

Integrating Behavioral Health and Primary Care

Self-Assessment Checklist

Integrating behavioral health and primary care refers to care from a practice team of primary care and behavioral health providers, working together with patients and families, using a systematic and cost-effective 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 health care utilization.

About the Integration Self-Assessment Checklist

The Self-Assessment Checklist for Integrating Behavioral Health and Primary Care (referred to as Integration Self-Assessment Checklist) is based on AHRQ's Lexicon for Behavioral Health and Primary Care Integration, a consensus-based set of concepts and definitions that provides a shared language for understanding and implementing integrated behavioral health in primary care settings. The Integration Self-Assessment Checklist is designed to complement this Playbook so practices can customize their implementation approach for their setting based on their responses. The selfassessment checklist can be used before, during, or after implementation of the integrated program. The checklist includes 37 questions. It will take about 10 minutes to complete in one sitting.

How to Use the Checklist

The Integration Self-Assessment Checklist helps you understand where your organization stands with respect to all aspects of integrated behavioral health.

- Consider having all members of your Planning and Implementation Team complete the checklist and discuss the responses. Are there certain aspects of integration that are farther along (with more "yes" responses) than others? Are there certain areas within the Checklist that lack consensus, and if so, why?
- As you plan for integrating behavioral health in your setting, use the checklist responses and discussion with the Planning and Implementation Team to identify areas of focus and priority.
- As you continue implementing integration into your setting, use the Integration Self-Assessment Checklist to assess your progress and identify areas for improvement.





Planning for Integrating Behavioral Health in Your Primary Care Setting

We have a vision for integrating behavioral health that is shared across the organization.							
	No		We are working on it		Yes		
We have a plan	to engage leadersh	ip, provi	ders, and staff on why integ	grated care should	d matter to them.		
	No		We are working on it		Yes		
We understand t	the defining functio	n and cli	nical approaches and mode	els for integrating	behavioral health.		
	No		We are working on it		Yes		
We have an imp	lementation plan fo	or integr	ating behavioral health.				
	No		We are working on it		Yes		
We have establi	shed an integration	plannin	g and implementation tea	m.			
	No		We are working on it		Yes		
	>> See	Define Y	our Vision for more informat	tion {{			
	77 300	<u>Define to</u>	out vision for more important				
Establish Operational Systems to Support Integration							
We have defined	d the types of patie	nts who	will receive integrated care	2.			
	No		We are working on it		Yes		
We have defined	d the roles for provi	ders and	staff in the integrated care	e team.			
	No		We are working on it		Yes		





The workspace in our practice maximizes contact between behavioral health providers and medical providers.							
	No		We are working on it		Yes		
	intment scheduling sy through a warm hand		patients to see the integ	rated care team	during a primary		
	No		We are working on it		Yes		
Our pract	ice has a common me	dical record	for behavioral health and	l medical care.			
	No		We are working on it		Yes		
	>> See Establish Ope	erational Syst	ems to Support Integration	<u>n</u> for more inform	nation. <<		
Plan fo	or Financial Su	stainabil	lity				
We have billing tools or payment systems to get reimbursed for integrated care services.							
	No		We are working on it		Yes		
We have a system for sustained financing of integrated care.							
	No		We are working on it		Yes		
	>> See <u>Secure Financi</u>	ial Support fo	or Behavioral Health Service	es for more infor	mation. <<		





Collect and Use Data for Quality Improvement

We systematically collect data on all patients identified to receive integrated care services.							
	No		We are workin	g on it		Yes	
We syster	matically track l	nealth outcomes fo	or all patients re	ceiving inte	grated care s	ervices.	
	No		We are workin	g on it		Yes	
		improve quality o llect data, please sele	_	to all patien	ts in need of	integrated	care.
	No	We are wo	rking on it		Yes		N/A
		improve workflov llect data, please sele	•	for deliveri	ng integrate	d care.	
	No	We are wo	rking on it		Yes		N/A
	>> See Co	lloct and Uso Data	fOlitl				
	// JCC <u>CO</u>	ilect and use Data	<u>for Quality Impro</u>	<u>vement</u> for r	nore informa	ition. 🔇	
•••••	77 3cc <u>co</u>	niect and Ose Data	for Quality Impro	<u>vement</u> for r	more informa	ition. « «	
Educa		s and Famili	_		_	ition. (
We <u>have a</u>	te Patients		es about Ir	ntegrate	d Care		ı the
We <u>have a</u>	te Patients	s and Familionte all patients in no	es about Ir	ntegrate	d Care		the
We have a benefits of the benefit of the benefi	te Patients a plan to educa of integrated be No Ite all patients i	s and Familionte all patients in no	es about Ir eed of integrate nd primary care. We are working ed care and their care.	ntegrated did care and the ground it	d Care heir family m	Yes e benefits o	
We educa integrated	te Patients a plan to educa of integrated be No Ite all patients i	s and Familion te all patients in not havioral health are need of integrate alth and primary of	es about Ir eed of integrate nd primary care. We are working ed care and their care.	ntegrated did care and the ground it	d Care heir family m	Yes e benefits o	





Obtain Behavioral Health Expertise and Build a Culture of Integration We have identified the type of behavioral health services we need for our practice. No We are working on it Yes We have trained our primary care and behavioral health providers to work as a team to provide integrated care. We are working on it No Yes We have a culture of collaboration and teamwork in our practice. We are working on it No Yes Behavioral health providers are available during primary care visits. Sometimes Usually Never **Always** >> See Obtain Behavioral Health Expertise and Build a Culture of Integration for more information. << Establish Protocols to Identify Patients Who Could Benefit from **Integrated Care** We have <u>developed a protocol</u> to identify patients who could benefit from integrated care. We are working on it No Yes We use the established protocol to identify patients who could benefit from integrated care. [If your practice does not have an established protocol, please select "N/A."]

Usually

Sometimes



Always

N/A

Never



Tailor the Care Team to Meet the Needs of Patients Identified for Integrated Care

We <u>have developed a process</u> for creating an integrated care team matched to the needs of the								
identified patient.								
	No		O W	e are working	on it		Yes	
	the established oractice does not h	•	_			l to the need	ls of identifi	ed patients.
	Never	Sometin	mes	Usually		Always		N/A
••••••	>> See <u>Tailor the</u>	Care Team to	Meet the	Needs of Ident	ified Patier	nts for more	information	. <<
	Develop Shared Care Plans for Patients in Need of Integrated Care We have developed a protocol for creating shared care plans for patients in need of integrated care.							
	No		V	e are working	on it		Yes	
	ared care plan is practice does not c				7			
	No	We	are workir	ng on it		Yes		N/A
We engage our patients when creating the shared care plan. [If your practice does not create shared care plans, please select "N/A."]								
	Never	Sometin	mes	Usually		Always		N/A
Primary care and behavioral health providers both work from the shared care plan. [If your practice does not create shared care plans, please select "N/A."]								
	Never	Sometin	mes	Usually		Always		N/A
•••••		>> See <u>Deve</u>	lop a Share	d Care Plan for	more info	rmation. <<		





Build Patient Understanding of Setbacks and How to Deal with Them

We <u>have developed a plan</u> to educate integrated care patients who have improved to recognize signs of						
a setback and manage it.						
No We are working on it Yes						
We <u>use the established plan</u> to educate integrated care patients who have improved to recognize a setback and manage it. [If your practice does not have an established plan, please select "N/A."]						
Never Sometimes Usually Always N/A						
We monitor all integrated care patients who have improved to quickly identify signs of a setback.						
Never Sometimes Usually Always						
>>> See <u>Build Patient Understanding of Setbacks and How to Deal With Them</u> for more information. <<						
Track Patients Identified for Integrated Care and Monitor Their Outcomes We have developed a protocol to quickly identify integrated care patients who are not improving with treatment.						
No We are working on it Yes						
We use the established protocol to quickly identify integrated care patients who are not improving with treatment. [If your practice does not have an established protocol, please select "N/A."]						
Never Sometimes Usually Always N/A						
We <u>use the established protocol to adjust the care plan for integrated care patients</u> who are not improving [If your practice does not have an established protocol, please select "N/A."]						
Never Sometimes Usually Always N/A						





We <u>have develo</u>	ped a plan to ident	ify integrated care	patients who do no	ot adhere to the	follow-up schedule
	No	We are	working on it		Yes
_	n to identify integr loes not have a plan, _l		who do not adher	e to the follow-	up schedule.
Never	Some	etimes U	Jsually	Always	N/A
_	n to reach out to in loes not have a plan, _l		ents who do not a	dhere to the fol	low-up schedule.
Never	Some	etimes U	Jsually	Always	N/A
	>> See <u>Track Patie</u>	nts and Monitor Th	<u>eir Outcomes</u> for m	nore information	า. <<

