# IBHC Measures Atlas User's Guide

Integrated primary care (or integrated ambulatory care) is an emerging approach for improving health care delivery to achieve better patient health outcomes. Integrating behavioral health care can systematically enhance a primary care practice's ability to effectively address behavioral health conditions, prevent fragmentation between behavioral health and medical care, and create effective relationships with mental health specialists outside the primary care setting. The Academy for Integrating Behavioral Health and Primary Care, created by the Agency for Healthcare Research and Quality (AHRQ), developed resources to support integration, including the Atlas of Integrated Behavioral Health Care Quality Measures (IBHC Measures Atlas). This guide provides an overview of the IBHC Measures Atlas and explains how to use the measures to assess your progress toward integrated care by surveying your practice's clinicians, staff, and patients.

## Measures in the IBHC Measures Atlas

### Core Measures

#### What are the Core Measures?

Core measures are measures that can be used to assess integrated care. Nine core measures were identified through an extensive environmental scan; some of these were designed specifically to evaluate integrated care, while others were designed to measure coordinated care and can be adapted to measure integrated care. These core measures align closely with the Integration Framework. The Integration Framework is divided into 11 core functions or actions of integrated care (known as *functional domains*) that are mapped to observable outcomes. The core measures address a variety of functional domains.

Some of the core measures are intended to be administered to patient populations (or the parent/guardian of the pediatric patient), while others have been developed to be completed by clinicians, staff, or the overall care team. Below and in Table 1, the core measures are grouped by target population (i.e., the population to whom the survey should be administered).

##### *Target Population: Patients*

C4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Measures (adult and child versions)
C5. CAHPS Health Plan Measures (adult and child versions)
C9. Young Adult Health Care Survey Measures (adolescents)

### *Target Population: Clinicians/Practice Staff*

C1. Assessment of Chronic Illness Care
C2. Behavioral Health Integration Checklist
C3. Competency Assessment Instrument Measures
C6. Level of Integration Measure
C7. Mental Health Integration Programs
C8. Site Self-Assessment Evaluation Tool

**Table 1.** **IBHC Measures Atlas core measures mapped to the Integration Framework functional domains**

| | Target Population: Patients | | | Target Population: Clinicians/Practice Staff | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Integration Framework Functional Domains | C4. CAHPS Clinician & Group (CG-CAHPS) Measures | C5. CAHPS Health Plan Measures | C9. Young Adult Health Care Survey Measures | C1. Assessment of Chronic Illness Care | C2. Behavioral Health Integration Checklist* | C3. Competency Assessment Instrument Measures | C6. Level of Integration Measure* | C7. Mental Health Integration Programs* | C8. Site Self Assessment Evaluation Tool* |
| Care Team Expertise | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clinical Workflow | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Patient Identification | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Patient and Family Engagement | ✓ | ✓ | | ✓ | ✓ | ✓ | | | ✓ |
| Treatment Monitoring | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Leadership Alignment | | | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Operational Reliability | | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Business Model Sustainability | | | | ✓ | ✓ | | ✓ | | ✓ |
| Data Collection and Use | | | | ✓ | ✓ | | | ✓ | ✓ |
| Desired Outcomes – Patient Experience | ✓ | ✓ | ✓ | | ✓ | | | ✓ | |

*Measure was developed specifically to measure integration.

## Additional Measures and Clinical Measurement Tools

The Atlas also includes eight measures (A1-A8) that do not align closely with the Integration Framework but include useful items or questions. A set of clinical measurement tools (each with at least two good psychometric properties) are also included in the Atlas; these measures relate to anxiety, depression, substance use/abuse, diabetes, and other physical health conditions.

# Selecting Measures and Planning for Data Collection

### Reflect on Your Goal or Purpose for Collecting Data

This will help you select relevant measures. For example, you might ask if your goal is:

- To assess patients' experiences with care,
- To identify areas in which integrated care could be improved, or
- To monitor the progress of your integrated care implementation efforts.

Visit Guide Me to a Measure to find a measure that suits your needs. You might also want to refer to the list of functional domains and examine Table 1 to see which core measures map to the functional domains of most interest to you.

You should also consider your project timeline and available resources:

- Do you have a team to help with this data collection project?
- How soon would you like to have the results?
- What is your budget?

You might want to consider hiring an outside survey vendor to take charge of the data collection process or perform data analysis:

- Using an outside vendor may help ensure credibility of the results.
- Respondents may feel that their survey responses are more confidential when handled by an outside company.
- Survey vendors typically have experienced staff to perform all of the tasks, as well as analytic capabilities to efficiently deliver actionable results.

### Establish Buy-In

Make a case to your practice's leadership and clinicians about why the survey project is important. Focus on what your practice will gain as a result of the survey project, and be clear about how the results will be used. Depending on your target audience for a selected measure, it also may be advantageous to engage your practice's staff or patients.

The following strategies can help you to engage and gain buy-in from two key stakeholder groups:

- **Leadership**
  - Present the plan and explain how results will be used to improve quality/value.
  - Provide data or case studies from sites that have successfully collected and used such data.
  - Justify the budget.
- **Clinicians and Other Staff**
  - Present the plan and explain how results will be used to improve quality/value.
  - Provide data or case studies from sites that have successfully collected and used such data.
  - If providers and other staff are the target population, promote the survey internally and consider offering an incentive for participation.

### Plan Your Project

You should form a project team early on. Project team member responsibilities might include:

- Planning and budgeting, including selection of the measure(s);
- Obtaining buy-in from leadership, clinicians, and other staff;
- Preparing for survey implementation;
- Conducting survey administration; or
- Performing data entry and analysis.

Before you begin collecting data, consider conducting a test to ensure that data collection will go as anticipated. Administer the selected measure to a small group of respondents and look for issues in the process. Make any necessary changes before going full scale with the data collection effort.

Develop a timeline for the project that includes all major tasks. Continually revisit the timeline and make adjustments to help keep the project team on task.

To learn more about data collection planning, review the Institute for Healthcare Improvement's data collection planning tool.

## Selecting a Sample

Selection of survey respondents will vary depending on the core measure(s) you have chosen. If it is not feasible to survey every person in the population of interest, you should plan to survey a group of people that represents the larger, target population.

## Determine the Target Population

There are two main target populations: **patients** and **clinicians/practice staff** (Table 1). To determine which of these target populations to focus your efforts on, reflect on your goal(s) and available resources.

Examples of target populations include:

- All clinical and office staff,
- Adult patients with depression,
- All patients receiving integrated care, or
- The clinicians and staff most involved with integrated care delivery.

## Define Your Sample Frame and Determine Sample Size

After determining the target population for your survey project, it is important to establish eligibility guidelines early in the process. Doing so will help define your sample frame, which is the complete list of eligible individuals from which individuals can be selected for the survey.

The sample size that is appropriate for your project depends largely on: 1) the number of completed surveys you need, and 2) the response rate you expect to achieve. In general, the larger the sample size, the more likely you are to collect data that accurately represent the target population. However, your available resources may limit your sample size.

If you are conducting a pilot test prior to full-scale data collection, a small respondent sample can be drawn, with a goal of about 30 completed surveys. Two university extension services have developed useful resources on sample size:

- A brief paper that offers strategies for determining a sample size (University of Florida)
- A tip sheet that breaks down sample size determination into five steps (Pennsylvania State University)

## Choose a Sampling Method

A sample is not needed if you are able to survey all patients or all clinicians and staff. If it is not feasible to survey the entire target population, but you plan on using the results of the survey project for public reporting or quality improvement, consider selecting a random sample. For pilot efforts, a nonrandom, convenience sample is generally acceptable. Table 2 presents these three basic approaches for selecting survey respondents.

**Table 2.** Three approaches for selecting survey respondents

| | Description of method | Purpose |
|---|---|---|
| Census | Survey of all individuals in the target population | Sampling is not needed if you are able to survey every person in the target population. |
| Simple Random Sampling | Random selection of respondents, where each individual has an equal chance of being selected | If surveying the entire target population is not feasible, this is a good strategy to create a sample that is representative of the larger target population. |
| Convenience Sampling | Nonrandom selection of respondents, chosen based on your convenience | This is a simple way to get a small group of respondents, so this is a good strategy for recruitment during the pilot phase. However, keep in mind that the results may not be representative of the target population. |

For more information on sampling, please see these additional resources:

- The Institute for Healthcare Improvement's guidance on sampling
- The University of Wisconsin-Extension manual on sampling

### Refer to Measure-Specific Guidance

Some of the core measures have specific recommendations for sampling and survey administration:

- C4. CAHPS Clinician & Group Measures: https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html
- C5. CAHPS Health Plan Measures: https://cahps.ahrq.gov/surveys-guidance/hp/instructions/index.html
- C8. Site Self Assessment Evaluation Tool (The guidance encourages each team member of the practice to respond individually prior to discussing the scores as a group and reaching consensus.)
- C9. Young Adult Health Care Survey Measures: http://beta.cahmi.org/projects/young-adult-health-care-survey-yahcs

## Selecting Data Collection Methods

Telephone and mail surveys are often the most effective modes for reaching patient populations, whereas distributing paper surveys in person may work better for clinician and staff populations. The Web is also becoming an increasingly popular mode for data collection. Mixed-mode data collection, or using a variety of modes to encourage survey participation, can be an effective method to increase response rate.

To select the mode that will work best for your practice, you will need to consider your resources and your target population. Remember to reflect on any previous survey efforts that your practice has been involved in and implement any lessons learned.

The following actions will help your data collection go smoothly:

- Give respondents key information (instructions, purpose of the survey, voluntary nature of participation, confidentiality of responses, and a phone number to call if there are questions).
- Publicize the survey around your practice.
- Send reminders to nonrespondents.

### Surveying Patients

- **Paper.** When using paper surveys with patient populations, it is recommended to send them via postal mail rather than through in-office distribution. Include a cover letter and a postage-paid envelope for the respondent to return the completed questionnaire.
- **Web.** Be sure you have accurate email addresses for the patients you wish to survey.
- **Telephone.** To conduct a telephone survey, you will need to have access to telephone interviewers.

### Surveying Clinicians and Staff

- **Paper.** When using paper surveys with clinician and staff populations, the highest response rates may be achieved when disseminated within the practice. Completed surveys can be returned to a drop box in the practice facility or mailed via a postage-paid envelope.
- **Web.** Be sure you have accurate email addresses for the clinicians and/or staff you wish to survey. Research often shows lower response for Web surveys among clinicians, so you may want to consider using the Web as part of a mixed-mode approach (i.e., paper and Web).

### Data Security and Management

Before you begin the survey project, be sure to have a system in place to manage survey data, such as a spreadsheet or database.

- Store data in a secure location, with access restricted only to those directly involved in the survey project.
- If anonymity was promised, be sure to remove any personally identifying information from the data.

### Additional Data Collection Resources

- Tipsheet – Survey Modality (Miller, P. R., Duke Initiative on Survey Methodology)
- Evaluation Brief: Increasing Questionnaire Response Rates (Centers for Disease Control and Prevention, July 2010)

## Preparing and Analyzing Data

If you decide to do your own data entry and analysis, you should first clean the data. This includes examining questionnaires for completeness to identify "completes" versus "incompletes," reviewing the data for possible errors, and ensuring that unintentionally skipped questions are correctly coded.

The Centers for Disease Control and Prevention offers an evaluation brief that provides an overview of the major steps in quantitative data analysis.

### Refer to Measure-Specific Guidance

Some of the core measures have specific guidance for data analysis:

- C1. Assessment of Chronic Illness Care: http://www.improvingchroniccare.org/index.php?p=Survey_Instruments&s=165
- C3. Competency Assessment Instrument Measures: http://www.waystationinc.org/MotiveInter/Recovery%20Practitioner%20online%20instruction/RecoveryPractitioner/CAI-key.pdf
- C4. CAHPS Clinician & Group Measures: https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html
- C5. CAHPS Health Plan Measures: https://cahps.ahrq.gov/surveys-guidance/hp/instructions/index.html
- C6. Level of Integration Measure: Higher scores reflect higher levels of integration
- C8. Site Self Assessment Evaluation Tool: Higher scores reflect higher levels of integration
- C9. Young Adult Health Care Survey Measures: http://beta.cahmi.org/projects/young-adult-health-care-survey-yahcs

## Using the Data

### Quality Improvement and Tracking Progress

The data you collect can provide invaluable information for quality improvement.

- Use the data to identify areas for improvement.
- Collect data after implementing changes to assess effectiveness of the quality improvement initiative.

The CAHPS Improvement Guide provides guidance on how to use results from the CAHPS Clinician & Group Survey and the CAHPS Health Plan Survey for quality improvement.

Consider using Plan-Do-Study-Act cycles to assess the impact of changes.

Some core measures might have comparative data publicly available. For example, the CAHPS Database offers a Web-based system for viewing CAHPS Clinician & Group Survey and CAHPS Health Plan Survey results.

### Public Data Reporting

Public reporting can be a powerful driver of quality improvement, providing opportunities to compare your data with benchmarks. Public reporting also can aid health care consumers in making informed decisions about their care.

A brief paper from the Robert Wood Johnson Foundation presents lessons learned for improving public reporting Web sites.

## Frequently Asked Questions (FAQs)

1. **What is IRB review? When do we need IRB clearance?**

   The IRB, or Institutional Review Board, is a board of individuals associated with a research organization or educational institution that reviews research proposals to ensure that research conducted is not harmful to humans and that individuals' rights are protected. If you are unsure whether review is needed, contact your organization's IRB or research and evaluation department.

2. **Can we modify or adapt any of the core measures to better fit our organization's needs?**

   The measure developers may have rules and/or recommendations regarding modifications to the instruments. Please consult with the lead developers of the measure for information.

3. **How frequently should we administer a particular measure?**

   This largely depends on your goals and improvement initiatives. Certain measures may come with guidance on the recommended frequency of administration. If you are collecting data at two points in time to measure the impact of a quality improvement initiative, be sure enough time has passed before re-administering the survey.