



Network 2

VA HEALTHCARE NETWORK UPSTATE NEW YORK

Referral Barriers Questionnaire

Acknowledgement:

The Center for Integrated Healthcare gratefully acknowledges Drs. Robinson & Reiter for the use of their Guide to Overcoming Referral Barriers that originally appeared in: Robinson, P. J., & Reiter, J. T. (2007). Behavioral consultation and primary care: A guide to integrating services. New York: Springer.

Referral Barriers Questionnaire

When you have considered referring to the BHC or a BHC class, which factors have <u>deterred</u> you from referring? Check the column that best describes your experience.

	Not a	Occasionally a	Often a
	Barrier	Barrier	Barrier
1. Patient is already seeing a therapist.			
2. No time to fetch the BHC and make the			
referral.			
3. Forgot by the end of the visit.			
4. Patient refused the referral.			
5. Patient has seen BHC before for same problem,			
isn't likely to benefit from another referral.			
6. Worry about alienating patient by			
recommending a behavioral health referral.			
7. Not sure how to make the referral.			
8. BHC is unavailable or seems busy.			
9. BHC doesn't speak patient's primary language.			
10. Patient is responding well to medications			
alone; no need for referral.			
11. Don't want to overwhelm the BHC.			
12. Not sure what to say about cost of BHC visit			
13. Unlikely BHC could help with this type of			
problem.			
What was/were the problem(s)?			

Referral Barriers Questionnaire (continued)

14. Other Barrier (Please explain):		
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Overall, how helpful is the BHC service *for your patients?* (Circle the number.)

()	1	2	3	4	5	6	7	8	9	10
no apparei benefit										exce	extremely helpful, ellent patient feedback

Overall, how helpful is the BHC service <u>to you (i.e., helps you better serve patients, etc)?</u> (Circle the number.)

What change(s) could result in a higher rating from you?