



Promoting Integrated Care through a Global Treatment Budget

RESEARCH AND THEORY

A Qualitative Study in German Mental Health Care using Rogers' Diffusion of Innovation Theory

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ABSTRACT

Introduction: Since 2003, as a means of enabling integrated care the German mental health care system has offered the innovative option of agreeing a Global Treatment Budget (GTB, also known as a regional psychiatric budget or innovative flexible and integrative forms of treatment FIT) with health insurers and regional care providers across sectors. Despite promoting legal frameworks and positive evidence on improving quality of patient care, this model has not spread widely. The aim of this study is to identify inhibiting and facilitating factors for the innovation diffusion.

Theory and methods: We conducted expert interviews with 19 actors from nine German regions involved in GTBs, using a self-developed questionnaire based on Rogers' theory on innovation diffusion extended by the innovation system approach. Interviews were analysed applying qualitative content analysis. Code categories were built deductively operationalising Rogers' theory and inductively from the data generated.

Results: Observability of the innovation was perceived as good, but trialability, reversibility, compatibility with regular care structures as low, and thus the perceived risks of adoption as high. Complexity up to implementation is high, caused by numerous individuals and stakeholder groups involved. Diffusion took place in environments of strong individuals with venturesomeness, opinion leadership, and informal networking. As favourable framework conditions the monopoly and non-profit position of hospitals in well-defined care regions were identified.

Discussion and Conclusions: Diffusion of integrated care could be accelerated by dissolving the multi-actor constellation, changing the communication strategy, and adapting the legal framework.

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