



# HEALTHCARE INTEGRATION BARRIER SUBMISSION FORM

## What is the Healthcare Integration Collaborative?

The purpose of the Healthcare Integration Collaborative (HIC) is to advance coordination, collaboration and integration across healthcare disciplines, including primary care, mental health, and substance use recovery providers, to better meet the health needs of the adult population in Lane County.

## What is the Barrier Submission process?

Lane County healthcare providers, social service organizations, government employees and consumers have identified a need for increased collaboration between healthcare disciplines to better support individuals in need of integrated care. A variety of barriers serve to complicate this need.

The barrier submission form allows community members to identify and describe a barrier specific to the advancement of an integrated healthcare system. Barriers may relate to communication, workflows, billing, distinctions in treatment philosophies, etc.

## How do I submit a barrier for review?

Please fill out the barrier submission form on the next page and tell us about your problem or barrier. Email the completed form to [Lindsay.Hodges@lanecountyor.gov](mailto:Lindsay.Hodges@lanecountyor.gov) and expect to receive a confirmation email with clarifying questions as needed. You will be requested to attend an upcoming HIC monthly meeting or to send a representative, to provide a brief overview of the barrier and be available to answer questions.

If the barrier does not align with the scope of the Healthcare Integration Collaborative, you will be provided recommendations for more appropriate platforms to elevate your barrier.

## How does the Healthcare Integration Collaborative review barriers?

Once you submit a barrier via the submission form, Healthcare Integration Collaborative participants review the details and potential solutions or recommendations via “think tank” discussions with perspectives from multiple healthcare professionals and community partners. The HIC participants will then determine next course of action, including either providing a list of recommendations to the individual submitting the barrier, implementing recommendations within their respective organizations, or elevating recommendations to decision makers with greater influence in the community.

If you are interested in attending the monthly Healthcare Integration Collaborative, please email [Lindsay.Hodges@lanecountyor.gov](mailto:Lindsay.Hodges@lanecountyor.gov)

**\*Please note:** Not all barriers will be addressed every month, and **this process is not intended to address urgent situations or crisis situations.** This form does not replace the formal grievance process that exists for providers and system partners. Please **do not include Protected Health Information** on this form.



Date: \_\_\_\_\_

**Population most affected by the barrier (Check all that apply):**

- Adult     Youth & Families     Older Adult     Unhoused     Disabled  
 Minority     Other: \_\_\_\_\_

**Type of barrier (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Access  | <input type="checkbox"/> Cultural and Linguistic Competence   |
| <input type="checkbox"/> Funding   | <input type="checkbox"/> System Collaboration (lack of coordination or communication between systems or agencies) |
| <input type="checkbox"/> Service gap(s)  | <input type="checkbox"/> Roles and Responsibilities (who does what)   |
| <input type="checkbox"/> Setting or location   | <input type="checkbox"/> Billing/Fee Structures   |
| <input type="checkbox"/> Quality of care   | <input type="checkbox"/> Stigma/Cultural Differences/Treatment Philosophies                                       |
| <input type="checkbox"/> Policies and Procedures (either system or organizational level) | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Workforce   |   |
| <input type="checkbox"/> Information Sharing   |   |
| <input type="checkbox"/> State and Federal Rules (mandates, laws or policies)            |   |

**The barrier is related to the following system (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Health          | <input type="checkbox"/> Intellectual/Developmental Disabilities |
| <input type="checkbox"/> Specialty Medical Health | <input type="checkbox"/> Aging/Disability                        |
| <input type="checkbox"/> Housing                  | <input type="checkbox"/> Substance Abuse Recovery                |
| <input type="checkbox"/> Justice Department       | <input type="checkbox"/> Health Insurance                        |
| <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Dental Health            |  |

**Description of barrier (Do not include any private health information or specific agency or provider names):**

---

---

---

---

---

---

**Goals, questions, or needs related to barrier (please include suggestions on how to overcome barrier):**

---

---

---

---

---

---

Your name : \_\_\_\_\_

Your email or phone number : \_\_\_\_\_