Self-Assessment Checklist for Integrating Behavioral Health and Ambulatory Care

About the Integration Self-Assessment Checklist

The Self-Assessment Checklist for Integrating Behavioral Health and Ambulatory Care (referred to as Integration Self-Assessment Checklist) is based on AHRQ’s Lexicon for Behavioral Health and Primary Care Integration. The Integration Self-Assessment Checklist is linked to AHRQ’s Integration Playbook so practices can customize their implementation approach for their setting. The self-assessment 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

Use the Integration Self-Assessment Checklist to learn where your organization stands with respect to all aspects of integration. This is useful as you navigate integrating behavioral health into your primary or ambulatory care setting.

- Consider having all members of your Planning and Implementation Team complete the checklist and discuss the responses.
- As you plan for integrating behavioral health in your setting, use the checklist 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 Ambulatory Care Setting

1. We have a vision for integrating behavioral health that is shared across the organization.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

2. We have an implementation plan for integrating behavioral health.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

3. We have established an integration planning and implementation team.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

### Establish Operational Systems to Support Integration

4. We have defined the types of patients who will receive integrated care.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

5. We have defined the roles for clinicians and staff in the integrated care team.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

6. The workspace in our practice maximizes contact between behavioral health providers and medical clinicians.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

7. Our appointment scheduling system allows patients to see the integrated care team right away.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes

8. Our practice has a common medical record for behavioral health and medical care.
   - [ ] No
   - [ ] We are working on it
   - [ ] Yes
Plan for Financial Sustainability

9. We have billing tools or payment systems to get reimbursed for integrated care services.
   - No
   - We are working on it
   - Yes

10. We have a system for sustained financing of integrated care.
    - No
    - We are working on it
    - Yes

Collect and Use Data for Quality Improvement

11. We systematically collect data on all patients identified to receive integrated care services.
    - No
    - We are working on it
    - Yes

12. We systematically track health outcomes for all patients receiving integrated care services.
    - No
    - We are working on it
    - Yes

13. We use collected data to improve quality of care provided to all patients in need of integrated care.
    [If your practice does not collect data, please skip to question 15.]
    - No
    - We are working on it
    - Yes

14. We use collected data to improve workflows and processes for delivering integrated care.
    - No
    - We are working on it
    - Yes
Educate Patients and Families about Integrated Ambulatory Care

15. We have a plan to educate all patients in need of integrated care and their family members on the benefits of integrated behavioral health and primary (or other ambulatory) care.

   | No                   | We are working on it | Yes |

16. We educate all patients in need of integrated care and their family members on the benefits of integrated behavioral health and primary (or other ambulatory) care.

   [If your practice does not have a plan to educate patients and family members, please skip to question 17.]

   | Never | Sometimes | Usually | Always |

Obtain Behavioral Health Expertise and Build a Culture of Integration

17. We have identified the type of behavioral health services we need for our practice.

   | No                   | We are working on it | Yes |

18. We have trained our primary care and behavioral health providers to work as a team to provide integrated care.

   | No                   | We are working on it | Yes |

19. We have a culture of collaboration and teamwork in our practice.

   | No                   | We are working on it | Yes |

20. Behavioral health providers are available right away to be a part of our integrated care team.

   | Never | Sometimes | Usually | Always |
Establish Protocols to Identify Patients Who Could Benefit from Integrated Care

21. We have developed a protocol to identify patients who could benefit from integrated care.

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<tr>
<th></th>
<th>No</th>
<th>We are working on it</th>
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22. We use the established protocol to identify patients who could benefit from integrated care.

[If your practice does not have an established protocol, please skip to question 23.]

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<th>Sometimes</th>
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Tailor the Care Team to Meet the Needs of Patients Identified for Integrated Care

23. We have developed a process for creating an integrated care team matched to the needs of the identified patient.

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24. We use the established process to create integrated care teams matched to the needs of identified patients.

[If your practice does not have an established process, please skip to question 25.]

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Develop Shared Care Plans for Patients in Need of Integrated Care

25. We have developed a protocol for creating shared care plans for patients in need of integrated care.

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<th>We are working on it</th>
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26. The shared care plan is located in a single medical record.
   [If your practice does not create shared care plans, please skip to question 29.]

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<th>We are working on it</th>
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27. We engage our patients when creating the shared care plan.

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<th>Never</th>
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28. Primary care and behavioral health providers both work from the shared care plan.

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<th>Sometimes</th>
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**Build Patient Understanding of Setbacks and How to Deal with Them**

29. We have developed a plan to educate integrated care patients who have improved to recognize signs of a setback and manage it.

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<th>No</th>
<th>We are working on it</th>
<th>Yes</th>
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30. We use the established plan 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 skip to question 31.]

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<th>Never</th>
<th>Sometimes</th>
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31. We monitor all integrated care patients who have improved to quickly identify signs of a setback.

   | Never | Sometimes | Usually | Always |
Track Patients Identified for Integrated Care and Monitor Their Outcomes

32. We have developed a protocol to quickly identify integrated care patients who are not improving with treatment.

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<th>No</th>
<th>We are working on it</th>
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33. 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 skip to question 35.]

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34. We use the established protocol to adjust the care plan for patients who are not improving.

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35. We have developed a plan to identify integrated care patients who do not adhere to the followup schedule.

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36. We use the plan to identify integrated care patients who do not adhere to the followup schedule.

[If your practice does not have a plan, please skip this question.]

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37. We use the plan to reach out to integrated care patients who do not adhere to the followup schedule.

[If your practice does not have a plan, please skip this question.]

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