



CFHA Workgroup on Primary Care Behavioral Health (PCBH) Screening & Outcomes Measurement

PCBH Outcomes Measurement Survey: Report #1

January 2023

Purpose of Workgroup: To issue recommendations and a "state-of-the state" report on outcomes measurement for PCBH services.

Scope: This is a report on phase one: screening and assessment measurements being used by CFHA members.

Method: A survey was constructed by the workgroup to learn what PCBH screening tools are being used by CFHA members. During the 2022 annual Integrated Care Conference in Boise, the workgroup handed out over 200 invitations to the survey's QR code. Several announcements were made during plenary sessions asking for participation. In addition, listserv requests were posted on CFHA website October 5th and 18th.

Observations and learnings:

- A total of 108 responses (majority from conference attendees) were received, representing less than 15% of CFHA members in attendance. It is unknown if more than one representative from a clinic/organization completed the survey
- 89 respondents are BHCs, BH directors/managers and trainees. All respondents used at least one screener (PHQ-9). 50% do not screen for outcomes, and 50% do not evaluate their clinic's readiness for integrated care.
- The average respondent reported screening in at least 6 domains, ranging from 4 to 14.
- A very broad range of measurement tools were reported (65 additional screening measures beyond the 45 listed in the survey).
- The top six domains for adult screening (>66% response) were Depression, Anxiety, Substance use, Trauma, Cognitive Function/Mental Status, and BiPolar.
- In 7 of the 14 domains surveyed (not including Pediatrics) (e.g., Sleep, pain, ADHD) "Do Not Use" exceeded all other selections.
- Pediatrics is a major user of screening instruments. 74% of respondents reported screening Pediatric patients. A total of 30 screening instruments were listed for use in Pediatrics. There is great overlap between providers who do adult and pediatric screening, but there is almost no overlap between the top 6 screeners used in each domain.
- Screening occurs at different intervals during a patient's PCBH visit. 61 of 97 respondents selected multiple responses and reported that 20% occur before arrival, 32% in the waiting room, 38% during the appointment, and 6% at completion of treatment.

- QoL and Global Health screeners are used by <20% of respondents, while SDoH screening is implemented by less than 40% of respondents.

Suggestions for going forward:

1. Gather more information on frequency (e.g., every visit, annually) and methods of measurement collection (e.g., EHR, pen & paper, or patient self-serve portal, tablet or cell phone).
2. Prioritize information desired on a follow-up survey and request completion by a larger sample of CFHA members.
3. CFHA might consider:
 - o ways to increase use of Global Health, Quality of Life and Social Determinants of Health as outcome measurements, given their applicability to the broad array of problems presented to BHPs.
 - o a recommendation for preferred screeners in each domain in order to normalize data analysis.
 - o promote policy development to reimburse for outcomes measurement in primary care behavioral health that align with medical outcomes and adherence.
 - o support policy changes that reimburse use of outcomes measurements for long term data collection that distinguishes behavioral healthcare outcomes from the medical model of symptom reversal.