

Measure # 22b: Continuity of Care Practices Survey – Individual Level (CCPS-I)

Contact Information:

- For questions regarding this measure and for permission to use it, contact:
Jeanne A. Schaefer
Center for Health Care Evaluation
Veterans Affairs Palo Alto Health Care System
795 Willow Road (152)
Menlo Park, CA 94025, USA
Jeanne.Schaefer@va.gov

Copyright Details:

- The Continuity of Care Practices Survey – Program- and Individual-Level versions (CCPS-P and CCPS-I) are in the public domain and freely available for use without copyright restrictions. The measure developer, Jeanne A. Schaefer, grants permission to the Agency for Healthcare Research and Quality (AHRQ) to print a copy of the measure instrument in the *Care Coordination Measures Atlas* Appendix.
- 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).

Patient's Name: _____

ID #

--	--	--

CONTINUITY OF CARE PRACTICES SURVEY (CCPS-I)

The primary counselor/case manager for the patient named above should complete this survey on the day that the patient is discharged from the intensive treatment component of your substance use disorder program.

Your responses to this discharge survey will help us to gain a better understanding of the continuity of care practices that clinicians are using in VA substance use disorder treatment programs.

DEFINITIONS - Please read these definitions before continuing with the survey.

These definitions may not match your program precisely. Please answer using the definition that best fits your program.

Intensive inpatient/residential programs- Here, the **intensive** treatment component of your 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) - When we refer to the **intensive** treatment component, we mean 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 – 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.

Primary counselor (e.g. a physician, nurse, psychologist, social worker, addiction therapist) - Provides most of the patient's psychological or psychosocial treatment. Some primary counselors may also serve as the patient's case manager.

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 program patients' needs (e.g., for housing or employment) are addressed and that patients get connected to community resources.

Today's Date: _____

Your Name: _____

Job Title: _____

CCPS-I Developed by Jeanne Schaefer, PhD
Center for Health Care Evaluation
VA Palo Alto Health Care System
795 Willow Road (152)
Menlo Park, CA 94025

PARTICIPATION IN TREATMENT

1. Date patient **entered** the intensive treatment component of your program? _____
Month Day Year
2. Date patient **left/will leave** the intensive treatment component of your program? _____
Month Day Year
3. Between the dates that this patient entered and left the intensive treatment component of your program, how many days did he/she actually attend the program? (**EXCLUDE DAYS** that the patient was absent from the program.) _____
of days
4. Did this patient complete treatment? NO ₀ YES ₁
5. Will this patient receive continuing outpatient substance use disorder care after he/she leaves the intensive treatment component of your program? NO ₀ YES ₁

IF YES:

- A. Was this patient given a continuing care appointment at discharge from Intensive treatment? NO ₀ YES ₁
- B. Will most of this patient's continuing outpatient substance use disorder care (aftercare) be provided in your program by the **same person** who served as the patient's primary counselor/case manager during intensive substance use disorder treatment? NO ₀ YES ₁
6. Do you expect that this patient will be assigned to the same counselor, case manager, or addictions treatment team in your program if he/she relapses and needs intensive substance use disorder treatment again? NO ₀ YES ₁

(Provider Continuity Subscale – Sum scores for Q5B and Q6.)

SERVICES STAFF PROVIDED PRIOR TO DISCHARGE

Substance use disorder patients require many services. It's obviously not possible for staff to address all of the needs of every patient. Please check whether each service listed was provided to this patient. (If you or the staff who provided the patient's intensive treatment are the patient's outpatient continuing care counselor mentioned in 7A and & 7G,H, and I mark them "YES").

7. **Prior to** this patient's **discharge** from the intensive treatment component of the program, **did you or staff in the program:** NO ₀ YES ₁
- A. Arrange for this patient to meet or talk to the counselor who would be providing him/her with continuing outpatient substance use disorder care?
- B. Arrange for this patient to attend outpatient continuing care substance use disorder therapy groups during intensive treatment?

7. (Continued)

Prior to this patient's **discharge** from the intensive treatment component of this program, **did you or staff in the program:**

NO
0 **YES**
1

- | | | |
|---|--------------------------|--------------------------|
| C. Arrange for this patient to meet or talk to an AA, NA, or CA sponsor in his/her community? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Arrange for this patient to attend an AA, NA, or CA meeting in his/her community during intensive treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Secure drug-free or sober living arrangements for this patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have family members participate in this patient's discharge planning, if the patient has contact with his/her family members? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Speak directly (in person, by phone) with VA outpatient substance use disorder counselors to review this patient's discharge summary prior to his/her first appointment with the counselors? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Work with outpatient substance use disorder counselors to <u>jointly develop</u> a discharge plan for this patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Notify outpatient substance use disorder counselors to whom this patient was being referred when he/she was discharged from intensive treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

8. **For EACH patient problem** listed below, please write in the number of the one referral action (1-4 below) that best reflects the action you or staff in your program took with regard to this patient **prior to his/her discharge** from intensive treatment. Mark **NA** in the box if the patient does not have the problem.

Patient Problems

- | | | | | | |
|--|--------------------------|-------------------------------|--------------------------|----------------------------|--------------------------|
| A. Medical Problems | <input type="checkbox"/> | B. Employment Problems | <input type="checkbox"/> | C. Housing Problems | <input type="checkbox"/> |
| D. Psychiatric Problems
(excluding PTSD) | <input type="checkbox"/> | E. PTSD | <input type="checkbox"/> | F. Family Problems | <input type="checkbox"/> |

Referral Actions

- Left it up to the **patient to refer him/herself** to an appropriate program.
- Gave** this patient the **name of a program** (e.g. a referral slip) **or written information** (e.g., a program brochure) but **did not give** him/her the **name of a specific person to contact**.

3. **Gave** this patient the **telephone number** and **name** of a specific person to **contact** at a program.
4. **Set up an appointment** for this patient with a specific staff person at a program.

(Connect to Resources Subscale – If the mean score for all applicable problems in Q8A-F is less than or equal to 2, final score is sum of 7A-F. Otherwise, final score is sum of 7A-F plus 1.)

FACILITATING TREATMENT ACROSS LEVELS OF CARE

9. How likely is it that you or staff in your program will:	Not very Likely	Some- what likely	Quite likely	Extremely likely
	1	2	3	4
A. Make reasonable attempts to contact this patient within 3 days of a missed outpatient continuing care substance use disorder appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Send appointment reminders to this patient prior to his/her scheduled outpatient continuing care substance use disorder appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Make reasonable attempts to call this patient within 14 days of discharge from intensive treatment to find out if he/she has contacted the services to which he/she has been referred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Make reasonable attempts to get this patient back into treatment if he/she is not doing well after discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Meet with or contact outpatient substance use disorder counselors at least once a month to review this patient's progress and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Contact outpatient counselors within 14 days of the patient's discharge from intensive treatment to check if this patient is keeping outpatient continuing care substance use disorder appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Maintain Contact Subscale – Sum scores for Q9A-D 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.)

(Coordinate Care Subscale – For Q9E-F, convert answers of 3 or 4 to 1, and answers of 1 or 2 to 0. Add the newly converted values of 9E-F to the sum of scores for Q7G-I on page 3.)

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 Maintain Contact subscale is 12 if all 4 items are complete. If a respondent completes 3 items, the maximum score is 9. Consequently, the score for the subscale with one item missing (sum of 3 items) should be weighed by the ratio of 12 over 9, so that the range of values will be the same as it would have been if the respondent had completed all 4 items.