Stage A Health Home (HH) and Stage B Behavioral Health Home (BHH) Providers

1. Confirmation of Health Home Information from MaineCare and Maine Quality Counts.

To begin the survey, I'd like to confirm some information that we will use to help us understand your responses.

1a. First, to confirm, am I speaking with (NAME)?

1b. Are you a _____? (Physician, RN or Nurse Practitioner, Practice Manager, etc.)

1c. I have your organization listed as a ___, is that correct? (Health Home, Behavioral Health Home)

1d. Does your organization participate in a MaineCare Accountable Community or AC program? (YES, NO)

2. Self-Reported Level of Participation

These opening questions are about your involvement in Health Home interventions.

2a. How would you describe your personal involvement in the _____ (Health Home, Behavioral Health Home) interventions at your organization? Would you say you are, very involved, somewhat involved, not very involved or not at all involved?

2b.In what ways are you involved? What is your role?

3. Perceptions of Effectiveness.

<u>Improving Physical Health Outcomes – Health Homes</u>

The physical health outcomes of the Health Homes interventions are the subject of the next questions.

3a1. **ASK OF HH** How would you assess the effectiveness of your organizations efforts to improve **physical health** outcomes since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3a2. What day to day or operational changes have you or your organization made or expect to make to improve **physical health** outcomes since becoming a health home? PROBE Please describe.

<u>Improving Behavioral Health Outcomes – Behavioral Health Homes</u>

The behavioral health outcomes of the Health Homes interventions are the subject of the next questions.

3b1. **ASK OF BHH** How would you assess the effectiveness of your organizations efforts to improve **behavioral health** since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3b2. What day to day or operational changes have you or your organization made or expect to make to improve **behavioral health** outcomes since becoming a health home? PROBE Please describe.

Improving Patient Engagement

These next questions are about patient engagement, meaning sharing decision making with patients or asking patients for their input into managing their care.

3c1. How would you assess the effectiveness of your organizations efforts to improve **patient engagement** since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3c2. What day to day or operational changes have you or your organization made or expect to make to improve **behavioral health** outcomes since becoming a health home? PROBE Please describe. What changes have you or your organization made as a result of the Health Homes/Behavioral Health Homes interventions to improve patient engagement?

Improving Care Coordination - Asked only of Health Homes

Next the questions are about coordination of care, both for behavioral and physical health.

3d1. **ASK OF HH** How would you assess effectiveness of your organizations efforts to improve **care coordination for behavioral health** since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3d2. What day to day or operational changes have you or your organization made or expect to make to improve **behavioral health** outcomes since becoming a health home? PROBE Please describe.

3d4. **ASK OF HH** How would you assess the effectiveness of your organizations efforts to improve **care coordination for physical health** since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3d5. What day to day or operational changes have you or your organization made or expect to make to improve **physical health** care coordination since becoming a health home? PROBE Please describe.

Improving Care Coordination – Asked only of Behavioral Health Homes

Next the questions are about coordination of care, both for behavioral and physical health.

3e1. **ASK OF BHH** How would you assess the effectiveness of your organizations efforts to improve **care coordination for physical health** since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3e2. **ASK OF BHH** What day to day or operational changes have you or your organization made or expect to make to improve **physical health** care coordination since becoming a health home? PROBE Please describe.

3f4. **ASK OF BHH** How would you assess the effectiveness of your organizations efforts to improve **care coordination for behavioral health** since becoming a health home? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3f5. **ASK OF BHH** . What day to day or operational changes have you or your organization made or expect to make to improve **care coordination for behavioral health** since becoming a health home? PROBE Please describe.

Improving Diabetes Outcome

3g1. How would you assess the effectiveness of your organizations efforts in addressing diabetes? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

3g2. Which of the following strategies or activities have you or your organizations taken with your patients to address diabetes management? (Check all that apply)

- Regular HbA1c testing
- Regular eye exam
- Foot exams
- Monitoring use of anti-psychotic medications & impact on physical health
- Increased care coordination/education of patients with diabetes who have frequent ED/inpatient admissions
- Neuropathy screening
- Blood pressure (BP) management
- Weight management (diet/nutrition counseling)
- Lifestyle coaching (activity/exercise)
- Referral to diabetes educator

3g3. What has been effective or has not been effective? What would you say are the reasons for this?

4. Collaboration

A new role, Care Coordinator, has been part of the Health Homes effort, the next questions are about this role.

Care Coordinator

4a1. Have you personally worked with a **Health Home Coordinator or Care Coordinator**? (Yes, No)

4a2. **IF YES TO ABOVE ASK** How effective has the **Health Home Coordinator or Care Coordinator** been to coordinate the needs and services for your patients? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

4a3. What changes in outcomes have you experienced due to care coordination?

4a4. What ideas do you have for improving the role of **Health Home Coordinator or Care Coordinator**?

<u>Community Care Team</u>

Community care teams have also been used to provide closer support for patients. These next questions are about these teams.

4b1. Have you personally worked with a **Community Care Team**? (Yes, No)

4b2. **IF YES TO ABOVE ASK** How effective has the Community Care Team been? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

4b3. What changes in outcomes have you experienced due to the Community Care Team's involvement in patient care?

4b4. What ideas or next steps do you have for improving the Community Care Team's involvement in patient care?

<u>Care Coordination-Improving Screening for Patients with diabetes who take Anti-Psychotic medication</u>

4c1. What care coordination strategies do you or your organization use to ensure screening for patients who take anti-psychotic medication?

4c2. What has been effective or has not been effective? What would you say are the reasons for this?

<u>MaineCare Accountable Communities</u>

Some providers participate in MaineCare Accountable Communities. These next questions are about Accountable Communities.

4d1. ASK THIS QUESTION ONLY OF RESPONDENTS AT AC HOMES. Have you been personally involved with the MaineCare **Accountable Communities** (**AC**) Program efforts at your organization? (Yes, No) IF NO SKIP TO NEXT SERIES.

4d2. **IF YES TO ABOVE ASK** How effective has the MaineCare Accountable Communities effort been? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

4d3. What changes have you experienced since your organization's involvement in a MaineCare Accountable Community?

4d4. What ideas do you have for improving the MaineCare Accountable Communities effort?

Integration Behavioral Health into Health Homes (ASKED OF HH ONLY)

MaineCare rules prescribe specific changes for integrating Behavioral Health care into Health Homes, these next questions address this integration.

4e1. **ASK OF RESPONDENTS IN HH**. How does your organization integrate the **behavioral health care** needs of your patients into your practice? Have you done any of the following? (check all that apply)

- Implemented processes to routinely conduct a standard assessment for depression, anxiety, or substance use disorder in patients with chronic illness?
- Hired a behavioralist into the practice to assist with chronic condition management?
- Co-located behavioral health services within in the practice?
- Integrated behavioral health into your practice in some other way?
- Other?

4e2. How effective have efforts to integrate behavioral health been? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

4e3. What obstacles are there for better integration of behavioral health in primary care?

4e4. What might be done to address obstacles to improve integration of behavioral health in primary care?

Integration of Physical Health into Behavioral Health Homes (ASKED OF BHH ONLY)

MaineCare rules prescribe that **physical health** care be integrated in to Behavioral Health, these next questions address this integration.

4f1. **ASK OF RESPONDENTS IN BHH**. How does your organization integrate the **physical health care** needs of your patients into your practice? OR What improvements has your organization made to integrate behavioral and physical health care?

4f2. How effective has this approach been? (Very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective or very ineffective.)

4f3. What obstacles are there for better integration of behavioral health with physical health?

4f4. What might be done to address obstacles to improve integration of behavioral health with primary care?

5-Tools

These next questions are about tools that have been made available to make the Health Homes effort more successful.

5a1. Have you personally participated in the **Quality Counts Learning Collaborative**? (YES, NO) IF NO, SKIP TO NEXT SERIES

5a2. IF YES How would you rate the Learning Collaborative? (Excellent, Very Good, Fair, Poor or Very Poor)

5a3. IF EXCELLENT, VERY GOOD OR GOOD ASK How has information from the learning collaborative been incorporated into your practice, can you provide examples?

5a4. IF FAIR, POOR OR VERY POOR ASK, what would you do to improve the Learning Collaborative?

5b1. Have you personally participated in **Regional Meetings?** These occur twice a year and are held in several regions of the state focused on specific HH-related topics? (YES, NO) IF NO, SKIP TO NEXT SERIES

5b2. IF YES How would you rate the Regional Meetings? (Excellent, Very Good, Fair, Poor or Very Poor)

5b3. IF EXCELLENT, VERY GOOD OR GOOD ASK How has information from the Regional Meetings been incorporated into your practice, can you provide examples?

5b4. IF FAIR, POOR OR VERY POOR ASK, what would you do to improve Regional Meetings?

5c1. Have you personally participated in **Webinars?** These are offered several times a month and are hosted by Quality Counts on various Health Home/Behavioral Health Home-related topics (YES, NO) IF NO, SKIP TO NEXT SERIES

5c2. IF YES How would you rate the Webinars? (Excellent, Very Good, Fair, Poor or Very Poor)

5c3. IF EXCELLENT, VERY GOOD OR GOOD ASK How has information from Webinars been incorporated into your practice, can you provide examples?

5c4. IF FAIR, POOR OR VERY POOR ASK, what would you do to improve Webinars?

5d1. Have you personally used the **Maine Care Health Home Portal**? (YES, NO) IF NO, SKIP TO NEXT SERIES

5d2. IF YES, How would you rate the Maine Care Health Home Portal? (Excellent, Very Good, Fair, Poor or Very Poor)

5d3. IF EXCELLENT, VERY GOOD OR GOOD ASK How has information from the Maine Care Health Home Portal been incorporated into your practice, can you provide examples?

5d4. IF FAIR, POOR OR VERY POOR ASK, what would you do to improve the Maine Care Health Home Portal?

SURVEY PROMPT HealthNetInfo manages the Health Information Network and provides information that can be used, for example, to monitor excess ED visits, predict hospital readmissions, coordinate transitions care, coordinate care by multiple providers, monitor prescriptions and other coordinating or monitoring actions.

5e1. Have you used information provided by HealthInfoNet or HIN? (YES, NO) IF NO SKIP TO NEXT SERIES

5e2. IF YES, How would you rate the information and support provided by HealthInfoNet? (Excellent, Very Good, Fair, Poor or Very Poor)

5e3. IF EXCELLENT, VERY GOOD OR GOOD ASK How has information from the HealthInfoNet been used in your practice, can you provide examples?

5e4.IF FAIR, POOR OR VERY POOR ASK, what would you do to improve information from the HealthInfoNet?

5f1. Have you personally received Quality Improvement or QI support from Quality Counts?

5f2. IF YES, how would you rate the Quality Improvement or QI support? (Excellent, Very Good, etc.)

5f3.IF EXCELLENT, VERY GOOD OR GOOD ASK How has the Quality Improvement support been used in your practice, can you provide examples?

5f4. IF FAIR, POOR OR VERY POOR ASK, what would you do to improve the Quality Improvement support?

5f1. Of the supports mentioned, the **Learning Collaborative, Regional Meetings, Maine Care Health Home Portal, Webinars, HealthInfoNet tools and Quality Improvement Support,** which was most valuable to your Health Homes/Behavioral Health Homes initiative?

5f2. Why do you say that?

5f3. And next most valuable?

5f4. Are there any improvements that would make any of the tools more valuable to you? What improvements to what tools?

5f5. Are there any other tools or services that would be valuable to you? What ones?