

Self-Assessment: Short Form  
**Integration Of Behavioral Health Into Primary Care**

This tool was developed by IBHI to assist primary care practices who have begun the process of integrating behavioral health to assess and monitor their progress. The tool can also be used by primary care practices who haven't started this process to understand the work that lies ahead and to assess their readiness to begin this work.

**Rating Scale**

<p>1. No current capability to meet this standard</p> <p>2. Minimal capability to meet this standard</p> <p>3. Some capability to meet this standard, but will need some assistance</p>	<p>1. Can meet this standard without assistance</p> <p>2. This standard has already been met</p> <p>DK: Don't know</p>
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Benchmarks

- Our governing, management, advisory bodies, and staff are fully supportive of integrating behavioral health services and behavioral competencies into day to day operations
- The focus of the PC practice is not just to address the needs of sick patients, but to also assist/ intervene with those who may be at risk or who are sick and do not seek care - both for physical and behavioral problems
- Our model of integrating behavioral health services and expertise into primary care has been formally adopted by our organization; all staff have received appropriate training and receive ongoing supervision in support of that model
- Current revenues cover the costs of providing onsite behavioral health services
- Outcome measures are utilized to demonstrate to stakeholders the value of integration and cost savings achieved through integration
- Funding models cover the costs of non-billable services such person to person referrals (“warm handoffs”)
- Health and behavior assessment/intervention codes (AMA 2009 CPT codes 96150-96155) are used by behavioral health staff to provide secondary prevention, population health intervention, and chronic care assessment to treat conditions falling in the health psychology domain
- Intake process are designed to achieve same day access to behavioral health and other time-sensitive services and minimizing no-shows
- Screening tools are used effectively with every client to identify MH and BH problems
- SBIRT is fully implemented, supporting the early identification and treatment of persons with substance abuse problems.
- Practice guidelines have been adopted and training provided in support of brief behavioral interventions, facilitated by behavioral health consultants with clients who have physical

- disorders where psychological factors contribute significantly to treatment outcomes (e.g., asthma, smoking, obesity, diabetes, hypertension, chronic pain, etc.)
  - Regular collaborative team meetings are held to discuss both patient issues and team collaboration issues
  - Treatment plans and medical records reflect the work of all members of the healthcare team
  - Behavioral health consultants take an active role in teaching and coaching primary care providers
  - “Warm handoffs” are routine and bi-directional between physical health and behavioral health clinicians.
  - Physical and BH clinicians have frequent informal interactions to discuss patients.
  - PCPs and PNs have the education and support needed to prescribe medications for BH disorders and do so *after* counseling and other less invasive approaches have been tried.
  - Paraprofessional roles for peers and community health workers/health navigators are integral to service delivery
  - The floor plan of our facility is designed to facilitate both formal and informal communication between staff of all disciplines
  - Single, functional EMR across different practice areas (e.g., primary care, oral health, and behavioral health)
  - Centralized Schedule Management (includes cancellation management) is used effectively to coordinate care and monitor member engagement
  - Utilization, financial, and other reports produced at least monthly and used effectively by management to monitor practice performance
  - Key metrics produced at least monthly for ALL staff. They are reviewed at least monthly in staff meetings to collectively monitor effectiveness of service delivery, practice performance and sustainability
  - Process and outcome metrics are being used to measure the clinical and financial effectiveness of *integration*; they are used to monitor progress and to trigger rapid cycle improvement
- Our billing system can effectively:
- Bill for BH services and coordinate benefits with third party payer sources
  - Trigger revenue management tasks, e.g., co-pay collection and claim submission
  - Operate under fee-for-service, case rate, and sub-capitation payment models
  - Track service data under Pay for Performance bonus arrangements

For practices that have begun the process of integrating behavioral health:

1. What factors have been the greatest help in achieving integration?
2. What factors have been the greatest barriers to achieving integration?
3. What are the biggest “lessons learned” from this process?