

**1. Please identify your role in the healthcare system:**

		Response Percent	Response Count
Physical health provider		38.5%	55
<b>Behavioral health provider</b>		<b>51.7%</b>	<b>74</b>
Other		9.8%	14

If "Other," please specify: 17

<b>answered question</b>	<b>143</b>
<b>skipped question</b>	<b>3</b>

**2. Coordination of care activities should primarily be the responsibility of:**

		Response Percent	Response Count
<b>Medical provider PCP</b>		<b>34.5%</b>	<b>49</b>
Medical provider non-PCP		1.4%	2
Behavioral health provider		20.4%	29
RBHA		3.5%	5
AHCCCS health plan		16.9%	24
Other		23.2%	33

If "Other," please specify: 40

<b>answered question</b>	<b>142</b>
<b>skipped question</b>	<b>4</b>

**3. Coordination of care information from the behavioral health provider to the physical health provider should include:**

	<b>Yes</b>	<b>No</b>	<b>Response Count</b>
Diagnoses	<b>98.6% (141)</b>	1.4% (2)	143
Laboratory results	<b>95.1% (135)</b>	4.9% (7)	142
Current medications, including dosages and response to medications	<b>97.9% (141)</b>	2.1% (3)	144
Past medications	<b>91.1% (123)</b>	8.9% (12)	135
Name of behavioral health provider	<b>100.0% (144)</b>	0.0% (0)	144
		Comments:	25
		<b>answered question</b>	<b>144</b>
		<b>skipped question</b>	<b>2</b>

**4. Coordination of care information from the physical health provider to the behavioral health provider should include:**

	Yes	No	Response Count
Diagnoses	<b>99.3% (143)</b>	0.7% (1)	144
Laboratory results	<b>96.5% (136)</b>	3.5% (5)	141
Current medications, including dosages and response to medications	<b>100.0% (144)</b>	0.0% (0)	144
Past medications	<b>93.3% (125)</b>	6.7% (9)	134
Name of physical health provider	<b>100.0% (142)</b>	0.0% (0)	142

Comments: 25

<b>answered question</b>	<b>144</b>
<b>skipped question</b>	<b>2</b>

**5. Rank according to preference the following methods for communicating clinical information between the behavioral health provider and the physical health provider. (1 is most preferred, 6 is least preferred.)**

	1	2	3	4	5	6	Rating Average	Response Count
Faxing requested information on as-needed basis	11.9% (17)	22.4% (32)	<b>36.4%</b> <b>(52)</b>	18.9% (27)	7.7% (11)	2.8% (4)	2.97	143
Faxing standardized forms that contain relevant information	22.9% (33)	<b>43.8%</b> <b>(63)</b>	19.4% (28)	9.0% (13)	2.8% (4)	2.1% (3)	2.31	144
Conference calling	2.8% (4)	8.3% (12)	22.2% (32)	<b>38.2%</b> <b>(55)</b>	25.0% (36)	3.5% (5)	3.85	144
Using interoperable health information technology (including secure e-mail)	<b>55.6%</b> <b>(80)</b>	13.9% (20)	10.4% (15)	15.3% (22)	3.5% (5)	1.4% (2)	2.01	144
Submitting all requests for clinical information to the AHCCCS Health Plan Behavioral Health Coordinator	2.1% (3)	7.6% (11)	9.0% (13)	16.0% (23)	<b>54.2%</b> <b>(78)</b>	11.1% (16)	4.46	144
Other (please specify in Question 6)	4.2% (6)	4.2% (6)	2.8% (4)	2.8% (4)	6.9% (10)	<b>79.2%</b> <b>(114)</b>	5.42	144
<b>answered question</b>								<b>144</b>
<b>skipped question</b>								<b>2</b>

**6. Please specify "Other" preferred methods of communication:**

	Response Count
	43
<b>answered question</b>	<b>43</b>
<b>skipped question</b>	<b>103</b>

**7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

	<b>Response Count</b>
	101
<b>answered question</b>	<b>101</b>
<b>skipped question</b>	<b>45</b>

**Q1. Please identify your role in the healthcare system:**

1	PCP	Jun 25, 2012 4:01 PM
2	Program manager health network	Jun 25, 2012 3:44 PM
3	health plan operations	Jun 22, 2012 11:43 AM
4	I do Developmental & Behavioral Health, plus am a PCP	Jun 20, 2012 5:49 PM
5	Community Service Provider (CSP)	Jun 20, 2012 10:17 AM
6	We also provide child psychiatric and medication care.	Jun 19, 2012 7:02 AM
7	Developmental Behavioral Peds	Jun 18, 2012 9:11 PM
8	pediatrician	Jun 18, 2012 4:29 PM
9	CRS Medical Director	Jun 18, 2012 3:38 PM
10	Health Plan - AHCCCS	Jun 15, 2012 9:55 AM
11	lab services	Jun 13, 2012 9:21 AM
12	Trainer	Jun 13, 2012 7:40 AM
13	clinical supervisor	Jun 12, 2012 12:56 PM
14	Juvenile Probation	Jun 12, 2012 12:22 PM
15	Data Validation Specialist	Jun 12, 2012 11:34 AM
16	Training Coordinator	Jun 6, 2012 5:43 PM
17	RBHA	Jun 6, 2012 3:57 PM



**Q2. Coordination of care activities should primarily be the responsibility of:**

1	All invested clinical provides in te member's cae need topla a partinthe cordinatiofcare activities and responsabilites. The health plas also has a role in ensuring contracted providers are performing the activities they areresponsibe for in thecoordination of care process and to ensure allpatis hae the clinical informationneeded to conduct care coordination.	Jul 31, 2012 1:48 PM
2	It should be the physiican that the AHCCCS pays for such work. Ideally it should be the medical home of the PCP but the AHCCCS plans choose not to pay them because of the carve-out arrangement with RBHA	Jun 27, 2012 8:04 PM
3	"medical home team"- PCP, RN, social worker	Jun 25, 2012 5:54 PM
4	RN Care coorditor	Jun 25, 2012 4:01 PM
5	Each provider should be able to receive electronic info on the individual they are seeing and have access to info. Also they should be able to electronically push info out for other providers to access. When indicated, a conversation should occur between providers and the indiviudal to determine next course of treatment.	Jun 25, 2012 2:49 PM
6	combination of medical and behavioral health provider	Jun 22, 2012 12:31 PM
7	All of the above working together.	Jun 22, 2012 11:43 AM
8	I think pcp, bh, & insurance r all responsible	Jun 21, 2012 4:30 PM
9	In my opinion, it depends upon who is considered the primary care provider - if medical, then the medical provider PCP; if behavioral, then the behavioral health provider.	Jun 20, 2012 10:59 AM
10	If a patient enters the behavioral health system a care coordination manager should be responsible for coordinating care, communicating between behavioral and physical health entities	Jun 19, 2012 1:13 PM
11	Where medication services are included, it is imperataive that the medical PCP and BHprovider are in synch; it would seem to me that the best place for that responsibility to reside is the medical PCP, but in any case prescribing physicians should be coordinated. Why no case/care management choice? Based on later questions, it appears AHCCCS may try to develop a clearinghouse for such exchange of information. A huge undertaking considering that our recipients often do not have a PCP, do not have an accurate name or contact informaton, or do not know their assigned PCP. Getting that information into all hands would be an initial challenge - but one which would significantly benefit both the providers and the recipients. The current process of contacting the assigned health plan for an assigned PCP is unwieldy, inconvenient, and often simply erroneous.	Jun 19, 2012 7:02 AM
12	Medical provider's office, not the MD but with PCP's oversight	Jun 18, 2012 10:27 PM
13	both the parties	Jun 18, 2012 5:55 PM
14	all parties involved should be equally responsible	Jun 18, 2012 3:42 PM
15	Both the PCP and the behavioral health provide	Jun 18, 2012 3:39 PM



**Q2. Coordination of care activities should primarily be the responsibility of:**

16	Integrated care with PCP and behavioral health provider developing a common plan	Jun 18, 2012 3:35 PM
17	Someone in the health home - under supervision of the PCP or primary BH provider, whichever the client identifies as his/her health home. Not the medical/BH provider specifically, since that 's not a good use of skills/time.	Jun 18, 2012 3:28 PM
18	Health Home if member enrolled; PCP if primary for Medical and RBHA provider if member is primarily treated for psych; role of MCO is supportive; data and care navigator	Jun 15, 2012 9:55 AM
19	Shared depending on what the patients' needs	Jun 14, 2012 11:32 AM
20	Clearly it will be a team effort where all members participate in good faith. Is this question asking who should receive the funding to coordinate care? I would favor the RBHA or AHCCCS health plan.	Jun 13, 2012 4:34 PM
21	A professionally trained social worker with competence in medical and behavioral health care coordination. This person can be hired through the medical or behavioral health provider.	Jun 13, 2012 10:01 AM
22	everyone	Jun 13, 2012 9:32 AM
23	both medical and behavioral health--hard to say where the primary responsibility should be	Jun 13, 2012 7:40 AM
24	Axis I care need provider.	Jun 12, 2012 2:53 PM
25	case manager	Jun 12, 2012 12:56 PM
26	The health provider that the person chooses, if not able then Behavioral health provider.	Jun 12, 2012 12:38 PM
27	If medical issues are high severity, Medical PCP should coordinate, otherwise behavioral health provider should.	Jun 12, 2012 12:13 PM
28	All of the above	Jun 12, 2012 11:34 AM
29	all of the above depending on the issue being addressed the problem we have now is physical health takes very little responsibility for people with major behavioral health needs	Jun 12, 2012 9:04 AM
30	Behavioral Health care provider for those with chronic behavioral health conditions (e.g., SMI adults, SED children, court-ordered non-smi adults)	Jun 11, 2012 1:31 PM
31	I think it is the responsibility of both the medical PCP and behavioral health provider.	Jun 7, 2012 10:36 AM
32	This care needs to be provided by someone who knows the customer so the services are appropriate.	Jun 7, 2012 10:15 AM
33	Medical Home selected by patient	Jun 7, 2012 8:27 AM
34	All parties need to take responsibility for coordination of care.	Jun 6, 2012 5:43 PM

**Q2. Coordination of care activities should primarily be the responsibility of:**

35	Both Med Prov PCP and BH provider	Jun 6, 2012 12:25 PM
36	An agency that has both medical and behavioral health blended together.	Jun 6, 2012 11:33 AM
37	It should be done in a partnership between the medical provider and the behavioral health provider	Jun 6, 2012 9:20 AM
38	All of the above. Good care is coordinated care.	Jun 5, 2012 9:41 PM
39	Medical provider PCP and BH Provider. RBHAs and health plans can exchange information for administrative and coordination purposes (demographic data, assuring that providers have access to clinical data for care transitions, hospital discharge information, and to coordinate exchange of lab, imaging, etc across providers so as to limit unnecessary repeated lab and ancillary studies.	Jun 5, 2012 7:24 PM
40	It should be an EQUAL responsibility. Esp for information that could be critical in life saving interventions.	Jun 5, 2012 4:25 PM



**Q3. Coordination of care information from the behavioral health provider to the physical health provider should include:**

1	Also I would recommend: Any psychiatric hospitalization in the last months, the member's crisis plan and individualized Service Plan.	Jul 31, 2012 1:48 PM
2	why past meds discontinued	Jun 25, 2012 5:54 PM
3	Yes on all. RN coordinnator should be authorized to run this in Meical Home pattern	Jun 25, 2012 4:01 PM
4	This inform	Jun 25, 2012 2:49 PM
5	It continues to be extremely challenging to obtain BH data from the RBHA.	Jun 22, 2012 11:43 AM
6	I would like clinic notes too	Jun 21, 2012 4:30 PM
7	Current meds should note the start; past meds should include the start and end date. I would discourage a requirement to provide meds prescribed more than 12 months ago.	Jun 21, 2012 2:04 PM
8	We get good communication from the Verde Valley Guidance Clinic	Jun 21, 2012 12:22 PM
9	Due to the potential interaction of medications or impact on care, in my opinion it is critical to have this information.	Jun 20, 2012 10:59 AM
10	The information should be legible and not just include ICD-9 codes, but actual diagnoses. A brief summary of how the patient is doing would also be helpful.	Jun 20, 2012 9:47 AM
11	contact informaiton including telephone and fax numbers. If coordination of care is in place, the PCP has a history of all meds; reproducing it with each notification would seem to be confusing and unnecessary.	Jun 19, 2012 7:02 AM
12	The ones I get now are helpful but it is rare that I receive them.	Jun 18, 2012 7:35 PM
13	More than just icd9 code for diagnosis. A real assessment and plan would be great.	Jun 18, 2012 7:34 PM
14	We currently do not get any of this information from the behavioral health provider and many patients have an extremely difficult time getting an appointment with a behavioral health provider.	Jun 18, 2012 4:16 PM
15	The information that I get is minimal and the diagnoses are only conveyed by number which is really unhelpful	Jun 18, 2012 3:39 PM
16	Ideally the PCP will have direct access to the BH notes through an EMR.	Jun 18, 2012 3:35 PM
17	Any other information that would improve health/safety for client. Sentinal events such as hospitalization, etc.	Jun 18, 2012 3:28 PM
18	sensitivity to Substance Abuse and HIV to include member approval; knowledge of known issues related to support system; COT; guardian	Jun 15, 2012 9:55 AM
19	Should also include the credentials of the behavioral health provider and services being provided.	Jun 13, 2012 10:01 AM

**Q3. Coordination of care information from the behavioral health provider to the physical health provider should include:**

20	Medical providers are not bound by the mental health diagnosis to provide needed care. Mental health providers are boxed into it.	Jun 12, 2012 2:26 PM
21	All of the information that the physical health provider and the behavioral health provider has should be shared. Recommendation one chart for both electronically.	Jun 12, 2012 12:38 PM
22	residential status - (homeless, independent living, etc.	Jun 12, 2012 11:23 AM
23	this is a very good start you may want to consider any dto/dts behavior in the past year	Jun 12, 2012 9:04 AM
24	Knowing what meds have been used may be helpful if requested by Dr. Could be a problem and delay information if it becomes to time consuming.	Jun 7, 2012 10:15 AM
25	Contact information. Emergency department and crisis center utilization and outcomes.	Jun 5, 2012 7:24 PM



**Q4. Coordination of care information from the physical health provider to the behavioral health provider should include:**

1	Also I would recommend: Any medical hospitalizaion in the last 12 mos, most recent progress note and Health Risk Assessment	Jul 31, 2012 1:48 PM
2	known diagnosis-the referring diagnosis may not be known, but patient needs evaluation to determine diagnosis	Jun 25, 2012 5:54 PM
3	laboratory results if pertinent	Jun 22, 2012 12:31 PM
4	Past medications are relevant if they were prescribed for behavioral health concerns. Again, current meds should have start date; past meds should include the start and end date.	Jun 21, 2012 2:04 PM
5	This is a two way street.	Jun 21, 2012 12:22 PM
6	Same as above comment	Jun 20, 2012 10:59 AM
7	Date of last appointment	Jun 20, 2012 10:17 AM
8	Lab results as only pertinent to behavioral health should be shared.	Jun 19, 2012 9:06 AM
9	contact information including telephone and fax numbers. As above, if proper exchange of information is actually in place, the BHP should have a history of meds from previous information; reproducing it each time would seem to me to be unnecessary and confusing.	Jun 19, 2012 7:02 AM
10	Whatever is requested.	Jun 18, 2012 9:07 PM
11	Lab results and past medications should only be provided if they pertain to the reason the patient was sent to the behavioral health provider.	Jun 18, 2012 4:16 PM
12	I usually do not know who to send this information to.	Jun 18, 2012 3:39 PM
13	provide diagnosis by name and not just code	Jun 18, 2012 3:39 PM
14	As above.	Jun 18, 2012 3:35 PM
15	Any other information that would improve health/safety for client. Sentinal events such as hospitalization, etc.	Jun 18, 2012 3:28 PM
16	sensitivity to Substance Abuse and HIV to include member approval; knowledge of known issues related to support system; COT; guardian	Jun 15, 2012 9:55 AM
17	Medical conditions and medications have a great impact on behavior and "state of mind". Full information will need to flow both ways.	Jun 13, 2012 4:34 PM
18	Laboratory results that pertain to beahvioral health issues should also be included, however routine laboratory results (e.g., throat cultures) are not necessary.	Jun 13, 2012 10:01 AM
19	Information sharing should be consistent and go both ways, not Behavioral Health providing information only	Jun 13, 2012 7:40 AM
20	Electronic chart with all of the information both parts.	Jun 12, 2012 12:38 PM

**Q4. Coordination of care information from the physical health provider to the behavioral health provider should include:**

21	only diagnosis, medications that may be related the the BH issue	Jun 12, 2012 11:34 AM
22	residential status - (homeless, independent living, etc	Jun 12, 2012 11:23 AM
23	also any dto/dts behavior	Jun 12, 2012 9:04 AM
24	limits on both past medications and lab results depending on the illness and how it relates to Mental Health.	Jun 7, 2012 10:15 AM
25	contact information also emergency department and crisis center utilization.	Jun 5, 2012 7:24 PM





**Q6. Please specify &quot;Other&quot; preferred methods of communication:**

1	Telephonic through acare coordinator clicinics (PCP and BH) and/or secured email address	Jul 31, 2012 1:48 PM
2	phone	Jul 20, 2012 1:25 PM
3	Direct communication to providers with EMR	Jun 26, 2012 10:31 AM
4	Face to face meetings to discuss cases	Jun 25, 2012 3:44 PM
5	there should be an electronic exchange of information - let's get rid of waste in faxing etc.	Jun 25, 2012 2:49 PM
6	na	Jun 22, 2012 12:31 PM
7	N/A	Jun 21, 2012 4:54 PM
8	I think it would be helpful to have an RN care coordinator to oversee pt care to insure info is updated on both ends of care	Jun 21, 2012 4:30 PM
9	Secure email with attachments for ease of transferring information received into the electronic medical records	Jun 21, 2012 2:04 PM
10	direct phone call. usually unable to directly speak with provicer	Jun 21, 2012 12:22 PM
11	Direct phone calls as needed between providers can be helpful.	Jun 20, 2012 9:47 AM
12	The electronic formatting of the above question/responses does not work well for me, and I suspect others will find it awkward.	Jun 19, 2012 5:09 PM
13	texting update	Jun 19, 2012 12:11 PM
14	Sorry, but I'm using this forum/venue to address #4:submitting all requests...to the AHCCCS....coordinator. I'm not aware of such a coordinator at this time; even if AHCCCS is able to develop such a program, I think the sheer numbers would be prohibitive and it would be a bureaucratic morass - one immediate problem comes to mind: the inability of various electronic EMR softwares to talk to one another. Nonetheless, if such a program were developed, it would be an excellent way to define the PCP and/or BHP, as well as to assure complete coordination and continuity of care for our recipients.	Jun 19, 2012 7:02 AM
15	Using electronic medical records that are available to PCP's	Jun 18, 2012 9:54 PM
16	Simple quick phone call for more critical health issues	Jun 18, 2012 8:23 PM
17	Faxing info from each encounter automatically to pcp	Jun 18, 2012 7:34 PM
18	Computer is not allowing me to rank. My rank is 1,2,5,3,4. The importance of option 2 is that it needs to be clear and easy to read.	Jun 18, 2012 7:18 PM
19	na	Jun 18, 2012 4:12 PM
20	I lke faxing all info the best but it will not allow me to mark that	Jun 18, 2012 3:36 PM
21	Common EHR	Jun 18, 2012 3:35 PM

**Q6. Please specify &quot;Other&quot; preferred methods of communication:**

22	Interpersonal communication between providers for complex issues.	Jun 18, 2012 3:28 PM
23	HIE (on demand)	Jun 15, 2012 2:26 PM
24	The use of a common care plan that is transparent to provider, health plan case management and member that is available through a secure portal	Jun 15, 2012 9:55 AM
25	Written and mailed.	Jun 14, 2012 10:57 AM
26	in person meetings	Jun 13, 2012 2:28 PM
27	courier delivery	Jun 13, 2012 9:21 AM
28	Attend staffings if relevant	Jun 13, 2012 7:40 AM
29	US Mail	Jun 12, 2012 2:26 PM
30	AHCCCS is the only entity with access to all of this information. Therefore, AHCCCS should directly provide this information on a regular basis to both medical and behavioral health providers. Behavioral health and medical providers change regularly depending on client need and client preference, so information from them is regularly incomplete due to no fault of their own.	Jun 12, 2012 1:16 PM
31	Scanning	Jun 12, 2012 12:43 PM
32	One chart electronic record.	Jun 12, 2012 12:38 PM
33	I don't have an Other. It just ranked it automatically for me above.	Jun 12, 2012 12:23 PM
34	Staffing	Jun 12, 2012 11:23 AM
35	an operational HIE where information could be exchanged in real time	Jun 12, 2012 9:04 AM
36	Phone coordination directly with PCP and/or PCP's nurse/staff.	Jun 11, 2012 12:15 PM
37	Participating as part of the multi-disciplinary team ie PCP	Jun 11, 2012 7:18 AM
38	Response didn't work could not change ratings!	Jun 7, 2012 8:38 AM
39	#1 above should be an HIE that can be accessed by all healthcare providers, where necessary, and with proper security/privacy levels in place.	Jun 6, 2012 9:20 AM
40	Integrated health / wellness plan Integrated health record access to all involved providers and consumer	Jun 6, 2012 8:25 AM
41	Scanning or emailing standardized documents.	Jun 5, 2012 9:41 PM
42	Utilizing a Health Information Exchange	Jun 5, 2012 5:36 PM
43	I think setting up a data exchange that automatically fills out critical forms in the Electronic Health Record should be the process used for all public health and behavioral health providers. This will be a secured HIPPPA compliant way to excahnge info. There also needs to be a process to ensure this info is being monitored.	Jun 5, 2012 4:25 PM



**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

1	Decrease duplication of services/medications Decrease unnecessary medication interactions Increase/Improve communication/coordination of care Increase follow up post acute and behavioral hospitalization Decrease readmissions to hospitals Increase medication/treatment plan compliance Increase ER follow up Decrease unnecessary use of the ER	Jul 31, 2012 1:48 PM
2	Improved coordination of medication Coordinated care plan Preventing medication interactions, duplications	Jul 2, 2012 3:52 PM
3	I would like to see an electronic standard across agencies and health care providers.	Jun 26, 2012 11:10 AM
4	Time of consult to communication missed communication medical events resulting from medications adherence to medical regimen patient satisfaction provider satisfaction cost acute care visits	Jun 26, 2012 10:31 AM
5	All relevant info available to providers and Plan. Patient engaged in the process and improved health outcomes	Jun 25, 2012 3:44 PM
6	A team approach to coordination of care would be ideal, including medical, behavioral health, and other providers on a person's integrated whole health team.	Jun 25, 2012 3:21 PM
7	coordination of care - each provider has the necessary information to perform their role in providing care.	Jun 25, 2012 2:49 PM
8	you need to pay people for these surveys	Jun 24, 2012 8:14 PM
9	improved information ability to identify and contact the behavioral health care provider or case manager if there is a question or concern	Jun 22, 2012 12:31 PM
10	I would love to see a better integration of behavioral health and physical health. Many Pediatricians are much more qualified to care for some behavioral health issues in children than adult behavioral health providers and yet the state has our hands tied.	Jun 21, 2012 4:54 PM
11	I think when a pt gets seen that updates r sent to pcp & bh can request an update at the time they see pt	Jun 21, 2012 4:30 PM
12	Maximizing behavioral health and medical prescriptions; preventing negative medication interactions; making care coordination seamless for the patient	Jun 21, 2012 2:04 PM
13	no duplication of services. no patients "falling through Cracks" more responsiveness of AHCCCS plans	Jun 21, 2012 12:22 PM
14	Improved, timely and integrated care with fewer adverse outcomes or wasted time or resources (for providers as well as the patient/client).	Jun 20, 2012 10:59 AM
15	An awareness of what the current treatment is, how the patient is responding, and goals for the future with therapy. Relying on the parents and patients for information is not always helpful.	Jun 20, 2012 9:47 AM
16	less delay for children in need and better coordination without duplication	Jun 20, 2012 9:11 AM

**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

17	Diminished adverse effects of ignorance, as would be the same if using any other consultant, such as an endocrinologist in management of a diabetic.	Jun 19, 2012 5:09 PM
18	Optimizing patient care,limiting psych meds adverse effects,cost effectiveness	Jun 19, 2012 4:33 PM
19	Clear communication, ease of access to treatment information	Jun 19, 2012 1:13 PM
20	More communication, less duplication of labs. Would like to see behavioral health utilized as another subspecialist, complete with updates to the PCP.	Jun 19, 2012 12:11 PM
21	Currently when I, as a PCP, identify a AHCCCS patient needing Behavioral Health services, we provide info that they need to go through Magellan and I never find out what happens next unless the pt/family tell me on a subsequent visit. I never find out if they are seen, if so, by who, nor what diagnoses are reached, nor what treatments are recommended. It's a complete black box.	Jun 19, 2012 11:03 AM
22	Continuity of care and services available for children regardless of insurance status in a rural Arizona community.	Jun 19, 2012 9:06 AM
23	Presently, my perception is that we are required to send initial, interim and annual material to the PCP - who is often not identified (or known) by the recipient - but we rarely receive the courtesy of any return material. If AHCCCS can create a clearinghouse identifying an accurate PCP and containing information both from and to all care providers, it would be an enormous boon to the care of our consumers. Of particular note: we are required to see hospital-discharge consumers within seven days of their discharge however it is very, very rare that we have any discharge information (diagnosis/es, medications, follow up instructions) from which to work. If AHCCCS could assure this material reaches our staff before an emergency appointment is made we could be much more effective in providing services to post-hospital discharge consumers.	Jun 19, 2012 7:02 AM
24	No duplication of services. Better use of provider's time, better accountability from non-MD providers.	Jun 18, 2012 10:27 PM
25	Every visit, the PCP should receive a note of diagnosis and treatment plan from the behavial care provider so that we can coordinate care in the medical home. The pediatric subspecialists routinely send us notes from their office visits.	Jun 18, 2012 10:03 PM
26	Better understanding of patients' mental and behavioral health management plans by PCP's.	Jun 18, 2012 9:54 PM
27	Improved patient care, satisfaction, outcome	Jun 18, 2012 9:11 PM
28	Better outcomes and high levels of satisfaction for clients and providers alike	Jun 18, 2012 8:56 PM
29	Coordinated medical and psych care, particularly dealing with poly pharmacy issues.	Jun 18, 2012 8:23 PM
30	Improved info from behavioral health providers and phone call access if diffiuct medical/psych issues.	Jun 18, 2012 7:38 PM
31	Have a better idea of the meds my patients are on Know who their behavioral health provider is Know how to get ahold of the behavioral health provider when	Jun 18, 2012 7:35 PM

**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

	there is a medical issue or behavioral issues.	
32	Knowing how they are managing my patients	Jun 18, 2012 7:34 PM
33	Clear communication	Jun 18, 2012 7:18 PM
34	need to know who's treating what, and how the patient is doing	Jun 18, 2012 5:55 PM
35	Care that involves patient in planning process and integrates specialist medical record with pcp records. Care will be a proactive partnership between patient family pco care TEAM as the medical home and ancillary care givers.	Jun 18, 2012 5:10 PM
36	better care of patient, fewer er visits and admits	Jun 18, 2012 4:44 PM
37	Better care of our patients in a more timely and pleasant manner	Jun 18, 2012 4:33 PM
38	seamless transfer of relevant information to the PCP	Jun 18, 2012 4:29 PM
39	Very often there is very little information about the behavioral health treatment plan. A copy of the actual note and not just notification that the patient was seen would be very helpful. Obviously, mental and physical health interact and there certainly needs to be better communication between these two specialties.	Jun 18, 2012 4:17 PM
40	Ensure that patients are getting needed behavioral health treatment and that I can provide necessary follow up on labs, medications and help with supporting use of medication, if necessary, and related concerns about diagnosis or unwanted medication side effects.	Jun 18, 2012 4:16 PM
41	timely transmittal rather than monthly or quarterly, recognize that PCP also can provide services and change treatment plans so coordination important	Jun 18, 2012 4:12 PM
42	Behavioural Health and Physical provider both aware of each child's problems and together provide a coordinated approach to dealing with these problems	Jun 18, 2012 4:11 PM
43	Decreased medication errors, no duplicated lab tests, better pt outcomes	Jun 18, 2012 4:07 PM
44	better health care for kids, less frustration for providers and families.	Jun 18, 2012 3:56 PM
45	fewer phone calls to request information	Jun 18, 2012 3:42 PM
46	Pertinent diagnoses in English with current medication lists and names of contact person that are readable with contact numbers	Jun 18, 2012 3:39 PM
47	Family receiving services without agencies trying to get another agency to accept financial responsibility	Jun 18, 2012 3:38 PM
48	Coordinated medications and services - especially counseling and current med doses	Jun 18, 2012 3:36 PM
49	One common care plan with both PCP and BH sharing it.	Jun 18, 2012 3:35 PM
50	Increased patient safety, better use of resources, increase in patient satisfaction, less system run-around or evasion of responsibility for care. Care coordination should be centered around client needs and not turf needs of the systems.	Jun 18, 2012 3:28 PM

**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

51	Improved behavioral and physical health outcomes	Jun 15, 2012 2:26 PM
52	Members actively engaged in the system should have measures that include: ED/ SA recidivism/ IP by type of bed/ trend of drug-drug interactions and MCO actions/ trending of adverse outcomes linked to poly pharmacy and poly-poly issues; % in independent living versus institutional (residential treatment centers);	Jun 15, 2012 9:55 AM
53	Decrease in medication errors; better patient care	Jun 14, 2012 11:32 AM
54	Improved quality of services for consumer. Better communication with all parties providing services for consumer. Current data and information in medical records	Jun 14, 2012 10:57 AM
55	In terms of process, a team that shares communication openly AND respects the perspective of all team members, including the direct service staff who actually spend their days with clients. In terms of outcomes, I envision a therapeutic program that is well matched to the needs and goals of the client carried out with a genuine partnership of medical and behavioral care providers, the behavioral direct service staff, and family members. I envision a system where medications are perfectly matched to the medical and behavioral needs of the client and clients can receive medical and behavioral services via a team who have truly collaborative, well blended services.	Jun 13, 2012 4:34 PM
56	The intergration of behavioral health and medical services for patients without the RBHA	Jun 13, 2012 2:28 PM
57	decreased med errors, ability for PCP to not prescribe pain meds if BHMP states member has substance use issues.	Jun 13, 2012 12:30 PM
58	Improved coordination of care between medical and behavrioral health, decrease in inadequate diagnoses based on limited information (e.g., substance use disorders vs. drug seeking behaviors, other medical or behavioral health symptoms that are masking medical or behavioral health diagnoses, increased review of pertinent information by staff qualified to understand the significance of medical information on behavioral health symptoms.	Jun 13, 2012 10:01 AM
59	We send information to the PCP but we never hear back even if they change their meds. Shame we are mandated and they are not. This information is vital especially if they see a psychiatrist. The paper accountability is exhausting and it is only one sided. Info goes out and does not come in	Jun 13, 2012 9:33 AM
60	Better understanding of medical illnesses our patients have and the meds they are on. Currently, our success in getting information from PCPs is abismal. We need a medical records that are common to all practitioners and available to all practitioners (between practices, clinics, and specialties).	Jun 13, 2012 9:32 AM
61	To not only to continue to improve the care of patients but to also provide the care-givers with more resources to ensure they can do their job safely, efficiently, and effectively. We appreciate all of the professionals involved in the behavioral health profession and respect their very important work that they provide to our community!	Jun 13, 2012 9:21 AM
62	Agreements and then follow through by those involved with client care.	Jun 13, 2012 7:40 AM



**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

63	Sharing of updated information including diagnostic, medication, laboratory, and treatment approaches. Sharing of specified goals and progress toward those goals. Overall, actual and regular communication between medical and behavioral health providers. The client knowing what information is being communicated between providers. Use of electronic communications without the need for faxing or other paper-based methods.	Jun 12, 2012 4:30 PM
64	Each side know what meds person is taking to avoid complications. Understanding of the importance of coordinated care that is of quality. Better health for the patient.	Jun 12, 2012 2:26 PM
65	psycicians and psychiatrists being able to be well informed of the client's conditions, medications, and past medical and behavioral health care without having to make much of an effort so that decisions can be well-informed without the doctor having to run around for weeks trying to get correct information or trusting the client to provide all the needed information.	Jun 12, 2012 1:16 PM
66	medication compatability improved behavioral health improved physical health	Jun 12, 2012 12:56 PM
67	That any provider of health care for the person can look at the entire chart and not have to go through channels/people.	Jun 12, 2012 12:38 PM
68	One of the biggest things is to stop clients from getting multiple prescriptions for benzos and narcotics. We need to communicate quickly, efficiently and accurately with PCPs so we can prevent this abuse.	Jun 12, 2012 12:23 PM
69	That minors and their families receive quality, timely, and appropriate levels of care, based on clinical evaluations.	Jun 12, 2012 12:22 PM
70	Improved client outcomes	Jun 12, 2012 12:14 PM
71	Non SMI clients stable on psychotropic medications can transition back to their PCP for ongoing refills; clients with co-morbid medical and behavioral health treatment have coordinated care which addresses both simultaneously;	Jun 12, 2012 12:13 PM
72	Providers are not ordering like meds or lab orders.	Jun 12, 2012 11:23 AM
73	decrease in negative drug interactions, improved total health and well being of the client, decreased stigmatization of persons with mental health and drug/alcohol issues, adherence to disease management protocols for persons with chronic axisis III diagnoses ie: diabetes,hypertension, a person centered approach to addressing the total health and well being of the patient	Jun 12, 2012 9:04 AM
74	Better care for the client. All providers have the information necessary to help the client make informed decisions about their care.	Jun 11, 2012 12:23 PM
75	Behavioral Health Providers will have more information about medical conditions that may affect Behavioral health conditions and coordination can reduce redundancy in medication prescribing.	Jun 11, 2012 12:15 PM
76	Healthier participants - both physically and mentally.	Jun 11, 2012 7:18 AM
77	Effective medical and physical care for our clients, towards improving quality of life. Decrease duplication in prescribing medication.	Jun 11, 2012 6:44 AM

**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

78	Better and more focused care. Updated and accurate Information for all parties (client, BH provider and medical provider).	Jun 8, 2012 9:55 AM
79	That the client's medical and behavioral health issues are address concurrently with communication between the providers that ensures compliance.	Jun 8, 2012 9:11 AM
80	That we have an electronic medical record system that can tlak with one another.	Jun 7, 2012 11:07 AM
81	Better care for our consumers.	Jun 7, 2012 10:36 AM
82	Coordination of care is a great concept. IF the customer will assist. Often times we are held to regulations that are impossible because of the lack of effort by the customer. We are held accountable for something we have know control over One of these areas is the Notice to Provider letters we have to send out. We waste a lot of money and time on these letters only to be sactioned if we can't write on a 6th grade level. The process of Coordination of Care would be really helpful if we could stop the senseless time we waste with things like NOA's.	Jun 7, 2012 10:15 AM
83	Able to monitor clients needs and control of what medication is being taken or maybe what medication is being abused. Well being of client is the most successful outcome you can have.	Jun 7, 2012 8:38 AM
84	Patients that live longer, healthier lives.	Jun 7, 2012 8:27 AM
85	Better to treat the whole person, not just a diagnosis. Safer when all medications are known. Better outcomes on both physical and behavioral health.	Jun 7, 2012 8:10 AM
86	Improved health and lower levels of required care for clients.	Jun 6, 2012 5:43 PM
87	improved quality of care, less polypharmacy	Jun 6, 2012 2:55 PM
88	Real-time continuity of care confirmation or absence.	Jun 6, 2012 12:25 PM
89	Less duplication of services, less conflicting services, better chance of getting quality outcomes by coordinating mental and physical health together.	Jun 6, 2012 11:33 AM
90	Improved medical/mental health disease management. Increased control of controlled medication "shopping"	Jun 6, 2012 11:21 AM
91	improvement in client specific behavioral health goals	Jun 6, 2012 10:45 AM
92	Integrated Health Care Supports and Services	Jun 6, 2012 10:14 AM
93	Reduction of symptoms related to co-morbid presentations. Reduction in duplicated costs. Better patient compliance to integrated treatament regimens/plans. More efficient use of scarce and expensive healthcare resources. Better health outcomes and wellness measures for the poulation of AZ counties and entire state.	Jun 6, 2012 9:20 AM
94	The increased health care of the consumer	Jun 6, 2012 9:20 AM
95	Improved physical and mental health of our clients due to both sides operating	Jun 6, 2012 9:07 AM

**Q7. Please describe the outcomes you wish to see as a result of successful coordination of care activities:**

with as much information as possible for the treatment of our clients.

96	increased participation in wellness activities decreased ED visits decreased per member per year cost (chronic cases) decreased poly pharm	Jun 6, 2012 8:25 AM
97	Ensure non-duplication of services and that meds prescribed are not counter productive.	Jun 5, 2012 9:41 PM
98	fewer duplicate services, faster service implementation due to not having to wait long periods to obtain information. Collaborative follow up and reengagement following missed appointments; better care transition for persons coming out of hospitals and other facility based treatments.	Jun 5, 2012 7:24 PM
99	PCPs and BH Prescribers have mutual access to each other's records related to DXs and Prescriptions.	Jun 5, 2012 5:36 PM
100	I think it very critical to ensure that there is improved coordination of care activities to prompt wellness. I also think there should be a direct exchange of all records to the crisis system. This will provide immediate access to information that could be lifesaving.	Jun 5, 2012 4:25 PM
101	Increase in wellness. Decrease in duplicative labs/medications/etc.	Jun 5, 2012 4:12 PM