



### Link to the PIP

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

### Interpreting Your PIP Profile

After completing your assessment of a practice you will receive your Practice Integration Profile (PIP) results. This profile will allow you to compare the practice you rated to other practices and your ratings with those of the other raters within the same practice. Please refer to the guide below to help you interpret your PIP profile. Our hope is that this profile will aid you in better understanding the features of your current practice and make decisions about how to make changes in your approach to integrated primary care.

### Important Considerations

It is important to remember that the field of integrated primary care is relatively young. The rigorous evaluation of the elements of integrated care measured by the PIP is ongoing. It is not yet possible to say with certainty which features of integrated primary care are necessary to achieve the Triple Aim: improve patient outcomes, increase satisfaction, or reduce healthcare costs. **For this reason it is important to remember that scores on the PIP dimensions that suggest greater or lesser development of integration efforts may or may not indicate that a practice is “better” or “worse.”** Instead this measure should be used to help practices decide how their practice differs from other practices and how great those differences are. Widespread adoption of the PIP will enable researchers to provide more precise answers to the questions of which practices are “better” or “worse.”

### PIP Domains and PIP Aggregate Score

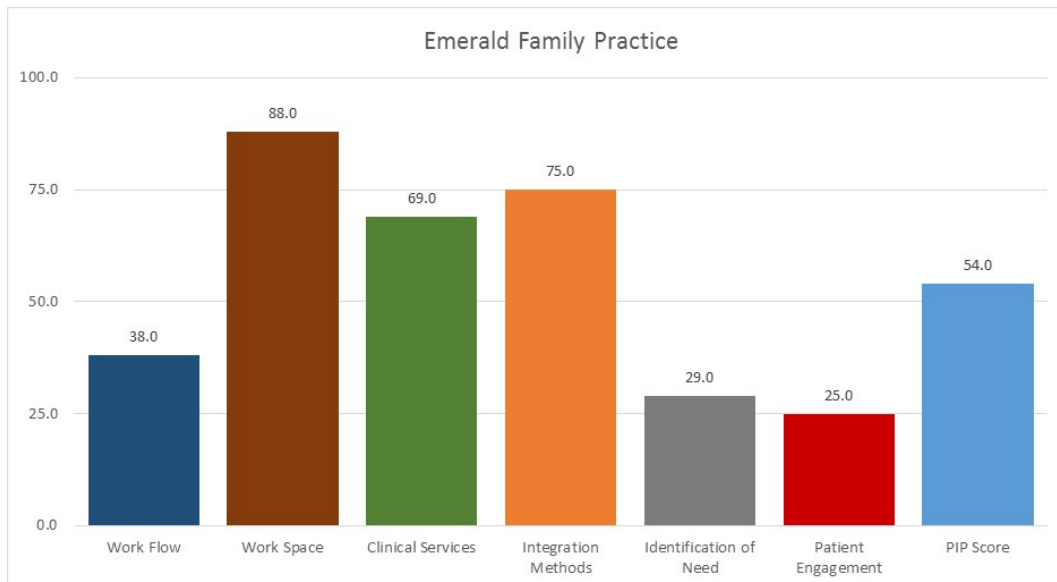


Figure 1 - Domains and Aggregate Scoring

The first graphic (Figure 1) represents a practice's performance on the eight domains measured by the PIP. In addition, there is an aggregate PIP score that is a mean of all eight domains. Each domain measures a specific element of integrated primary care. For each domain a practice response receives a score between 0 and 100, with 0 being the least developed score in the domain and 100 being the most developed score. A brief description of each domain is provided below:

**Work Flow**

This domain focuses on protocols for identifying patients, tracking patients with known BH needs, coordinating care, referrals to specialty services, and documenting self-management goals.

**Clinical services**

This domain documents the relative presence of BH clinicians in the practice and the variety of BH services that are available.

**Work Space**

This domain focuses on the physical location of BH clinicians in the primary care practice and the sharing of documentation in patients' charts.

**Integration Methods**

This domain evaluates the exchange of patient information between BH and medical clinicians in addition to their joint participation in educational activities and opportunities to interact with each other.

**Identification of Need**

This domain focuses on the screening routines implemented in the primary care practice, specifically the use of screening approaches to identify patients with unmet behavioral health or health behavior change needs.

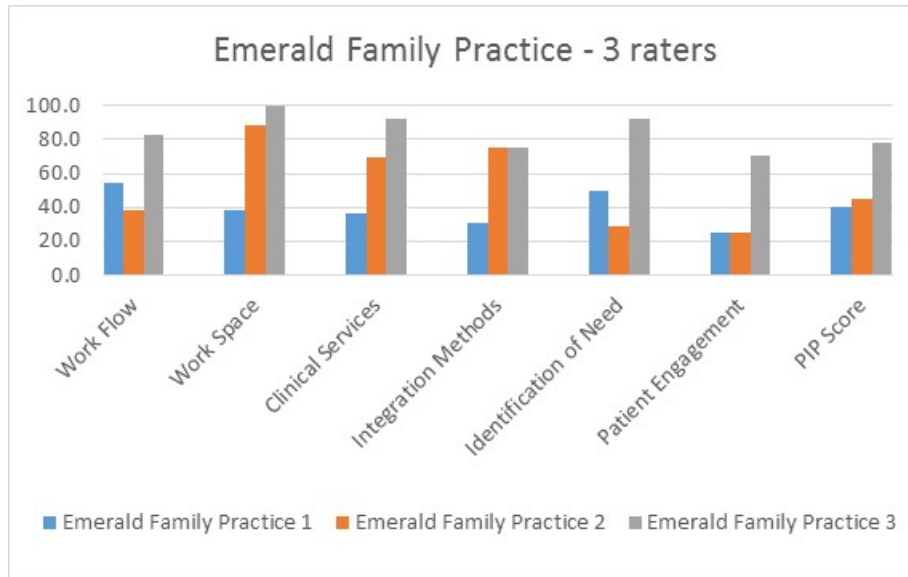
**Patient Engagement**

This domain focuses on the engagement and retention of patients in behavioral health services in addition to training in patient engagement approaches for the entire primary care team.

**PIP Aggregate score**

This is a composite score that aggregates the mean scores of all the domains described above.

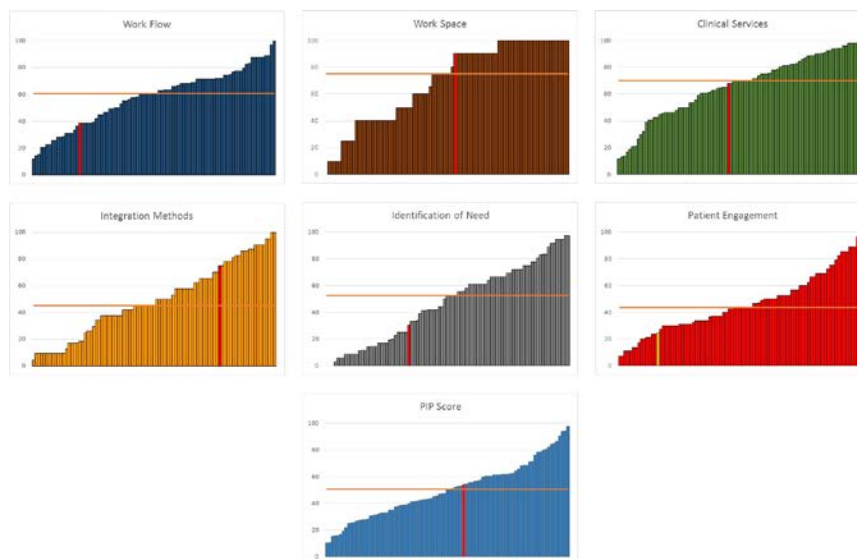
## Comparison of Raters



**Figure 2 - Multiple Raters at a Single Practice**

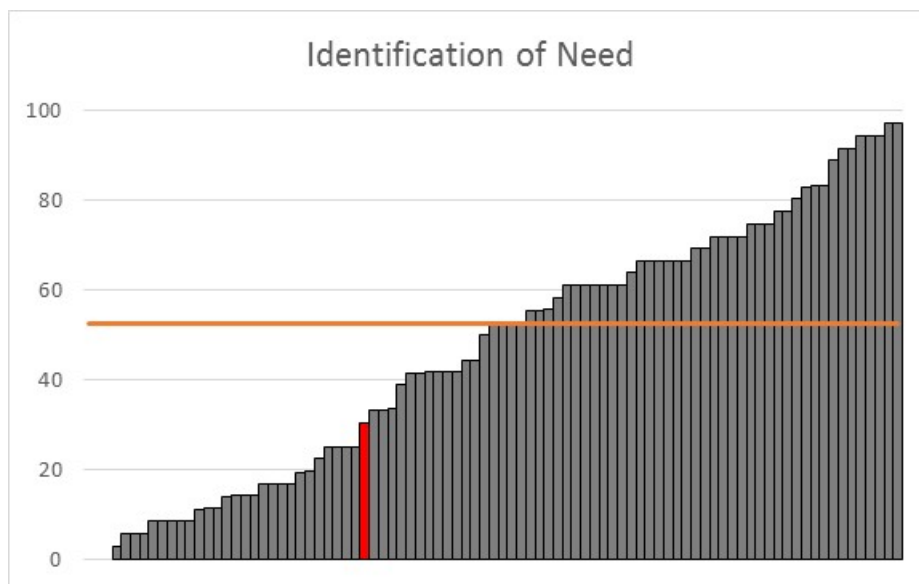
This graphic (Figure 2) again reports on all of the domains evaluated by the PIP and the PIP aggregate score. However this graphic describes the responses of each of the multiple raters of a given practice. For example, if a medical director, office manager, and senior behavioral health clinician all rated a practice using the PIP this allows for the visualization of the relative agreement of each rater for each of the domains. This graphic may help you understand how individual perceptions and experiences of your practice’s integration may differ. Additionally data from multiple raters offers a particular practice an opportunity to compare and discuss varying perceptions of, and expectations for, integration involving those same domains.

## Comparison of Practice to Reference Group



**Figure 3 - Multiple Practice Comparisons**

This graphic (Figure 3) compares the performance of the practice to other practices. Subsequent to completion of the PIP you will receive a similar graph of your practice. Your practice may be compared to all practices who have completed the PIP, or a subset comparison of practices that you requested (e.g., all FQHCs or all Internal Medicine practices). Each of the seven graphs compares your practice to other practices' performance on one of the domains and on the PIP aggregate score.



**Figure 4 - Interpreting a Single Domain**

To interpret these graphics identify the orange vertical bar (Figure 4). This bar represents the performance of your practice within this domain on a scale from 0 to 100. The orange horizontal bar represents the median performances of all practices in the reference group. For example, in the graphic above the practice's performance is approximately 30 in the domain Identification of need. The median of practices on this domain is approximately 58 which means 50% of the practices scored 58 or higher and 50% of practices scored 57 or lower. All of the other vertical grey bars represent the performance of individual practices in the reference group.