



## **Response to Questions on the 2016 LOBs**

**Request By:** Supervisor Gross

**Relevant LOB(s):** N/A

**Question:** Provide the information presented in slide 11 from the Human Services Discussion of Common Themes and Drivers.

**Response:**

Attached is slide 11 from the Human Services Discussion of Common Themes and Drivers presentation on Tuesday, March 8, 2016.



Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities where they:	In separate facilities where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> <li>➤ Have separate systems</li> <li>➤ Communicate about cases only rarely and under compelling circumstances</li> <li>➤ Communicate, driven by provider need</li> <li>➤ May never meet in person</li> <li>➤ Have limited understanding of each other's roles</li> </ul>	<ul style="list-style-type: none"> <li>➤ Have separate systems</li> <li>➤ Communicate periodically about shared patients</li> <li>➤ Communicate, driven by specific patient issues</li> <li>➤ May meet as part of larger community</li> <li>➤ Appreciate each other's roles as resources</li> </ul>	<ul style="list-style-type: none"> <li>➤ Have separate systems</li> <li>➤ Communicate regularly about shared patients, by phone or e-mail</li> <li>➤ Collaborate, driven by need for each other's services and more reliable referral</li> <li>➤ Meet occasionally to discuss cases due to close proximity</li> <li>➤ Feel part of a larger yet ill-defined team</li> </ul>	<ul style="list-style-type: none"> <li>➤ Share some systems, like scheduling of medical records</li> <li>➤ Communicate in person as needed</li> <li>➤ Collaborate, driven by need for consultation and coordinated plans for difficult patients</li> <li>➤ Have regular face-to-face interaction about some patients</li> <li>➤ Have a basic understanding of roles and culture</li> </ul>	<ul style="list-style-type: none"> <li>➤ Actively seek system solutions together or develop work-a-rounds</li> <li>➤ Communicate frequently in person</li> <li>➤ Collaborate, driven by desire to be a member of the care team</li> <li>➤ Have regular team meetings to discuss overall patient care and specific patient issues</li> <li>➤ Have an in-depth understanding of roles and culture</li> </ul>	<ul style="list-style-type: none"> <li>➤ Have resolved most or all system issues, functioning as one integrated system</li> <li>➤ Communicate consistently at the system, team and individual levels</li> <li>➤ Collaborate, driven by shared concept of team care</li> <li>➤ Have formal and informal meetings to support integrated model of care</li> <li>➤ Have roles and cultures that blur or blend</li> </ul>