APPENDIX: BHICCI Measures

Approved Behavioral Health Measures for Treat-to-Target Services		
Measure	**Screening Recommendation**	**Routine Monitoring Recommendation**
PHQ-9 (Required for Adults)	Administer PHQ-9 at enrollment; if score is ≥ 10, use for routine monitoring. If PHQ-2 is negative, or total PHQ-9 score is < 10, rescreen in 6 months, or earlier if clinically indicated.	If initial score is ≥ 10, measure monthly. See reference.[i]
GAD-7	Administer GAD-7 at enrollment; if score is ≥ 10, use for routine monitoring. If total score is < 10, rescreen in 6 months, or earlier if clinically indicated.	If initial score is ≥ 10, measure monthly. See reference.[ii]
ANSA	Administer ANSA at enrollment; if score is a 2 or 3, use for routine monitoring. If score is 0 or 1, rescreen in 3 months.	If initial score is a 2 or 3, measure monthly.
SUA	Administer SUA at enrollment; if screen is positive, and the score in either the alcohol or drug blocks of questions is ≥ 5, or any single response endorses a "3 = often" or "4 = always," use for routine monitoring. If screen is negative, rescreen in 6 months, or earlier if clinically indicated.	If initial screen is positive, and the score in either the alcohol or drug blocks of questions is ≥ 5, or any single response endorses a "3 = often" or "4 = always," measure monthly.
SDQ (Pediatric)	Administer SDQ at enrollment; measure monthly regardless of score.	Measure monthly.
PSC-17 (Pediatric)	Administer PSC-17 at enrollment; if score is ≥ 15, use for routine monitoring. If score is < 15, reassess in 6 months, or earlier if clinically indicated or if one of the subscales is elevated.	If initial score is ≥ 15, measure monthly.

Approved Physical Health Measures for Treat-to-Target Services		
Measure	**Screening Recommendation**	**Routine Monitoring Recommendation**
HbA1c (Required for patients with DM II or those at increased risk of DM II)	Screen for DM II annually (laboratory HbA1c only). Prediabetes: HbA1c 5.7-6.4 DM: HbA1c ≥ 6.5 If prediabetes, rescreen in 1 year.	Monitor known DM II every 6 months if last HbA1c < 7, or every 3 months for last HbA1c ≥ 7 (POC HbA1c okay). See reference.[iii]
BP (Required for All)	Measure BP at enrollment and on a routine basis. Hypertension (for < 60 years of age): SBP ≥ 140 or DBP ≥ 90 Hypertension (for ≥ 60 years of age): SBP ≥ 150 or DBP ≥ 90	Measure at each visit. If patient has the diagnosis of hypertension, BP should be measured *at least* quarterly. See reference.[iv]
BMI (Required for All)	Measure BMI at enrollment and on a routine basis.	Measure at each visit, or *at least* quarterly. See reference.[v]

APPENDIX: BHICCI Measures

Process and System Performance Measures	
Measure	**Frequency of Collection**
Team Experience	Team members who spend at least 30% of their time on BHICCI complete the survey the second Tuesday of each month. Survey data is used to inform a monthly team-led reflection and goal-setting session. All team members are invited to attend and have their voices heard. Notes and S.M.A.R.T. goals are submitted after each session via an online form.
Patient Experience	BHICCI enrollees complete the survey after each visit, or as appropriate. Survey data is used to inform a monthly team-led reflection and goal-setting session. All team members are invited to attend and have their voices heard. Notes and S.M.A.R.T. goals are submitted after each session via an online form.
PROMIS Global Health	Administer at patient enrollment with quarterly reassessment. Reports on patient-level responses are produced for sites the second or third week of each month and made available through UCSD's portal.
Site Self-Assessment[vi]	Evaluation staff coordinates with practice coaches and healthcare organizations to collect the self-assessment at three six-month intervals beginning in May 2016. Subsequent self-assessments are completed in November 2016 and May 2017.
UCSD Evaluation Site Visits	Evaluation staff conduct three sets of site visits, which include interviews with BHICCI teams and clinic staff, in August 2016, March 2017, and August 2017.

[i] PHQ-9 clinical guideline available through Pfizer.

[ii] GAD-7 clinical guideline available through Pfizer.

[iii] Diabetes clinical guideline available on IEHP Clinical Practice Guidelines.

[iv] Hypertension clinical guideline available on IEHP Clinical Practice Guidelines.

[v] BMI clinical guideline available through Centers for Disease Control.

[vi] Modified version of the Maine Health Access Foundation Site Self-Assessment.