

**Table 3.5** PCBH Goals and Objectives

<i>Goals</i>	<i>Objectives</i>
<b>I. PATIENT OUTCOMES</b>	
A. Patients' health-related quality of life indicators improve through provision of PCBH services.	1. Adult PC patients who receive services from a BHC show improvement in their health-related quality of life.
	2. Children/youth who receive services from a BHC show improvement in their psychosocial wellbeing.
	3. Patients participating in PCBH Pathways show improvement in one or more areas of health.
	4. Clinic performance on key quality indicators improves.
<b>II. ACCESS</b>	
A. Access to PC Providers improves.	1. High users of PC visits who participate in PCBH Pathways involving class-based medical visits (e.g., for chronic pain) demonstrate a reduction in PCP visits, freeing up medical visits for other patients.
B. Access to behavioral health services for patients in the PC setting improves.	1. Increased identification of mental health problems.
	2. Increased number of patients receiving behavioral health help.
	3. For systems with in-house specialty mental health, access to those specialty services improves.
<b>III. EXPERIENCE AND SATISFACTION</b>	
A. <u>Patients</u> experience the PCBH model of care as beneficial.	1. Patients (or their parents) express overall satisfaction with services provided in the PCBH program. 2. Improved ratings of satisfaction with care in the clinic.

B. <u>Primary Care Providers</u> experience the PCBH model of care as beneficial.	1. PCPs report reduced barriers to getting patients desired behavioral help.
	2. PCPs indicate a stronger likelihood of developing and supporting behavior change plans for patients.
	3. PCPs report PCBH improves their job satisfaction and lowers their job stress.
	4. PCPs perceive that PCBH services help them provide better primary care to all their patients.
C. <u>PCBH staff</u> (BHC and CEs) experience the PCBH model of care as beneficial.	1. PCBH staff express satisfaction with providing PCBH services.
	2. PCBH staff report confidence that PCBH services are beneficial to patients.
	3. PCBH staff report confidence that PCBH services are beneficial to PCPs and the PC team.
<b>IV. COST-NEUTRALITY</b>	
A. <u>The Clinic/System has no new burden.</u>	1. The PCBH budget performs similarly to, or better than, the rest of PC.
<b>V. FIDELITY TO THE PCBH MODEL</b>	
A. PCPs utilize the PCBH Program.	1. Number of referrals to PCBH by each PCP shows regular use by most PCPs.
B. Behaviorists demonstrate fidelity to the PCBH model.	2. The ratio of new to follow-up visits shows a regular flow of new patients.
	3. The average number of visits per patient, per episode of care, to the BHC is consistent with a self-management approach.
	4. BHCs complete a high volume of visits per day, in alignment with the patient volume of the clinic.

	5. The ratio of same-day to scheduled visits shows frequent use of same-day visits.
	6. The top diagnoses seen by the BHC includes a mix of mental health and other conditions (e.g., prevention, chronic disease)
	7. The ages and demographics of patients seen by the BHC suggest the BHC is engaged to the extent needed with all ages and demographics.