



## **Introduction to the Practice Integration Profile (PIP)**

The PIP is intended to assist practices in multiple ways:

1. To assess practice performance for quality improvement purposes
2. To compare practice performance to all others using the measure and to subgroups of practices sharing similar characteristics (i.e. geography, type of practice).
3. To evaluate the relation of different dimensions of integration to the Triple Aim (i.e. clinical, patient care experience, and financial outcomes).

### **Link to the PIP**

<https://redcap.med.uvm.edu/surveys/?s=W44KAN4DYN>

### **Quality improvement**

Quality improvement can focus on improving existing care and care processes and/or reengineering the foundations of practice. The PIP can assist both. Results on individual dimensions or the entire PIP profile can inform practice leadership who are interested in refining their primary care integration activities. Such interest may focus on total performance or individual dimensions or clusters of dimensions that they may wish to target for further improvement efforts. Examples include:

- A practice interested in patient engagement may select shared care plans and patient identification as the focus for a quality improvement initiative.
- Another practice may decide to transform the ways they identify patient care needs from an individual referral-based approach to a population-based integration approach.

### **Comparative performance**

We know little about how collaborative care practices organize their workflows and even less about how practices compare to each other. The PIP can compare individual practice performance to all other respondents (within and between practice ratings). As performance outcomes become more important in policy and funding decisions, such comparative information will become more useful. Examples include:

- A multi-practice primary care organization may want to establish levels of performance for behavioral interventions in individual clinics and use the PIP to observe comparative performance among their practices.
- An FQHC may be interested in how their collaborative care or integration efforts compare to other FQHCs.
- A practice may want to evaluate potential differences between management and staff ratings of clinic integration.

### **Relationship of Levels of integration to Triple Aim Outcomes**

Currently the field has no consistent method of evaluating Triple Aim outcomes. PIP ratings, at the aggregate and individual practice levels, allows us to compare degrees of integration that are related to patient outcomes, patient care experience of care, and cost and cost effectiveness.