The Intricacies of Intentional Collaboration

15 years of Shared Care in Winnipeg

Randolph B Goossen MD CCFP FRCPC
Assistant Professor
Medical Director of CMHP
U of Manitoba, WRHA

19th CCMHCC - Toronto

Acknowledgements

- Thanks to colleagues at the WRHA:
  - Jaik Josephson
    - Shared Care Manager
  - Teresa Jones
    - Former Shared Care Manager, PC Network Facilitator
  - Carolyn Strutt
    - Former Regional Health Director
  - Pam Wener
    - Acting Head - Occupational Therapy/Researcher
  - Primary Care Leadership/staff/clinicians
    - Ingrid Botting/Dr. Sheldon Permack/Carol Schaap
  - All our WRHA mental health clinical staff
    - 19 Shared Care Counsellors
    - 8 Shared Care Psychiatrists
  - Susan Thornton
    - Admin Assistant

PRESENTER DISCLOSURE

- **Presenter: Dr. Randy Goossen**
- **Relationships with commercial interests:**
  - **Grants/Research Support: N/A**
  - **Speakers Bureau/Honoraria: N/A**
  - **Consulting Fees: N/A**
  - **Other: ? Novartis shares?**

MITIGATING POTENTIAL BIAS

- **Presenter: Dr. Randy Goossen**
- **Mitigation of conflict: Won't speak about Novartis products!**

LEARNING OBJECTIVES

Learning Objective 1: The participant will review the importance of being "intentional" when building capacity and a collaborative relationship

Learning Objective 2: The participant will re-evaluate the benefits of working collaboratively co-located.

Learning Objective 3: The participant will become aware of Wener's 'Tube Model" of Co-located Collaborative Practice

WRHA Shared Mental Health Care

Over 25 primary care clinics

Serving over 175 primary care providers

Psychiatric direct consultations per year: ~ 1200

Psychiatric indirect consultations per year: ~ 1000

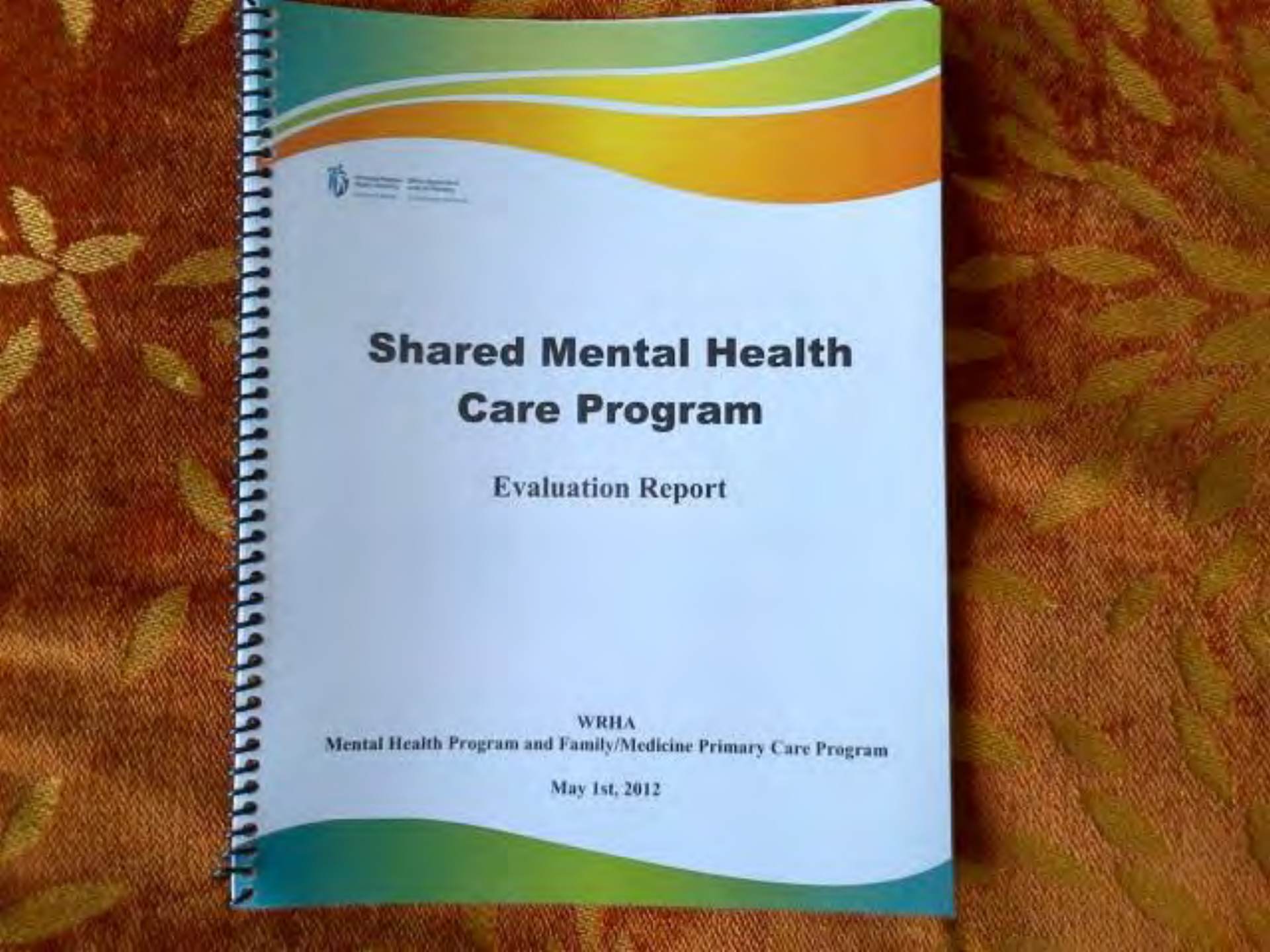
Psychiatric pre/after/both consult conversations: ~ 700

SCC sessions per year - ~ 8000

Most common diagnoses:

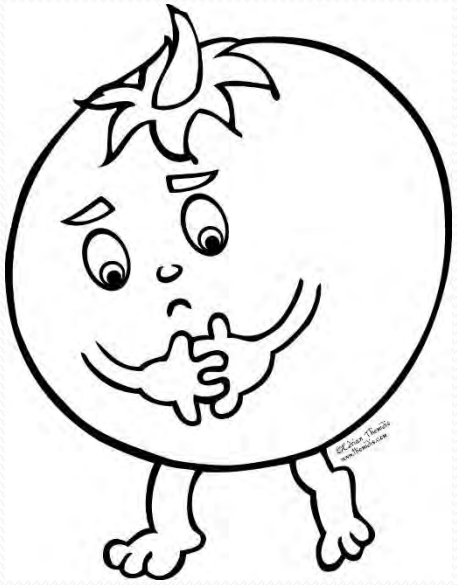
- Depression: ~ 400
- Anxiety: ~ 300
- Bipolar ~ 80

Intentional Collaboration


Shared Mental Health Care Program
Evaluation Report
WRHA
Mental Health Program and Family/Medicine Primary Care Program
May 1st, 2012

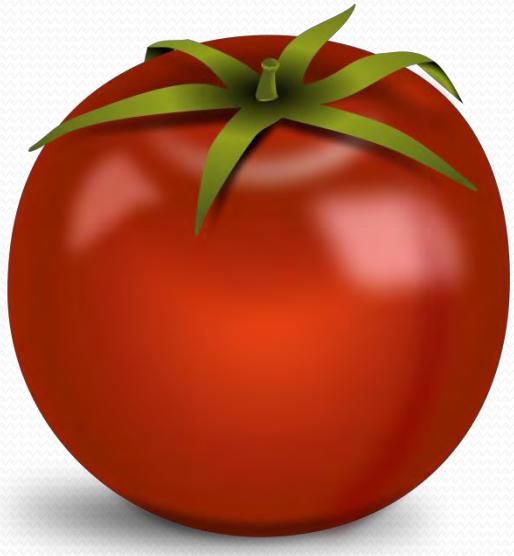
Tomato vs. Tomato

- Is it a fruit or vegetable?



Knowledge vs. Wisdom

- Knowledge is knowing that a tomato is a fruit
- Wisdom is knowing that you shouldn't add tomatoes to a fruit salad!
- Intentional collaboration
  - How do you do it well?



Purposefully Collaborating while Finding Purpose

- Hopefully impart some knowledge but more so share some things we've learned on the way (wisdom).

Definitions

- Collaboration:
  - … the undertaking of a joint initiative to solve shared problems and achieve common goals, usually characterized by reciprocity, equality, coordination and shared decision making
    - (Abramson & Rosethal, 1995; Baggs, 1993; Mizrahi & Abramson, 1985 as per Mizrahi/Abramson 2000)
    - Where are we going? What (common) goal is in mind?
    - What is the path that we are taking when we collaborate?

Definitions cont'd

- Collaboration:
  - Kates et al continued:
    - Collaborative mental health care is:
      - Built on personal contacts
      - Based on mutual respect, trust, and a recognition of each partner's potential roles and contributions.
      - Based on effective practices that are evidence/experienced-based.
      - Responsive to the changing needs of patients, their families, other caregivers, and resource availability.
      - Shaped by the context and culture in which care takes places.
      - Relevant and responsive to local resource availability, and the skills and interests of participating partners.

Definitions

- Collaboration:
  - Collaboration, however, is not only about agreement and communication, but about creation and synergy. Collaboration occurs when two or more individuals from different backgrounds with complementary skills interact to create a shared understanding that none had previously possessed or could have come to on their own. **When health workers collaborate together, something is there that was not there before**."
  - recording
    - World Health Organization
    - www.who.int/hrh/nursing_midwifery/en/

"Many ideas grow better when transplanted into another mind than the one where they sprang up."

*"Intentional Collaboration"**

- " The program espouses the need to make collaboration 'intentional' so that it will take Shared Care beyond simple service delivery by discovering new ways to impact patient care…. ***Intentional Collaboration*** inspires the participants to interact in creative ways that facilitates sharing of knowledge, communicate information, and develops treatment options…when moving towards 'true collaboration,' much more can be achieved by *intentionally* creating opportunities to collaborate.

*SMHC Program Eval report
WRHA – May 2012 p. 62
R.B. Goossen & Teresa Jones

Intentional Collaboration def'n

- *Purposefully* seeking out opportunity to be collaborative in a world where various professions have created their own cultural 'silos' that have traditionally been maintained and perpetuated by their professional educational backgrounds.
- The question of 'being collaborative' vs. being 'intentionally' collaborative is one of being focused and deliberate/determined with having an aim to reach an intended goal.

*SMHC Program Eval report
WRHA – May 2012 p. 62
R.B. Goossen & Teresa Jones

Definitions – other concepts

- Culture:
  - … the social heritage of a community, meaning "… the sum total of the possessions, ways of thinking and behaviour which distinguishes one group of people from another and which tend to be passed down from generation to generation …"
    - Pippa Hall (2007) quoting Parkes et all (1997)
- Silo(s):
  - stand alone structures that are open to receive and withdraw the contents that are placed within with no connection (or communication) between themselves.

Barriers to Collaboration

- Culture of Professions
  - Socialization
    - Reinforce the walls of the silo.
    - "serves to solidify the professional's unique world view." (Hall)
  - "Professionalization"
    - "… convince both others and themselves that they possess the expertise and the personal qualities of occupational incumbents' image of themselves…"
      - (Loseke & Cahill, 1986)
  - "Parallel functioning"
    - Functioning together without shared plans or goals
      - (Aradine & Pridham 1973)
- Lack of shared educational experiences
- Lack of communication experiences sharing the same vocabulary

Barriers cont'd

Fewster-Thuente & Velsor-Friedrich

- Patriarchal relationships
  - Traditional e.g. doctor - nurse
- Time
  - Takes time to build trust (temporary staff)
- Gender
  - Female nurses more collaborative with female MDs
- Culture
  - hierarchical
- Lack of role clarification
  - Boundaries
  - Who has the responsibility for the client

Physicians as Collaborators

How are we doing?

Physicians as Collaborators (Leipzig)

- 80% of PGY-2s but 35% - 40% of SW/NP trainees felt that doctors had "the right to alter patient care plans developed by the team."
- 50% of physician trainees thought physicians were natural team leaders, only 14% of MSW/NP trainees agreed.
- 60% of PGY-2s believed that physicians should have the final word compared to 9 – 11% of MSW/NP Trainees.

Being Intentional

"[Psychiatrists] can ensure that there messages are being echoed throughout the team by coming to shared beliefs and discussions as a team. Consistency will help the person recover and shared decision making helps the team join together in a consistent message. Your voice is more impactful and hopefully more comprehensive if you actively facilitate a collaborative team."

Teresa Jones

Being Intentional

"Psychiatrists can set the stage for shared decision making. This happens when they recognize that a major decision needs to be made and asks for team input so that the most comprehensive plan can be made."

Teresa Jones

Facilitators of Collaboration (Hall)

- Interprofessional Educational Opportunities
  - Help build positive attitudes between professions
    - Katz et al, 2001
- Understanding each professions "cognitive map"
- Creating "Idea Dominance"
    - Petrie, 1976
  - Common conceptual framework
  - Shifting away from own professional focus
  - Understanding other's observations and interpretations
  - Interpret within one's own background and share with other team members
  - Using a Common language
  - Common values that transcend each specific profession
  - Realistic expectations
  - Making a contribution
  - Sense of personal accomplishment

Benefits of Collaboration

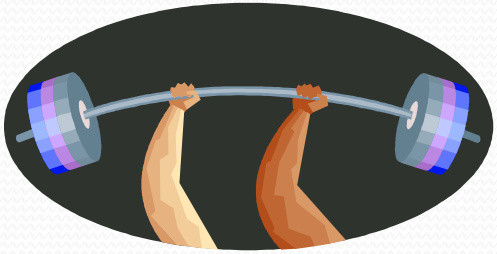
- Increased provider satisfaction
  - nurses with joint decision making
- Lower burnout rates
  - nurses
- Improved patient outcomes
  - Lower risk-adjusted mortality (Boyle)
- Competition & Accommodation decreased
- Efficient & effective care (Baggs & Schmitt)
- Decrease in patient adverse events
  - Almost 70% cite the lack of collaboration & communication

Yazidi Support Group

- Need: “The purpose of the group is to support women who are isolated by age or other barriers and are struggling with the effects of trauma.”
- MCC provides quilts, supplies and overseas project connections
- Support:
  - WRHA provides location; clinician
  - Aurora provides clinicians, refreshments, bus tickets
  - Aurora provides two staff to translate

6 Core Competencies (CIHC)

- **Collaborative Care encompasses**
- 1. Person-Centred Care
- 2. Role Clarification
- 3. Team Functioning
- 4. Collaborative Leadership
- 5. Interprofessional Communication
- 6. Interprofessional Conflict Resolution



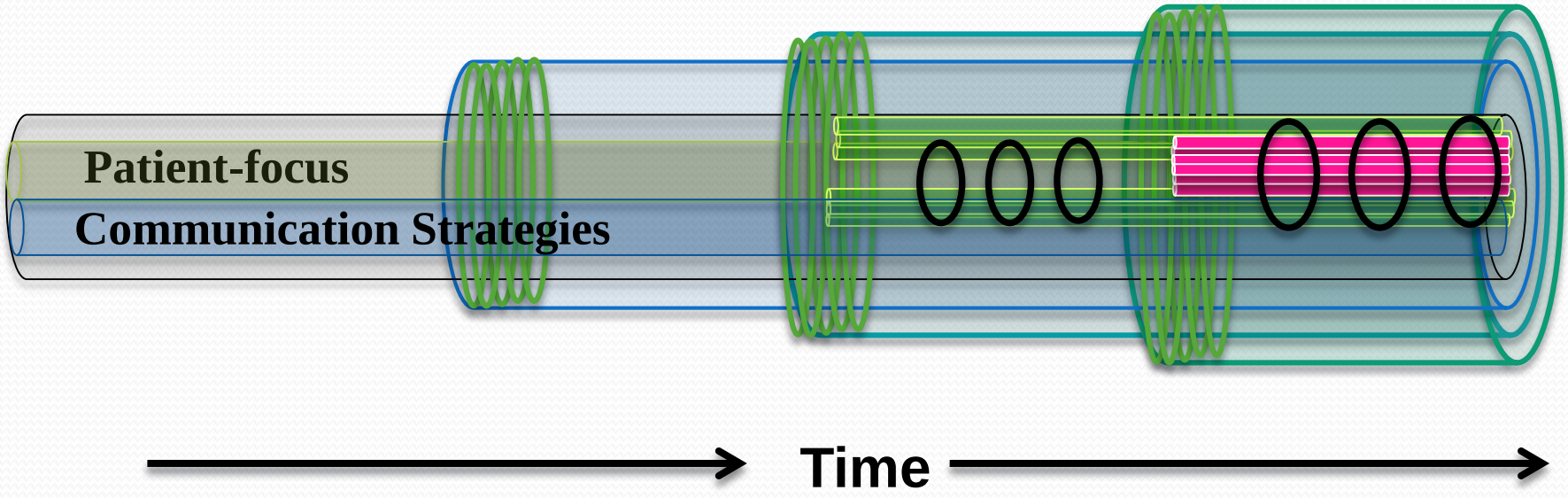
Interprofessional Collaborative Relationship Building Model

Stage 1
Looking
for Help

Stage 2
Initiating
Co-location

Stage 3
Fitting-in

Stage 4
Growing
Reciprocity



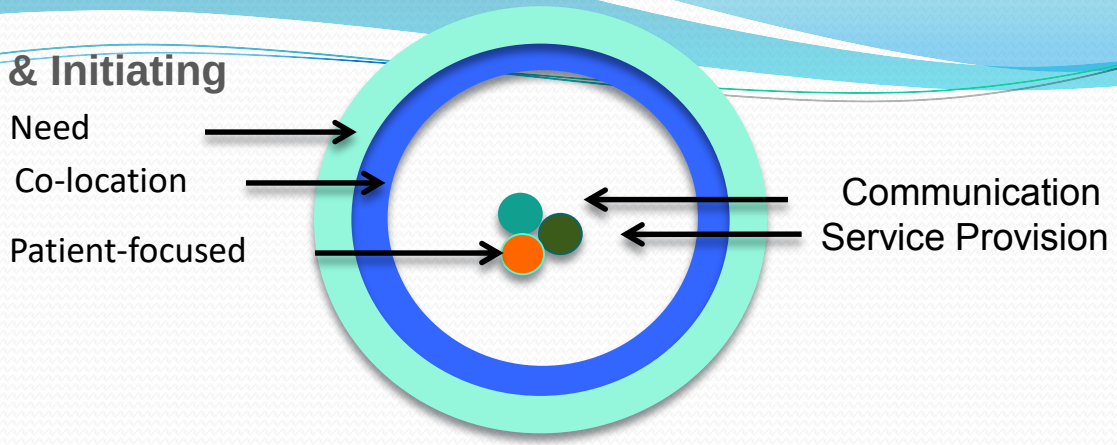
Wener & Woodgate, 2016

Working together

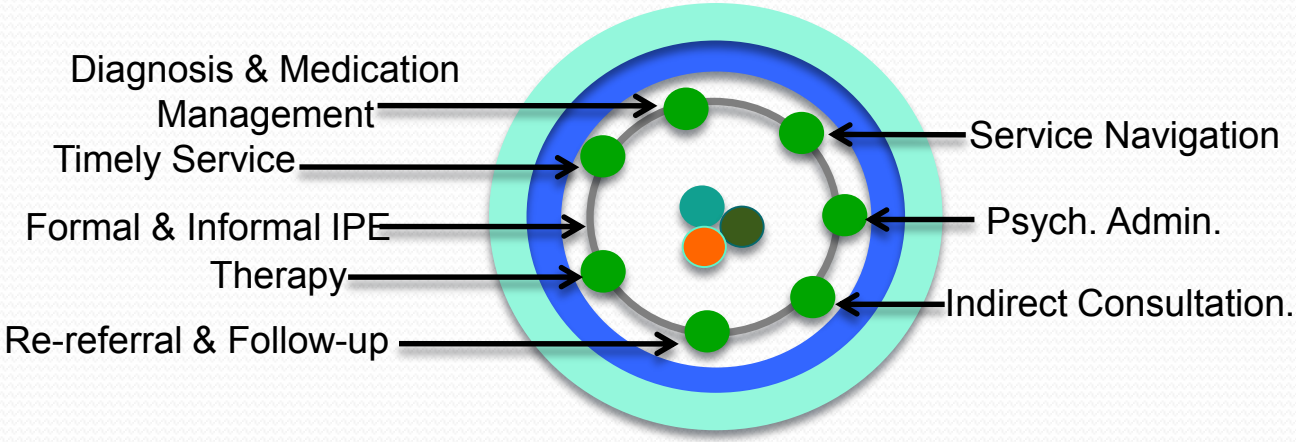
- Is there a need?
- Is everyone ready?
- Is there something that we can start?
- Is there a way to do it together in the same place?
- How can manage misunderstandings?
- How can we aim for better outcomes?

X-Section of Stages of Interprofessional Collaboration

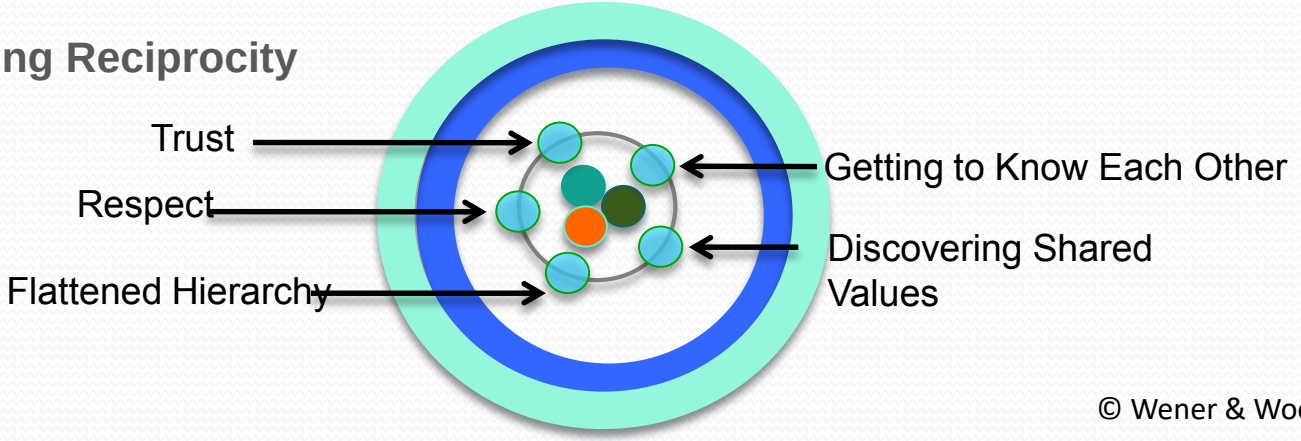
Stages 1 & 2 Need & Initiating



Stage 3 Fitting-in



Stage 4 Growing Reciprocity



prep ready

- Assessing clinics readiness to collaborate avoids problems down the road.
- Documents are sent ahead of time –
- Sit down with each physician if possible
- Minimal contact time of half hour per month
- Have had to leave 3 clinics
  - FP not competent to deal with mental health issues
  - FP not organized and potentially put patients at risk
  - Clinic just wants SC to look after ‘those patients’

Co-location breeds Shared Care*

- 'making in bread in their kitchen'
- "…what makes this program work is that people are coming to a place that is comfortable and familiar to them rather than the scary hospital … There are huge barriers to people having to go elsewhere." FP
- Reduces stigma for patients

Access improves comfort

- "I am no longer afraid to see patients who are psychiatric, who have psychiatric conditions. Before I would refer these patients and it was very frustrating. Psychiatrists would not see the patients for months or even years. They had to wait and then I was not getting reports after they see them. Now I get immediate report and feedback, a clear plan that I can understand. **I have felt like practicing medicine again.**" Family Physician (FP)

Building Capacity

- "I think they [patients] are receiving better care. If I feel more comfortable, then I'll be interacting with them better…if I feel comfortable, then I think I provide better care to patients. If I provide better care the patients are going to be healthier mentally, psychologically." Family Physician

- "The service has not only helped my patients, but it has helped me to feel more confident about my approaches to mental health care. It has helped me to feel like I am part of a team …." Family Physician

Building Capacity & Passing it forward

- I have been involved in the Winnipeg Regional Health Authority Shared Care Mental Health Program since its inception. The value to the patients in my practice has been immeasurable; ensuring evidence informed collaborative practice between the counselors, psychiatrists and myself as a primary care provider. **The excellence of the program has raised my skills** in mental, behavioral health as well as psychiatric diagnosis and medication management. **The benefit thus accrues to the patients who have not even been seen by the mental health providers.** The partnerships with the mental health providers has also **lifted my inter-professional skills** to the next levels due to the superior nature of the collaboration and the benefits of **co-location** benefiting my practice population, my community and my students.
-
- Dr. Sheldon Permack MD FCFP
- Medical Director for the Primary Health Care Program of the WRHA

Meeting the need through

- ACCESS
- COMMUNICATION
- RELATIONSHIP

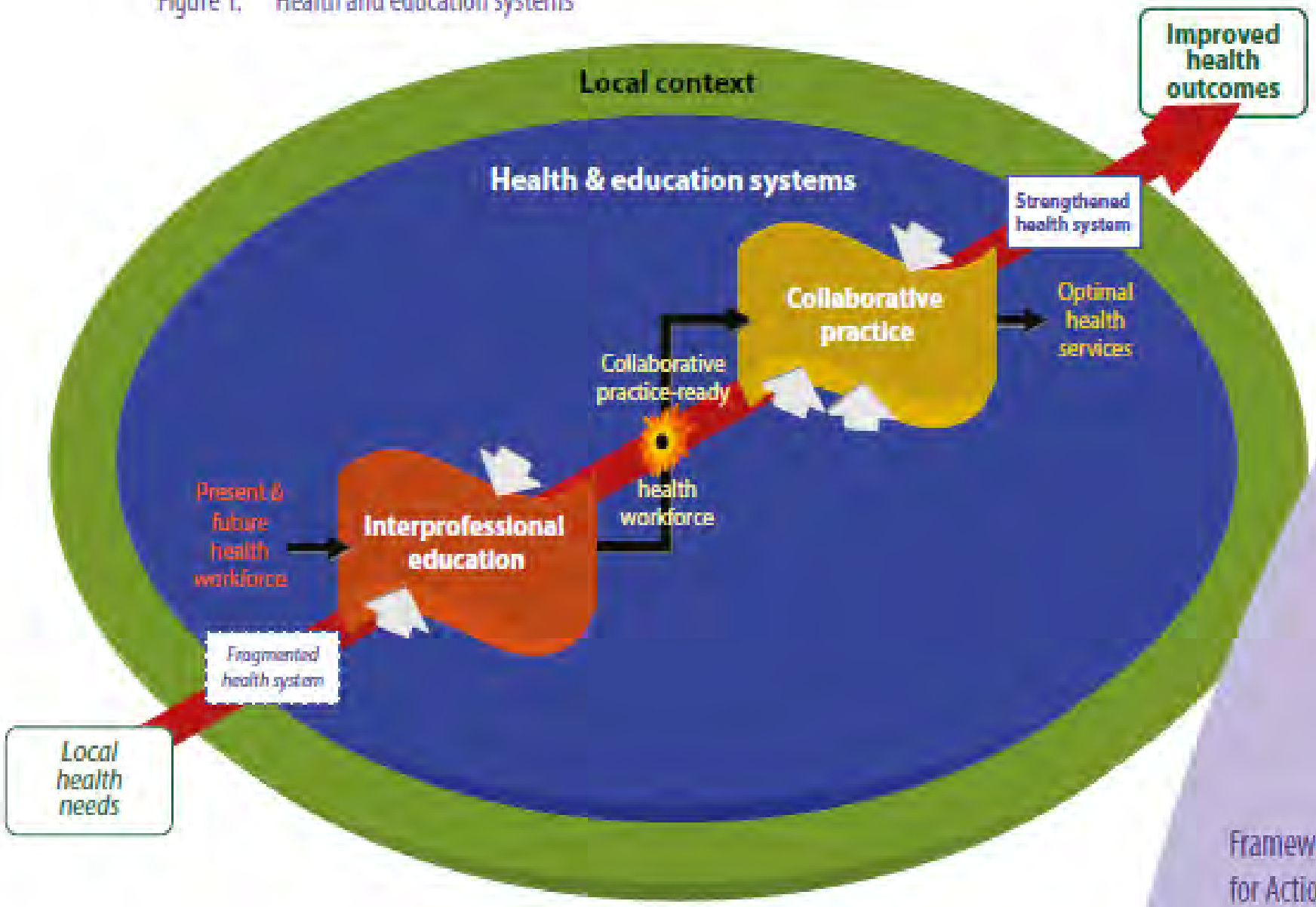
H. Joseph Burley

Things to consider

- Confidentiality Info Sheets
- Surveys/Scales
- Indirect Consultations & Chart Reviews

STUDENTS/RESIDENTS

Figure 1. Health and education systems



Framework for Action on Interprofessional Education and Collaborative

http://www.who.int/hrh/resources/framework_action/en/

Introduction to Shared Mental Health Care: An Orientation Manual

Table of Contents

Conclusion


TEAMWORK