# **PIP Practice Integration Profile V1.0**

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. 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.

Created by: Rodger Kessler Ph.D. ABPP, Mark Kelly, Jon van Luling, Andrea Auxier Ph.D., Daniel Mullin Psy.D. MPH, C.R. Macchi Ph.D., Juvena Hitt, Benjamin Littenberg MDR

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
Educational Institution	<ul><li>Arizona State University</li><li>Institution is not listed or not applicable</li></ul>
Course Number	<ul><li>○ IBC 684 - Internship</li><li>○ Class is not listed</li><li>○ Do not know, Not applicable</li></ul>

**₹EDCap** 

Internship Site Location

$\bigcirc$	Thrive Alabama - AL
$\sim$	Area Agency On Aging - AZ
	Arizona Community Physicians - AZ
$\bigcirc$	Arizona Complete Health (A Centene Co) - AZ
$\bigcirc$	Arizona Counseling & Treatment Services - AZ
	Arizona State Prison, Department of Corrections -
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	Arrowhead Health Centers - AZ
	Assurance Health and Wellness - AZ
$\bigcirc$	AZ Dept of BH Office of Individual and Family
	Affairs - AZ
$\bigcirc$	Banner Health - AZ
	Banner Health - AZ
	Bayless Healthcare - Rainbow Pediatrics - AZ
	Brookdale Senior Living - AZ
	Center for Neurosciences - AZ
$\bigcirc$	Centro de Amistad - AZ
	Children's Clinic - AZ
	Cigna Medical Group - AZ
	CODAC Health Recovery and Wellness - AZ
	Community Intervention Associates - AZ
	Cope Community Services - AZ
$\bigcirc$	El Rio Community Health Center - AZ
	Evolved MD - AZ
	Gila River Health Care - AZ
	Haven Senior Horizons - AZ
	Horizon Health and Wellness - AZ
$\bigcirc$	IHS - Chinle Comprehensive Health Care Facility -
	AZ
$\bigcirc$	Jewish Children and Family Services - AZ
	Making Connections 4U - AZ
	Maricopa County Correctional Health Services - AZ
	MAYO CLINIC - AZ
$\bigcirc$	MD General Internal Medicine - AZ
$\bigcirc$	Mercy Maricopa Integrated Care (MMIC) - AZ
	MHC Healthcare - AZ
	MIHS - Avondale Family Health Center - AZ
$\bigcirc$	MIHS - Chandler Family Health Cente AZ
$\bigcirc$	MIHS - Comprehensive Healthcare Cen AZ
	MIHS - Glendale Family Health Cente AZ
$\bigcirc$	MIHS - Mesa Family Health Clinic - AZ
	MIHS - Sunnyslope Family Medical Ce AZ
	Mountain Park Health Center - AZ
	Mountain Springs Counseling - AZ
	Native Health - AZ
$\bigcirc$	North Country Healthcare - Flagstaff - AZ
$\bigcirc$	North Country Healthcare - Lake Hav AZ
	North Country Healthcare - Williams - AZ
	Northern Arizona Regional Behaviora AZ
	Optumhealth - AZ
	PA Dept - AZ
	Panda Medical Associates LLC - AZ
$\bigcirc$	Pascua Yaqui Tribe Health Departmen AZ
	Phoenix Children's Hospital - AZ
	Reliance Medical, PLLC - AZ
	Salt River Pima - Maricopa Indian Community - AZ
	Sonora Hospital - AZ
	Southwest Advanced Neurological Rehabilitation - Az
$\bigcirc$	Southwest Behavioral Health Services - AZ
_	St. Elizabeth's Health Center - AZ
	Student Health Outreach for Wellness (SHOW) Clinic
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	Summit Healthcare Regional Medical Center - AZ
	Terros Health - McDowell Clinic - AZ
$\bigcirc$	Terros Inc AZ
	The Haven - AZ
	Touchstone Health Services - AZ
	Tucson Medical Center - AZ
$\supset$	University of Arizona Health Plans -
$\bigcirc$	USAID - GMOBALOBEVELOPMENT RESEARCH CAP

○ VA - Phoenix Health Care System - AZ
○ Valle del Sol - AZ
○ Vita Wellness - AZ
Chilliwack General Hospital - BC Canada
One Life One Chance in Chilliwack - BC Canada
ABC Unified School District - CA
O Blue Shield of California - CA
California Department of Corrections - CA
California Department of Corrections - Mule Creek
- CA
Canterbury - CA
Cedar Sinai Medical Group - CA
Community Medical Providers - Reedley North - CA
On. Michelle Hamidi, MD. Family Medicine - CA
○ Edison Health Center - CA
Gemcare Comprehensive Care Center - CA
Hill Country Health & Wellness Center - CA
John Muir Health - CA
Marine & Family Programs - CA
Northern Inyo Hospital - CA
Optum Care Medical Group - CA
Passport to Adaptive Living (PAL) - CA
San Joaquin County - General Hospital - CA
Sharp - Michelle Hamidi Family Medicine - CA
St Vincent de Paul Village Family Health Center -
CA
St. Margaret's Episcopal School - CA
Temecula Center for Integrative Medicine - CA
Touchstone Medical Group - CA
UC Irvine Health - Senior Health Services - CA
UCR - Access Clinic - CA
UCSD Center for Integrative Medicine - CA
UCSF Community Regional Medical Center - CA
Univ of CA, Riverside Access Clinic - CA
○ VA - Northern CA Health Center - CA ○ Hinman Family Medicine - CO
Longs Peak Family Practice - CO
Mercy Family Medicine - CO
<ul><li>Peak Vista Community Health Centers - CO</li><li>Penrose Health Services - CO</li></ul>
Capitol Region Education Council - CT
Hartford Healthcare - CT
University of the District of Columbia - DC
Bay Medical Center - FL
Better Me Healthcare - FL
Broward Outreach Center - FL
Florida Atlantic University - Diabetes Education &
Research - FL
○ Life of Purpose Treatment - FL
Mass Free Clinic - FL
Memorial University Medical Center - FL
Rub Pediatrics - FL
SMA Behavioral Health - FL
Windmoor HealthCare-Outpatient Facility - FL
CKCG Health Care Services - GA
O Druid Park Community Health Center - GA
HEALing Community Center - GA
Mercy Heart Clinic - GA
Metro Hypertension Kidney & Dialysi GA
NAESM - GA
O Phoebe Putney Memorial Hospital Behavioral Health
- GA
O Potter's House Family and Children Treatment
Center - GA
O South August Dialysis Clinic - GA
Hawaii Family Health Inc HI
Hawaii HOME Project - HI
St. Luke's Health Partners - ID
Annita John MD - IL
Quorum Health/Gateway Regional Medical Center - IL
Haskell Indian Health Services - KS

○ WHFRTC Troop Medical Clinic - KY
O Daughters of Charity New Orleans - LA
○ L.B. Laundry/O.P. Walker High School - LA
○ LSU Health Science Center /Eleanor McCain
Secondary School Based Health Center - LA
○ McDonogh 35 - LA
Ochsner Medical Center- Baton Rouge - LA
O Primary Care Solutions - LA
O Primary Care Specialists - LA
○ RKM Primary Care - LA
SE Louisiana Veterans Health Care System - LA
St. Charles Community Health Center Norco - LA
United Healthcare/Optum - LA
C Echohouse - MD
United Communities Against Poverty - MD
Castport Healthcare - ME
Maine Health - ME
Oaldala Bassyary Contar, MI
Oakdale Recovery Center - MI
O Pokagon Band Dept. of Health Services - MI
St. Francis Cabrini Clinic - MI
○ StoneCrest - MI
Onen Cities Health Center - MN
Open Cities Health Center - MN  Vicion Source: Yankoo Evo Clinic MN
<ul><li>○ Vision Source: Yankee Eye Clinic - MN</li><li>○ Access Family Care - MO</li></ul>
FCC Behavioral Health - MO
Mid-Atlantic Internal Medicine - MO
Univ of So MS Institute for Disability Studies - MS
Univ of So MS School of SW Integrategrated Health
Disaster Program - MS
○ Lake Norman Community Health Clinic - NC
Matthews Free Clinic - NC
North Whiteville Urgent Care - NC
Winston Salem/Forsyth County School System - NC
Apex Medical Center - NE
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Apex Medical Center - NE Community Alliance - NE Creighton Family Healthcare - NE McGill Family Practice - NE Mary Eliza Mahoney Health Center - NJ Summit Medical Group - NJ Molina Healthcare of New Mexico - NM St Christopher INC - NM UNM Health Clinic - NM UNM Sandoval Regional Medical Center - NM Ear, Nose, & Throat Associates - NV Las Vegas Recovery Center Chronic Pain Program - NV Southern Nevada Health District - NV Womens Health Associates of Southern Nevada - NV Campus Magnet Educational Campus Sc NY Keuka College - NY Latham Medical Group - NY SUNY - Broome Community College Health & Counseling Centers - NY Fairfield Community Health Center - OH Health Partners of Western Ohio - OH LifePoint Solutions - OH Menorah Park - OH Ernest Childer VA Community Based Outpatient Clinic - OK Family Health Center of Southern Oklahoma - OK Genesis Urgent Care - OK OU Department of Family and Preventative Medicine - OK Asante Physician Partners - OR Asante Physician Partners - OR Cascadia Behavioral Healthcare - OR Cascadia Behavioral Healthcare - OR Center for Health and Wellbeing - OR
Apex Medical Center - NE Community Alliance - NE Creighton Family Healthcare - NE McGill Family Practice - NE Mary Eliza Mahoney Health Center - NJ Summit Medical Group - NJ Molina Healthcare of New Mexico - NM St Christopher INC - NM UNM Health Clinic - NM UNM Sandoval Regional Medical Center - NM Ear, Nose, & Throat Associates - NV Las Vegas Recovery Center Chronic Pain Program - NV Southern Nevada Health District - NV Womens Health Associates of Southern Nevada - NV Campus Magnet Educational Campus Sc NY Keuka College - NY Latham Medical Group - NY SUNY - Broome Community College Health & Counseling Centers - NY Fairfield Community Health Center - OH Health Partners of Western Ohio - OH LifePoint Solutions - OH Menorah Park - OH Ernest Childer VA Community Based Outpatient Clinic - OK Family Health Center of Southern Oklahoma - OK Genesis Urgent Care - OK OU Department of Family and Preventative Medicine - OK Asante Physician Partners - OR Asante Physician Partners - OR Best Care Treatment Services - OR Cascadia Behavioral Healthcare - OR

Salud Medical Center - OR
<ul><li>Southern Oregon Pediatrics - OR</li></ul>
○ Chong Duk Kim Internal Medicine - PA
Hanover Area School District - PA
O PASSi - PA
○ COSSMA Inc PR
Family Service of RI - RI
○ Kingstown Pediatrics - RI
Christ Community Health Service - TN
Health Connect America - TN
Meharry Health Family Medicine at Skyline Medical
Plaza - TN
The Clinics at Nashville General Hospital - TN
Andrews Center - Tyler - TX Andrews Center - Tyler - TX
Andrews Center - Tyler - TX
<ul><li>Andrews Center Behavioral Healthcare System - TX</li></ul>
Austin State Supported Living Center - TX
Baylor College of Medicine - Healthcare for the
Homeless - TX
○ Blue Cross Blue Shield of Texas - TX
Bluebonnet Trails Community Services - TX
Community Health Centers of South Central - TX
Community Healthcore - TX
CQ Integrative Health - TX
Dallas Behavioral Healthcare Hospital - TX
Emmason Pediatric & Family Clinic - TX
John J Garcia Family Medicine Clinic - TX
MD Anderson Cancer Center - Houston - TX
Mendoza Family Care Clinic - TX
○ Mentis Neuro Health - TX
<ul><li>Planned Parenthood Gulf Coast - TX</li></ul>
<ul><li>Smithville Community Clinic - TX</li></ul>
○ St. Lazarus Family Practice - TX
○ Texas Health Arlington Memorial Hospital - TX
○ Village Health Partners - TX
Center for Mindfulness and Integrative Health
Intervention Development - UT
O Preferred Family Clinic - Utah Valley Pediatrics -
UT
<ul><li>Southwest Spine and Pain Center - UT</li></ul>
Southwest Spine and Pain Center - UT
University of Utah Hospital - UT
Bradshaw Healthcare Solutions - VA
Children's Hospital of the King's Daughters - VA
Fan Free Clinic - VA
Fort Belvoir Community Hospital - VA
MITRE Health Tech Center - VA
Sentara Comprehensive Weight Loss - VA
○ VA - Hunter Holmes/McGuire Medical VA
○ Wellspace Health - VA
Northern Counties Health Care, Inc VT
○ Carey V Lasley DDS - WA
MultiCare Good Samaritan Behavioral Health - WA
Peace Island Medical Center - WA
<ul> <li>Samaritan Health Care - Autism Therapy Services of</li> </ul>
Moses Lake - WA
○ Swedish Medical Center - WA
Swedish Medical Group - WA
Washington State Department of Labor - WA
Western Psychological and Counseling Services - WA
Yakima Valley Farm Workers Clinic - WA
Aurora Baycare Orthopedic Sports Medicine - WI
FE Warren Airforce Base - 90th Medical Group - WY
McCarty Family Medicine - WY

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Your Position in the Practice	<ul><li>Behavioral Health Clinician</li><li>Physician</li><li>Nurse</li><li>Administration</li><li>Other</li></ul>
If 'Other"	
Practice Name	<u></u>
Practice Type	<ul> <li>Community Mental Health Center</li> <li>Community Health Center</li> <li>Pediatrics</li> <li>OB Gyn</li> <li>Family Medicine</li> <li>Internal Medicine</li> <li>Other</li> </ul>
If 'Other'	
NCQA Level	<ul><li>○ No NCQA Level</li><li>○ Level 1</li><li>○ Level 2</li><li>○ Level 3</li><li>○ Do not Know</li></ul>
Practice Size	<ul><li>○ 1 - 2 employees</li><li>○ 3 - 4 employees</li><li>○ 5 - 10 employees</li><li>○ Greater than 10 employees</li></ul>
Practice Location	<ul><li>○ Inner City</li><li>○ Urban</li><li>○ Suburban</li><li>○ Rural</li><li>○ Frontier</li></ul>



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 Washington Washington Washington Washington Washington Washington U.S. Virgin Islands BC Canada
Practice Zip Code	
Length of time integration effort has been active at	○ No Integration Effort
your practice location.	<ul> <li>Planning Integration but Not Executed</li> <li>Effort is 6 Months or Less</li> <li>Effort is More Than 6 Months and Less Than 1 Year</li> <li>Effort is More Than 1 Year</li> </ul>



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is	<ul> <li>Contracted with the clinician</li> <li>Contracted for services with a different organization</li> <li>We do not have a behavioral health clinician in our practice</li> </ul>
How long has there been a behavioral health clinician as part of the practice?	<ul> <li>We do not have a behavioral health clinician in our practice</li> <li>Less than 6 Months</li> <li>6 Months to 1 year</li> <li>1 - 2 years</li> <li>More than 2 years</li> <li>Do not know</li> </ul>
May we contact you for follow up using the email you provided us above	○ Yes ○ No

**REDCap** 

#### 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)



11/07/2017 11:00am

# **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	<ul> <li>○ Never for any aspects of care: 0%</li> <li>○ Sometimes for some aspects of care: 1-33%</li> <li>○ Often for some aspects of care: 34-66%</li> <li>○ Frequently for most aspects of caret: 67%-99%</li> <li>○ Always for all aspects of care: 100%</li> <li>(Example: Patients in need of BH services are identified, assessed, treated, and followed using a consistent set of processes)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Insomnia or depression registry)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: We facilitate first appointments for and or provide ongoing bidirectional communication with specialty mental health services and specialty medical services. )</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(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.)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example:We help schedule any appointments for psychiatry services for severe persistent mental illness.)</li> </ul>



we use a standard approach for documenting	○ None: 0%
patients' self-management goals.	○ Some: 1-33%
	About half: 34-66%
Scoring Criteria:	<ul><li>Most: 67%-99%</li></ul>
Numerator = # of BH patients with documented goals	○ All: 100%
Denominator = # of patients with BH needs	(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	<ul> <li>Never: 0%</li> <li>Sometimes: 1-33%</li> <li>Often: 34-66%</li> <li>Frequently: 67%-99%</li> <li>Always: 100%</li> <li>(Example:Scheduled care (assessment, counseling, referral, etc.) of behavioral issues)</li> </ul>
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	<ul> <li>Never: 0%</li> <li>Sometimes: 1-33%</li> <li>Often: 34-66%</li> <li>Frequently: 67%-99%</li> <li>Always: 100%</li> <li>(Example: BH provider able to see patients in behavioral crisis same day as requested.)</li> </ul>
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	<ul> <li>Never: 0%</li> <li>Sometimes: 1-33%</li> <li>Often: 34-66%</li> <li>Frequently: 67%-99%</li> <li>Always: 100%</li> <li>(Example:BH provider able to see patients with schizophrenia, problem drinking, etc.)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples: Assessment, counseling, coaching for Bineeds of diabetes, cancer, heart disease, hypertension, etc.)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples: Including but not limited to: Exposure therapy for anxiety, DBT, or EMDR)</li> </ul>
we offer evidence-based substance abuse interventions.  Scoring Critera: Numerator = # of patients offered evidence-based substance abuse interventions Denominator = # of patients needing such services	<ul> <li>○ None: 0%</li> <li>○ Some: 1-33%</li> <li>○ About half: 34-66%</li> <li>○ Most: 67%-99%</li> <li>○ All: 100%</li> <li>(Examples: Screening and brief intervention, relapse prevention focused therapy, and/or Motivational Interviewing)</li> </ul>



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	<ul> <li>○ None: 0%</li> <li>○ Some: 1-33%</li> <li>○ About half: 34-66%</li> <li>○ Most: 67%-99%</li> <li>○ All: 100%</li> <li>(Examples: Moderate depression, anxiety, and/or opiate dependence)</li> </ul>
we offer prescription medications for serious complex co-occurring mental health and/or substance abuse diagnoses  Scoring Critera: Numerator = # of patients offered prescription medications for serious mental health or substance abuse diagnoses Denominator = # of patients needing such services	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples: Major depression, bi-polar, schizophrenia)</li> </ul>
we offer referral to non-clinical services outside of our practice.  Scoring Criteria: Numerator = # of patients offered referrals  Denominator = # of patients needing such services	<ul> <li>○ None: 0%</li> <li>○ Some: 1-33%</li> <li>○ About half: 34-66%</li> <li>○ Most: 67%-99%</li> <li>○ All: 100%</li> <li>(Examples: Spiritual advisors, schools, criminal justice (probation and parole, drug courts), or vocational rehabilitation)</li> </ul>
Total Percentage of CLINICAL SERVICES for chronic/complex medical illnesses:	(Out of 100%)

In our practice...

#### **WORKSPACE ARRANGEMENT and Infastructure**

Total Percentage of WORKSPACE ARRANGEMENT and Infastructure:

BH and medical clinicians work in:	<ul> <li>Different Buildings</li> <li>Different Floors</li> <li>Different Office Suites</li> <li>Separate Parts of the Same Suite</li> <li>Fully Shared Space</li> <li>(Example: Shared building or unit)</li> </ul>		
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	<ul><li>○ None: 0%</li><li>○ Some: 1-33%</li><li>○ About half: 34-66%</li><li>○ Most: 67%-99%</li></ul>		
Scoring Criteria: Numerator = # of BH patients with treatment/care plans in shared records Denominator = # of patients receiving BH services in the practice	All: 100% (Examples:Medical and BH clinicians use the same Electronic Record)		

(Out of 100%)



#### **INTEGRATION METHODS**

	οι				

BH and Medical Clinicians regularly and actively exchange information about patient care.	<ul><li>○ None: 0%</li><li>○ Some: 1-33%</li><li>○ About half: 34-66%</li></ul>
Scoring Criteria:  Numerator = # of BH patients with regular active exchange of information  Denominator = # of patients receiving BH services	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	<ul> <li>No structured educational activities</li> <li>Educational activities are provided to BH and medical clinicians separately</li> <li>Some activities with both medical and BH clinicians</li> <li>Frequent activities with both medical and BH clinicians</li> <li>Regularly scheduled activities with full participation by both medical and BH clinicians</li> <li>(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.)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples:Face-to-face contact to discuss patient care)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(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 )</li> </ul>
Total Percentage of INTEGRATION METHODS:	(Out of 100%)



# **CASE IDENTIFICATION**

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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples: US Preventative Services Task Force guidelines for alcohol use or depression; or other conditions such as anxiety or trauma)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples: Billing, registration data, disease registry, lab results, etc.)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Screening for depression in diabetes, anxiety in heart failure, etc.)</li> </ul>
patients are screened at least annually for lifestyle or behavioral risk factors.  Scoring Criteria:  Numerator = # patients screened  Denominator = # of patients seen in the practice	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Poor diet, inadequate exercise, sleep disorders, substance use, etc.)</li> </ul>
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)	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Patients with low physical activity are flagged for physician to consider referral to YMCA; patients with insomnia are flagged for referral to CBT.)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Examples: Patients who have an unmet BH need actually meet at least once with a BH provider)</li> </ul>
we successfully retain patients in Behavioral Care.  Scoring Criteria: Numerator= # completing behavioral intervention Denominator = # of patients who initiate behavioral intervention	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Patients who meet with a BH clinician collaboratively agree on treatment goals and reach one or more goals)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Post-referral "tickler" files with practice staff follow-up)</li> </ul>
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	<ul> <li>None: 0%</li> <li>Some: 1-33%</li> <li>About half: 34-66%</li> <li>Most: 67%-99%</li> <li>All: 100%</li> <li>(Example: Automatically scheduled visits with primary care provider)</li> </ul>
Total Percentage for PATIENT ENGAGEMENT:	(Out of 100%)



# THANK YOU FOR YOUR PARTICIPATION.

A graphical representation of your results wi	III 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.	<ul> <li>□ Community Mental Health Center</li> <li>□ Community Health Center</li> <li>□ Pediatrics</li> <li>□ OB Gyn</li> <li>□ Family Medicine</li> <li>□ Internal Medicine</li> <li>□ Other</li> </ul>
If you chose "Other Specialty Medical Practice" please specify what type of practice to which you would like your practice compared.	

