



Consumer Quality Initiatives, Inc.

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Coordination of Care Focus Group Report

INTRODUCTION

The Massachusetts Department of Mental Health (DMH) contracted with CQI to conduct a series of focus groups with adult and youth mental health consumers and family members across the state to help inform their Unified Behavioral Health planning process.

One area of interest for DMH is coordination of care. The report presents themes that arose from a focus group with adult consumers on the topic of coordination of care. Types of care that should be coordinated are mental health services and physical care, as well as DMH and MassHealth. Some examples of coordination supports are electronic medical records and advanced directives.

EXECUTIVE SUMMARY

- Participants generally did not have very strong opinions regarding these issues, and thus there was little consensus on what would help improve coordination.
- Consumers are generally looking to be educated and empowered to take control of their own care.
- Therapists and DMH case managers were seen as important to “coordination.”

FOCUS GROUP PARTICIPANTS

This group was held in Western Massachusetts at the area office in Northampton. There were 7 people in the group, three male and four female. Most were white/Caucasian.

FINDINGS

We asked the group several questions about coordination and about potential useful coordination supports.

The participants generally did not have very strong opinions regarding these issues, and thus there was little consensus on what would help improve coordination. One reason is that “coordination” is not an obvious, discrete function, and many consumers are not knowledgeable about how the system could be changed to enhance coordination. As such, they could not think of many solutions for coordination of care problems.

We did learn however that people are generally looking to be educated and empowered to take control of their own care. Areas in which people saw the most need for coordination

are mental health care with the following: addictions¹, specialty physicians (e.g., diabetes, drug/drug interactions), employment (e.g., team meetings at work site), jails & prisons, and legal issues². The following themes did emerge around coordination:

Therapists and DMH case managers were seen as important to “coordination.” Participants talked about “coordination” largely in reference to their mental health services. In that regard, participants reported that their therapists do a lot of coordinating and referring in the context of meeting personal and therapy goals.

Also, consumers said their case managers were very good coordinators, both attentive and receptive. Participants said it was problematic if the case manager could not to be counted on or trusted.

Most participants did want more information did want more information about mental health services and resources in the community. Peers are the primary source of information.

Participants were not interested in using computers/internet to access information about their mental health services and for computers to play a role in coordination (e.g., electronic medical record). No one had thought of using computers in this way before, and a few were concerned with privacy breaches.

Overall, consumers did get some help with coordination of care from therapists and case managers, but they wanted additional information about services available to them. Peers were a potential source of this information. Consumers were leery of receiving needed information from computers/internet.

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¹ E.g., dual treatment, support groups

² prevent people from going to jail for forgetting an appointment