



Addressing Primary Care Outcomes in Behavioral Health

Learning and Action Network (LAN)

Team Building Worksheet

Practice Name: _____

AIMS CENTER

W UNIVERSITY of WASHINGTON

Psychiatry & Behavioral Sciences

Tasks	Doing this task now?		If yes, who is doing it? (BHA or primary care partner?)	If no, who should do this in the future?
	Yes	No		
Screening	Yes	No		
Screen for Medical Problems: Exam Measurement (e.g. Weight, BMI, Blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>		
Screen for Medical Problems: Lab Measurements (e.g. HbA1C; Lipids)	<input type="checkbox"/>	<input type="checkbox"/>		
Screen for Health Behavior Risk: Smoking, Substance Use, Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>		
Assess Where Patient Receives Primary Care Services	<input type="checkbox"/>	<input type="checkbox"/>		
Follow-up of Screening and Treatment	Yes	No		
Diagnose Medical Conditions that Need Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Client Education About Treatment Options for Chronic Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>		
Prescribe Medications for Chronic Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>		
Health Behavior Change Counseling: Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>		
Health Behavior Change Counseling: Weight Management/Nutrition	<input type="checkbox"/>	<input type="checkbox"/>		
Health Behavior Change Counseling: Increase Physical Activity/Exercise	<input type="checkbox"/>	<input type="checkbox"/>		
Facilitate Referral and Coordination with Specialty Medical Care	<input type="checkbox"/>	<input type="checkbox"/>		
Identify Clients who Need Medical Care Management	<input type="checkbox"/>	<input type="checkbox"/>		
Care Coordination	Yes	No		
Obtain ROI to Share Information with PCP	<input type="checkbox"/>	<input type="checkbox"/>		
Share Clinical Information with PCP	<input type="checkbox"/>	<input type="checkbox"/>		
Follow up after Emergency Department Visit	<input type="checkbox"/>	<input type="checkbox"/>		
Follow up after In-Patient Stay	<input type="checkbox"/>	<input type="checkbox"/>		
Track Treatment Outcomes	Yes	No		
Track Medical Treatment Engagement & Adherence	<input type="checkbox"/>	<input type="checkbox"/>		
Reach out to Clients who are Non-adherent or Disengaged from Medical Care	<input type="checkbox"/>	<input type="checkbox"/>		
Track Health Measurements (e.g. Weight, BP)	<input type="checkbox"/>	<input type="checkbox"/>		
Track Lab Measurements (e.g. HbA1C)	<input type="checkbox"/>	<input type="checkbox"/>		
Track Behavioral Health Measures (PHQ9)	<input type="checkbox"/>	<input type="checkbox"/>		
Track Medication Side Effects & Concerns	<input type="checkbox"/>	<input type="checkbox"/>		
Track Outcome of Referrals	<input type="checkbox"/>	<input type="checkbox"/>		
Assess Need for Changes in Treatment; Facilitate Changes as Needed	<input type="checkbox"/>	<input type="checkbox"/>		
Conduct Caseload Review and/or Interdisciplinary Team Reviews	<input type="checkbox"/>	<input type="checkbox"/>		