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Survey of Behavioral Health Care in Primary Care Settings

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?

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

- ☐ Owner (full or part)
- ☐ Employee
- ☐ Contractor

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**

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	☐	☐	☐	☐	☐
Internal Medicine	☐	☐	☐	☐	☐
OB-Gynecology	☐	☐	☐	☐	☐
Pediatrics	☐	☐	☐	☐	☐
Other Health Care Providers					
Registered Nurses	☐	☐	☐	☐	☐
Nurse Practitioners	☐	☐	☐	☐	☐
Medical Assistants	☐	☐	☐	☐	☐
Physician Assistants	☐	☐	☐	☐	☐
Care Managers/Coordinators	☐	☐	☐	☐	☐
Behavioral Health Providers					
Psychiatrists	☐	☐	☐	☐	☐
Social Workers	☐	☐	☐	☐	☐
Psychologists	☐	☐	☐	☐	☐
Marriage and Family Therapists (MFT)	☐	☐	☐	☐	☐
Psychiatric Nurse Practitioners	☐	☐	☐	☐	☐
Other Clinicians: (Please specify)	☐	☐	☐	☐	☐
Other Non-Clinicians: (Please specify)	☐	☐	☐	☐	☐

6. **How are medical records shared among <u>all physicians and other health providers</u> at your main practice location?**
   - ☐ Separate paper records for each provider
   - ☐ Paper records shared across providers
   - ☐ An electronic data system accessible by <u>all physicians and other health providers</u>

7. **In a typical week how many hours do <u>you</u> work at the main practice location in providing direct patient care?**
   |__|__|

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**

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

About Patients Seen in Your Main Practice Location

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

10. **Thinking about all the patients <u>you</u> see in an average week, how many patient visits do you have?**
   |__|__|__|

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

Providing Care to your Patients at the Main Practice Location

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

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

	Yes	No	Don't know	Not applicable
Diabetes	☐	☐	☐	☐
Cardiovascular disease	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Other chronic condition (do not include behavioral health conditions) Please Specify):_____________________ _	☐	☐	☐	☐

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

- ☐ Yes
- ☐ No → **If No, go to #26 on Page 6**

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

	Yes	No	Don't know	Not applicable
Depression	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Substance Abuse	☐	☐	☐	☐
Other behavioral health condition (Please	☐	☐	☐	☐

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	☐	☐	☐
Cardiovascular disease	☐	☐	☐
Depression	☐	☐	☐
Anxiety	☐	☐	☐
Substance Abuse	☐	☐	☐
Asthma	☐	☐	☐

Other condition: (Please specify)	☐	☐	☐

19. How do you follow up on patients you have diagnosed with having behavioral health conditions?

19a. I treat them with medication.

- ☐ Yes
- ☐ No

19b. I treat them with counseling.

- ☐ Yes
- ☐ No

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

	Onsite	Offsite	Both onsite and offsite	Neither
Referred to a psychiatrist	☐	☐	☐	☐
Referred to another behavioral health provider such as a psychologist, MFT, Social Worker, or Psychiatric Nurse Practitioner	☐	☐	☐	☐

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

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

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

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	☐	☐	☐	☐	☐
Follow clearly stated protocols to adjust the treatment approach depending on the patient's response to treatment	☐	☐	☐	☐	☐
Involve behavioral health specialists in challenging cases that do not quickly respond to routine treatment	☐	☐	☐	☐	☐
Follow U.S. Preventive Services Task Force guidelines for screening on depression	☐	☐	☐	☐	☐
Follow U.S. Preventive Services Task Force guidelines for alcohol misuse	☐	☐	☐	☐	☐
Follow U.S. Preventive Services Task Force guidelines for tobacco use	☐	☐	☐	☐	☐
Do you collect data on patient outcomes over a longer term course of treatment e.g., 6 months, 12 months, or longer	☐	☐	☐	☐	☐

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

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

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 ________________________

Reimbursement

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

- ☐ Yes
- ☐ No → **If No, Go to #28**

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________________________

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**

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

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	☐	☐	☐	☐	☐	☐
The involvement of multiple team members increases the likelihood of medical errors	☐	☐	☐	☐	☐	☐
The team process burdens care	☐	☐	☐	☐	☐	☐
Primary care physicians are not responsible for behavioral care of patients	☐	☐	☐	☐	☐	☐

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

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

	Yes	No	Don’t know	Not Applicable
Diabetes	☐	☐	☐	☐
Cardiovascular disease	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Substance Abuse	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Other condition: Please specify	☐	☐	☐	☐

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	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Substance Abuse	☐	☐	☐	☐
Other condition: Please specify	☐	☐	☐	☐

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

☐ Yes
☐ No
☐ Don't know

Please Go to #37

Information on Larger Practices

Please answer these questions if you are <u>not</u> a family/general practitioner, <u>not</u> an internal medicine doctor, or if there are <u>more than ten physicians</u> 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?

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Thank You for completing the Survey.

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