ATTACHMENT C

TELEPHONE INTERVIEW PROTOCOL

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Telephone Interview Protocol

During option years 1 and 3, telephone interviews will be conducted with program leadership from selected active PBHCI sites. In option year 1, we will interview grantees from cohorts VI and VII and in option year 3, we will interview grantees from cohorts VII and VIII. Telephone interviews will be tailored based on the information, or gaps in information, already gathered on grantee's program characteristics through proposal and quarterly report reviews, and the interviewer will organize the information gathered from the interviews into a Debrief Template that organizes data according by research question. The general template for telephone interviews in option years 1 and 3 is presented below:

A. Program Structure

a. Please confirm PC partnership and the collaborative service agreement between MH and PC?
   i. No formal agreement
   ii. Informal, unwritten agreement
   iii. MOA
   iv. Letter of commitment
   v. Other

b. Details of the service agreement?
   i. Guidelines on how rapidly clients will be seen
   ii. Policies detailing communication (i.e. sharing of clinical information about clients in a timely fashion)
   iii. Policies detailing coordination (e.g., scheduling MH and PC visits on the same day, which group is responsible for providing certain services, etc.)
   iv. Policies detailing financial arrangements (e.g., quid pro quo or in-kind service arrangements)
   v. Specific instructions on the proper procedure for scheduling a PC consult
   vi. Specific instructions on procedure for referring patients to specialists (e.g., staff responsible for coordinating and facilitating access to specialty care)?
   vii. Policies for sharing continuous quality improvement data and/or other population health management strategies

B. Program Resources

a. What resources (HIT, registry) are being utilized?
   i. Are **Electronic Health Records** used in the PBHCI program?
      1. Describe the EHR system.
      2. What information is contained in the EHR? Who collects, enters, and checks this data?
      3. Who can access this data?
      4. What percentage of consumer prescriptions are submitted electronically?
      5. Are lab results received electronically?
      6. Is there a local health information exchange system available? Which organizations/providers have access to this?
      7. Does the site participate in the regional extension center (REC) program?
   ii. Is there a **clinical registry**—a system for tracking consumer information—used for documenting PBHCI clients' PC and/or MH conditions?
      1. Is the registry electronic or paper?

2. What types of information are included?
3. **Describe the flow of information. Who collects what data, and when? Who enters data? Who checks data? (Specific to PBHCI & more generally.)**
4. Who uses the registry, and for what purpose?
5. Is the registry "searchable"? For example, can a clinician easily access to a list of individuals with a particular diagnosis for purposes of follow-up?
    a. Is the registry used to generate lists of PBHCI clients and **proactively remind** them of necessary services (e.g., preventive care, or chronic care, or for those not recently seen by the program, or for specific medications. Describe.

b. How is health information shared between providers and how often?
    i. Is there a system for sharing continuity of care records between behavioral health and physical heal providers? Describe.
        1. Are records shared between MH and PC? What information is shared (e.g., medications, clinical notes, lab results, etc.) and how?
        2. Are records shared with SUD providers (if different from MH providers)? What information is shared and how?
        3. Who uses records (MH, PC, CM) and for what purpose (e.g., scheduling, joint-treatment planning, etc.)?

C. Program Features

a. Please describe the core PBHCI program features utilized (may include: screening/referral/treatment; registry/tracking system; care management; prevention/wellness approach; and/or consumer / family role)
    i. Describe key changes in your program/program features since receipt of the PBHCI grant.
    ii. Describe notable successes with one or more features
    iii. Describe any notable challenges to implementation?
    iv. Describe any key policy changes required in order to implement program features

b. Please describe any optional PBHCI program features utilized (may include identification of PC supervising physician; embedded nurse care managers; self-management support; telecare; treatment plan integration; patient health record integration; use of measurement-based care; use of SBIRT; phlebotomy; laboratory; dental; HIV; buprenorphine/methadone (?) and/or pharmacy)
    i. Challenges and successes with one or more features?
    ii. Did any of these features require policy changes at the state level?

D. Cooperation/collaboration across MH and PC

a. How are care coordination services being delivered and by whom?
    i. **Challenges and success related to care coordination activities?**

b. How often do **MH and PC providers meet**, in person, by phone, or electronically? Are there regular team meetings? What information is shared and how regularly?

c. Are there separate **treatment plans** for MH and PC, or is there a single integrated treatment plan? How do MH and PC providers work together to make treatment plans?

d. How do MH and PC providers work together in ongoing **decision-making** about PBHCI clients?

e. Is communication/coordination between MH and PC providers adequate? What could be improved? Any lessons learned?

E. Evidence-Based Practices

(Cohort VI and VII)

a. In your opinion, what are the **top 3 clinically important PH conditions** (e.g., diabetes, hypertension, hepatitis) **or risk factors** (e.g., smoking, obesity) that are **treated by your PBHCI program**?
   i. Important conditions= common among your PBHCI clients, and have serious consequences if not managed

b. Which **evidence-based guidelines** are used to treat each of the conditions above?

c. What systems are in place to monitor and maintain fidelity of implemented EBPs (e.g., supervisor review, continuing education for staff, etc.)?

(Cohort VIII)

d. The PBHCI grant announcement required you to select from a list of evidence-based interventions regarding tobacco cessation, nutrition and exercise, and/or chronic disease or wellness self-management. What services you are delivering in these areas?
   i. Probe for the names and key elements of services they are providing in each of the three categories

e. Is your site using a manual or structured curriculum to guide the provision of these services?

f. How are patients selected to participate in the program?
   i. About what percentage of PBHCI participants do these patients represent?

g. How are the individuals who provide these services selected?
   i. Probe for qualifications
   ii. Probe for training, specifically, content covered, length, and frequency

h. How are people providing these services supervised or provided feedback about their fidelity to the model or the outcomes participants are achieving?

i. Have you had to adapt the program in any way to better suit the circumstances at your site?
   i. What kind of adaptations have you made, and why?

j. What have been the most significant challenges in implementing these practices?

k. How do you perceive the value of these practices relative to the costs and resources required to implement them?
   i. What kinds of effects do you perceive they are having?