



The Academy

Integrating Behavioral
Health and Primary Care

Funded under contract #HHS290-2010-00002i by the Agency for Healthcare Research and Quality

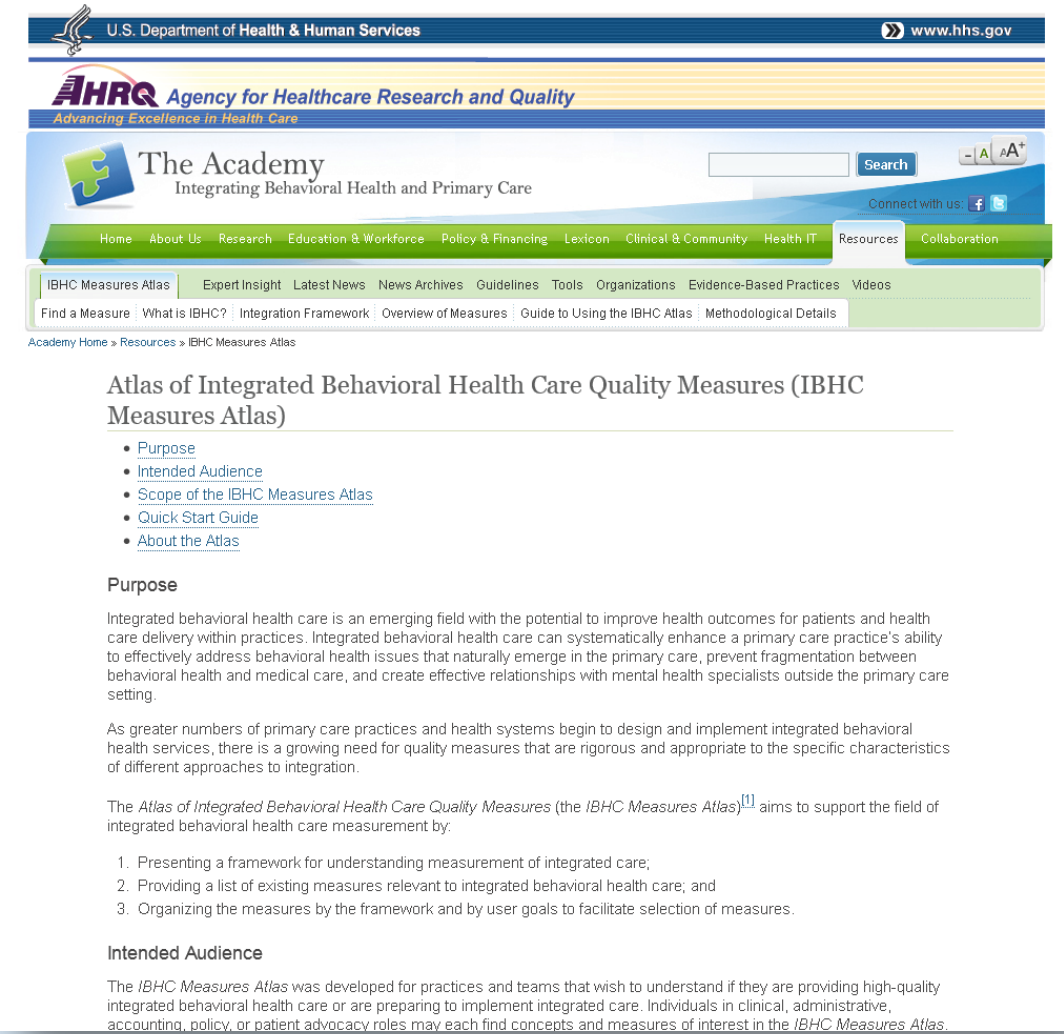
Atlas of Integrated Behavioral Health Care Quality Measures

IBHC Measures Atlas

The Problem

Finding quality measures to assess the degree to which your organization is providing Integrated Behavioral Health Care

The Solution



The screenshot displays the AHRQ Agency for Healthcare Research and Quality website. At the top, it features the U.S. Department of Health & Human Services logo and the URL www.hhs.gov. Below this is the AHRQ logo and the tagline "Advancing Excellence in Health Care". The main header identifies "The Academy" as "Integrating Behavioral Health and Primary Care". A search bar and social media links for Facebook and Twitter are present. A navigation menu includes links for Home, About Us, Research, Education & Workforce, Policy & Financing, Lextoon, Clinical & Community, Health IT, Resources, and Collaboration. A secondary menu lists various resources like IBHC Measures Atlas, Expert Insight, Latest News, News Archives, Guidelines, Tools, Organizations, Evidence-Based Practices, and Videos. The breadcrumb trail shows "Academy Home > Resources > IBHC Measures Atlas".

Atlas of Integrated Behavioral Health Care Quality Measures (IBHC Measures Atlas)

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- [Intended Audience](#)
- [Scope of the IBHC Measures Atlas](#)
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Purpose

Integrated behavioral health care is an emerging field with the potential to improve health outcomes for patients and health care delivery within practices. Integrated behavioral health care can systematically enhance a primary care practice's ability to effectively address behavioral health issues that naturally emerge in the primary care, prevent fragmentation between behavioral health and medical care, and create effective relationships with mental health specialists outside the primary care setting.

As greater numbers of primary care practices and health systems begin to design and implement integrated behavioral health services, there is a growing need for quality measures that are rigorous and appropriate to the specific characteristics of different approaches to integration.

The *Atlas of Integrated Behavioral Health Care Quality Measures* (the *IBHC Measures Atlas*)^[1] aims to support the field of integrated behavioral health care measurement by:

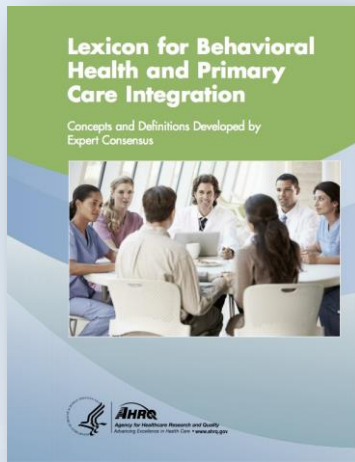
1. Presenting a framework for understanding measurement of integrated care;
2. Providing a list of existing measures relevant to integrated behavioral health care; and
3. Organizing the measures by the framework and by user goals to facilitate selection of measures.

Intended Audience

The *IBHC Measures Atlas* was developed for practices and teams that wish to understand if they are providing high-quality integrated behavioral health care or are preparing to implement integrated care. Individuals in clinical, administrative, accounting, policy, or patient advocacy roles may each find concepts and measures of interest in the *IBHC Measures Atlas*.

Development of the IBHC Measures Atlas

Lexicon



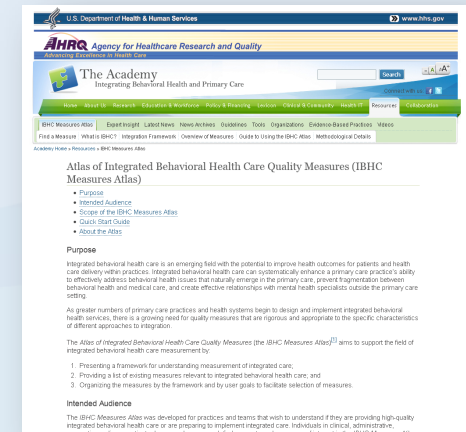
Framework

The Integration Framework

Integrated behavioral health care is the care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stresses and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

Functional Domains	Measurement Constructs
<p>1. Care Team Expertise The team is tailored to the needs of particular patients and populations—with a suitable range of expertise and roles.</p>	<p>Structure:</p> <ul style="list-style-type: none"> Health care professionals with a range of expertise and roles are available and can be tailored into a team to meet the needs of specific patients and populations. <p>Process:</p> <ul style="list-style-type: none"> Conduct an individualized needs assessment for a specific patient and family. Develop a unified care plan that builds a team—with necessary members and functions—to care for a given patient. Train the care team to function in collaborative practice and respond as a team to an individual patient's unique needs. If desired, select a subpopulation of clinic patients with similar needs, such as genetic care, children with special needs, or chronic diseases and make available a range of team expertise generally needed to care for the selected subpopulation.
<p>2. Clinical Workflow The team uses shared operations, workflows, and protocols to facilitate collaboration.</p>	<p>Structure:</p> <p>Clinical protocols and workflows are clearly documented. This implies that the protocols and workflow specify:</p> <ul style="list-style-type: none"> the roles, functions, and activities of all team members within the shared workflow; the types of information that needs to be shared; and the standard way to manage the addition of team members, transitions (or "handoffs"). <p>Process:</p> <ul style="list-style-type: none"> Consistently implement specific shared workflows rather than informal processes. Collaborate toward shared goals using shared workflows. Maximize team roles so that team members can do the highest-level tasks identified by their education and licenses.

IBHC Atlas



The IBHC Measures Atlas: Framework

The Integration Framework

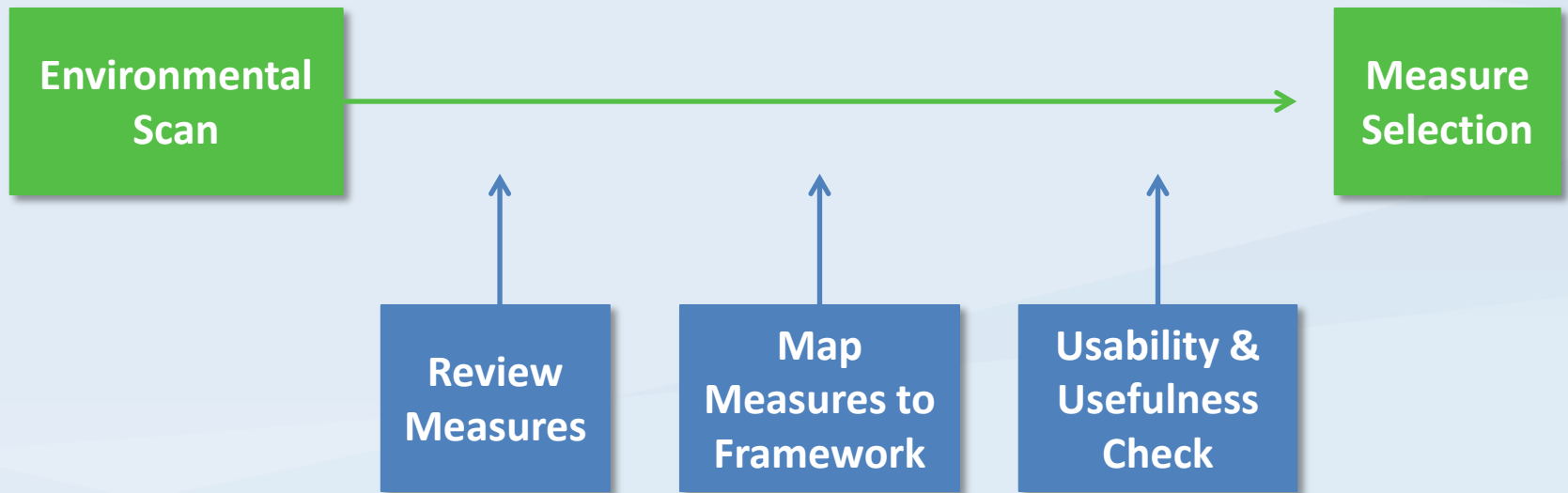
Integrated behavioral health care is the care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

Framework and core measures 

Functional Domains divide and organize the Integration Framework into functions or actions.	Measurement Constructs describe specific characteristics (i.e., structures), actions (i.e., processes), and outcomes that can be observed during Integrated Behavioral Health Care.
<p>1. Care Team Expertise The team is tailored to the needs of particular patients and populations—with a suitable range of expertise and roles.</p>	<p>Structure:</p> <ul style="list-style-type: none"> • Health care professionals with a range of expertise and roles are available and can be tailored into a team to meet the needs of specific patients and populations. <p>Process:</p> <ul style="list-style-type: none"> • Conduct an individualized needs assessment for a specific patient and family. • Develop a unified care plan that builds a team—with necessary members and functions—to care for a given patient. • Train the care team to function in collaborative practice and respond as a team to an individual patient's unique needs. • If desired, select a subpopulation of clinic patients with similar needs, such as geriatric care, children with special needs, or chronic illnesses and make available a range of team expertise generally needed to care for the selected subpopulation.
<p>2. Clinical Workflow The team uses shared operations, workflows, and protocols to facilitate collaboration.</p>	<p>Structure: Clinical protocols and workflows are clearly documented. This implies that the protocols and workflows specify:</p> <ul style="list-style-type: none"> • the roles, functions, and activities of all team members within the shared workflows; • the types of information that need to be shared; and • the standard way to manage the addition of team members, transitions (or "handoffs"). <p>Process:</p> <ul style="list-style-type: none"> • Consistently implement specific shared workflows rather than informal processes. • Collaborate toward shared goals using shared workflows. • Maximize team roles so that team members can do the highest-level tasks permitted by their credentials and licenses.

Methodology of Selecting Measures

Project Team



Expert Panel

The IBHC Measures Atlas: Measures

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IBHC Measures Atlas | Expert Insight | Latest News | News Archives | Guidelines | Tools | Organizations | Evidence-Based Practices

Find a Measure | What is IBHC? | Integration Framework | Overview of Measures | Guide to Using the IBHC Atlas | Methodological Details

Academy Home > Resources > IBHC Measures Atlas > Find a Measure > Core Measures

VIEW BY: **CORE MEASURES** | FUNCTIONAL DOMAINS | GUIDE ME TO A MEASURE

Find a Measure

There are three ways to find core measures in the IBHC Measures Atlas:

- (1) **By measure:** If you already know the measure you are looking for, you can find it by name in the *IBHC Measures Atlas*.
- (2) **By functional domain:** If you know the domain of the measure (e.g., patient-centered care), you can find it by domain.
- (3) **Guide me to a measure:** If you would like a recommendation of a measure, you can use the *Guide Me to a Measure* tool.

For additional measures that apply to a specific instrument, go to ["Overview of Measures - Additional Measures"](#).

Core Measures

- [C1. Assessment of Chronic Illness Care](#)
- [C2. Behavioral Health Integration Checklist*](#)**
- [C3. Competency Assessment Instrument Measure](#)
- [C4. Consumer Assessment of Healthcare Provider](#)
- [C5. Consumer Assessment of Healthcare Provider](#)
- [C6. Level of Integration Measure*](#)
- [C7. Mental Health Integration Programs*](#)
- [C8. Site Self assessment Evaluation Tool*](#)
- [C9. Young Adult Health Care Survey Measures](#)

[Additional Measures](#)

C2. Behavioral Health Integration Checklist*

[View the measure](#)

Purpose:

To help organizations planning an integrated care implementation to identify the key components of a successful program and to determine which of these they have and which need to be (further) developed. To help assess the level of implementation of integrated care for a given population.

Developer:

Advancing Integrated Mental Health Solutions (AIMS) Center, University of Washington

Date:

2011

Relevant submeasures:

Not applicable

Format/data source:

Organizational checklist

Development and testing:

Developed by the AIMS Center in collaboration with a national group of experts.

Past or validated applications:

- **Setting:** Primary care and behavioral health
- **Population:** Organizations looking to integrate
- **Level of evaluation:** Individual or groups of health care professionals

Sources:

AIMS Center, University of Washington

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Relevant Functional Domains from the Integration Framework:

- [Business Model Sustainability](#)
- [Care Team Expertise](#)
- [Clinical Workflow](#)
- [Data Collection and Use](#)
- [Desired Outcomes](#)
- [Leadership Alignment](#)
- [Operational Reliability](#)
- [Patient and Family Engagement](#)
- [Patient Identification](#)
- [Treatment Monitoring](#)

Patient-Centered Integrated Behavioral Health Care Principles & Tools

AIMS CENTER

About This Tool

This checklist was developed in consultation with a group of national experts (http://dx.doi.org/10.1186/1745-2875-10-100) to assess the extent to which primary care and behavioral health care are integrated in a patient-centered way. The AIMS Center, Agency for Healthcare Research and Quality, and California HealthCare Foundation, for more information, visit <http://dx.doi.org/10.1186/1745-2875-10-100>.

The **core principles** of effective integrated behavioral health care include a patient-centered care team providing evidence-based treatments for a defined population of patients using a measurement-based approach.

How many of the principles are in the core of your organization?

Principles of Care	None	Some	Most
1. Patient-Centered Care Primary care and behavioral health providers collaborate effectively using shared care plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Population-Based Care Care team teams a defined group of patients treated in a regular, proactive, and coordinated way. Practitioners track and reach out to patients who are not improving and overall health outcomes provide feedback to inform care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Measurement-Based Treatment to Target Each patient's treatment plan clearly articulates primary goals and clinical outcomes that are regularly measured. Treatments are adjusted if patients are not improving as expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evidence-Based Care Patients are offered treatments for which there is credible research evidence to support their efficacy in meeting the target condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accountable Care Providers are accountable and reimbursed for quality care and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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To access the **IBHC Measures Atlas** go to:

<http://integrationacademy.ahrq.gov/atlas>



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