



IPAT

INTEGRATED PRACTICE ASSESSMENT TOOL

MICHIGAN HEALTH
ENDOWMENT FUND

>> Introduction

To effectively treat individuals with complex healthcare needs, we must break down silos and integrate behavioral healthcare with primary care and other community-based supports. The Health Fund’s Behavioral Health program supports innovative and patient-centered integration models; our grantees in this area are creating lifelines and transforming the healthcare landscape to propel Michigan as a leader in behavioral health.

To help the Health Fund better assess our grantees’ work to integrate behavioral healthcare in new settings, we are implementing the **Integrated Practice Assessment Tool (IPAT)** in partnership with our 2019 Behavioral Health grantees. Grantees that identified their project as being focused on integration will complete the IPAT twice, once at the beginning of the project (*Initial IPAT Report*—submitted around the time of your first Quarterly Report) and then again at the end of the grant period (*Final IPAT Report*—submitted around the time of your Final Report). We are also encouraging these grantees to let their broader organization know what the IPAT is, that they’re completing it, what their score is, and what they learned by completing the assessment.

The IPAT is a descriptive, qualitative instrument intended to assess and categorize practices and sites that are working along the integration continuum. The IPAT focuses on qualitative change; the elements that comprise a high degree of integration are difficult to tease apart and do not occur separately in the real world setting but are intertwined.

Developed by Jeanette Waxmonsky, Ph.D., Andrea Auxier, Ph.D., Pam Wise Romero, Ph.D., and Bern Heath, Ph.D., the IPAT helps identify an organization described in *A Standard Framework for Levels of Integrated Healthcare*. The levels range from minimal collaboration, **LEVEL 1**, to full collaboration in a transformed/merged integrated practice, **LEVEL 6**. The IPAT uses a simple decision tree that asks a short series of yes-or-no questions and leads the user to their organization’s integration category.

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/Merged Integrated Practice

Designed to be user friendly, the IPAT is quick to administer, and applicable in a variety of medical and behavioral health settings. The Health Fund has worked with previous Behavioral Health grantees to slightly adapt the IPAT for use in additional settings, including schools. As you read and review the questions, please note that certain terms may not be precisely appropriate for your integration setting; for example, “patient” may best mean “student” in the case of your work.

Practices find that IPAT is a team undertaking to complete and serves as a “conversation starter” for integration. Teams should be composed of colleagues from multiple disciplines. A separate assessment should be completed for each site funded for integration work as part of your Health Fund Behavioral Health grant.

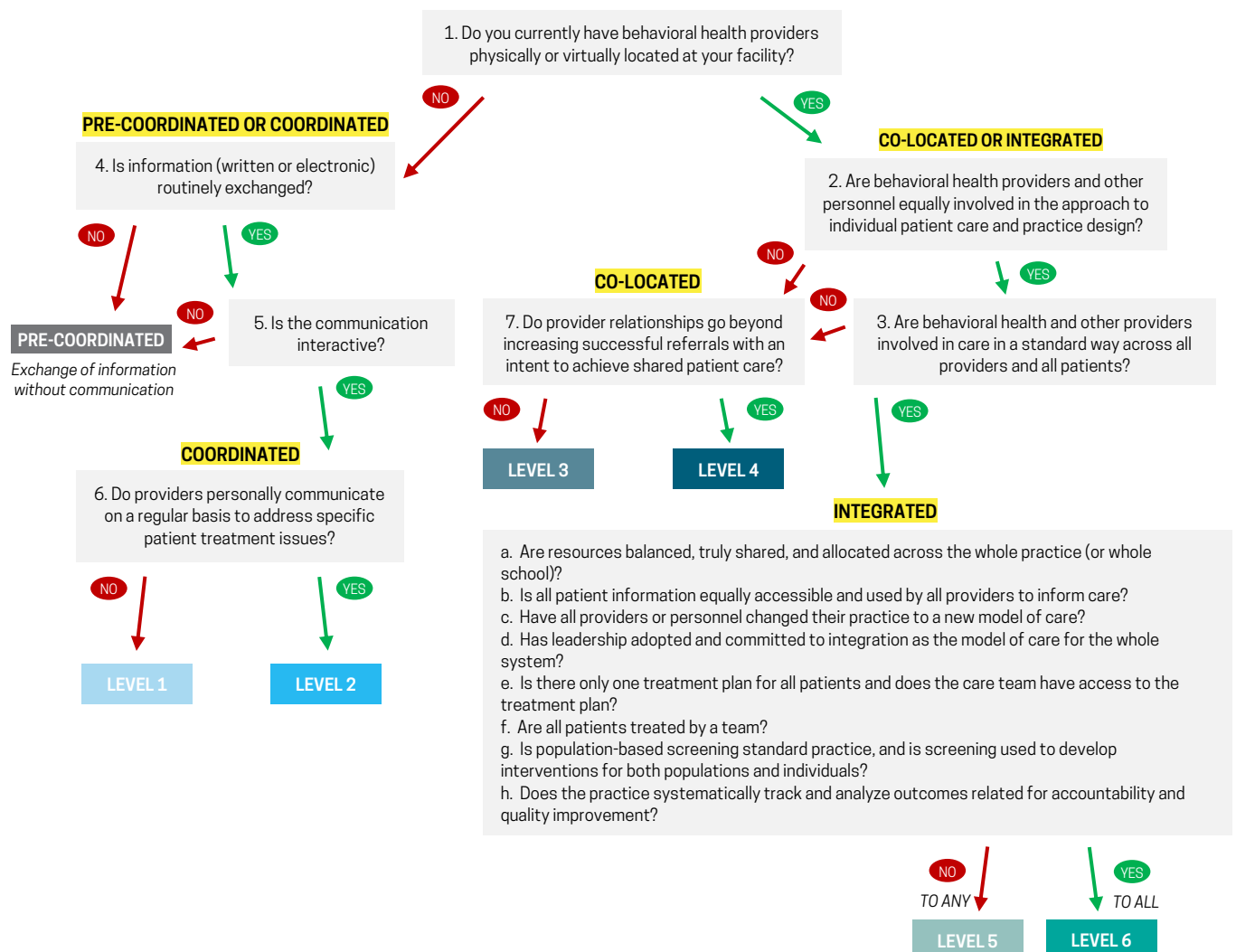
>> Directions

Responses to the questions can vary depending upon the level of knowledge of both on-the-ground operation and conceptual understanding of integration. The questions are framed as yes/no but will raise the question, “Is this *partially, mostly, or completely* a yes response?” A “yes” response should be recorded only if it is *completely* a yes response. Anything less must be considered a “no” response—even understanding that there is good progress toward a “yes.”

The IPAT is designed to be simple to use. There are a total of eight questions (the 8th being a compound question) in the full decision tree, but responses to no more than four questions will determine the level of integration. The IPAT is best completed collaboratively by two or more persons (whether or not a formal care team) who are intimately knowledgeable about the operation of the practice.

Once the decision tree questions have been answered, please complete the Assessment Summary and upload it for the Health Fund via Fluxx. Questions about this assessment tool may be directed to Dana Chesla-Hughes, Behavioral Health Program Manager, at dana@mihealthfund.org.

DECISION TREE FOR IPAT



>> Basic Questions

What is the IPAT?

The IPAT is a questionnaire used to determine how integrated a clinical practice is. It builds off of the SAMHSA-HRSA standard framework for Levels of Integrated Healthcare.

How does IPAT work?

IPAT asks a series of yes/no questions using a decision-tree model to arrive at the practice's current level. The Health Fund requires that you'll complete the IPAT twice during your funded project; once before your Initial Report is due, and once before your Final Report is due.

Do I have to provide patient health information?

No. IPAT does not inquire about patient-level information.

Do I have to pay to use IPAT?

No. IPAT is in the public domain and is provided free of charge.

Will IPAT work only in primary care settings?

No. IPAT can be used in behavioral health or medical settings. The Health Fund has adapted the tool to also work in other community settings, such as schools.

Who should actually complete the IPAT?

IPAT can be completed by medical provider, a behavioral health provider, or a practice manager. Ideally, several members of your care team would collaborate on a joint response. For the purposes of your Health Fund grant, a minimum of two people must be on the team.

What if I have multiple clinics, schools, or sites in my project? Do I complete just one IPAT?

No. Because IPAT is intended to assess clinical operations, a different IPAT should be completed for each clinic, site, school, etc.



1 If you are a physical health provider, do you currently have behavioral health providers physically or virtually located at your facility? Alternatively, if you are a behavioral health provider, do you currently have physical health providers physically or virtually located at your facility?

“Virtual” refers to the provision of telehealth services; and the “virtual” provider must provide direct care services to the patient, not just a consult, meaning that the provider visually sees the patient via televideo and vice versa.

No – go to question 4

Yes – go to question 2

2 Are behavioral health providers and other personnel equally involved in the approach to individual patient care and practice design (note: in school settings, this could include classroom climate building and/or lesson design)?

EXAMPLE: Is there a team approach for patient care that involves both behavioral health and medical health providers?

No – go to question 7

Yes – go to question 3

3 Are behavioral health and other providers involved in care in a standard way across all providers and all patients?

EXAMPLE: Does the practice use the PHQ-9 to systematically screen for depression, and then assure that every patient with a PHQ-9 > or = 15 receives behavioral health treatment and medical care?

No – go to question 7

Yes – go to question 8

4 Do you routinely exchange patient information with other provider types (such as primary care, behavioral health, school personnel, other)?

EXAMPLE: Behavioral health provider and medical provider engage in a two-way email exchange or a phone call conversation to coordinate care.

No – you are **PRE-COORDINATED** 

Yes – go to question 5

5 Do providers engage in discussions with other treatment and/or resource providers about individual patient information?

In other words, is the exchange interactive?

No – you are **PRE-COORDINATED** 

Yes – go to question 6

6 Do providers personally communicate on a regular basis to address specific patient treatment issues?

EXAMPLES: Regular, scheduled calls or conferences to review treatment of shared patients; use of a registry tool to communicate which patients are not responding to treatment.

No – you are **LEVEL 1 COORDINATED** 

Yes – you are **LEVEL 2 COORDINATED** 

7 Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?

EXAMPLES: Coordinated service planning, shared training, team meetings, use of shared patient registries to monitor treatment progress.

No – you are **LEVEL 3 CO-LOCATED** 

Yes – you are **LEVEL 4 CO-LOCATED** 

8 Has integration been sufficiently adopted at the provider and practice level as a principal/fundamental model of care so that the following are in place?

a. Are resources balanced, truly shared, and allocated across the whole practice (or whole school)?

NOTE: In other words, all providers (behavioral health AND medical) receive the tools and resources they need in order to practice.

b. Is all patient information equally accessible and used by all providers to inform care?

EXAMPLE: All providers can access the behavioral health record and medical record.

c. Have all providers or personnel changed their practice to a new model of care?

EXAMPLES: Primary Care Providers (PCPs) are prescribing antidepressants and following evidence-based depression care guidelines; PCPs are trained in motivational interviewing; behavioral health providers are included in the PCP visit.

d. Has leadership adopted and committed to integration as the model of care for the whole system?

EXAMPLES: Leadership ensures that system changes are made to document all PHQ-9 scores in the electronic health record (HER); leadership decides to hire a behavioral health provider for a primary care clinic after grant funding ends.

e. Is there only one treatment plan for all patients and does the care team have access to the treatment plan? (Note: treatment plan could refer to a behavior/education model.)

EXAMPLE: Even though there may be a medical record and a behavioral health record (separate EHRs), the treatment plan is included in both and is accessible in real time by all providers.

f. Are all patients treated by a team?



A care team requires membership from all disciplines.

g. Is population-based screening standard practice, and is screening used to develop interventions for both populations and individuals?

EXAMPLES: All patients are screened for tobacco use, and then offered tobacco cessation at the facility. All diabetics are screened for depression and referred to behavioral health and primary care providers.

h. Does the practice systematically track and analyze outcomes related for accountability and quality improvement?

Population-based measures and outcomes are used in improving population health.

No – you are **LEVEL 5 INTEGRATED**  **Yes** – you are **LEVEL 6 INTEGRATED** 

Note: These questions are provided as information and for group discussion, but please complete your final answers directly in Fluxx.

>> Assessment Summary

Practice/site/location: _____

Grantee/organization name: _____

Date of completion: _____

Initial IPAT Report Final IPAT Report

Current level of integration (circle one):

PRE-COORDINATED <i>Exchange of information without communication</i>	LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/Merged Integrated Practice
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>> Assessment Team Completing this IPAT

Name, position: _____

Name, position: _____

Name, position: _____

Name, position: _____

>> Initial IPAT Report Questions

Now that you've completed the initial IPAT, where do you want to go? What's the most feasible level you hope to achieve in your grant period?

Based on completing this IPAT assessment, what are three next steps your team has identified will help you advance your integration work? For example, how does clinical flow, EMRs, billing, etc. need to change? For each of these steps, please comment briefly on your rationale for why this change needs to occur and how you'll know whether change has occurred.

Action item 1:

Action item 2:

Action item 3:

How do these action items connect to your workplan?

Note: These questions are provided as information and for group discussion, but please complete your final answers directly in Fluxx.

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>> Assessment Team Completing this IPAT

Name, position: _____

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>> Final IPAT Report Questions

Which of the action items that you identified in your initial report were you able to take? Did these action item(s) have the impact you were expecting? Why or why not?

Regardless of your IPAT score, did integration improve over the life of your project at this site? If so, how? What facilitated improvement? What barriers prevented additional improvement from taking place?

What would you share with others working on behavioral health integration based on your work on this project? What did you learn about integration from this work?