

Please take some time to review and answer the following questions regarding the behavioral health infrastructure and practices at your health system. Your responses will allow the PRISM team to better understand your organization and develop a customized plan for implementing the collaborative care model (CoCM).

CHC:

Date:

Participants:

Implementation

Please rate your opinion regarding the following statements:

Scale: [1] Strongly Disagree [2] Disagree [3] Neither Agree nor Disagree [4] Agree [5] Strongly Agree

Our health system leadership is aligned in support of implementing collaborative care.	
Our health system is meeting the behavioral health needs of our patients.	
Staff believe that treating behavioral health issues will improve patient care.	
Staff believe care managers (RN, MSWs) are an integral part of the primary care team.	
Staff are flexible and tolerate changing workflows and procedures within the clinic.	

Has the health system previously implemented new programs or workflow changes within the last 1-2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What was successful about the process? What challenges were encountered?

Are you interested in distributing pre/post implementation surveys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Would you like MCCIST to facilitate the distribution and analysis of these surveys? Yes No

In how many clinics are you interested in implementing collaborative care?	
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Have you identified a pilot clinic site to launch the program? Yes No Clinic Name:

What is your anticipated timeline for onboarding additional clinics?

Clinical Protocols

Does the health system regularly screen for mental health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Check (☒) the outcome measures regularly used for screening or monitoring:

PHQ-9 GAD-7 CIDI-based Bipolar Disorder Screening Scale AUDIT-C

If so, when and how frequently are they performed?

Does the health system have a suicide protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, when was it created?

When was it last reviewed?

Is it available in the EHR? Yes No

Workforce

Is the health system able to provide a physician champion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: _____ Role: _____ Years at this clinic: _____

Is the health system affiliated with a psychiatric provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: _____ Credentials: _____ Specialty: _____ FTE: _____

Are they embedded in the clinic? Yes No **Do they practice using tele-psych?** Yes No

Have they ever practiced as a CoCM psychiatric consultant? Yes No

Are they interested in practicing as a psychiatric consultant within CoCM? Yes No

Have they completed the APA training module(s) for collaborative care? Yes No

Will you be dedicating at least 0.5 FTE of behavioral health care manager time per clinic to CoCM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has a behavioral health care manager been identified?	<input type="checkbox"/> Reassigning Staff <input type="checkbox"/> Hiring <input type="checkbox"/> Unsure
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If a behavioral health care manager has been identified, please answer the questions below:

Name: _____ Credentials: _____ Years in practice: _____

Role at this clinic: _____ FTE at this clinic: _____

Provide a brief overview of their experience with behavioral health:

Equipment

Does the health system have a population health patient tracking registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Patient Registry Software: _____ **Is it embedded in EHR?** Yes No **EHR:** _____

How is the registry software being used?

Check (☒) the outcome measures programmed in your patient registry: PHQ-9 GAD-7

Can an interactive registry be built or customized within your current platform? Yes No

If yes, how long would this take?

Are behavioral health notes protected in the EHR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If behavioral health notes are currently protected, are you willing to allow the psychiatric consultant and behavioral health care manager’s CoCM notes to be visible to the entire care team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the health system have staff capable of modifying EHR forms/templates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How would you describe the health system’s ability to modify EHR forms (select all that apply)?

Impossible Costly Requires outside technical assistance Other projects are prioritized Doable

Please answer the following questions for **each clinic** you are considering providing CoCM services.

Clinic Name:

patients ≥18yrs: # annual unique visits (patients ≥18yrs):
Insurance provider (%): No insurance: Medicaid: Medicare:
Dual Eligible: Commercial:

Workforce

Please list the number and total FTE of each type of staff member employed at this clinic:

Table with 6 columns: Role/Licensure, #, Total FTE, Role/Licensure, #, Total FTE. Rows include MD/DO (non-psychiatrist), PA/NP (non-psychiatrist), Psychiatrist (MD/DO/PA/NP), Psychologist (PhD), Psychologist (LLP), Pharmacist (PharmD), RD/LDN, MA, and Community Health Worker/Peer Support Specialist.

Table with 3 columns: Role/Licensure, #, Total FTE. Rows include Nurse Care Manager (RN/LPN), Medical Nurse (RN/LPN), Medical Social Worker (LMSW), Medical Social Worker (LLMSW), Medical Social Worker (LBSW), Medical Social Worker (LLBSW), Behavioral Health Social Worker (LMSW), Behavioral Health Social Worker (LLMSW), Behavioral Health Social Worker (LBSW), Behavioral Health Social Worker (LLBSW), and Behavioral Health Counselor (LPC).

What types of care management programs are available at this clinic? What billing codes are being used for these services?

Equipment

Is the health system practicing telehealth? [] Yes [] No

Is equipment available (i.e., HIPAA-compliant software, video camera, laptop)? [] Yes [] No

Is the clinic able to provide a semi-private space and phone for a care manager? [] Yes [] No