

A FRAMEWORK FOR INTEGRATED BEHAVIORAL HEALTH CARE

The Agency for Healthcare Research and Quality established this framework, which shows 10 functional domains for integrated behavioral care and associated measurement constructs. The measurement constructs describe specific structures (i.e., characteristics), processes (i.e., actions), and outcomes that can be observed during integrated behavioral care. For a full list of measures for each domain, see AHRQ's *Atlas of Integrated Behavioral Health Care Quality Measures*.

1 CARE TEAM EXPERTISE 	2 CLINICAL WORKFLOW 
<p>The team is tailored to the needs of patients and populations, with a suitable range of expertise and roles.</p> <p>STRUCTURE</p> <p>Healthcare professionals with a range of expertise and roles are available and can be tailored into a team to meet the needs of specific patients and populations.</p>	<p>The team uses shared operations, workflows, and protocols to facilitate collaboration.</p> <p>STRUCTURE</p> <p>Clinical protocols and workflows are clearly documented. This implies that the protocols and workflows specify:</p> <ul style="list-style-type: none"> • The roles, functions, and activities of all team members within the shared workflows • The types of information that need to be shared • The standard way to manage the addition of team members and transitions
3 PATIENT IDENTIFICATION 	4 PATIENT & FAMILY ENGAGEMENT 
<p>The team employs systematic methods to identify and prioritize individuals in need of integrated care.</p> <p>PROCESS</p> <p>Screening or other case-identification processes are used to identify and prioritize people who need integrated behavioral health care in a timely manner.</p>	<p>The team engages patients and family (as appropriate) as active members in the integrated care team and in shared care plans.</p> <p>STRUCTURE</p> <p>Protocols or workflows for patient and family engagement are documented for care teams and in care plans.</p>
5 TREATMENT MONITORING 	6 LEADERSHIP ALIGNMENT 
<p>The team systematically measures patient outcomes over time and adjusts treatment as needed.</p> <p>STRUCTURE</p> <p>Clinical information (registry, outreach, other information) is readily available for monitoring and adjusting treatment.</p> <p>A follow-up system (with detail on components) and workflows to use the system are documented.</p>	<p>The team is supported by leadership and administrative alignment.</p> <p>PROCESS</p> <p>Allocate resources in a manner that is consistent with stated priorities for integrated care.</p> <p>Identify and address practical conflicts with other organizational priorities, incentives, and habits.</p>
7 OPERATIONAL RELIABILITY 	8 BUSINESS MODEL SUSTAINABILITY 
<p>The team is supported by reliable and robust office processes.</p> <p>PROCESS</p> <p>Consistently use specified structures, office workflows, processes, and standards for integrated behavioral health care to support highly reliable operations.</p> <p>Employ quality-improvement approaches, such as Lean or other process improvement methods, to improve office workflows, processes, and standards.</p>	<p>The team is supported by a sustainable business model.</p> <p>STRUCTURE</p> <p>A business model that is sustainable for the practice, its providers, and its patients is in place. Sustainability factors for patients include copays, time off work required for appointments, and driving and transportation costs in time and money—as well as insurance premiums.</p>
9 DATA COLLECTION & USE 	10 DESIRED OUTCOMES 
<p>The team is supported by the collection and use of practice-level data to achieve high-quality, high-value care.</p> <p>STRUCTURE</p> <p>Practice-wide systems to collect and use data for data-driven quality improvement are expected and present.</p>	<p>Patient experience measures.*</p> <p>OUTCOMES</p> <p>Individual patient experience with integrated behavioral health care.</p> <p>Aggregated patient experience for the panel of patients who receive health care.</p> <p>Aggregated patient experience for population denominators defined by the practice.</p>

Footnote:
 a. Provider experience, clinical outcomes, financial outcomes, and system experience are expected to be included in the outcomes domain in a future edition of the AHRQ's *IBHC Atlas*, from which this framework was referenced.