

Co-Located Services

Description

Co-location places multiple services in the same physical space. Co-location can involve shared space, equipment and staff for health and human services; coordinated care between services; and a partnership between health providers and human services providers.¹ Health care leaders support the medical home model to address children's complex needs, including obesity, chronic disorders, and developmental and behavioral issues. The medical home allows providers to coordinate a range of family and child health services in one physical space.¹ Co-located services are offered in the medical practice.

Evidence

- Co-location increases provider satisfaction.¹
- Co-location has contributed to better clinical outcomes as a result of more appropriate use of health services.¹
- Co-location of primary care and mental health services has reduced visits among people who formerly used services frequently.¹
- Infants were more likely to have better health results, higher immunization and age-appropriate weights if managed care sites offered Women, Infants and Children (WIC) services as part of co-location.¹
- Co-location increases family satisfaction with medical providers. Families are more likely to view the clinic as a medical home.¹
- Co-location improves access to care, streamlines billing and enhances care coordination.²
- Co-location creates an efficient system of referrals and increases access to care and communication between providers.³

Implementation

Before implementing co-location, consider how practices and services will be linked, what organizational arrangements (including financial relationships) should be developed and which incentives and other mechanisms best support the related entities. Co-locators need to consider both the actual amount of physical space required and how the space may be structured. Staffing arrangements depend on how the practices and services are integrated. In some cases, practices may employ individuals or contract their services. In other cases, there is no formal staff relationship across the services.¹ Ensure that co-located spaces look and feel integrated as one space.

Billing and Reimbursement

Billing and reimbursement varies by services offered to patients.

Resources

Resources vary depending on services offered to patients.

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1. Ginsburg, S. Issue Brief – Colocating Health Services: A Way to Improve Coordination of Children’s Health Care? *The Commonwealth Fund Publication*. 2008; 41:1-11. Retrieved from: <http://www.commonwealthfund.org/publications/issue-briefs/2008/jul/colocating-health-services-way-improve-coordination-childrens>.
 2. DeMaso, D, Martini, DR, Sulik, LR, Hilt, R, Marx, L, Pierce, K, Sarvet, B, Becker, E, Kendrick, J, Kerlek, AJ, Biel, M. A Guide to Building Collaborative Mental Health Care Partnerships In Pediatric Primary Care. *American Academy of Child and Adolescent Psychiatry*. (2010). Retrieved from: https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/guide_to_building_collaborative_mental_health_care_partnerships.pdf.
 3. Co-location of Services Model. Rural health Information Hub, Retrieved from: <https://www.ruralhealthinfo.org/community-health/services-integration/2/co-location>.