

Attachment A – Cognitive testing questionnaire

Survey of Behavioral Health Care in Primary Care Settings

Hello [R name]. My name is [I name] from Westat on behalf of the Agency for Healthcare Research and Quality's National Integration Academy Council. Thank you for having taken the time to complete our questionnaire and for talking with me today about your responses. I will be asking you for some in depth information about your responses and what you thought certain words and phrases meant on specific questions, but please also feel free to share any of your reactions to the questions – especially if you found a question confusing and were not sure what it was asking. Your feedback will be used to help us assess whether the questions are being properly understood so that we can improve the questionnaire.

Your participation in this interview is entirely voluntary. There are no direct benefits to you for participating in this interview; however your feedback will be used to improve the questionnaire that will be collecting data that may be used to advance the healthcare system for providers like yourself. There is no cost to you other than your time and we will be speaking with you for about 30 to 45 minutes today. We will be sending you a monetary gift as a token of our appreciation after we complete this interview.

Do you have any questions before we begin?

Yes
No

Do we have your consent to proceed with this interview?

Yes
No →STOP INTERVIEW

I would like to record this interview; is that ok with you? [IF NO CONTINUE WITHOUT RECORDING] All the information you provide will be kept confidential and used only for the purposes already described; nothing will be reported about you individually.

Now that I am recording the interview I would just like to confirm that I am doing so with your permission, correct?

Yes
No

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0124) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

About You and Your Practice

1. Your main practice location is where you spend a majority of time in direct patient care. What is the zip code of your main care practice location?

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Probe:

Do you practice at more than one location? If yes, how did you go about identifying the location where you spend a majority of time? What does main practice location meant to you? What does majority mean to you? (Verify that subsequent questions were answered thinking only of the main practice location)

2. Are you a full- or part-owner, employee, or independent contractor of your main practice location?

- Owner (full or part)
- Employee
- Contractor

***Probe:**

[If the R practices at more than one location] Which location were you thinking about for this response? [If different from #1; probe why.]

[If the R couldn't pick one of the options] What is your type of employment?

* Possibly no need to ask.

3. What is your medical specialty?

- Family/General Practice
- Internal Medicine
- Other → **If Other, go to #35 on Page 8**

4. Including yourself, how many physicians work at your main practice location? Please include all physicians regardless of how many hours they work.

- One/solo practice
- 2-5
- 6-10
- More than 10 → **If More than 10, go to #35 on Page 8**

Probe:

Who were you counting when coming up with the number?

Were you counting any non-physicians?

5. Including all physicians and other health care providers how many, including yourself, of each of the following health providers work at your main practice location? Please include all physicians and other health care providers regardless of how many hours they work.

	None	One	2 to 5	6 to 10	More than 10
Primary Care Providers					
Family/General Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB-Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Care Providers					
Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care Managers/Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Providers							
Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and Family Therapists (MFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clinicians: (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-Clinicians: (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe:

What does “work at your main practice location” mean to you? Of the answers provided did you include any non-clinicians or staff who work, but are not “employees” at the practice?

6. How are medical records shared among all physicians and other health providers at your main practice location?

- Separate paper records for each provider
- Paper records shared across providers
- An electronic data system accessible by all physicians and other health providers

Probe:

What does “all physicians and other health providers at your main practice location” mean to you? How would you describe how records are shared in your main practice location? What records are only shared among select physicians or health providers? What does “sharing” mean to you?

7. In a typical week how many hours do you work at the main practice location in providing direct patient care?

Probe:

How did you arrive at the number of direct patient care hours at the main practice location? What does typical mean to you?

8. Have you attended any workshops or participated in any continuing education on integrated or collaborative approaches to treating behavioral health in a primary care setting? Behavioral health includes mental health and substance abuse.

- Yes
- No → **If No, go to #10**

Probe:

What does “integrated or collaborative” mean to you.
 What were you thinking about when you read “workshops and continuing education”?
 What were you thinking about when you read this?

9. If Yes, please indicate when was the most recent workshop or continuing education program?

- In the last two years
- Over two years ago but within five years
- I cannot remember the timing of the workshop

What were you thinking about when determining what was most recent?

About Patients Seen in Your Main Practice Location

When answering the following question please focus only on patients you see at your main practice location.

10. Thinking about all the patients you see in an average week, how many patient visits do you have?

Probe:

How did you interpret “patient visits”?

How would you define an average week?

11. Approximately what percentage of your patients are male and female?

|_|_|_| %Male

|_|_|_| %Female

12. Approximately what percentage of your patients are the following age groups?

|_|_|_| %under 18 years

|_|_|_| %18-64

|_|_|_| %65 and older

13. Approximately what percentage of your patients are the following:

|_|_|_| %Hispanic/Latino

|_|_|_| %Non-Hispanic White

|_|_|_| %Non-Hispanic Black/African American

|_|_|_| %American Indian or Alaska Native

|_|_|_| %Asian

|_|_|_| %Native Hawaiian or Pacific Islander

|_|_|_| %Multiracial

14. Which of the following type(s) of payment do you accept from your patients? *Check all that apply.*

Medicare

Medicaid or other state sponsored insurance

Private insurance, health plans, or HMO

Self-pay or uninsured

Workers compensation

No charge

Probe:

What payments do you accept that are not listed here?

Providing Care to your Patients at the Main Practice Location

When answering the following questions please focus only on protocols and systems you follow at your main practice location.

General Probe for the section: if the R works in multiple locations check on which location they were thinking of-does it map to the location they were thinking of in Q1.

15. Do you have a systematic process to screen or assess your patients for the following chronic physical conditions?

	Yes	No	Don't know	Not applicable
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other chronic condition (do not include behavioral health conditions) Please Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe:

What do you think “a systematic process to screen or assess patients for chronic physical conditions” entails?

16. Do you have a systematic process to screen and assess your patients for behavioral health conditions such as depression, anxiety, or substance abuse?

Yes

No → If No, go to #26 on Page 6

Probe:

What does “a systematic process to screen or assess patients for behavioral health conditions” entail to you?

17. Do you have a systematic process to screen or assess your patients for the following behavioral health conditions?

	Yes	No	Don't know	Not applicable
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other behavioral health condition (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were you thinking about when you read “substance abuse”?

18. A registry is a list of patients with a particular condition associated with clinical data for each patient. Does your practice maintain a registry for the following conditions?

	Yes	No	Don't know
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other condition: (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. How do you follow up on patients you have diagnosed with having behavioral health conditions?

Probe:

What does “follow-up” mean to you? What term or phrase might you use to describe how you provide care to patients that require routine follow-up?
 What were you thinking about when you read “you have diagnosed”?

19a. I treat them with medication.

- Yes
- No

Probe:

What does “treat them with medication” mean to you?

19b. I treat them with counseling.

- Yes
- No

Probe:

What does “treat them with counseling” mean to you?

19c. I refer them to a psychiatrist or other behavioral health provider.

	Onsite	Offsite	Both onsite and offsite	Neither
Referred to a psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to another behavioral health provider such as a psychologist, MFT, Social Worker, or Psychiatric Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe:

What does the term “refer” mean to you?

How do you follow-up with patients other than using medication, counseling, and/or referral?

20. Behavioral health providers include psychiatrists, psychologists, marriage and family therapists (MFTs), social workers, and psychiatric nurse practitioners. You may be working with an established network of such behavioral health providers who you regularly refer your patients to. This established network does not include the 800 number on the patient’s insurance card. Do you have such an established network of providers?

- Yes
- No

Probe:

Who were you thinking about when answering this? What does “established network” mean to you?

When we say “does not include the 800 number on the patient’s insurance card” what did that mean to you?

21. When you refer patients to behavioral health providers what is the system for care coordination and follow-up?

- Patients are responsible for their own coordination and follow-up
- A care manager or social worker is in place to coordinate needed care for patient
- I coordinate the follow-up directly with the behavioral health provider
- Not applicable

Probe:

What does “system for care coordination and follow-up” mean to you?
 Can you tell me how you arrived at your answer? Is there a system for care coordination and follow-up you usually or most often follow?

22. How do you receive feedback from the psychiatrist or other behavioral health provider?

- No feedback
- Telephone conversations with the psychiatrist or other behavioral health provider
- Process notes from the psychiatrist or other behavioral health provider
- Psychotherapy notes from the psychiatrist or other behavioral health provider
- Telephone conversations and process or psychotherapy notes
- Not applicable

Probe: What does feedback mean to you? What term or phrase might you use to describe how you receive updates on the behavioral care or progress of your patient?

Can you tell me how you arrived at this answer? Would you say this is how you usually receive feedback?
 What do process notes and psychotherapy notes mean to you?

23. There are many approaches and models to treating behavioral health conditions. The next three questions ask about the steps and treatment models you use when treating your patients.

23a. *How often do you take any of the following steps in treating your patient’s behavioral health conditions?

	Never	Sometimes	Usually	Always	Not applicable
**Repeat measurements or screen periodically during treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***Follow clearly stated protocols to adjust the treatment approach depending on the patient's response to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
****Involve behavioral health specialists in challenging cases that do not quickly respond to routine treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow U.S. Preventive Services Task Force guidelines for screening on depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow U.S. Preventive Services Task Force guidelines for alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow U.S. Preventive Services Task Force guidelines for tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*****Do you collect data on patient outcomes over a longer term course of treatment e.g., 6 months, 12 months, or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe: *What does treating mean to you?

**What does “Screen Periodically” mean to you?

*** What protocols are you following? If not following protocols what were you thinking about when you read “protocols” in this question?

**** What does “quickly” mean to you in this question?

*****What do “collect data” and “Patient Outcomes” mean to you?

23b. How often do you use the Screening, Brief Intervention and Referral to Treatment (SBIRT) model for treating alcohol and/or substance abuse?

- Never
- Sometimes
- Usually

- Always
- I am not aware of SBIRT

Probe: How often do you use any standardized models like SBIRT? How did you interpret “standardized model”?

23c. For treating behavioral health conditions there are a number of other standardized models. Do you use any standardized model?

- Yes, please describe the model _____
- No

24. How often do you and the behavioral health provider together involve the patient and/or patient’s family in making decisions about their treatment plan?

- Never
- Sometimes
- Usually
- Always

Probe:

What does the entire phrase “you and the behavioral health provider together involve the patient and/or patient’s family” mean to you? Specifically, what does “together involve” mean to you?

25. Patient self-management refers to all systems and processes you use to help your patients and their care givers manage their health conditions outside formal medical institutions. This may include discussions with your patient, their care givers, and their family members; use technologies; or use of educational materials. For which behavioral conditions do you have systems to encourage patient self-management? Check all that apply.

- Depression
- Anxiety
- Substance Abuse
- Other, please specify _____

Probe:

What does “systems to encourage patient self-management” mean to you?
How do you encourage self-management in patients with these conditions?

Reimbursement

26. Are you reimbursed for specific chronic disease management/care management services?

- Yes
- No → If No, Go to #28

Probe:

How would you describe your method of reimbursement for chronic disease care?
What terms or phrases would you use when describing your method of reimbursement?

27. Please indicate how you are reimbursed for chronic disease management/care management services. Check all that apply.

- Care-management fee
- Fee per patient
- Fee per service
- Fee per episode of care
- Global payment for all care

Other _____

Probe:

What does “care-management fee” mean to you? What does global payment for all care mean to you?

28. **Is your reimbursement for chronic behavioral health conditions the same as for other non-behavioral chronic conditions?**

- Yes, they are handled the same
- No
- Other, please specify: _____
- I do not treat patients for behavioral health conditions → **Go to #30 on Page 7**

Probe:

In what ways is reimbursement the same or different for behavioral conditions and non-behavioral conditions?
Are they the same in process and amount?

29. **How are you currently funding behavioral care as part of primary care? Please feel free to ask your office manager or account manager when responding to this question. Check all that apply.**

- Payment arrangements with a managed care organization
- Capitation arrangement
- Shared risk arrangement
- P4P – Pay for performance funding
- Grant funding
- Joint blending of funds with another health care/social service organization
- Internal restructuring of funds
- Community support/donations/fundraising
- Billing through CPT codes for medical services (e.g., use of E & M codes)
- Billing through CPT codes for behavioral health services
- Billing through CPT codes for health and behavior codes (96150-96155)
- Billing through Healthcare Common Procedure Coding System (HCPCS) codes for services
- Billing screening codes, such as SBIRT, or PHQ 9
- Quality assurance project – redistribution of funds
- Self pay / sliding scale fee
- Other (please specify) _____
- Not applicable

* How did you interpret ... (the answer selected)?
How did you interpret “funding behavioral care as part of primary care?”

Working in Care Teams in Your Practice

30. **Care teams are multidisciplinary teams of health care providers working together under the leadership of a physician; with each member of the team having specific responsibilities to provide care that spans from the exam room to the home.**

Based on your experience working in care teams, indicate whether you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	I do not work with care
The give and take within teams results in better decisions around patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The involvement of multiple team members increases the likelihood of medical errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team process burdens care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care physicians are not responsible for behavioral care of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe

What does “care teams” mean to you? Were you thinking about teams used to treat behavioral health conditions, or were you thinking about teams in a broader sense, or were you thinking about something else?

Quality Assurance and Improvement

When answering the following questions please focus on Quality Assurance and Improvement protocols followed by the main practice where you spend the majority of your time in patient care.

31. Does your main practice have a written plan with procedures and defined goals for accountability for measuring performance of individual physicians?

- Yes
- No
- Don't know

If you do not have a written plan how is the performance of individual physicians measured?

If you do have a written plan who created this plan?

32. For each of the following conditions has your practice adopted written evidence-based standards?

	Yes	No	Don't know	Not Applicable
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other condition: Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe

What does “evidence-based standards” mean to you?

What were you thinking about as you thought of written evidence-based standards?

If “written” were not included in this question how would that have changed your answers or what you thought about evidence-based standards? Do yo

33. For patients with each of the following behavioral health conditions does your clinic provide data to individual physicians on the quality of their care?

	Yes	No	Don't know	Not Applicable
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other condition: Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were you thinking about when you read data on the quality of individual physician care?

34. Does your clinic conduct or participate in formal quality improvement activities?

- Yes
- No
- Don't know

What quality improvement activities were you thinking of?

If "formal" were not included in this question how would that have changed your answer or what you thought about?

Please Go to #37

Information on Larger Practices

Please answer these questions if you are not a family/general practitioner, not an internal medicine doctor, or if there are more than ten physicians at your main practice location.

35. Including full- and part-time physicians at the practice, how many physicians, including yourself, practice at your main practice location?

- 10 or fewer
- 11-20
- 21-50
- 51-100
- More than 100

36. Who owns the practice?

- Hospital
- Physician or physician group
- Other health care corporation
- HMO
- Other _____

Other Comments

37. What obstacles have you encountered as you manage behavioral conditions in your practice?

38. What else have you done in your approach to managing patients who seek care for behavioral health conditions in your practice?

-

39. We will be following up with a few physicians who complete this questionnaire. If we need to follow-up with you, may we contact you?

No Yes → If yes, what phone number is best: |_|_|_|-|_|_|_|-|_|_|_|_|

Thank You for completing the Survey.