

## **LEVELS OF INTEGRATION**

### **MINIMAL COLLABORATION** (Traditional model)

- \* Separate systems and separate facilities.
- \* Communication is rare.
- \* Little appreciation of each other's professional culture, little shared learning.
- \* Adequate for routine cases, those with little biopsychosocial interplay and few management challenges.
- \* Not as good with cases that are more refractory to standard treatment.
- \* Parallel delivery systems, little overlap.

### **BASIC COLLABORATION** (From a distance)

- \* Separate systems and separate facilities.
- \* Periodic communication usually by letter or progress notes being sent, not often by phone.
- \* Little appreciation of each other's professional culture, little shared learning.
- \* PCP and MH view each other as separate and outside resources.
- \* Can handle moderate biopsychosocial interplay okay, like with diabetes and depression if management of both is going well.
- \* Can have informal consultation between providers, MH can guide PCP with a clinical problem, but may have no direct contact with patient.

### **BASIC COLLABORATION** (On site)

- \* Also called co-located care.
- \* Separate systems but same facilities
- \* Regular face-to-face communication.
- \* Some appreciation of each other's role and a general sense of the larger picture.
- \* MH provider has direct contact with patient in the relationship of a consulting specialist.

### **CLOSE COLLABORATION** (Partly integrated)

- \* Some shared systems (medical records).
- \* Same facilities.
- \* Face-to-face consultation, shared treatment plans.
- \* Basic appreciation of each other's role and professional culture. Shared focus on the biopsychosocial model.
- \* Influence sharing.
- \* Can handle more complicated situations with patients.
- \* Co-provision of care, patient care is shared and the professionals may see the patient together.

### **CLOSE COLLABORATION** (Fully integrated)

- \* Shared systems and facilities in seamless biopsychosocial web.
- \* Patients and providers have same expectation of the team approach.
- \* Collaborative routines are regular and smooth.
- \* Everyone is committed to an appreciation of each other's role and professional culture.
- \* Conscious influence sharing based on situation and expertise.
- \* Can handle the most difficult and challenging patients.