



PRACTICE INTEGRATION PROFILE (PIP)

Primary Care Behavioral Health Integration

This is the Practice Integration Profile (PIP), an organizational self-assessment survey operationalizing the ideas and *Defining Clauses* in C.J. Peek's *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 (see example on page 7). 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 C.R. Macchi, PhD, Clinical Assistant Professor and Assistant Chair, Internship Program at Arizona State University at 602-496-1355 or crmacchi@asu.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 six 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.

(The collaboration agreement is attached on the electronic version, and the participant must read it to continue)

I. Practice Workflow								
WF	In our practice, ...	Examples	Scoring Criteria	Score				
1	...we use a standard protocol for patients who need or can benefit from integrated Behavioral Health (BH).	<i>Patients in need of BH services are identified, assessed and receive care using a consistent set of processes</i>	Numerator = # of patients receiving protocol-based care Denominator = # of patients in need of BH	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
2	...we use registry tracking for patients with identified BH issues.	<i>Insomnia registry</i>	Numerator = # of patients in BH registries Denominator = # of patients with BH needs	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
3	...we provide coordination of care for patients with identified BH issues.	<i>Example we coordinate appointments with outside medical and non-medical providers, or assist with social services contacts"</i>	Numerator = # of patients receiving coordinated care Denominator = # of patients with BH needs	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
4	...we provide referral assistance to connect patients to community resources,	<i>Exercise programs, AA, housing assistance, support groups, etc.</i>	Numerator = # of patients receiving referral assistance to community resources Denominator = # of patients needing referral to community resources	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
5	...we provide referral assistance to connect patients to specialty mental health resources.	Psychiatry for persistent severe mental illness	Numerator = # of patients receiving referral assistance to specialty mental health resources Denominator = # of patients needing referral to specialty mental health resources	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
6	...we use a standard approach for documenting patients' self-management goals.	Goals are documented in a structured problem list or other well-defined place	Numerator = # of patients with documented goals Denominator = # of patients with BH needs	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%

II. Clinical Services for chronic/complex medical illnesses								
CS	In our practice,...	Examples	Scoring Criteria	Score				
1	...we have clinicians available on site who provide non-crisis focused BH services.	A trained clinician is available for patients with non-crisis behavioral needs (assessment, counseling, referral, etc.)	Numerator = # hours per week non-crisis BH services are available Denominator = # of hours the clinic is open per week	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
2	...we have clinicians available on site to respond to patients in behavioral crisis.	A trained clinician is available for acute visits or walk-in patients in behavioral crisis	Numerator = # hours per week crisis BH services are available Denominator = # of hours the clinic is open per week	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
3	...we have BH clinicians who can respond to seriously mentally ill and substance-dependent patients.	Schizophrenia, problem drinking, etc.	Numerator = # hours per week BH services for seriously mentally ill and substance-dependent patients are available Denominator = # of hours the clinic is open per week	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
4	...we offer behavioral interventions for patients with chronic/complex medical illnesses.	<i>i.e. diabetes, cancer, heart disease, and hypertension</i>	Numerator = # of patients offered BH interventions for chronic/complex medical illnesses Denominator = # of patients needing such services	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
5	...we employ BH clinicians with a background and training in complex or specialized behavioral health therapies.	<i>Need examples</i>	Numerator = # of BH staff with training in complex or specialized behavioral health therapies Denominator = # of BH staff	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
6	...we offer substance abuse interventions, including evidence-based Screening and Brief Intervention.	<i>i.e. screening and brief intervention</i>	Numerator = # of patients offered BH interventions for chronic/complex medical illnesses Denominator = # of patients needing such services	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
7	...we offer prescription medications for routine mental health and substance abuse diagnoses.	Moderate depression and anxiety	Numerator = # of patients offered prescription medications for routine mental health or substance abuse diagnoses Denominator = # of patients needing such services	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
8	...we offer prescription medications for serious complex co-occurring mental health and/or substance abuse diagnoses	Major depression, bi-polar, schizophrenia	Numerator = # of patients offered prescription medications for serious mental health or substance abuse diagnoses Denominator = # of patients needing such services	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%
9	...we offer referral to non-clinical services outside of our practice.	<i>i.e. spiritual advisors, schools, criminal justice (probation and parole, drug courts), or vocational rehabilitation</i>	Numerator = # of patients offered referrals Denominator = # of patients needing such services	Never 0%	Sometimes 1-33%	Often 34-66%	Frequently 67-99%	Always 100%

III. Workspace Arrangement and Infrastructure								
WS	In our practice...	Examples	Scoring Criteria	Score				
1	...BH and Medical Clinicians work in:	<i>Shared building or unit</i>	Ordered – Please pick the best descriptor of your practice	<i>Different Buildings</i>	<i>Different Floors</i>	<i>Different Office Suites</i>	<i>Separate parts of the same suite</i>	<i>Fully shared space</i>
2	...patient treatment/care plans are routinely documented in a medical record accessible to both BH and medical clinicians.	<i>Medical and BH clinicians use the same Electronic Record (Treatment or patient care plans may be condition specific or not)</i>	Numerator = # of patients with shared records Denominator = # of patients receiving BH services	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%

IV. Integration Methods								
IN	In our practice, ...	Examples	Scoring Criteria	Score				
1	...BH and Medical Clinicians regularly exchange information about patient care.	<i>This includes active communication such as "tasking" or both clinicians signing shared documentation but does not include passive communication such as simply documenting in a place that is available to the other clinician</i>	Numerator = # of patients with regular active exchange of information Denominator = # of patients receiving BH services	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
2	...there are regular educational activities including both BH and Medical Clinicians	<i>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.</i>	Educational activities should be jointly provided to medical and behavioral clinicians.	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 participation by both medical and BH clinicians	Regularly scheduled (monthly, quarterly, etc.) activities with full participation by both medical and BH clinicians
3	...BH and Medical Clinicians regularly spend time together collaborating on patient care.	<i>Face-to-face contact to discuss patient care, including but not limited to offices, exam rooms, hallways, or conference rooms</i>	Numerator = # of patients discussed in person Denominator = # of patients receiving BH services	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%

4	...patients with BH needs have shared care plans developed jointly by the patient, BH and Medical clinicians.	<i>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 clinicians meeting with the patient/caregivers.</i>	Numerator = # of patients with a shared care plan Denominator = # of patients receiving BH services	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
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V. Case Identification								
ID	In our practice, ...	Examples	Scoring Criteria	Score				
1	...all eligible adults are screened for BH conditions using a standardized procedure.	<i>US Preventative Services Task Force recommendations are followed for behavioral screening of all adults in areas such as alcohol use and depression.</i>	Numerator = # screened Denominator = # of adults seen in the practice	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
2	...we use practice-level data to screen for patients at risk for complex or special needs.	<i>Billing system, registration data, disease registry, lab results, etc.</i>	Numerator = # of patients screened Denominator = # of patients in the practice	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
3	...patients are screened at least annually for behavioral conditions related to a medical problem.	<i>Screening for depression in diabetes, anxiety in heart failure, etc.</i>	Numerator = # screened Denominator = # of patients with target medical conditions	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
4	...all patients are screened at least annually for lifestyle or behavioral risk factors	<i>Poor diets, inadequate exercise, sleep disorders, etc.</i>	Numerator = # screened Denominator = # of patients seen in the practice	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
5	...screening data are presented to clinicians with recommendations for patient care.	<i>Patients with low physical activity are flagged for physician to consider referral to YMCA; patients with insomnia are flagged for referral to CBT.</i>	Numerator = # of recommendations presented to clinician Denominator = # positive findings (patients with multiple positive screens are counted multiple times)	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%

VI. Patient Engagement								
EN	In our practice, ...	Examples	Scoring Criteria	Score				
1	...we successfully engage identified patients in Behavioral Care	<i>Patients who need counseling actually start counseling</i>	Numerator= # initiating behavioral intervention Denominator = # of patients who are identified with a specific behavioral need	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
2	...we successfully retain patients in Behavioral Care	<i>Patients who initiate counseling complete counseling</i>	Numerator= # completing behavioral intervention Denominator = # of patients who initiate behavioral intervention	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
3	...have specific systems to identify and intervene on patients who did not initiate or complete care		Numerator = # receiving action to engage or retain Denominator = # of patients who do not initiate or complete BH care	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%
4	...we have follow-up plans for all patients who complete BH interventions	<i>Scheduled visits with primary care provider</i>	Numerator = # of patients with a specific follow-up plan Denominator = # of patients who complete a BH intervention	<i>Never</i> 0%	<i>Sometimes</i> 1-33%	<i>Often</i> 34-66%	<i>Frequently</i> 67-99%	<i>Always</i> 100%

All done – Thanks!

Sample Practice Integration Profile Graphic

