

## Measure # 22a: Continuity of Care Practices Survey – Program Level (CCPS-P)

### Contact Information:

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- Any use of the measure instruments must be accompanied by the following citation: Schaefer, J. A, Cronkite, R. C., & Ingudomnukul, E. (2004). Assessing continuity of care practices in substance use disorder treatment programs. *Journal of Studies on Alcohol*, 65, 513-520. The measure owner requests that users send a copy of any modifications or alterations made to the instrument to Dr. Jeanne A. Schaefer (contact information listed above).

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## CONTINUITY OF CARE PRACTICES SURVEY (CCPS-P)

Your responses to this survey will help us gain a better understanding of the continuity of care practices currently used by clinicians in VA substance use disorder treatment programs.

Please respond to each question. If you do not want to answer a particular question, please circle the number beside it so that we know you did not skip it accidentally.

All questions on this survey concern the program listed below. Please check the information on the attached label and make any necessary corrections

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Today's Date: \_\_\_\_\_

**If you are not the person listed on the label, please provide the following information:**

Your Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

CCPS-P - Developed by Jeanne Schaefer, PhD  
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## GENERAL PROGRAM AND PATIENT INFORMATION

First, we want to get some general information about patients in your program (including all components). A “**rough ballpark**” estimate of the number or percent of patients is fine.

- |  |   |  |  |  |  |
|--|---|--|--|--|--|
| <p>1. How many unique patients were treated in your program in FY (specify)?<br/> <b>(Patients admitted more than once should be counted only once.)</b></p>                               | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p># of patients</p> |  |  |  |  |
|  |   |  |  |  |  |
| <p>2. What was the total full-time equivalent staff (FTEE) in your program in FY (specify)?<br/> <b>(Include FTEE for positions that are vacant if currently recruiting for them.)</b></p> | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> <p># of FTEE</p>                                   |  |  |  |  |
|  |   |  |  |  |  |
| <p>3. Approximately what percent of patients in your program in FY (specify) had the following characteristics at intake:</p>  | <p><b>Percent of patients<br/>(0 - 100%)</b></p>  |  |  |  |  |
| <p>A. Were female?</p>   | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>   |  |  |  |  |
|  |   |  |  |  |  |
| <p>B. Were members of racial or ethnic minorities (African American, Hispanic, Asian or Pacific Islander, Native American)?</p>  | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>   |  |  |  |  |
|  |   |  |  |  |  |
| <p>C. Were dependent on both alcohol and other drugs?</p>  | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>   |  |  |  |  |
|  |   |  |  |  |  |
| <p>D. Had both a substance use disorder and a major psychiatric disorder<br/> <u>(excluding PTSD)</u>?</p>   | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>   |  |  |  |  |
|  |   |  |  |  |  |
| <p>E. Had a diagnosis of PTSD?</p>   | <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>   |  |  |  |  |
|  |   |  |  |  |  |

### DEFINITIONS – Please read these definitions before continuing with the survey.

The questions that follow ask about the substance use disorder services that your program provided during the **past 3 months**. Please keep these definitions in mind as you answer the questions.

**Intensive inpatient/residential programs**- For these programs, the **intensive** treatment component of the program means inpatient, residential, or domiciliary services that include more than detoxification and involve a stay of at least 14 days.

**Outpatient programs** (e.g., day hospital, intensive outpatient clinic) – For these programs, the **intensive** treatment component means that part of the program in which patients receive 3 or more hours of treatment per day for 3 or more days per week.

**Continuing outpatient substance use disorder care** – This is outpatient care (aftercare) that follows intensive inpatient or outpatient care and provides treatment less than 3 hours per day and less than 3 days per week.

4. In the past 3 months, was continuing outpatient substance use disorder care available **on-site** to patients at your VA facility after they completed intensive substance use disorder treatment?

NO  YES

**MAINTAINING CONTACT WITH PATIENTS**

5. In the past 3 months, how often did continuing outpatient substance use disorder care staff in your program:

Never/  
rarely  
1      Some-  
times  
2      Fairly  
often  
3      Almost  
always  
4

A. Make reasonable attempts to contact patients within 3 working days of a missed outpatient continuing care substance use disorder appointment?

                

B. Send appointment reminders to patients prior to their scheduled outpatient continuing care substance use disorder appointments?

                

6. In the past 3 months, how often did program staff:

Never/  
rarely  
1      Some-  
times  
2      Fairly  
often  
3      Almost  
always  
4

A. Make reasonable attempts to call patients within 14 days of discharge from intensive treatment to find out if patients had contacted the services to which they had been referred?

                

B. Make reasonable attempts to get discharged patients back into treatment if they were not doing well?

                

*Maintain Contact Subscale – Add scores for 5A-B and 6A-B and subtract the number of responses without missing data, e.g., if one item has missing data, subtract 3 (the number of complete responses); if no responses are missing, subtract 4.*

**FACILITATING TREATMENT ACROSS LEVELS OF CARE**

Here, we ask about practices that aid patients’ transition from intensive treatment to continuing outpatient care. Keep in mind that clinicians may rarely use some of these practices. Also, if the continuing outpatient care counselors mentioned in the questions (e.g., 7B, 8-A-E) are the same staff who provided patients’ intensive treatment, mark the “Almost always” response.

7. How often in the past 3 months did staff in your program do the following **prior to patients’ discharge from intensive treatment**:

Never/  
rarely  
1      Some-  
times  
2      Fairly  
often  
3      Almost  
always  
4

A. Arrange for patients to meet or talk to the counselor who would be providing them with continuing outpatient substance use disorder care?

7. (CONTINUED)

How often in the past 3 months did staff in your program do the following **prior to patients' discharge from intensive treatment:**

	Never/ rarely 1	Some- times 2	Fairly often 3	Almost always 4
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B. Arrange for patients to attend continuing care outpatient substance abuse therapy groups during intensive treatment?

C. Arrange for patients to meet or talk to an AA, NA, or CA sponsor in their community?

D. Arrange for patients to attend an AA, NA, or CA meeting in their community during intensive treatment?

E. Secure drug-free or sober living arrangements for patients?

F. Have family members participate in patients' discharge planning for those patients who had contact with their family members?

*Connect to Resources Subscale Part 1 – Add 7A-F and subtract the number of responses without missing data, e.g., if one item has missing data, subtract 5, the number of complete responses.*

8. How often in the past 3 months did staff in the **intensive** treatment component of your program:

	Never/ rarely 1	Some- times 2	Fairly often 3	Almost always 4
--	-----------------------	---------------------	----------------------	-----------------------

A. Speak directly (in person, by phone) with VA outpatient substance use disorder counselors to review patients' discharge summary prior to their first appointment with their counselors?

B. Work with outpatient substance use disorder counselors to **jointly develop** discharge plans for patients?

C. Notify outpatient substance use disorder counselors when patients who were being referred to them were discharged from intensive treatment?

D. Meet with or contact outpatient substance use disorder counselors at least once a month to review patients' progress and treatment?

E. Contact outpatient substance use disorder

counselors within 14 days of patients' discharge from intensive treatment to check if patients were keeping continuing care outpatient substance use disorder appointments?

*Coordinate Care Subscale – Add 8A-E and subtract the number of responses without missing data, e.g., if one item has missing data, subtract 4, the number of complete responses.*

9. Substance use disorder patients have many coexisting problems, and it's obviously not feasible for staff to address all of the problems of every patient. For each problem listed, please select the **one** referral action that staff in your program typically took prior to patients' discharge from intensive treatment during the past 3 months.

**DESCRIPTIONS OF REFERRAL ACTIONS**

1. **Patient self-referral** - Left it up to patients to refer themselves to an appropriate program.
2. **Program name or brochure** - Gave patients the name of a program (e.g. a referral slip) or written information (e.g., a program brochure), but did not give them the name of a specific person to contact.
3. **Name & Phone # of contact** - Gave patients the telephone number and name of a specific person to contact at a program.
4. **Set up appointment** - Set up an appointment for patients with a specific staff person at a program.

**PATIENT PROBLEM**

**STAFF ACTION**

	Patient Self-referral 1	Program Name or brochure 2	Name & phone # of contact 3	Set up appointment 4
A. Medical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Employment problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Psychiatric problems (excluding PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. PTSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Family Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Connect to Resources Part II – Add 9A-F and subtract the number of responses without missing data, e.g., if one item has missing data, subtract 5, the number of complete responses.) To obtain the final Connect to Resources Subscale score add scores for Part I (page 4) and Part II.

**DEFINITIONS – Please read these definitions before continuing with Question 10.**

Substance use disorder programs vary considerably and program staff define counselor and case manager in many different ways. The definitions we present here may not match your program precisely. Please answer using the definition that best fits your program.

**Primary counselor** (e.g. a physician, nurse, psychologist, social worker, addiction therapist) - Provides most of the patient’s psychological or psychosocial treatment.

**Case Manager** - Coordinates patient services across different levels of care, but is not the primary psychosocial counselor for patients. For example, the case manager might make sure that patients’ needs (e.g., for housing or employment) are addressed and that patients get connected to community resources.

**Primary counselor/case manager** - Is a staff member who is the primary counselor for patients and also serves as their case manager.

- | 10. In the past 3 months, approximately what percent of patients in the <b>intensive component</b> of your program:                     | Percent of Patients (0-100%) |
|---|------------------------------|
| A. Had the same <b>primary counselor</b> during intensive treatment and continuing outpatient substance use disorder care?              | <input type="text"/>         |
| B. Had the same <b>case manager</b> during intensive treatment and continuing outpatient substance use disorder care?                   | <input type="text"/>         |
| C. Had the same <b>primary counselor/case manager</b> during intensive treatment and continuing outpatient substance use disorder care? | <input type="text"/>         |

*Provider Continuity Subscale score Part I – Add 10A-C and divide by the number of responses without missing data, e.g., if one item has missing data, divide by 2, the number of complete responses.*

- |  |                      |
|--|----------------------|
| 11. In the past 3 months, roughly what percent of patients in your program were assigned to the same counselor, case manager, or addictions treatment team if they relapsed and needed intensive substance use disorder treatment again? | <input type="text"/> |
|--|----------------------|

*To obtain the final Provider Continuity Subscale score – Add the Part I Provider Continuity Subscale score to the percent from Q11, then divide by 100.*

**YOU HAVE COMPLETED THIS SURVEY.**

**THANK YOU VERY MUCH FOR HELPING US BETTER UNDERSTAND TREATMENT PRACTICES  
IN VA SUBSTANCE USE DISORDER PROGRAMS.**

**Additional Information For Scoring Subscales With Missing Data.**

*When scoring the subscales, give the subscale a score if the respondent answers more than half of the items. For subscales with missing data, the sums for the subscale should be weighted by a correction factor which is the ratio of the maximum score if all items are complete over the maximum score for the number of items without missing data. For example, the maximum score for the Coordinate Care subscale is 15 if all 5 items are complete. If a respondent completes 4 items, the maximum score is 12. Consequently, the score for the subscale with one item missing (sum of 4 items) should be weighed by the ratio of 15 over 12, so that the range of values will be the same as it would have been if the respondent had completed all 5 items.*