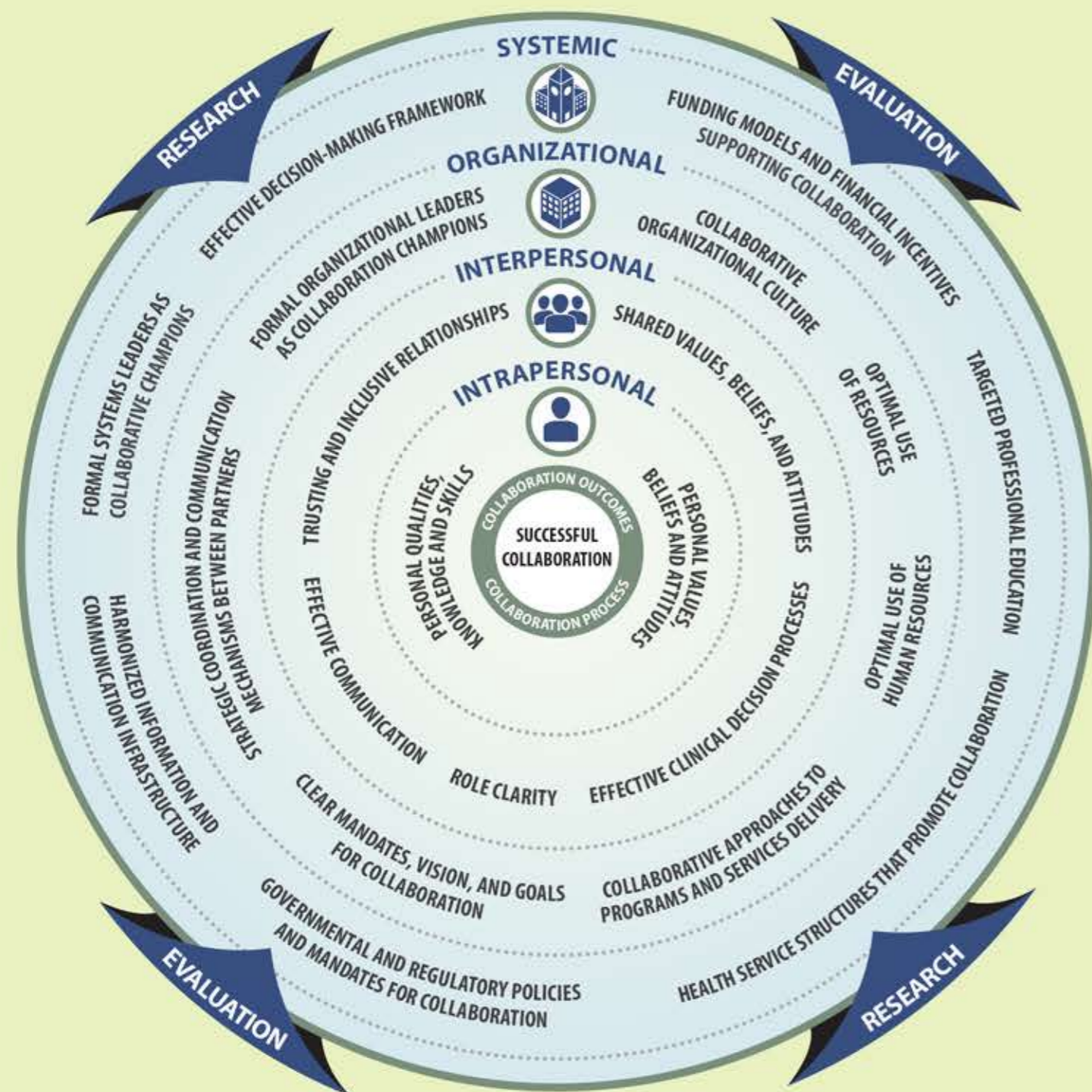


An Ecological Framework for Building Successful Collaboration between Primary Care and Public Health



INTRAPERSONAL	INTERPERSONAL	ORGANIZATIONAL	SYSTEMIC
PERSONAL QUALITIES, KNOWLEDGE AND SKILLS <ul style="list-style-type: none"> • Experience/knowledge in collaboration • Leadership skills in collaboration • Health professionals' and other individuals' personal characteristics 	ROLE CLARITY <ul style="list-style-type: none"> • Understanding/agreement of roles and mandates • Flexible roles/adaptability 	CLEAR MANDATES, VISION, AND GOALS FOR COLLABORATION <ul style="list-style-type: none"> • Clear mandate for collaboration • Congruent focus • Formal agreements • Organizational structures that enable collaboration • Role delineation 	GOVERNMENTAL AND REGULATORY POLICIES AND MANDATES FOR COLLABORATION <ul style="list-style-type: none"> • Expectation that partnerships are essential • Clear government policies, mandates for collaboration • Consistency of standards around collaboration for PC and PH • Expectations/accountability for reporting on collaborations using common quality indicators
PERSONAL VALUES, BELIEFS AND ATTITUDES <ul style="list-style-type: none"> • Willingness to collaborate • Responsiveness to patient and community needs 	EFFECTIVE COMMUNICATION <ul style="list-style-type: none"> • Exchange of information • Facilitated, engaged dialogue 	STRATEGIC COORDINATION AND COMMUNICATION MECHANISMS BETWEEN PARTNERS <ul style="list-style-type: none"> • Formalized communication processes • Strategic plan development by partners • Coordinated clinical/administrative services • Exchange of client/health information 	HARMONIZED INFORMATION AND COMMUNICATION INFRASTRUCTURE <ul style="list-style-type: none"> • Clear and effective information and communication infrastructures • Interoperable PC and PH communication systems and electronic record systems (Electronic Medical Record; Electronic Health Record)
	TRUSTING AND INCLUSIVE RELATIONSHIPS <ul style="list-style-type: none"> • Positive relationship development and maintenance • Collaborative working styles • Trust and respect of others 	FORMAL ORGANIZATIONAL LEADERS AS COLLABORATION CHAMPIONS <ul style="list-style-type: none"> • Ability to motivate towards common goal • Leadership buy-in to collaboration • Transformative leadership qualities and skills 	FORMAL SYSTEMS LEADERS AS COLLABORATIVE CHAMPIONS <ul style="list-style-type: none"> • Identification and formalization of systems leader • Leadership for collaboration • Long-term strategy for collaboration • Leadership understanding of benefits of collaboration
	SHARED VALUES, BELIEFS, AND ATTITUDES <ul style="list-style-type: none"> • Openness and belief in collaboration • Values, attitudes, and philosophies related to change 	COLLABORATIVE ORGANIZATIONAL CULTURE <ul style="list-style-type: none"> • Valuing work of the other sector • Organizational readiness for collaboration • Avoiding turf protection 	EFFECTIVE DECISION-MAKING FRAMEWORK <ul style="list-style-type: none"> • Inclusive, transparent decision-making processes • Effective governance that defines the rules of engagement for collaboration • Optimal process for resource allocation • Effective mechanisms for resolving conflict between PH and PC
	EFFECTIVE CLINICAL DECISION PROCESSES <ul style="list-style-type: none"> • Practitioner problem solving • Practitioner decision making 	OPTIMAL USE OF RESOURCES <ul style="list-style-type: none"> • Investment of resources to initiate collaboration • Funding mechanisms • Geographic proximity of partners • Time for working on collaboration 	FUNDING MODELS AND FINANCIAL INCENTIVES SUPPORTING COLLABORATION <ul style="list-style-type: none"> • Increased/sufficient allocation of financial resources for collaboration • Alignment of funding models for PC and PH collaboration • Potential strategies of funding collaboration (e.g., secondments, fee codes)
		OPTIMAL USE OF HUMAN RESOURCES <ul style="list-style-type: none"> • Matched professional skills to needs • Professionals work to full scope of practice • Organizational mandates enable full scope of practice • Flexible, accommodating application of skill sets 	TARGETED PROFESSIONAL EDUCATION <ul style="list-style-type: none"> • Educating new professionals for collaboration between PC and PH • Continuous professional development for collaboration between PC and PH • Education accreditation standards that include collaboration
		COLLABORATIVE APPROACHES TO PROGRAMS AND SERVICES DELIVERY <ul style="list-style-type: none"> • Engaged community • Inter-professional teams • Client-centered approach • Integrated or coordinated programs and services between PC and PH 	HEALTH SERVICE STRUCTURES THAT PROMOTE COLLABORATION <ul style="list-style-type: none"> • Infrastructure to support collaboration (e.g. Information Technology, physical space) • Opportunities for PC and PH to transcend silos (e.g. inter-branch/divisions/department committees) • Shared PC PH portfolios

PC = Primary Care; PH = Public Health

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