Practice Integration Profile

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 Rodger Kessler, PhD, Associate Professor at the University of Vermont, at 802-656-4560 or Rodger.Kessler@med.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: "PIP Collaboration Agreement 2015.pdf"]

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

YES
NO

Practice Name

Email Address
| Practice Group                     | ○ 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 Specialty Medical Practice  
| NCQA Level                       | ○ Level 1  
|                                  | ○ Level 2  
|                                  | ○ Level 3  
|                                  | ○ Do not Know  
| Practice Size                    | ○ Less than 3 employees  
|                                  | ○ Less than 5 employees  
|                                  | ○ 6 to 10 employees  
|                                  | ○ 10+ employees  
| Your Position in the Practice    | ○ Managing Director  
|                                  | ○ Senior Behavioral Health Clinician  
|                                  | ○ Practice Manager  
|                                  | ○ Managing Physician  
|                                  | ○ Student Intern  
| 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 individual
- 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

THE SURVEY

To create the profile for your organization, please check that you have reviewed our terms and conditions. Then, please review the statements in each of the 8 dimensions. Then select the statement in each dimension that best reflects your organization.

After each dimension you will be scored on your level of integration. These scores will be factored into a graph that has a column for each of the dimensions across the bottom, and a summary graph reflecting 0-100%. The resulting graph is a visual of your organization's level of integration on our scale.

If you have read and understood these directions, please select YES.

- YES
- NO

Definition of Behavioral Health 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 - 2013)

PRACTICE WORKFLOW

In our practice...

...we use a standard protocol for patients who need or can benefit from integrated Behavioral Health (BH).

Scoring Criteria: Numerator = # of patients receiving protocol-based care Denominator = # of patients in need of BH

- Never: 0%
- Sometimes: 1-33%
- Often: 34-66%
- Frequently: 67-99%
- Always: 100%

(Example: Patients in need of BH services are identified, assessed and receive care using a consistent set of processes)
...we use registry tracking for patients with identified BH issues.

Scoring Criteria: Numerator = # of patients in BH registries
Denominator = # of patients with BH needs

...we provide coordination of care for patients with identified BH issues.

Scoring Criteria: Numerator = # of patients receiving coordinated care
Denominator = # of patients with BH needs

...we provide referral assistance to connect patients to community resources

Scoring Criteria: Numerator = # of patients receiving referral assistance to community resources
Denominator = # of patients needing referral to community resources

...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

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

Scoring Criteria: Numerator = # of patients with documented goals
Denominator = # of patients with BH needs

Total Percentage of PRACTICE WORKFLOW:

CLINICAL SERVICES AND PROVIDERS

In our practice...

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

Scoring Criteria: Numerator = # hours per week non-crisis BH services are available
Denominator = # of hours the clinic is open per week
...we have clinicians available on site to respond to patients in behavioral crisis.

Scoring Criteria: Numerator = # hours per week crisis BH services are available Denominator = # of hours the clinic is open per week

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

Scoring Criteria: 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

...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 BH interventions for chronic/complex medical illnesses

...we employ BH clinicians with a background and training in complex or specialized behavioral health therapies.

Scoring Criteria: Numerator = # of BH staff with training in complex or specialized behavioral health therapies Denominator = # of BH staff

...we offer substance abuse interventions, including evidence-based Screening and Brief Intervention.

Scoring Criteria: Numerator = # of patients offered BH interventions for chronic/complex medical illnesses Denominator = # of patients needing BH interventions for chronic/complex medical illnesses

...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 prescription medications for routine mental health or substance abuse diagnoses

...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 prescription medications for serious mental health or substance abuse diagnoses
...we offer referral to non-clinical services outside of our practice.

Scoring Criteria: Numerator = # of patients offered referrals Denominator = # of patients needing such services

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1-33%</td>
</tr>
<tr>
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<td>Frequently</td>
<td>67-99%</td>
</tr>
<tr>
<td>Always</td>
<td>100%</td>
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</tbody>
</table>

(Examples: spiritual advisors, schools, criminal justice (probation and parole, drug courts), or vocational rehabilitation)

Total Percentage of CLINICAL SERVICE AND PROVIDERS: ____________________________
(Out of 100%)

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WORKSPACE ARRANGEMENT

In our practice...

...BH and Medical Clinicians work in:

Scoring Criteria: Ordered - Please pick the best descriptor of your practice

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different Buildings</td>
<td></td>
</tr>
<tr>
<td>Different Floors</td>
<td></td>
</tr>
<tr>
<td>Different Office Suites</td>
<td></td>
</tr>
<tr>
<td>Separate Parts of the Same Suite</td>
<td></td>
</tr>
<tr>
<td>Fully Shared Space</td>
<td></td>
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</tbody>
</table>

(Example: Shared building or unit)

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

Scoring Criteria: Numerator = # of patients with shared records Denominator = # of patients receiving BH services

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</tr>
<tr>
<td>Always</td>
<td>100%</td>
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(Examples: Medical and BH clinicians use the same Electronic Record (Treatment or patient care plans may be condition specific or not))

Total Percentage of WORKSPACE ARRANGEMENT: ____________________________
(Out of 100%)

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INTEGRATION METHOD

In our practice...

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

Scoring Criteria: Numerator = # of patients with regular active exchange of information Denominator = # of patients receiving BH services

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</tr>
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<td>Always</td>
<td>100%</td>
</tr>
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</table>

(Examples: 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)
...there are regular educational activities including both BH and Medical Clinicians

Scoring Criteria: Educational activities should be jointly provided to medical and behavioral health clinicians

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

Scoring Criteria: Numerator = # of patients discussed in person Denominator = # of patients receiving BH services

...we work to improve performance in this domain with formal quality improvement (QI) methods

Scoring Criteria: Each scoring level assumes the previous level was met. Please score the highest level for which the practice meets the criterion and all lower criteria.

Total Percentage of INTEGRATION METHOD:

(Out of 100%)

IDENTIFICATION OF NEED

In our practice...

...all eligible adults are screened for BH conditions using a standardized procedure.

Scoring Criteria: Numerator = # screened Denominator = # of adults seen in the practice
...we use practice-level data to screen for patients at risk for complex or special needs.

Scoring Criteria: Numerator = # of patients screened
Denominator = # of patients in the practice

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

Scoring Criteria: Numerator = # screened
Denominator = # of patients with target medical conditions

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

Scoring Criteria: Numerator = # screened
Denominator = # of patients seen in the practice

...screening data are presented to clinicians 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)

...we work to improve performance in this domain with formal quality improvement (QI) methods.

Scoring Criteria: Each scoring level assumes the previous level was met. Please score the highest level for which the practice meets the criterion and all lower criteria.

Total Percentage for IDENTIFICATION OF NEED:

(Out of 100%)

PATIENT ENGAGEMENT AND RETENTION

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

...we successfully retain patients in Behavioral Care

Scoring Criteria: Numerator=# completing behavioral intervention Denominator=# of patients who initiate behavioral intervention

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

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

...there is regular training for all staff concerning patient engagement.

Scoring Criteria: Frequency and comprehensiveness of staff training.

...we work to improve performance in this domain with formal quality improvement (QI) methods.

Scoring Criteria: Hierarchical - Each scoring level assumes the previous level was met. Please score the highest level for which the practice meets the criterion and all lower criteria.

Total Percentage for PATIENT ENGAGEMENT AND RETENTION:

Never: 0%
Sometimes: 1-33%
Often: 34-66%
Frequently: 67-99%
Always: 100%

(Examples: Patients who need counseling actually start counseling)

Never: 0%
Sometimes: 1-33%
Often: 34-66%
Frequently: 67-99%
Always: 100%

(Example: Patients who initiate counseling complete counseling)

Never: 0%
Sometimes: 1-33%
Often: 34-66%
Frequently: 67-99%
Always: 100%

(Example: Reports form EHR and billing system, registry reviews, EHR reminders.)

We provide no training in patient engagement & retention
Some staff are occasionally trained
Some staff are regularly trained, but others are not
All staff have occasional training
All staff have regular training in patient engagement & retention
(Example: Value of patient engagement, customer management, cross-cultural communication, engagement techniques, policies and protocols, shared decision making, advance directives)

Never
Performance measures are routinely collected in this domain...
...and QI teams are chartered in this domain...
...and QI teams routinely complete analysis and propose solutions in this domain...
...and proposed solutions are generally implemented in this domain
(Example: Lost to follow-up rates are defined and measured regularly. When rates are high, a QI team is chartered and completes an analysis. The proposed intervention is instituted.)

(Out of 100%)
SHARED CARE PLANS

Definition of a Share Care Plan from "The Lexicon": The problem list and shared plans are contained in provider notes or other records in the same organizational medical record which everyone reads and acts upon.

In our practice...

...patients with BH needs have shared care plans developed jointly by the patient, BH and Medical clinicians.

Scoring Criteria: Numerator = # of patients with a shared care plan Denominator = # of patients receiving BH services

...we work to improve performance in this domain with formal quality improvement (QI) methods

Scoring Criteria: Hierarchical - Each scoring level assumes the previous level was met. Please score the highest level for which the practice meets the criterion and all lower criteria.

Total Percentage for SHARED CARE PLANS:

(Out of 100%)

FOLLOW UP

In our practice...

...we have follow-up plans for all patients who complete BH interventions

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

○ Never: 0%
○ Sometimes: 1-33%
○ Often: 34-66%
○ Frequently: 67-99%
○ Always: 100%
(Example: Scheduled visits with primary care physicians, behavioral health clinicians, or care managers)
...we work to improve performance in this domain with formal quality improvement (QI) methods.

Scoring Criteria: Hierarchical - Each scoring level assumes the previous level was met. Please score the highest level for which the practice meets the criterion and all lower criteria.

Total Percentage for FOLLOW UP

☐ Never
☐ Performance measures are routinely collected in this domain...
☐ ...and QI teams are chartered in this domain...
☐ ...and QI teams routinely complete analysis and propose solutions in this domain...
☐ ...and proposed solutions are generally implemented in this domain
   (Out of 100%)

(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.

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

☐ Community Mental Health Center
☐ Community Health Center
☐ Pediatrics
☐ OB Gyn
☐ Family Medicine
☐ Internal Medicine
☐ Other Specialty Medical Practice