

PIP Practice Integration Profile V1.0

The Practice Integration Profile is an organizational self-assessment survey operationalizing the ideas in AHRQ developed Lexicon of Collaborative Care (2013)

The lexicon defines integration as:

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of healthcare utilization.

The PIP takes about 10 minutes to complete and has two purposes. First, it is meant to help you and your practice to assess where you are with your integration efforts. Second, we will use the results to improve the survey itself. All information will be analyzed and reported in a form that does not identify you or your practice. Responding to all questions is extremely important.

In return for answering all questions in the survey, you will receive a graph of your practice profile for each of the dimensions of this measure. There is no cost to you or your practice for participation. You can choose whether or not to participate. The Practice Integration Profile is still under development and we do not guarantee that your practice's performance on the survey corresponds to evidence-based practice or improved patient outcomes. If you have any questions or concerns about the project, please feel free to contact Dr. Rodger Kessler, PhD, ABPP, Chair, Research and Evaluation, Doctor of Behavioral Health Program, Arizona State University at Rodger.Kessler@asu.edu or PIP@uvm.edu

Directions: We suggest that it be rated both by the Medical Director and a Senior Behavioral Health Clinician. First, please check that you have reviewed the terms and conditions. Then, read the statements in each of the eight dimensions and select the response that best reflects your organization. Most items ask for a rough approximation of how often your practice meets a particular criterion and with a numerator and denominator to guide your thinking. You don't need to collect specific data - just provide your best estimate. Where we refer to "patients", feel free to consider family, caregivers, surrogates and other stakeholders as appropriate. Some items are ordered such that each level implies that all the previous criteria are met. Please choose the highest level that applies based on current practice activities.

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Please review the attached Collaboration Agreement and once you have read and understood it, please let us know if you are willing to participate in our study below.

[Attachment: "PIPCollaborationAgreement2016.pdf"]

If you are willing to participate, Choose "YES" and thank you!

- YES
 NO

Practice Name

Email Address

- Practice Group
- AccessTI
 - TPC&BH Workshop
 - Lehigh Valley Health Network (LVHN)
 - National Research Network (NRN)
 - Practice group not listed or not applicable
- Practice Type
- Community Mental Health Center
 - Community Health Center
 - Pediatrics
 - OB Gyn
 - Family Medicine
 - Internal Medicine
 - Other
- If 'Other'
-
- NCQA Level
- No NCQA Level
 - Level 1
 - Level 2
 - Level 3
 - Do not Know
- Your Position in the Practice
- Behavioral Health Clinician
 - Physician
 - Nurse
 - Administration
 - Other
- If 'Other'
-
- Practice Size
- 1 - 2 employees
 - 3 - 4 employees
 - 5 - 10 employees
 - Greater than 10 employees
- Practice Location
- Inner City
 - Urban
 - Suburban
 - Rural
 - Frontier

Practice State/Territory

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington D.C.
- West Virginia
- Wisconsin
- Wyoming
- American Samoa
- Guam
- Puerto Rico
- U.S. Virgin Islands

Practice Zip Code

Length of time integration effort has been active at your practice location.

-
- No Integration Effort
 - Planning Integration but Not Executed
 - Effort is 6 Months or Less
 - Effort is More Than 6 Months and Less Than 1 Year
 - Effort is More Than 1 Year

The behavioral health clinician(s) in your practice is

- Employed by the practice or practice organization
- Contracted with the clinician
- Contracted for services with a different organization
- We do not have a behavioral health clinician in our practice

How long has there been a behavioral health clinician as part of the practice?

- We do not have a behavioral health clinician in our practice
- Less than 6 Months
- 6 Months to 1 year
- 1 - 2 years
- More than 2 years
- Do not know

May we contact you for follow up using the email you provided us above

- Yes
- No

Integration

Definition of Integration for this Measure:

"Primary care and behavioral health clinicians, working together with patients, using a systematic approach to mental health and substance abuse conditions, health behavior change, life crises, and stress- related physical symptoms". (condensed from the "Lexicon for Behavioral Health and Primary Care Integration" by CJ Peek & and the National Integration Academy Council, 2013)

PRACTICE WORKFLOW
In our practice...

...we use a standard protocol to identify, assess, treat, and follow up patients who need or can benefit from integrated Behavioral Health (BH).

Scoring Criteria:

Numerator = # of BH patients receiving protocol-based care

Denominator = # of patients in need of BH

- Never for any aspects of care: 0%
 - Sometimes for some aspects of care: 1-33%
 - Often for some aspects of care: 34-66%
 - Frequently for most aspects of care: 67%-99%
 - Always for all aspects of care: 100%
- (Example: Patients in need of BH services are identified, assessed, treated, and followed using a consistent set of processes)

...we use registry tracking to identify and follow patients with identified BH issues.

Scoring Criteria:

Numerator = # of patients in BH registries

Denominator = # of patients with BH needs

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Example: Insomnia or depression registry)

...we coordinate clinical care and or provide bidirectional communication for patients with BH issues who would benefit from specialty services (not primary care).

Scoring Criteria:

Numerator = # of BH patients receiving coordinated care

Denominator = # of BH patients needing coordinated care

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Example: We facilitate first appointments for and or provide ongoing bidirectional communication with specialty mental health services and specialty medical services.)

...we connect patients with BH issues to non clinical community resources.

Scoring Criteria:

Numerator = # of BH patients receiving referral assistance to community resources

Denominator = # of BH patients needing referral to community resources

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Example: We provide with information to patients with BH issues regarding non-clinical community resources such as exercise programs, AA, disability advocates, SNAP(spell out) benefits, and support groups.)

...we provide referral assistance to connect patients to specialty mental health resources.

Scoring Criteria:

Numerator = # of patients receiving referral assistance to specialty mental health resources

Denominator = # of patients needing referral to specialty mental health resources

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Example: We help schedule any appointments for psychiatry services for severe persistent mental illness.)

...we use a standard approach for documenting patients' self-management goals.

Scoring Criteria:

Numerator = # of BH patients with documented goals

Denominator = # of patients with BH needs

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Example: Goals are documented in a structured problem list or other well-defined place.)

Total Percentage of PRACTICE WORKFLOW:

(Out of 100%)

CLINICAL SERVICES for chronic/complex medical illnesses
In our practice...

...we have clinicians available on site who provide non-crisis focused BH services.

Scoring Criteria:

Numerator = # hours non-crisis BH services are available

Denominator = # of hours the clinic is open

- Never: 0%
 Sometimes: 1-33%
 Often: 34-66%
 Frequently: 67%-99%
 Always: 100%
 (Example: Scheduled care (assessment, counseling, referral, etc.) of behavioral issues)

...we have clinicians available on site to see patients in behavioral crisis.

Scoring Criteria:

Numerator = # hours crisis BH services are available

Denominator = # of hours the clinic is open

- Never: 0%
 Sometimes: 1-33%
 Often: 34-66%
 Frequently: 67%-99%
 Always: 100%
 (Example: BH provider able to see patients in behavioral crisis same day as requested.)

...we have BH clinicians who can see seriously mentally ill and substance-dependent patients.

Scoring Criteria:

Numerator = # hours BH services for seriously mentally ill and substance-dependent patients are available

Denominator = # of hours the clinic is open

- Never: 0%
 Sometimes: 1-33%
 Often: 34-66%
 Frequently: 67%-99%
 Always: 100%
 (Example: BH provider able to see patients with schizophrenia, problem drinking, etc.)

...we offer behavioral interventions for patients with chronic/complex medical illnesses.

Scoring Criteria:

Numerator = # of patients offered BH interventions for chronic/complex medical illnesses

Denominator = # of patients needing such services

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: Assessment, counseling, coaching for BH needs of diabetes, cancer, heart disease, hypertension, etc.)

...we offer complex or specialized behavioral health therapies.

Scoring Criteria:

Numerator = # hours BH clinicians with training in specialized BH therapies are available

Denominator = # of hours the clinic is open

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: Including but not limited to: Exposure therapy for anxiety, DBT, or EMDR)

...we offer evidence-based substance abuse interventions.

Scoring Criteria:

Numerator = # of patients offered evidence-based substance abuse interventions

Denominator = # of patients needing such services

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: Screening and brief intervention, relapse prevention focused therapy, and/or Motivational Interviewing)

...we offer prescription medications for routine mental health and substance abuse diagnoses.

Scoring Criteria:

Numerator = # of patients offered prescription medications for routine mental health or substance abuse diagnoses

Denominator = # of patients needing such services

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Examples: Moderate depression, anxiety, and/or opiate dependence)

...we offer prescription medications for serious complex co-occurring mental health and/or substance abuse diagnoses..

Scoring Criteria:

Numerator = # of patients offered prescription medications for serious mental health or substance abuse diagnoses

Denominator = # of patients needing such services

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Examples: Major depression, bi-polar, schizophrenia)

...we offer referral to non-clinical services outside of our practice.

Scoring Criteria: Numerator = # of patients offered referrals

Denominator = # of patients needing such services

- None: 0%
 - Some: 1-33%
 - About half: 34-66%
 - Most: 67%-99%
 - All: 100%
- (Examples: Spiritual advisors, schools, criminal justice (probation and parole, drug courts), or vocational rehabilitation)

Total Percentage of CLINICAL SERVICES for chronic/complex medical illnesses:

(Out of 100%)

WORKSPACE ARRANGEMENT and Infrastructure**In our practice...**

...BH and medical clinicians work in:

Scoring Criteria:

Ordered - Please pick the best descriptor of your practice

...patient treatment/care plans are documented in a medical record accessible to both BH and medical clinicians

Scoring Criteria:

Numerator = # of BH patients with treatment/care plans in shared records

Denominator = # of patients receiving BH services in the practice

Total Percentage of WORKSPACE ARRANGEMENT and Infrastructure:

- Different Buildings
- Different Floors
- Different Office Suites
- Separate Parts of the Same Suite
- Fully Shared Space
(Example: Shared building or unit)

- None: 0%
- Some: 1-33%
- About half: 34-66%
- Most: 67%-99%
- All: 100%
(Examples: Medical and BH clinicians use the same Electronic Record)

(Out of 100%)

INTEGRATION METHODS
In our practice...

...BH and Medical Clinicians regularly and actively exchange information about patient care.

Scoring Criteria:

Numerator = # of BH patients with regular active exchange of information

Denominator = # of patients receiving BH services

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: "Active" includes "tasking" or both clinicians signing shared documentation. Does not include simply documenting in a place that is available to the other clinician)

...there are regular educational activities including both BH and Medical Clinicians.

Scoring Criteria:

Ordered - Please pick the best descriptor of your practice

- No structured educational activities
 Educational activities are provided to BH and medical clinicians separately
 Some activities with both medical and BH clinicians
 Frequent activities with both medical and BH clinicians
 Regularly scheduled activities with full participation by both medical and BH clinicians
 (Examples: This includes but is not limited to sessions focused on specific conditions such as patients with chronic pain or depression. Includes case conferences, seminars, etc.)

...BH and Medical Clinicians regularly spend time together collaborating on patient care.

Scoring Criteria:

Numerator = # of BH patients discussed in person

Denominator = # of patients receiving BH services

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: Face-to-face contact to discuss patient care)

...patients with BH needs have shared care plans developed jointly by the patient, BH and Medical Clinicians and updated over time.

Scoring Criteria:

Numerator = # of BH patients with a jointly developed care plan

Denominator = # of patients receiving BH services

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: Joint visits with patient, caregivers, medical and BH clinicians for development of a problem list and action plan; iterative development of the problem list and plan by individual)

Total Percentage of INTEGRATION METHODS:

_____ (Out of 100%)

CASE IDENTIFICATION
In our practice...

...we screen eligible patients for at least one BH condition using a standardized procedure.

Scoring Criteria:

Numerator = # patients screened

Denominator = # of patients seen in the practice

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%

(Examples: US Preventative Services Task Force guidelines for alcohol use or depression; or other conditions such as anxiety or trauma)

...we use practice-level data to screen for patients at risk for at least one complex or special need.

Scoring Criteria:

Numerator = # of patients screened

Denominator = # of patients in the practice

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%

(Examples: Billing, registration data, disease registry, lab results, etc.)

...patients are screened at least annually for at least one behavioral conditions related to a chronic medical problem.

Scoring Criteria:

Numerator = # patients screened

Denominator = # of patients with target medical conditions

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%

(Example: Screening for depression in diabetes, anxiety in heart failure, etc.)

...patients are screened at least annually for lifestyle or behavioral risk factors.

Scoring Criteria:

Numerator = # patients screened

Denominator = # of patients seen in the practice

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%

(Example: Poor diet, inadequate exercise, sleep disorders, substance use, etc.)

...screening data are presented to clinicians prior to (or at) patient encounters with recommendations for patient care.

Scoring Criteria:

Numerator = # of recommendations presented to clinician

Denominator = # positive findings
(patients with multiple positive screens are counted multiple times)

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%

(Example: Patients with low physical activity are flagged for physician to consider referral to YMCA; patients with insomnia are flagged for referral to CBT.)

Total Percentage for CASE IDENTIFICATION:

(Out of 100%)

PATIENT ENGAGEMENT
In our practice...

...we successfully engage identified patients in Behavioral Care.

Scoring Criteria:

Numerator = # initiating behavioral intervention
Denominator = # of patients who are identified with a specific behavioral need

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Examples: Patients who have an unmet BH need actually meet at least once with a BH provider)

...we successfully retain patients in Behavioral Care.

Scoring Criteria:

Numerator = # completing behavioral intervention
Denominator = # of patients who initiate behavioral intervention

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Example: Patients who meet with a BH clinician collaboratively agree on treatment goals and reach one or more goals)

...we have specific systems to identify and intervene on patients who did not initiate or maintain care.

Scoring Criteria:

Numerator = # receiving action to engage or retain
Denominator = # of patients who do not initiate or complete BH care

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Example: Post-referral "tickler" files with practice staff follow-up)

...we have follow-up plans for all patients whose BH needs are resolved.

Scoring Criteria:

Numerator = # of patients with a specific follow-up plan
Denominator = # of patients who complete a BH intervention

- None: 0%
 Some: 1-33%
 About half: 34-66%
 Most: 67%-99%
 All: 100%
 (Example: Automatically scheduled visits with primary care provider)

Total Percentage for PATIENT ENGAGEMENT:

(Out of 100%)

THANK YOU FOR YOUR PARTICIPATION.**A graphical representation of your results will be emailed to you within 48 hours.**

If you would like to have a separate analysis of your data in comparison to a specific subset, please indicate the particular subset. An additional cost may be assessed for custom reports.

- Community Mental Health Center
- Community Health Center
- Pediatrics
- OB Gyn
- Family Medicine
- Internal Medicine
- Other

If you chose "Other Specialty Medical Practice" please specify what type of practice to which you would like your practice compared.
