# PRIMARY *CARE BEHAVIORAL HEALTH* PROVIDER ADHERENCE QUESTIONNAIRE (PPAQ)

**Behavioral health provider:**

**Date:**

**Clinic and Location:**

**Description:** The PPAQ is a self-report instrument designed to assess how often behavioral health providers report adherence to certain behaviors or actions while providing services in primary care. In particular, the PPAQ is intended for use by behavioral health providers, administrators, and researchers to assess level of fidelity (or protocol adherence) consistent with models of primary care-mental health integration health services delivery, such as Primary Care Behavioral Health. The items included below are based on the results of an expert consensus study[1] and subsequent validation study[2].

**Instructions:** For each item below, please indicate the frequency with which you typically engage in the behavior described *while providing behavioral health services in primary care*. Please do not leave any question blank. Mark only one response to each question.

| Question | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| 1. During clinical encounters with patients, I see patients for 30 minutes or less. | 1 | 2 | 3 | 4 | 5 |
| 2. I manage patients reporting mild and moderate symptoms in primary care, and I refer those with more severe symptoms to specialty mental health services when possible. | 1 | 2 | 3 | 4 | 5 |
| 3. During patient appointments, I discuss barriers to implementing a plan or adhering to treatment recommendations. | 1 | 2 | 3 | 4 | 5 |
| 4. I accept referrals for patients with common mental health problems (i.e., depression, anxiety, etc.). | 1 | 2 | 3 | 4 | 5 |
| 5. During clinical encounters with a patient, I implement behavioral and/or cognitive interventions. | 1 | 2 | 3 | 4 | 5 |
| 6. In introducing my role in the clinic to patients, I explain that I want to get an idea of what is and what is not working for the patient and then together develop a plan to help them manage their concerns. | 1 | 2 | 3 | 4 | 5 |
| 7. During clinical encounters with patients, I triage patients to determine if they can be treated in primary care or should be referred to a specialty mental health or a community agency. | 1 | 2 | 3 | 4 | 5 |
| 8. I accept referrals for patients who might benefit from brief, targeted behavioral health interventions for chronic pain. | 1 | 2 | 3 | 4 | 5 |


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| Question | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| 9. I accept referrals for patients who might benefit from brief, targeted behavioral health interventions for adjustment to illness (e.g., diabetes, heart disease, spinal cord injury, TBI, etc.). | 1 | 2 | 3 | 4 | 5 |
| 10. My progress notes in the shared medical record include focused recommendations for the Primary Care Provider and/or primary care team. | 1 | 2 | 3 | 4 | 5 |
| 11. I meet briefly with primary care staff as a team to provide both a behavioral health perspective and behavioral data. | 1 | 2 | 3 | 4 | 5 |
| 12. My progress notes include focused recommendations for the patient. | 1 | 2 | 3 | 4 | 5 |
| 13. I consult with various members of the primary care team (e.g., pharmacist, dietician) in addition to the Primary Care Provider about behavioral aspects of medical conditions (e.g., medications that cause nightmares.) | 1 | 2 | 3 | 4 | 5 |
| 14. At follow-up encounters with patients, I inquire about progress on goals or action plans set at the previous appointment. | 1 | 2 | 3 | 4 | 5 |
| 15. I administer one or more brief validated measures (e.g., Patient Health Questionnaire-9, or PHQ-9) for an **initial screening** of symptoms of interest, or I review these findings if measures were administered by other primary care staff. | 1 | 2 | 3 | 4 | 5 |
| 16. It takes 30 minutes or more for me to complete all documentation following the initial appointment. | 1 | 2 | 3 | 4 | 5 |
| 17. Following patient appointments, I provide feedback to Primary Care Providers (based on their preferred method of communication) within 1 business day of an initial appointment. | 1 | 2 | 3 | 4 | 5 |
| 18. During clinical encounters with patients, I clarify, confirm, and discuss the patient's concerns. | 1 | 2 | 3 | 4 | 5 |
| 19. My progress notes include brief clinical impressions of the patient’s presenting problem(s). | 1 | 2 | 3 | 4 | 5 |
| 20. During a clinical encounter with a patient, I provide full neuropsychological, cognitive, or personality assessments. | 1 | 2 | 3 | 4 | 5 |
| 21. I see patients for weekly, open-ended therapy. | 1 | 2 | 3 | 4 | 5 |
| 22. In introducing my role in the clinic to patients, I explain that our appointments typically will be 30 minutes or less. | 1 | 2 | 3 | 4 | 5 |

| Question | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| 23. I provide suicide risk assessment for primary care patients in crisis and refer to a higher level of care as indicated. | 1 | 2 | 3 | 4 | 5 |
| 24. I typically see patients for 50-minute appointments. | 1 | 2 | 3 | 4 | 5 |
| 25. During patient appointments, I use local community resources to assist me in meeting the behavioral health needs of patients. | 1 | 2 | 3 | 4 | 5 |
| 26. I provide education to the primary care team on behavioral health issues (e.g., presentations and handouts). | 1 | 2 | 3 | 4 | 5 |
| 27. I provide advice to the primary care team about appropriate referrals to specialty behavioral health services. | 1 | 2 | 3 | 4 | 5 |
| 28. I provide family or couples therapy for 10 or more appointments per episode of care. | 1 | 2 | 3 | 4 | 5 |
| 29. My progress notes include findings from functional assessments and brief screening. | 1 | 2 | 3 | 4 | 5 |
| 30. I administer one or more brief validated measures (e.g., Patient Health Questionnaire-9, or PHQ-9) for **follow up screening** of symptoms of interest, or I review these findings if measures were administered by other primary care staff. | 1 | 2 | 3 | 4 | 5 |
| 31. I routinely consult with Primary Care Providers to increase my knowledge about behavioral aspects of medical conditions, such as the role of anxiety in cardiac distress. | 1 | 2 | 3 | 4 | 5 |
| 32. During a patient appointment, I provide full length empirically supported treatments, such as Prolonged Exposure or Dialectical Behavior Therapy. | 1 | 2 | 3 | 4 | 5 |
| 33. Following clinical encounters with patients, I continue to provide feedback to the Primary Care Provider about follow-up appointments, when needed. | 1 | 2 | 3 | 4 | 5 |
| 34. During clinical encounters with patients, I work with the patient to develop a specific plan to address their presenting problem and document this plan. | 1 | 2 | 3 | 4 | 5 |
| 35. I accept referrals for patients who need lifestyle interventions (e.g., tobacco cessation, weight control, stress management). | 1 | 2 | 3 | 4 | 5 |
| 36. I accept referrals for patients in need of behavioral health interventions for medication issues (e.g., adherence). | 1 | 2 | 3 | 4 | 5 |

| Question | Never | Rarely | Sometimes | Often | Always |
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| 37. I typically see patients for 10 or more appointments per episode of care. | 1 | 2 | 3 | 4 | 5 |
| 38. I accept referrals for patients in need of behavioral health interventions for adjustment to aging and issues specific to older patients. | 1 | 2 | 3 | 4 | 5 |
| 39. During a patient appointment, I provide functional assessment, focused intervention, and address disposition. | 1 | 2 | 3 | 4 | 5 |
| 40. I accept referrals for patients from Primary Care Providers as a warm hand off (i.e., the Primary Care Provider introduces me to the patient). | 1 | 2 | 3 | 4 | 5 |
| 41. In introducing my role in the clinic to patients, I explain that I work with the Primary Care Providers in situations where good health care involves paying attention to physical health, habits, behaviors, emotional health and how those things interact. | 1 | 2 | 3 | 4 | 5 |
| 42. I provide long-term (i.e., greater than 8 sessions) group psychotherapy. | 1 | 2 | 3 | 4 | 5 |
| 43. I meet with a patient for greater than 50 minutes to gather a full psycho-social history and comprehensive psychiatric interview. | 1 | 2 | 3 | 4 | 5 |
| 44. During a patient appointment, I typically provide medical social work services, including, but not limited to, assistance with disability claims, obtaining health insurance, and/or assisting with housing. | 1 | 2 | 3 | 4 | 5 |
| 45. During clinical encounters with patients, I address the Primary Care Provider's reason for referral. | 1 | 2 | 3 | 4 | 5 |
| 46. I employ strategies to identify and prevent exacerbation of at-risk, sub-syndromal behaviors and symptoms. | 1 | 2 | 3 | 4 | 5 |
| 47. I provide information regarding a patient's symptoms and functioning to assist Primary Care Providers (and/or clinical pharmacists, primary care psychiatrists, psychiatric nurse practitioners) in initiating or modifying common psychotropic medications, such as antidepressants. | 1 | 2 | 3 | 4 | 5 |
| 48. I participate in primary care based clinical pathways for common health conditions, such as chronic pain or comorbid depression and cardiovascular disease. | 1 | 2 | 3 | 4 | 5 |

**PPAQ scoring instructions:** The PPAQ items are summed to create two subscales: The **PPAQ-E** for essential behaviors and the **PPAQ-P** for prohibited behaviors. The **PPAQ-E** includes 38 essential behaviors (items# 1-15, 17-19, 22, 23, 25-27, 29-31, 33-36, 38-41, 45-48). The **PPAQ-P** includes 10 prohibited items (items# 16, 20, 21, 24, 28, 32, 37, 42-44).

*Additional information regarding the PPAQ, is available by email from Dr. Gregory P. Beehler (gregory.beehler@va.gov) at the VA Center for Integrated Healthcare.*

[1] Beehler, Funderburk, Possemato, & Vair. (2013). Developing a Measure of Provider Adherence to Improve the Implementation of Behavioral Health Services in Primary Care: A Delphi Study. *Implementation Science, 8*, 19.
[2] Beehler, Funderburk, Possemato, & Dollar. (2013). Psychometric Assessment of the *Primary* Care Behavioral Health *Provider Adherence Questionnaire* (PPAQ). *Translational Behavioral Medicine, 3*, 379-391.