ORGANIZATIONAL ASSESSMENT TOOLKIT FOR PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION

SAMHSA-HRSA

Center for Integrated Health Solutions

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SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. CIHS is the first "national home" for information, experts, and other resources dedicated to bidirectional integration of behavioral health and primary care.

CIHS is funded jointly by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), and run by the National Council for Behavioral Health. CIHS provides training and technical assistance to community behavioral health organizations that received Primary and Behavioral Health Care Integration (PBHCI) grants as well as to community health centers and other primary care and behavioral health organizations. The PBHCI Grant program is part of an unprecedented push by Congress and the Health and Human Services Administration to help prevent and reduce chronic disease and promote wellness by treating behavioral health needs on an equal footing with other health conditions.

CIHS' array of training and technical assistance helps improve the effectiveness, efficiency, and sustainability of integrated services, which ultimately improves the whole health and wellness of individuals living with behavioral health disorders.

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INTRODUCTION

Designed by a team of integration experts, the Organizational Assessment Toolkit for primary and behavioral health care Integration (OATI) provides a compendium of tools that lay out a path for organizations to assess their readiness for integration, as well as benchmarking opportunities for those organizations well down the line in integration efforts.

Bidirectional integration[1] is the systematic coordination of mental health and substance use care (i.e., behavioral health care) with physical health care services (i.e., primary care). Since physical and behavioral health problems often occur simultaneously, integrating services to treat the whole health of individuals achieves the best results. People who receive integrated care prefer this approach, finding it the most acceptable, convenient, and effective approach to obtaining care.[2]

Organization-wide bidirectional primary and behavioral health care integration involves two simultaneous processes:

1. The ongoing development of an organizational culture centered around high quality customer service that ensures every staff member's focus remains on the experiences and outcomes of customers with both physical and behavioral health needs.
2. A comprehensive, system-level transformation of different aspects of the organizational process, structure, programming, practice, and financing that ensures the provision of seamless integrated care.

Successful integration requires a complete review and redesign of an organization's service delivery. Assuming that most of the people you serve have both physical and behavioral health needs, you will need to review every program, policy, procedure, practice, and staff member to implement integrated services that achieve the best outcomes at the lowest cost.

Hallmarks of Integration:

- Integration is a process that occurs over time in the entire organization.
- Integration activities create a system of care in which your organization operates.
- Integration is more than having a good referral partner, care capacity, or a co-located site. It is more than a behavioral health center becoming or acquiring a federally qualified health center (FQHC). It is more than an FQHC hiring mental health and substance use specialists or becoming certified as a community mental health center or substance abuse clinic. It is more than achieving certification as a person-centered medical home/health home (see below).
- Integration is more than a particular tool (e.g., PHQ 9), diagnostic combination (e.g., depression and diabetes), process (e.g., SBIRT), or evidence-based program (e.g., IMPACT).
- Integration involves multiple organizational components changing simultaneously in different timeframes. While some change process is linear, it also involves working through a series of rapid-cycle changes as you progress.
- Integration is a fully articulated "customer-oriented continuous quality improvement process," not a time-limited project. The integration journey never ends because there are always new challenges, new populations, new improvement opportunities, and new partners.

1 Throughout this toolkit, the word "integration" pertains to the bidirectional model of integration
2 Lopez, M., et. al. (2008). Connecting Mind and Body: A Resource Guide to Integrated Healthcare in Texas and the United States. Hogg Foundation. Austin, Texas.

Outcomes:

- Assessment of the data available within your organization to continually make data based decisions around effective administrative procedures
- Assessment of ability to participate in bundled/shared risk payment models.
- Assessment of ability to focus on episodic care needs and treat to target models
- Assessment of electronic health record capacity
- Assessment of ability to provide high quality services at the lowest possible cost
- Assessment of ability to produce measureable outcomes

Note that this tool will not just ask you if you believe you can collect the data. It will actually ask you to find the data. That may seem challenging, but it is best to start building your foundation early so it is ready when you need it.

Best Way to Use the ART: A self-assessment tool, the ART requires your management team to schedule time to meet and work through the sections. Typically, the assessment takes 6-8 hours to complete.

As your management team prepares to use ART, consider the following:

1. It is important for your team to move away from anecdotal responses to the questions such as "I think the rate is..." and to understand the actual rate or data point.
2. If there are significant variances in response levels or service process data among the management team members, it is important to identify if an ART needs to be completed for specific programs or locations (e.g., children/adolescent/pediatric vs. adult/geriatric) to identify process variances with the clinic. If it is determined that multiple ART forms are needed to assess the organization's components, add and average the question and section scores to generate an overall score for the organization as a whole.
3. If the question and section scores have more than a one point difference, the key issue to identify is if your organization is operating coherently as a "group practice" or "program team" rather than as a "loosely held federation of individual practices."

   If variance is found within program practice, integrating primary care services will be more difficult. Therefore, the ART should be used to identify internal practice and administrative support variance to reduce the time and cost of service delivery processes prior to starting integrated care efforts.
4. The self-assessment scoring model for each question and section of the ART is based on a five point scale:

5	4	3	2	1
Not a Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge

At the end of each section of the ART, there is a "total cumulative score" indicator that will allow your team to total all individual question scores in a section. Also, at the end of the ART, there is a scoring sheet that provides for transferring the sections' cumulative scores to an overall score summary with recommendations for next steps.

- **Progress Not Perfection:** The initial goal is not to improve everything at once. Continuous quality improvement is not a compliance audit. The initial goal is to select achievable improvements that can be accomplished within available resources in a reasonable time frame. Further, in a complex organization or system, each program can be working on its own improvements. This results in significant progress across the whole organization even though each program may only be making small steps.

- **Continuous Cycles of Change:** Finally, progress is achieved by continuous improvement over time. Once each rapid change cycle is completed, the organization (and its programs) then can choose the next improvement targets based on their self-assessments, develop new rapid change cycles with new indicators of progress, and keep going.

The tools in the OATI prepare and inform organizations about their readiness and needed steps to integrate primary and behavioral health. From there, organizations seeking to boost their overall capability for using customer-oriented continuous quality improvement to manage significant change can delve deeper into these core elements with other existing tools (such as the QI-IQ) or review a basic approach to plan-do-check-act cycles and/or rapid cycle change.

Based on what is learned during the self-assessment process using the four major self-assessment tools, organizations can then develop a successful, achievable, and measurable improvement plan.

For more information and assessments related to successful implementation of integrated primary and behavioral health care, visit www.integration.SAMHSA.gov/operations-administration/assessment-tools

For further information on the toolkit, or to explore the availability of technical assistance in using the tools, please contact:

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