

**PART II – PROVIDER FOCUS GROUP**

**Behavioral Health Overview (30 minutes)**

First, I'd like to ask you some general questions about Behavioral Health screenings. As you know, GPRA collects data on behavioral health screenings of various groups in the primary care setting. These screenings include Domestic/Intimate Partner Violence Screening for women ages 15-40, Alcohol Screening for women of childbearing age (15-44), and Depression screening for adults over age 18.

#	Question	Answer
1	When performing behavioral health screenings, do you usually screen just the patients who fit the GPRA definition for a measure, or do you screen others who do not meet the GPRA definition?	
2	Why or why not?	<i>At non-EHR sites skip to #8</i>
3	<b>EHR Sites:</b> How useful is EHR in documenting the results of Behavioral health screenings?	
4	Has transitioning to EHR improved your documentation of behavioral health screenings?	
5	(If yes): how so? (If no): why not?	

6	Do you use any EHR reminders to identify patients who need screening?	
7	Do you have any suggestions for how documentation could be improved in EHR?	<i>(Skip to #12)</i>
8	<b>Non EHR Sites:</b> How do you document behavioral health screenings in RPMS?	
9	Do you think this is the best way to document results?	
10	Do you have any suggestions for improvement?	
11	Do you use the RPMS health maintenance reminders or depression screening reports to determine which patients need to be screened?	
12	Do you provide behavioral health patient education?	Circle one: Yes or No <i>If no, skip to #15.</i>
13	Who receives this education?	

1 4	How is patient education documented?	
1 5	Has your site undertaken any initiatives recently to improve behavioral health screening rates?	Circle one: Yes or No <i>If no, skip to #17</i>
1 6	What are they?	
1 7	Have you ever received training on behavioral health screening best practices?	<i>If no, skip to #20</i>
1 8	What kind of training?	
1 9	How useful was the training?	
2 0	What role do the CHR's play at your site in identifying patients who need a clinical behavioral health screening? <i>Prompt: CHR's perform and document BH screenings; make informal referrals;</i>	

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**DOMESTIC VIOLENCE INTRODUCTION (2 MINUTES)**

Next, we'd like to talk about Domestic Violence. Before we start, I'd like to define exactly what I mean by Domestic Violence:

Domestic Violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivations, intimidations, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other. For this discussion we are going to talk about how your facility screens for domestic violence among women ages 15-40 years. Do you have any questions before we move on?

**Section A: Screening Process and Tools (12 minutes)**

First, I'd like to ask you a few questions about your screening process and the tools you use.

#	Question	Answer
1	What screening tools or guidelines do you use when you screen for DV? <i>Prompt: a question on a health questionnaire, a standardized IPV screening tool such as HITS</i>	
2	On a five-point scale, where one is very dissatisfied and five is very satisfied, how satisfied are you with the tools or guidelines you are using?	Circle one: 1 2 3 4 5
3	Why?	
4	Please describe your usual process for screening for DV. <i>Try to guide the discussion to encompass the beginning and end of the process or processes they perform, from</i>	

5	Do you use any other processes to screen for DV?	
6	What do you do when you get a positive screen?	
7	What do you do when children who can speak or other adults are present with a patient who requires a BH screening?	
8	How do you follow up on patients who can't be screened because others are present?	

**Section B: Referrals and Resources** (10 minutes)

Next, I'd like to ask you a few questions about referrals and resources available to your patients.

#	Question	Answer
1	Do you have a set of referrals or resources available for patients who screen positive for DV?	
2	What are some examples of resources you would use?	
3	Have you received any training on the DV resources available to your patients?	

4	Is the availability or quality of referral resources ever a factor in your decision to screen?	
5	Why <b>or</b> why not?	

**Section C: Final Questions** (10 minutes)

Now, I'd like to ask you some questions about factors that affect your ability to screen for DV.

#	Question	Answer
1	What are the factors that you think contribute to your facility's success in screening for DV?	
2	What factors do you think might limit your ability to screen for DV?	
3	What would you recommend to improve DV screening rates?	
4	What would you recommend as DV screening best practices for other facilities?	

**ALCOHOL SCREENING TO PREVENT FAS INTRODUCTION (1 MINUTE)**

Next, we'd like to talk about alcohol screenings to prevent Fetal Alcohol Syndrome. For this discussion we are going to talk about how your facility screens for alcohol use among **all** women of childbearing age (15-44). Do you have any questions before we move on?

**Section A: Screening Process and Tools (12 minutes)**

First, I'd like to ask you a few questions about your screening process and the tools you use.

#	Question	Answer
1	Do you use any screening tools for alcohol screening? <i>Ask about tools such as CRAFFT, CAGE, AUDIT, etc. if not mentioned</i>	Circle one: Yes or No
2	On a five-point scale, where one is very dissatisfied and five is very satisfied, how satisfied are you with the tools?	Circle one: 1 2 3 4 5
3	Why?	
4	What is your usual alcohol screening process? <i>Try to guide the discussion to encompass the beginning and end of the process or</i>	
5	Do you ever use any other processes to screen for alcohol use?	
6	What do you do when you get a positive screen?	



7	What do you do when children who can speak or other adults are present with a patient who requires a BH screening?	
8	How do you follow up on patients who can't be screened because others are present?	

**Section B: Referrals and Resources** (10 minutes)

Next, I'd like to ask you a few questions about referrals and resources available to your patients.

#	Question	Answer
1	Do you have a set of referrals or resources available for patients who screen positive for alcohol use?	
2	What are some examples of resources you would use?	
3	Have you received any training on the substance abuse resources available to your patients?	
4	Is the availability or quality of referral resources ever a factor in your decision to screen?	
5	Why <b>or</b> why not?	

**Section C: Final Questions** (10 minutes)

Now, I'd like to ask you some questions about factors that affect your ability to screen for alcohol use.

#	Question	Answer
1	What are the factors that you think contribute to your facility's success in screening for alcohol use?	
2	What factors do you think might limit your ability to screen female patients of childbearing age for alcohol use?	
3	What would you recommend to improve alcohol screening rates?	
4	What would you recommend as alcohol screening best practices for other facilities?	

**DEPRESSION SCREENING INTRODUCTION (1 MINUTE)**

Finally, I'd like to talk about depression screening. We will be discussing how your facility screens patients over the age of 18 for depression. Do you have any questions before we move on?

**Section A: Screening Process and Tools (12 minutes)**

First, I'd like to ask you a few questions about your screening process and the tools you use.

#	Question	Answer
1	Which depression screening tools do you use? <i>Ask about PHQ2 and PHQ9 if not mentioned, also Beck's Depression Inventory.</i>	
2	On a five-point scale, where one is very dissatisfied and five is very satisfied, how satisfied are you with the tools?	Circle one: 1 2 3 4 5
3	Why?	
4	What is your usual depression screening process? <i>Try to guide the discussion to encompass the beginning and end of the process or</i>	
5	Do you ever use any other process to screen for depression?	
6	What do you do when you get a positive screen?	
7	What do you do when children who can speak or other adults are present with a patient who requires a BH screening?	

8	How do you follow up on patients who can't be screened because others are present?	
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**Section B: Referrals and Resources** (10 minutes)

Next, I'd like to ask you a few questions about referrals and resources available to your patients.

#	Question	Answer
1	Do you have a set of referrals or resources available for patients who screen positive for depression?	
2	What are some examples of resources you would use?	
3	Have you received any training on the substance abuse resources available to your patients?	
4	Is the availability or quality of referral resources ever a factor in your decision to screen?	
5	Why <b>or</b> why not?	

**Section C: Final Questions** (10 minutes)

Finally, I'd like to ask you some final questions about factors that affect your ability to screen for depression.

#	Question	Answer
1	What are the factors that you think contribute to your facility's success in screening for depression?	
2	What factors do you think might limit your ability to screen?	
3	What would you recommend to improve depression screening rates?	
4	What would you recommend as alcohol screening best practices for other facilities?	

**PART III – BEHAVIORAL HEALTH PROVIDER FOCUS GROUP**

**Behavioral Health Overview (10-20 minutes)**

First, I'd like to ask you some general questions about how you perform and record Behavioral Health screenings, and how your services are coordinated with primary care. As you may know, GPRA collects data on behavioral health screenings of various groups. These screenings include Domestic Violence Screening for women ages 15-40, Alcohol Screening for women of childbearing age (15-44), and Depression screening for adults over age 18.

#	Question	Answer
1	Do you perform a routine screening for depression, domestic violence, or alcohol use on patients referred to your clinic? <i>(Clarify that we are asking whether they do a basic screening such as PHQ2 or 9, or the CAGE screening, versus a more in-depth evaluation)</i>	<i>If no, skip to #4</i>
2	What do you do when children who can speak or other adults are present with a patient who requires a BH screening?	
3	How do you follow up on patients who can't be screened because others are present?	
4	Do CHRs refer patients directly to your clinic for behavioral health screenings? About how many patients do you think come in from a referral from a CHR? How many come from primary care?	
5	If a patient is referred to you for a specific condition (such as depression), do you also screen them for other behavioral health conditions, such as domestic violence or alcohol use?	Circle one: Yes or No

6	Do you routinely record the results of your screening in EHR? <i>(Non-EHR sites: ask: do you record on the patient's chart or in RPMS?)</i>	Circle one: Yes or No <i>If no, ask "why not?" and then skip to next section</i>
7	If so, do you use the same codes to record these screenings as primary care providers? <i>(If they are unsure, ask if they can recall the which codes they use)</i>	<i>At non-EHR sites skip to #10</i>
8	<b>EHR Sites:</b> How useful is EHR in documenting the results of Behavioral health screenings?	
9	Do you have any suggestions for how documentation could be improved in EHR?	<i>(Skip to next section)</i>
10	<b>Non EHR Sites:</b> How do you document behavioral health screenings in RPMS?	
11	Do you have any suggestions for how documentation could be improved in RPMS?	

**DOMESTIC VIOLENCE INTRODUCTION (2 MINUTES)**

Now, we'd like to talk about Domestic Violence. Before we start, I'd like to define exactly what I mean by Domestic Violence:

Domestic Violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivations, intimidations, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other. For this discussion we are going to talk about how your facility screens for domestic violence among women ages 15-40 years. Do you have any questions before we move on?

**Section A: Screening Process and Tools (10 minutes)**

First, I'd like to ask you a few questions about your screening process and the tools you use.

#	Question	Answer
1	What screening tools or guidelines do you use when you screen for DV? <i>Could be a question on a health questionnaire, a standardized DV screening tool such as HITS or WAST on the HC Family</i>	
2	On a five-point scale, where one is very dissatisfied and five is very satisfied, how satisfied are you with the tools or guidelines you are using?	Circle one: 1 2 3 4 5
3	Why?	
4	What happens to patients who are referred to you or identified by you as a victim of domestic violence? <i>(Try to guide the discussion through</i>	

**Section B: Referrals and Resources (9 minutes)**

Next, I'd like to ask you a few questions about referrals and resources available to your patients.



#	Question	Answer
1	Do you have a set of referrals or resources available for patients who screen positive for DV?	
2	What are some examples of resources you would use?	
3	Have you received any training on the DV resources available to your patients?	

**Section C: Final Questions** (15 minutes)

Now, I'd like to ask you some questions about the way in which your facility identifies and treats patients who are the victim of DV.

#	Question	Answer
1	In what ways do you think your facility has been successful in identifying and treating patients who are victims of DV? <i>(Note: for all questions in this section, answer as you see fit)</i>	
2	What factors do you think might <u>limit</u> your facility's success in identifying and treating patients who are victims of DV?	
3	What would you recommend to improve identification and treatment of DV at your facility?	
4	What would you recommend as best practices in DV screening, treatment, and follow-up for other facilities?	



**ALCOHOL SCREENING TO PREVENT FAS INTRODUCTION (2 MINUTES)**

Next, we'd like to talk about alcohol screenings to prevent Fetal Alcohol Syndrome. For this discussion we are going to talk about how your facility screens for and documents alcohol use among women of childbearing age. *(Note: emphasize these questions are only referring to women of childbearing age- defined as age 15-44,, not all alcohol screenings)* Do you have any questions before we move on?

**Section A: Screening Process and Tools (10 minutes)**

First, I'd like to ask you a few questions about your screening process and the tools you use.

#	Question	Answer
1	What screening tools do you use for alcohol screening? <i>Prompt for CRAFFT, CAGE, AUDIT, etc.</i>	
2	On a five-point scale, where one is very dissatisfied and five is very satisfied, how satisfied are you with the tools?	Circle one: 1 2 3 4 5
3	Why?	
4	What happens to patients who are referred to you or identified by you as abusing alcohol? <i>(Try to guide the discussion through the stages)</i>	

**Section B: Referrals and Resources (9 minutes)**

Next, I'd like to ask you a few questions about referrals and resources available to your patients.

#	Question	Answer
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1	Do you have a set of referrals or resources available for patients who screen positive for alcohol use?	
2	What are some examples of resources you would use?	
3	Have you received any training on the substance abuse resources available to your patients?	

**Section C: Final Questions** (15 minutes)

Now, I'd like to ask you some questions about factors that affect your ability to screen for alcohol use.

#	Question	Answer
1	In what ways do you think your facility has been successful in identifying and treating female patients of childbearing age who are abusing alcohol? <i>Note: be sure respondents answer the question about</i>	
2	What factors do you think might <u>limit</u> your facility's success in identifying and treating female patients who are abusing alcohol?	
3	What would you recommend to improve identification and treatment of alcohol abuse among female patients at your facility?	
4	What would you recommend as best practices in alcohol abuse screening, treatment, and follow-up for other facilities?	



**DEPRESSION SCREENING INTRODUCTION (1 MINUTE)**

Finally, I'd like to talk about depression screenings. We will be discussing how your facility screens patients over the age of 18 for depression. Do you have any questions before we move on?

**Section A: Screening Process and Tools (10 minutes)**

First, I'd like to ask you a few questions about your screening process and the tools you use.

#	Question	Answer
1	Which depression screening tools do you use? <i>Ask about PHQ2 and PHQ9 if not mentioned, also Beck's Depression Inventory.</i>	
2	On a five-point scale, where one is very dissatisfied and five is very satisfied, how satisfied are you with the tools?	Circle one: 1 2 3 4 5
3	Why?	
4	What happens to patients who are referred to you or identified by you as suffering from depression? <i>(Try to guide the discussion through the</i>	

**Section B: Referrals and Resources (9 minutes)**

Next, I'd like to ask you a few questions about referrals and resources available to your patients.

#	Question	Answer
1	Do you have a set of referrals or resources available for patients who screen positive for depression?	

2	What are some examples of resources you would use?	
3	Have you received any training on the substance abuse resources available to your patients?	

**Section C: Final Questions** (15 minutes)

Finally, I'd like to ask you some questions about factors that affect your ability to screen for depression.

#	Question	Answer
1	In what ways do you think your facility has been successful in identifying and treating patients suffering from depression? <i>Note: be sure respondents answer the</i>	
2	What factors do you think might <u>limit</u> your facility's success in identifying and treating patients who suffer from depression?	
3	What would you recommend to improve identification and treatment of depression at your facility?	
4	What would you recommend as best practices in depression screening, treatment, and follow-up for other facilities?	