disseminate information about the PCHH model and incorporate their perspectives into decision-making concerning the dissemination and adoption of PCHHs.

Figure 18. Percentages of participants who Reported they Lacked Information about PCHH Effectiveness, broken out by primary areas of interest in health care services

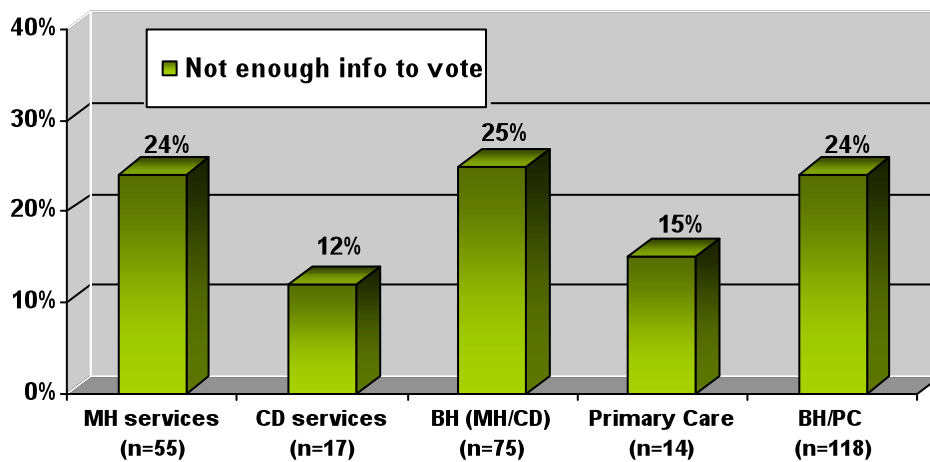


Figure 19. Percentages of participants who reported they Lacked Information about PCHH Effectiveness, broken out by populations of interest

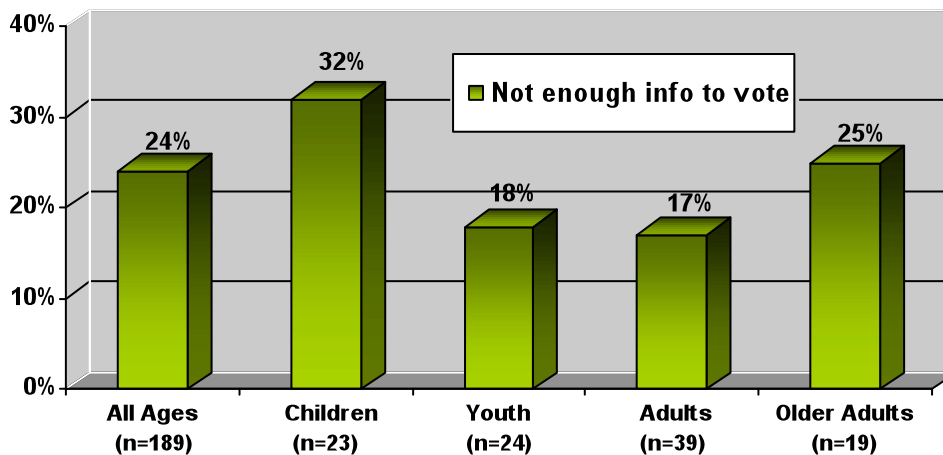


Figure 20. Percentages of participants who reported they Lacked Information about PCHH Effectiveness, broken out by race/ethnicity

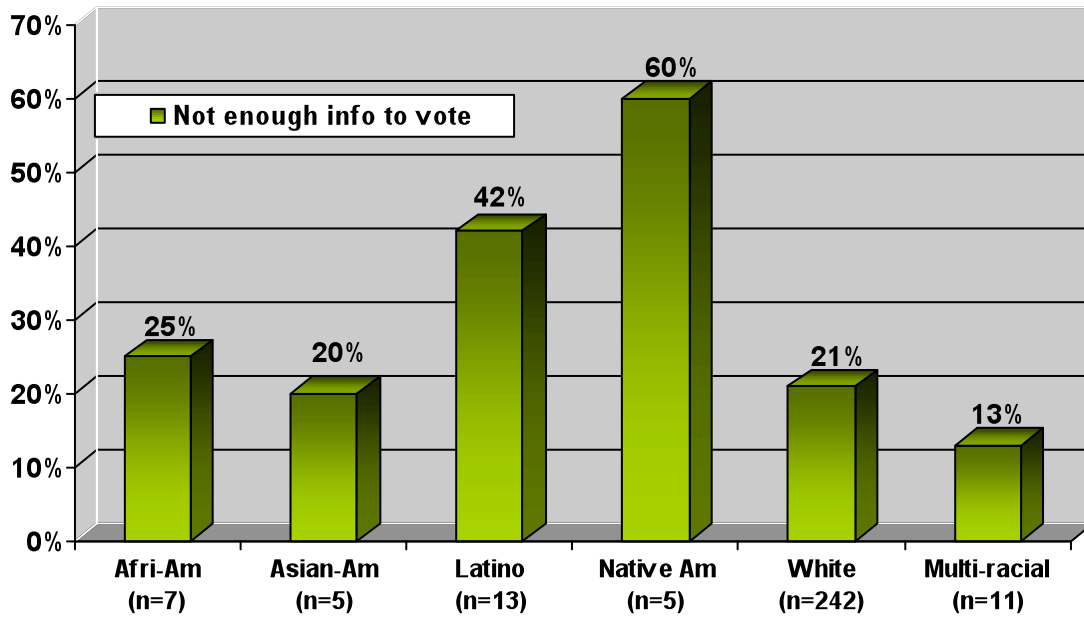


Figure 21. Percentages of participants who reported they Lacked Information about PCHH Effectiveness, broken out by region of residence

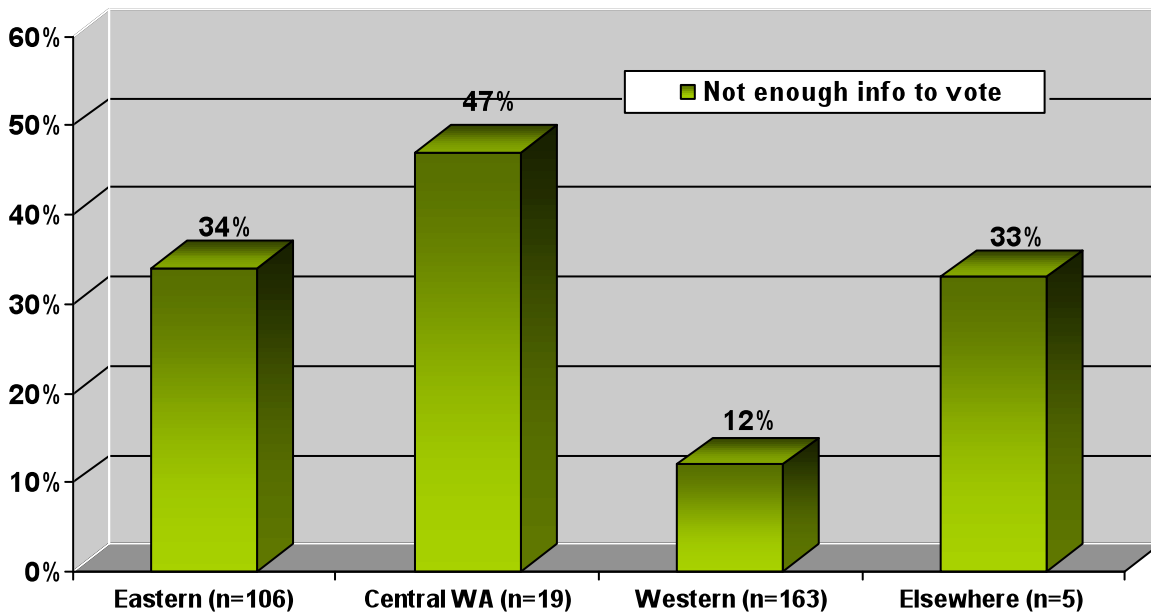




Figure 22. Percentages of participants who reported they Lacked Information about PCHH Effectiveness, broken out by participants' locations (rural-suburban-urban)

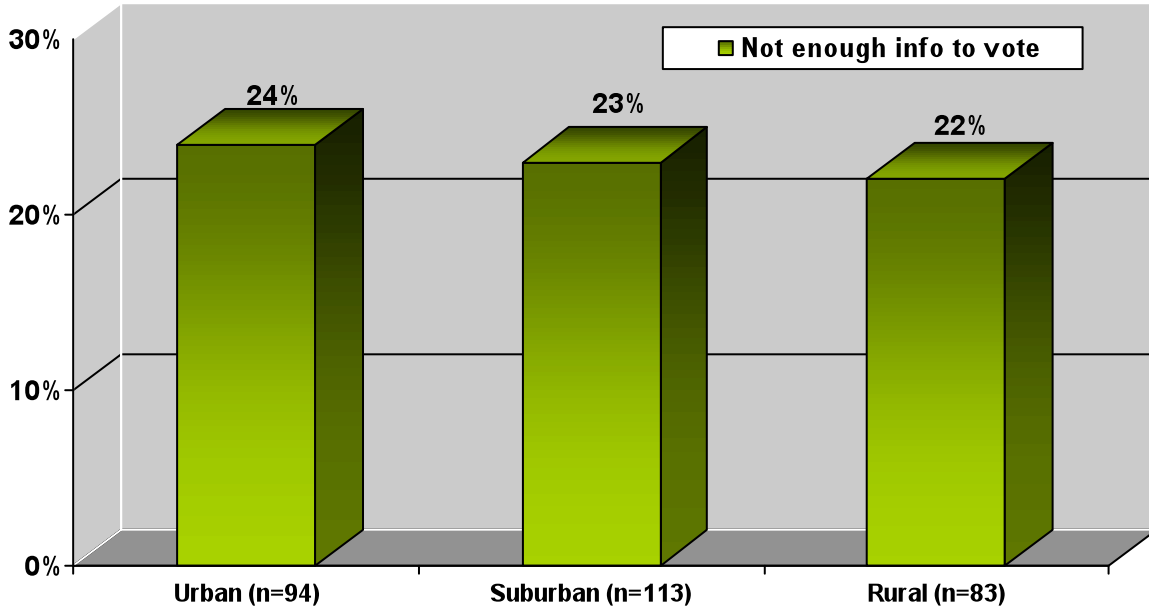


Figure 23. Percentages of participants who reported they Lacked Information about PCHH Effectiveness, broken out by participants' primary affiliations

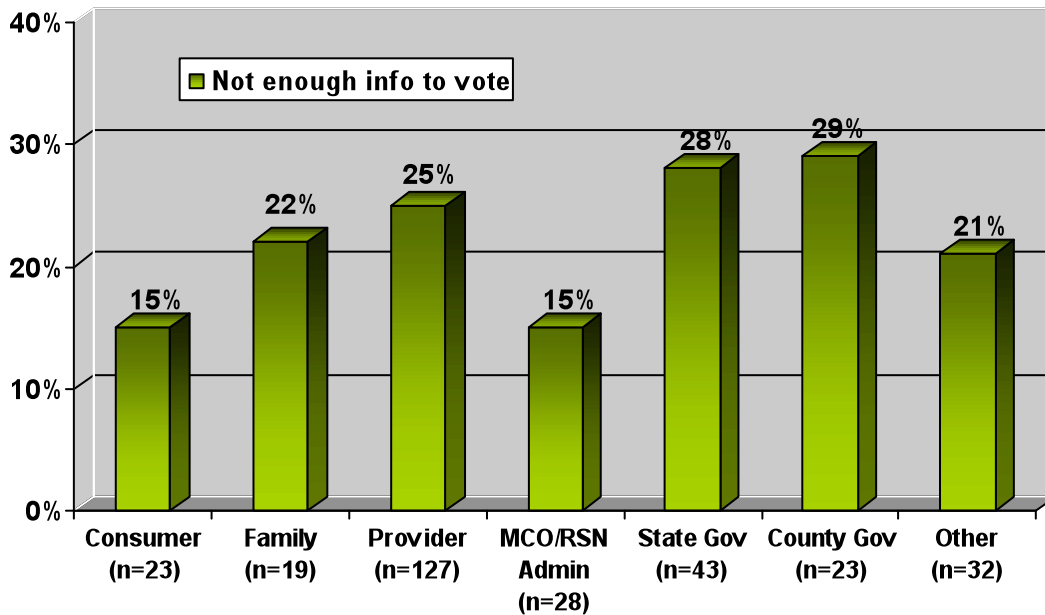
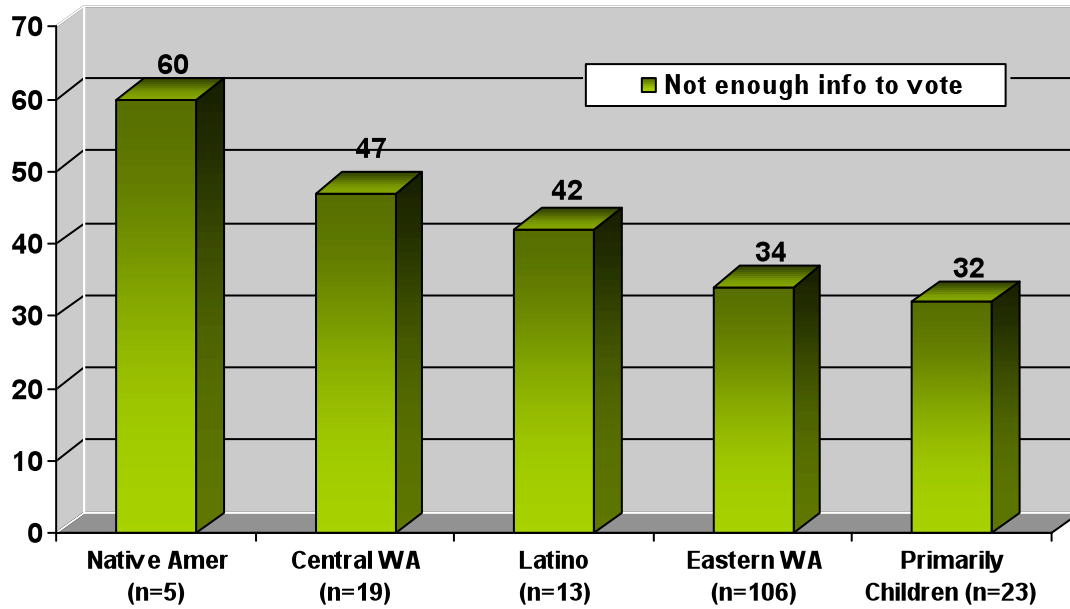
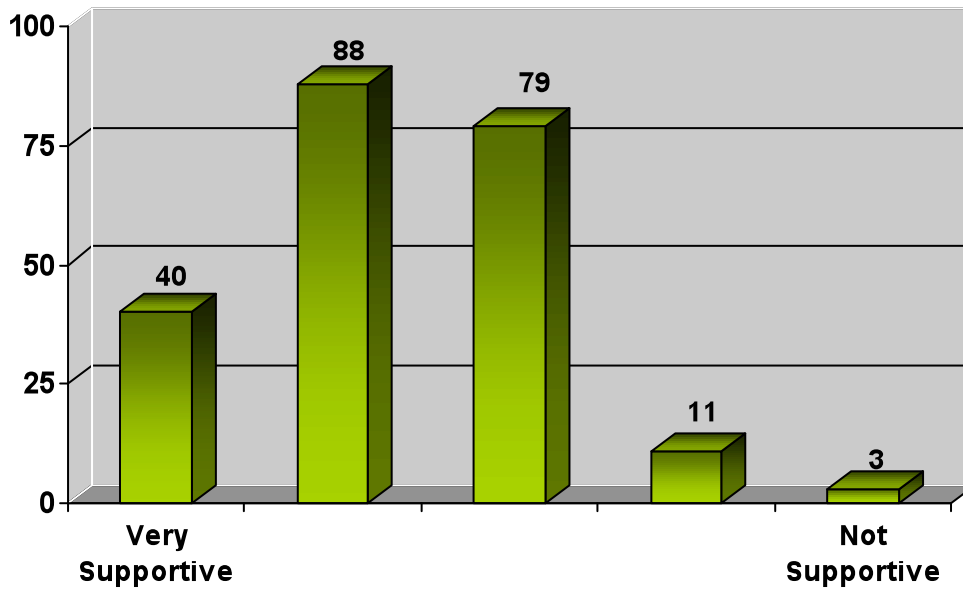


Figure 24. Participants Most Likely to Report they Lack Information about PCHH Effectiveness (reported in percentages)



In table discussions, participants were asked to indicate their perspectives on moving toward Behavioral Health/Primary Care integration, using the PCHH model. The majority of comments recorded were supportive.

Figure 25. Number of respondents who indicated various levels of support in answering, “How would you describe your overall perspective on moving towards Behavioral Health and Primary Care Integration using the Person-Centered Health Home?”



*Participant Comments on the Person-Centered Health Home (Qualitative Data)*

Several themes were evident in participants’ discussions of Person-Centered Health Homes.

Table 1. Themes from participant discussions of the Person-Centered Health Home

<u>Discussion Themes</u>	<u>Key Issues Raised - Examples</u>
Benefits/Good Things That May Arise as a Result of this Change	<ul style="list-style-type: none"> <li>▪ This may stretch funding, allow it to go further</li> <li>▪ A more holistic definition of health/wellness</li> <li>▪ Better coordinated care and integration across systems is desirable</li> <li>▪ Integrated health records and centralized paperwork will enhance care</li> </ul>
Concerns About the Model	<ul style="list-style-type: none"> <li>▪ How to get primary care providers to be willing to serve people with behavioral health issues?</li> <li>▪ Will independent providers be pushed out?</li> <li>▪ Will CD/MH issues be drowned out by primary care?</li> <li>▪ Centralization may reduce local/community control</li> <li>▪ Will cost considerations triumph over good care?</li> <li>▪ What works for urban may not work for rural</li> </ul>
Procedural Concern: How will this new system work?	<ul style="list-style-type: none"> <li>▪ How will the new coordination work? How do schools, criminal justice, RSN, DASA and other agencies relate to this?</li> <li>▪ What will be the role of primary care providers and will they be able to handle behavioral health roles?</li> <li>▪ How will people with special needs (co-occurring disorders, disabilities) be served?</li> </ul>
Tips and Issues to Consider	<ul style="list-style-type: none"> <li>▪ Examine proven models that are same/similar</li> <li>▪ Provide training to key stakeholders and providers</li> <li>▪ Develop administrative support and provider expertise to promote prevention and wellness</li> <li>▪ Develop communication systems and other methods to ensure multi-stakeholder and multi-agency coordination and involvement</li> </ul>

