Target Area: PRIMARY CARE INTEGRATION			
7.x.x	NEEDS ASSISTANCE	COMPETENT	PROFICIENT

This is a Topic Proficiency and is intended to assess those SORH who are currently, or plan to, conduct activities on primary care integration

Rationale: The NOSORH Proficiencies workgroup envisions that this primary care integration rubric and accompanying self-assessment will be used by SORH who are engaged with the development and/or strengthening of the rural primary care safety net providers in their state, with a focus on integrating primary care services to address a more comprehensive approach to the wellness needs of their patients. The key components of this rubric should not be construed as a requirement of the Federal Office of Rural Health Policy (FORHP) or supersede any directive provided by a Federal Project Officer, or other federal, state or local requirements. SORH may opt to assess their office on certain components of this rubric based on the goals of the office; selecting the 'N/A' option in the self-assessment will opt a SORH out of a particular component.

In general, elements within this target area are rated based on a consistent scale. Those who indicate "needs assistance" have a limited knowledge and/or don't have a connection to a technical assistance (TA) partner. To be "competent", SORH should have a general understanding of the topic and have a connection to a TA partner, as needed. The "proficient" category assumes that a SORH has the expertise to deliver TA themselves on the specified topic.

1. Integrating Services in Primary Care			
1. Clinic compliance with requirements for implementation of integration activities	SORH maintains limited knowledge of the needed clinic infrastructure to successfully integrate non-traditional primary care services into a primary care setting and/or doesn't have a connection to a technical assistance partner.	SORH has a general understanding of the needed clinic infrastructure to successfully integrate non-traditional primary care services into a primary care setting and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver the technical assistance necessary for developing a sustainable clinic infrastructure that supports successful integration efforts.
2. Integration of behavioral health services into primary care	SORH maintains limited knowledge of successfully integrating sustainable behavioral health services into the primary care setting and/or doesn't have a connection to a technical assistance partner.	SORH has a general understanding of successfully integrating sustainable behavioral health services into the primary care setting and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver the technical assistance necessary for the successful integration of sustainable behavioral health services into the primary care setting.
3. Integration of oral health services into primary care	SORH maintains limited knowledge of successfully integrating sustainable oral health services into the primary care setting and/or doesn't have a connection to a technical assistance partner.	SORH has a general understanding of successfully integrating sustainable oral health services into the primary care setting and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver the technical assistance necessary for the successful integration of sustainable oral health services into the primary care setting.

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4. Integration of other specialty services into primary care	SORH maintains limited knowledge of successfully integrating other sustainable specialty services into the primary care setting and/or doesn't have a connection to a technical assistance partner.	SORH has a general understanding of successfully integrating other sustainable specialty services into the primary care setting and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver the technical assistance necessary for the successful integration of other sustainable specialty services into the primary care setting.
5. Utilization of telehealth to expand patient access care	SORH maintains limited knowledge of implementing a successful, sustainable telehealth service line into a primary care practice and/or doesn't have a connection to a technical assistance partner or their TRC.	SORH has a general understanding of implementing a successful, sustainable telehealth service line into a primary care practice, has a connection to a technical assistance partner as needed, and has a relationship with their TRC.	SORH has the expertise to deliver the technical assistance necessary for implementing a successful, sustainable telehealth service line into a primary care practice, connecting clinics with their TRC and state telehealth network (if applicable).

2. Population Health in Primary Care			
1. Clinic participation in appropriate value-based payment programs	SORH maintains limited knowledge of appropriate value-based payment programs available for rural primary care providers and/or does not have a connection to a technical assistance partner.	SORH has a general understanding of appropriate value-based payment programs available for rural primary care providers and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver technical assistance necessary for implementing appropriate value-based payment programs with rural primary care providers
2. Analysis and interpretation of available health outcomes data	SORH maintains limited knowledge of analysis and interpretation of available health outcomes data and/or does not have a connection to a technical assistance partner.	SORH has a general understanding of analysis and interpretation of available health outcomes data and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver appropriate technical assistance necessary for analysis and interpretation of available health outcomes data.
3. Leveraging of health outcomes data to improve primary care services and processes	SORH maintains limited knowledge of using health outcomes data to improve primary care services/processes and/or does not have a connection to a technical assistance partner.	SORH has a general understanding of using health outcomes data to improve primary care services/processes and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver appropriate technical assistance necessary for using health outcomes data to improve primary care services and processes.
4. Collaboration with other healthcare organizations	SORH maintains limited knowledge of collaboration between healthcare organizations	SORH has a general understanding of collaboration between healthcare organizations	SORH has the expertise to deliver appropriate technical assistance necessary for improving continuity of

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to improve continuity of care	to improve continuity of care and/or does not have a connection to a technical assistance partner.	to improve continuity of care and has a connection to a technical assistance partner, as needed.	care across multiple healthcare organizations.
5. Leveraging funding from multiple sectors to address identified population health needs	SORH maintains limited knowledge of available funding from other sectors that can address identified population health needs and/or does not have a connection to a technical assistance partner.	SORH has a general understanding of available funding from other sectors that can address identified population health needs and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver appropriate technical assistance necessary for leveraging funds across multiple sectors to address identified population health needs beyond the clinic walls.

3. Social Determinants in Primary Care			
1. Screening, analysis and interpretation of social determinant data	SORH maintains limited knowledge on the screening, analysis and interpretation of social determinants data, and/or does not have connection to a technical assistance partner	SORH has a general understanding on the screening, analysis and interpretation of social determinants data and has a connection to a technical assistance partner	SORH has the expertise to deliver appropriate technical assistance for screening, analysis and interpretation of social determinants data
2. Identifying and coordinating with health and human services supports for patients	SORH maintains limited knowledge of existing federal, state, and local health and human services programs available to support rural communities.	SORH has a general understanding of existing health and human services programs available to support rural communities and can connect primary care clinics with program contacts/partners, as needed.	SORH has the expertise to deliver appropriate technical assistance necessary for proactively connecting primary care clinics with health and human services program contacts/partners at the local, state and federal levels.
3. Adoption of policies and procedures that promote equitable access to primary care services	SORH maintains limited knowledge of the policies and procedures that promote equitable access to primary care services and/or does not have a connection to a technical assistance partner	SORH has a general understanding of policies and procedures that promote equitable access to primary care services and has a connection to a technical assistance partner, as needed.	SORH has the expertise to deliver appropriate technical assistance necessary for adopting policies and procedures that promote equitable access to primary care services
4. Collaboration with non-traditional/non-healthcare partners to address social determinants of health	SORH maintains limited knowledge of non-traditional, non-healthcare partners address social determinants of health and/or does not have a program	SORH has a general understanding of non-traditional, non-healthcare partners to help address social determinants of health and/or can connect	SORH collaborates with non-healthcare partners to address social determinants of health and connect available resources with rural primary care stakeholders.

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	contact/partner to connect with primary care clinics.	primary care clinics with program contacts/partners.	