**Rhode Island Behavioral Health Inventory Survey**

**This survey must be completed by September 4, 2015.**

**Thank you for filling out this behavioral health inventory survey. It is being sent as required by law (RIGL 23-93). The results will be used to understand behavioral health need in RI. This survey should be completed by one administrator per behavioral health clinic. Some questions will appear or disappear based on applicability to your clinic.**

**You will need the following information to complete this survey:**

1. **The individual National Provider Identifiers (NPI) of each physician in the clinic**
2. **Unique patient and visit counts for services and principal insurance type**
3. **Patient demographics**
4. **Personnel by service category (including FTEs)**
5. **The information technology system in your clinic**

**\*Will appear for mandated questions**

*\*1. Clinic Identification*

Name of Staff Member filling out survey:

Email Address:

Phone number:

Name of clinic:

Street Address:

City:

State:

Zip:

**If** your clinic is part of a practice that has multiple sites, please list the names and locations of these sites here:

**Section 1:** *Access to Care*

1. Total patients seen in calendar year 2014 in this clinic site:
2. What method would you like to report on patients' principal medical insurance source?

I can report insurance source by age (0-17, 18-64, 65 and above) for patients
I can only report insurance source in aggregate for all patients

Please indicate the number of patients seen in calendar year 2014 by principal medical insurance

source.

\*Mark "0" for empty boxes

Number of Patients

None/Self Pay

Medicaid

Medicare

Private Insurance

Tri-Care (for Guard and Reserve)

Other (specify below)

. Please indicate the number of patients seen in calendar year 2014 by age and principal medical

insurance source.

\*Mark "0" for empty boxes

|  |  |  |
| --- | --- | --- |
| 0-17 years old Number of PatientsNone/Self PayMedicaidMedicarePrivate InsuranceTri-Care (for Guard and Reserve)Other (specify below). Please list other sources separated by commas | 18 to 64 years Number of Patients | 65 years and above Number of Patients |

*4.* Do members of your behavioral health clinic provide any primary care services?

Yes
No

1. Does this clinic accept new patients?

Yes No

Adult

Pediatric

1. Does this clinic accept **new** Medicaid patients? (including Rite Care or managed care plans with funds from Medicaid)

Yes No

Adult

Pediatric

**.** If this clinic accepts **new** Medicaid patients, when was the most recent new Medicaid patient added to the clinic?

Less than one week ago
One to two weeks ago
Three to four weeks ago
Greater than four weeks ago

7. Approximately how many patients in your clinic are on a sliding scale fee schedule?

I do not service this population
I do not collect this information
I do not know

I collect this information

 **If** you collect this information:

Number of patients:
Percent of patients:

1. Does this clinic offer same-day appointments?

Yes, acute only
Yes, any reason
No

 **If** yes, approximately how many on an average day?

1. Do you have a waiting list at your clinic for the following services?

Number of patients Number of weeks

Psychiatry adult

Psychiatry child

Office-based psychotherapy counseling

Severe mental illness

Residential treatment

Other

Other

1. For calendar year 2014, please provide the following demographic information about the race of

your patients (if you collect this information):

Percent of total patients
(approximate)

White

Native Hawaiian or Other
Pacific Islander

Black or African American
Asian

American Indian or Alaska
Native

Other

Unknown/Not reported

1. For calendar year 2014, please provide the following demographic information about the ethnicity of your patients (if you collect this information):

Percent of total patients
(approximate)

Hispanic or Latino

Non Hispanic or Latino

Unknown/Not
Reported

1. For each day of the week, what are the clinic's hours?

Monday Tuesday Wednesday Thursday Friday Saturday

Start time

Lunch start (if clinic
closed during lunch)

Lunch end (if clinic
closed during lunch)

Close time

*13.* Please indicate which holidays/dates the clinic is closed. (Check all that apply.)

E: New Year's Eve

* New Year's Day

El Martin Luther King, Jr. Day

* President's Day
* Memorial Day
Li Good Friday
Li Easter
* Patriot's Day

Li Independence Day

Li Victory Day

L Labor Day

* Rosh Hashanah
* Yom Kippur
* Columbus Day
* Veterans Day
Thanksgiving Day
* Friday after Thanksgiving

ID Christmas Eve

Li Christmas

Other

. If other, please list holidays practice is closed:

*14.* Do you collect information on patients requiring health care information to be provided in other languages?

Yes
No

What percent of your patients require health care information to be provided in the following languages? (Approximate)

Percentage of patients I do not know I do not collect this information

Spanish
French
Portuguese

Portuguese Creole

French Creole

Chinese

Other language?

1. How does your clinic provide interpreter services for patients?

On-site trained interpreter

Contracted interpreters that come on site as needed

Interpreters available on the telephone

Interpreters available through video

Staff not trained as interpreters but assist with interpreting as needed

We typically cannot offer these services due to logistical or financial issues

We do not provide interpreter services

I do not know

1. Please describe the language skills of all staff members:

Mostly bilingual or trilingual staff members

Some bilingual staff members

Few or no bilingual staff members

1. Is there public transportation available to your clinic? (within one city block)

Yes
No

1. Are there other types of transportation services to your clinic?

Yes
No

**. If** yes, please describe:

1. To what degree are you using technology to provide patient care (telehealth or telemedicine) in your clinic?

Any interested Majority of

Never Plan to use Pilot group patients patients

Video conferencing

Secure electronic live
messaging (chat room)

Secure electronic e-mail

Text messaging

Audio only visits

Remote monitoring devices with

manual entry by patient (i.e.
blood pressure monitors)

Remote monitoring devices with
automatic feed to Electronic
Health record (EHR)

Other

**. If** other, please describe:

**Section 2:** *Health Care Clinic Identification*

*\*20.*

Please list the physicians in this clinic by National Provider Identification (NPI) number and

the hours spent in direct patient care in this clinic:

\*If you need more space, fill out the 5 rows here and another table will pop up.

\*If you need to look up NPI numbers, please use <https://npidb.org>

Hours per week in direct

NPI Specialty patient care in this clinic

Please list the physicians in this clinic by National Provider Identification (NPI) number and

the hours spent in direct patient care in this clinic:

\*If you need more space, fill out the 5 rows here and another table will pop up.

|  |  |  |
| --- | --- | --- |
| NPI | Hours per week in direct patient care in this clinic | Specialty |

Please list the physicians in this clinic by National Provider Identification (NPI) number and

the hours spent in direct patient care in this clinic:

\*If you need more space, fill out the 5 rows here and another table will pop up.

|  |  |  |
| --- | --- | --- |
| NPI | Hours per week in direct patient care in this clinic | Specialty |

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the hours spent in direct patient care in this clinic:

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| --- | --- | --- |
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the hours spent in direct patient care in this clinic:

\*If you need more space, fill out the 5 rows here and another table will pop up.

|  |  |  |
| --- | --- | --- |
| NPI | Hours per week in direct patient care in this clinic | Specialty |

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the hours spent in direct patient care in this clinic:

\*If you need more space, fill out the 5 rows here and another table will pop up.

|  |  |  |
| --- | --- | --- |
| NPI | Hours per week in direct patient care in this clinic | Specialty |

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the hours spent in direct patient care in this clinic:

\*If you need more space, fill out the 5 rows here and another table will pop up.

|  |  |  |
| --- | --- | --- |
| NPI | Hours per week in direct patient care in this clinic | Specialty |

. Please list the physicians in this clinic by National Provider Identification (NPI) number and the hours spent in direct patient care in this clinic:

**. Section 3:** *Clinic Staffing/Capacity*

*21*

(Calendar year 2014) — Please describe your current staffing and capacity for each major service

category below.

\*Press the "back" button at the bottom of your screen to save your progress

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Do You Have the Following Personnel? | FTEs | Ideal Number of FTEs to Treat the Patients in your Clinic (\*to ideally serve the population ofyour clinic) | Total Clinic Visits by Personnel Category (as applicable) |
| PsychiatristsLicensed Clinical PsychologistsLicensed Clinical Social WorkersMarriage and Family CounselorsMental Health CounselorsClinical Nurse Specialists (mental health)Chemical Dependency ProfessionalsNurse Practitioners Physician Assistants NursesOther Mental Health Staff | Yes No |  |  |  |

Nurse Care Managers
Peers/Recovery Coaches

Medical Assistants /
Nursing Assistants

Interpretation Staff
IT Staff

Quality Improvement /
Data Analytics Staff

**Section 4:** *Clinic Infrastructure*

*22.* **If** your clinic is integrated with a primary care practice, please indicate which of the following elements are present. For each of the following statements, indicate the consistency between what is the case at present in your clinic and the target. A rating of 1 or "Not True" indicates that your clinic has not yet started to pursue this target, while a 5 or "Always True" indicates that your clinic has successfully met the target.

1 (Not 2 (A little 3 (Somewhat 4 (Very 5 (Always

true) true) true) true) true)

The behavioral health and primary care clinics are in the
same location

There is one system for making both primary care and
behavioral health appointments

Behavioral health and primary care providers use the same
electronic medical record

There is a scheduling strategy that allows patients to be
seen by a behavioral health provider immediately after a
primary care visit as necessary

There is a system for primary care providers to
communicate urgent concerns to a behavioral health
provider (for example, a "warm handoff')

This clinic participates in the Health Homes program

The clinic participates is integrated with a patient-centered
medical home (PCMH)

**. If your clinic is moving toward integration with a primary care practice, please describe how:**

1. **Does your clinic use community support teams or community health workers?**

Yes
No

1. **If your clinic uses community support teams or community health workers, please indicate which of the following services are provided to patients:**

Yes No

Medication management

Individual, group and family therapy

Opportunities to meet with a psychiatrist

Substance use assessment and counseling

Crisis intervention

Practicing independent living skills

Assistance with finding safe, affordable housing

Coordinating primary health care

Employment assessment and job placement assistance

Wellness and social skills group training

Participate in community, therapeutic, social and recreational activities

1. Which of the following services does your clinic provide?

Mental health only

Substance abuse only

Both mental health and substance abuse

1. **If** your clinic provides substance abuse services, please indicate which of the following services are provided in your clinic:

Dual-diagnosis treatment

Outpatient suboxone treatment for opioid addiction
Outpatient methadone treatment for opioid addiction
Group treatment for chemical dependency
Individual treatment for chemical dependency
Outpatient detoxification for alcohol dependence
Outpatient detoxification for opioid dependence
Residential treatment (Levels 111.1, 111.3 and 111.5)

**. If** your clinic is moving toward providing additional services, please describe:

The following questions are about the information technology at your clinic site. If this section has already been completed once for your organization, you do not need to complete this section.

. Has your organization completed the information technology section of this survey? (Please contact your central office is you are not sure)

Yes
No

1. What technology is available at this site?

Computers/Tablets for each staff member

Computers/Tablets for shared use

Internet

WiFi (Wireless internet)

None

None, but we are working to provide access

1. Do clients have access to technology while visiting this location?

Computer workstations/kiosks

Clients use their own resources (their own laptops)

Wi-Fi internet access

Tablets (i.e. iPads, etc.)

Charging stations (accessible outlets)

Nothing at this time, but working to provide access

No, not at this time

*29.* Approximately what percent of the time do clients use each of the following intake techniques at your clinic when visiting for routine services? (must add up to 100%)

|  |  |
| --- | --- |
| Paper intake forms | 0 |
| Electronic intake forms that can be completed before arriving (i.e. patient portal or web form) | 0 |
| Electronic intake forms on a kiosk or tablet | 0 |
| Other electronic intake process which reduces data entry | 0 |
| **Total** | 0 |

*The Physician Quality Reporting System (PQRS) is a CMS program to incentivize physicians to report on specific quality metrics.*

1.

Are providers in your clinic currently reporting for PQRS?

Yes, and plan to continue in 2015
Yes, but plan to discontinue in 2015
No, but plan to start in 2015
No, and have no plans to start
Don't know

1.

**How** are providers in your clinic planning to report for PQRS in 2015?

Individual
Group Practice

Don't know

1.

By what method are providers in your clinic planning to report for PQRS in 2015?

Claims (Individual measures)

Qualified Registry (Individual measures or group measures)

Directly with EHR product that is Certified Electronic Health Record Technology (CEHRT)

EHR data submission vendor that is CEHRT (Individual Measures)

Qualified Clinical Data Registry (Measures selected by QCDR)

Group Practice Reporting Option (GPRO) web interface

Don't know

1.

Please describe any barriers you, or providers in your clinic, have encountered when reporting for

PQRS:

1. Which Information Software does this clinic use? (select all that apply)

Electronic Medical Record / Electronic Health Record (EMR/EHR)

Electronic Dental Record (EDR)

Electronic Practice Management (EPM) (i.e. for scheduling, billing. etc.)

Standalone Patient Tracking System

Integrated reporting software (part of your EMR/EDR/EPM)

Standalone reporting software (i.e. Crystal Reports. SQL, etc.)

Financial Business Intelligence Tool

Clinical Informed Analytics Tool

Registries / Population Health Tool

None

1. How is your EHR/EDR/EPM hosted (the location of the database)?

Servers on site

Off-site servers accessible by VPN or other remote connection

The cloud, accessible through a web browser

Other

Don't know

If other, please describe:

1. How integrated are your Information Software specifically at your clinic site?

All software fully integrated (i.e. single patient record across all systems)

Some software integrated

All systems separate

Reporting tools aggregate data from separate systems

1. How interoperable is your EHR/EDR with external systems (sending and/or receiving patient

data electronically)? (Check all that apply to your location)

Sharing lab results

Sharing radiology results

Sharing patient records (such as a CCD)

Not sharing

I am having trouble working with my vendor to share information with my colleagues

1. In which year did you install your primary clinical Information System?
(If you do not know, please leave blank)
2. What is the name of your EMR/EHR system?

Allscripts

Cerner

CHARTCARE

eClinicalWorks

Epic
eMDs

GE/Centricity

Greenway Medical

MED3000

NextGen

Sage
SOAPware

Practice Fusion

Other
Unknown

. If other, please describe:

1. Are there plans for installing a new EMR/EHR system within the next 18 months?

Yes

No

Maybe

I do not know

1. Is your current Electronic Medical Record (EMR) / Electronic Dental Record (EDR) version Certified Electronic Health Record Technology? (Check here -> [http://oncchpl.force.com/ehrcert /eh](http://oncchpl.force.com/ehrcert/eh) rprod uctsearch)

2011 Certified
2014 Certified
No

I do not know

1.

Please indicate whether this clinic has each of the computerized capabilities listed below (for 2011

Certified):

|  |  |  |  |
| --- | --- | --- | --- |
|   | Yes | No | N/A |
| Lab requisitions sent electronically | 0 | 0 | 0 |
| Providing reminders for guideline-based |   |   |   |
| intervention or screening tests | 0 | 0 | 0 |
| Are warnings of drug interactions or contraindications provided with electronic prescription ordering? | 0 | 0 | o |
| Viewing lab results | *0* | 0 | 0 |
| Are lab results incorporated into EMR/EHR data fields? | 0 | 0 | 0 |
| Viewing imaging results |   | **e** |   |
| Viewing data on quality of care measures | 0 | o |   |
| Viewing data on population health | 0 | 0 |   |
| Electronic reporting to immunization registries | 0 | 0 |   |
| Providing patients with clinical summaries for each visit | 0 | 0 | 0 |
| Exchanging secure messages with patients | 0 | 0 | 0 |
| Electronically consulting specialists | 0 | 0 | 0 |
| Providing patients with the ability to view their health record online (patient portal) | 0 | 0 | 0 |
| Provide clinically relevant patient education resources | 0 | 0 | 0 |
| Generating an electronic Summary of Care |   |   |   |
| Document for transitions in care |   |   |   |
| Transmitting clinical documents electronically to other providers |   |   |   |

1. Please indicate whether this clinic has each of the computerized capabilities listed below (for **22 of 26 =**

2014 Certified):

|  |  |  |  |
| --- | --- | --- | --- |
| Lab requisitions sent electronically | Yes | No | N/A |
| 0 |   |
| Viewing imaging results | 0 | 0 | 0 |
| Viewing data on quality of care measures | 0 | O | 0 |
| Electronically consulting specialists | 0 | 0 | 0 |

*44.*

Please indicate whether this clinic has each of the computerized capabilities listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Recording patient history and demographic | Yes | No | N/A |
|   |   |
| information | 0 | 0 |   |
| Recording clinical notes | 0 | 0 | 0 |
| Ordering prescriptions | 0 | 0 | 0 |
| If yes, are prescriptions sent electronically to |   |   |   |
| the pharmacy? | 0 | 0 | 0 |
| If yes. are warnings of drug interactions or contraindications provided? |   | 0 | 0 |
| Providing reminders for guideline-basedintervention or screening tests |   |   |   |
| Order entry for lab tests |   |   |   |
| Lab requisitions sent electronically | 0 |   | 0 |
| Providing standard order sets related to a particular condition or procedure | 0 | 0 | 0 |
| Viewing lab results | 0 | 0 | 0 |
| If yes, are results incorporated into EMR/EHR data fields? | 0 | 0 | 0 |
| Viewing imaging results | 0 | 0 | 0 |
| Viewing data on quality of care measures | 6 | 0 | 0 |
| Viewing data on population health | 0 | 0 | 0 |
| Electronic reporting to immunization registries | o |   | 0 |
| Providing patients with clinical summaries for each visit | 0 | 0 |   |
| Exchanging secure messages with patients | r:4 |   | to) |
| Electronically consulting specialists |   |   |   |
| Providing patients with the ability to view their health record online (patient portal) |   |   |   |
| Provide clinically relevant patient education resources |   |   |   |
| Generating an electronic Summary of Care |   |   |   |
| Document for transitions in care |   |   |   |
| Transmitting clinical documents electronically to other providers |   |   |   |

1. What is the highest level of Meaningful Use to which any eligible provider in this clinic attested?

Not eligible for Meaningful Use

None

Medicare AIU

Medicare Stage 1

Medicare Stage 2

Medicaid AIU

Medicaid Stage 1

Medicaid Stage 2

Don't know

1. What has been done to reduce security risk to patient records? (Check all that apply.)

[healthit.gov](http://healthit.gov) Security Risk Assessment

Security Policies and Procedures regarding: Facility access

Security Policies and Procedures regarding: Electronic patient records access

Security Policies and Procedures regarding: Paper patient records access

Security Policies and Procedures regarding: Protected health information disposal

Security Policies and Procedures regarding: Data breach notification

Security Policies and Procedures regarding: Use and disclosure of protected health information

Data Encryption

Biometric Scanners

Data storage and backup to prevent loss

* Contracted security consultants
* virus and/or Malware detection software on all workstations
* Other

. Are you interested in answering a few questions about this survey?

Yes
No

**.** How long did it take you to complete the survey?

. What questions were the most difficult to answer?

. Would you recommend removing or adding any questions, and if so which ones?

Thank you for completing this inventory survey! Please provide any additional comments.

. You have finished the survey. Please confirm you are ready to submit the survey before advancing past this page. Your results will then be submitted and you will not be able to reopen the survey.