connect

18th Canadian Collaborative Mental Health Care Conference (2017)

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

The Collaborative Pursuit of Optimal Health and Well-Being in our Patients: Overcoming the Barriers to Change in Thinking and Practice

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PRESENTER DISCLOSURE

- **Presenter:** L. Read Sulik, MD

- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** Employer – PrairieCare, PrairieCare Medical Group, PrairieCare Institute

LEARNING OBJECTIVES

1. Recognize **lessons learned** from successful integration and collaboration in fields and systems **outside of healthcare** and apply these lessons learned to identify opportunities for improved models of collaborative care
2. Identify the **common components** of successful models of collaborative care
3. Identify the **key challenges** that differentiate collaborative care models serving pediatric populations from those serving adult populations
4. Apply **new approaches to overcoming the challenges** and the barriers for change in our models of care delivery as well as in our patients.

Vision

The Vision

- Collaborative pursuit of **optimal health** and **well-being**
- by creating **sustainable change** in our thinking and our behaviors
- and overcoming our tendency to *drift* back to
- "care as usual"
- and helping our patients overcome the tendency to *drift* back to their
- "condition as usual"

Change our View


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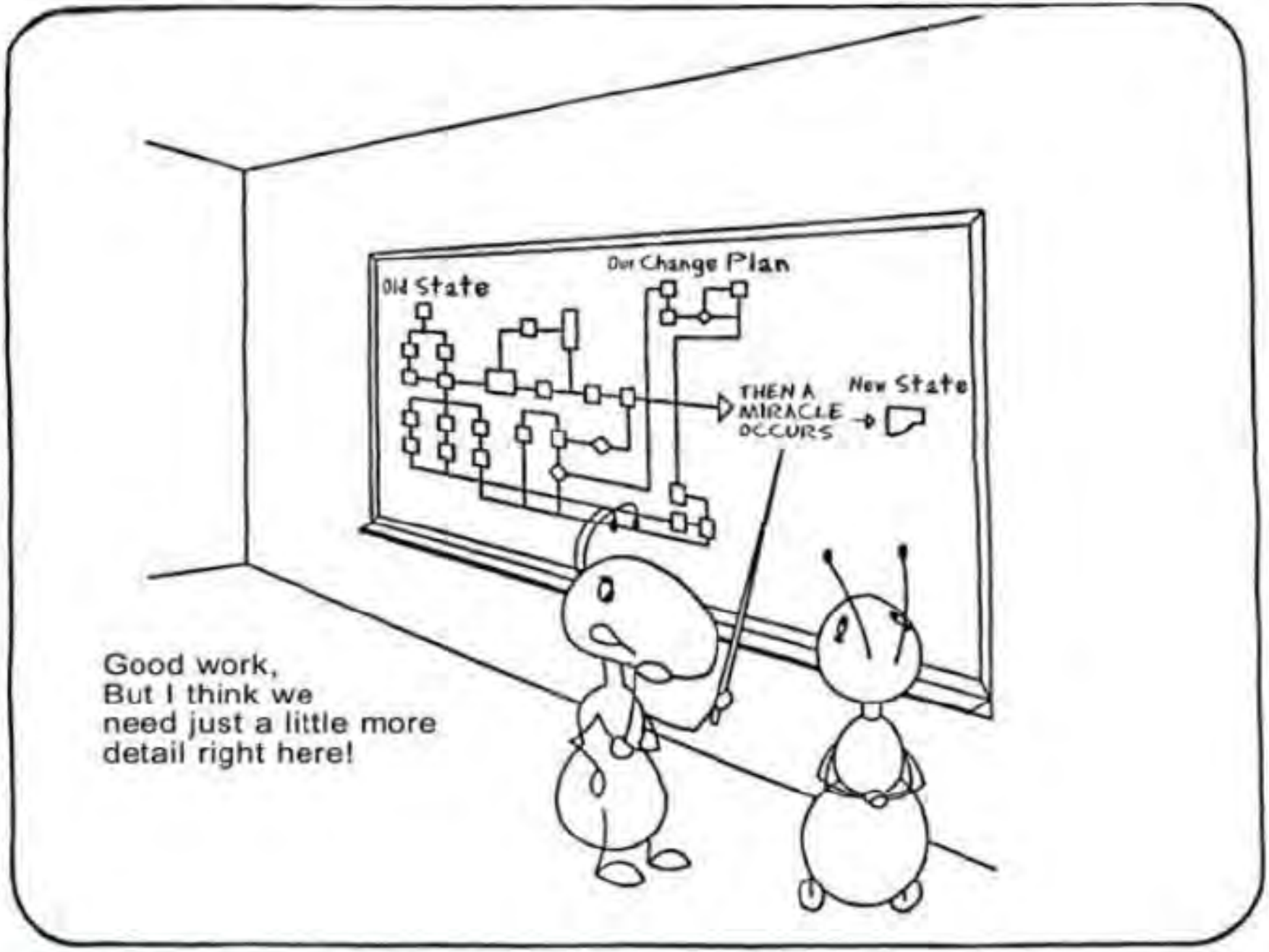
GRAB & GO

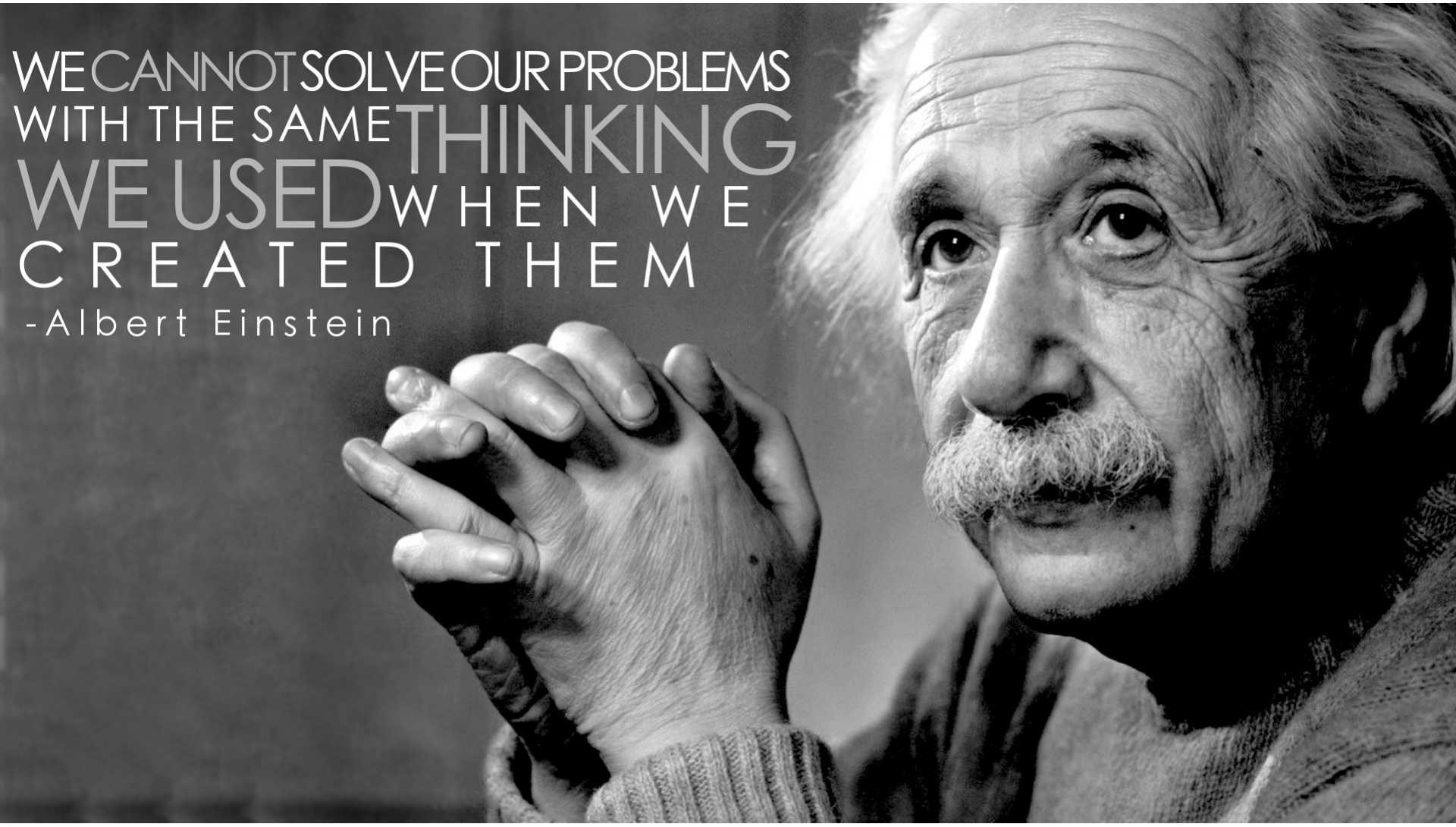
Rendering of the Caribou-Bruegger's location in Minneapolis. (PRNewsFoto/Bruegger's Bagels, Caribou Coffee)


BEVERAGES

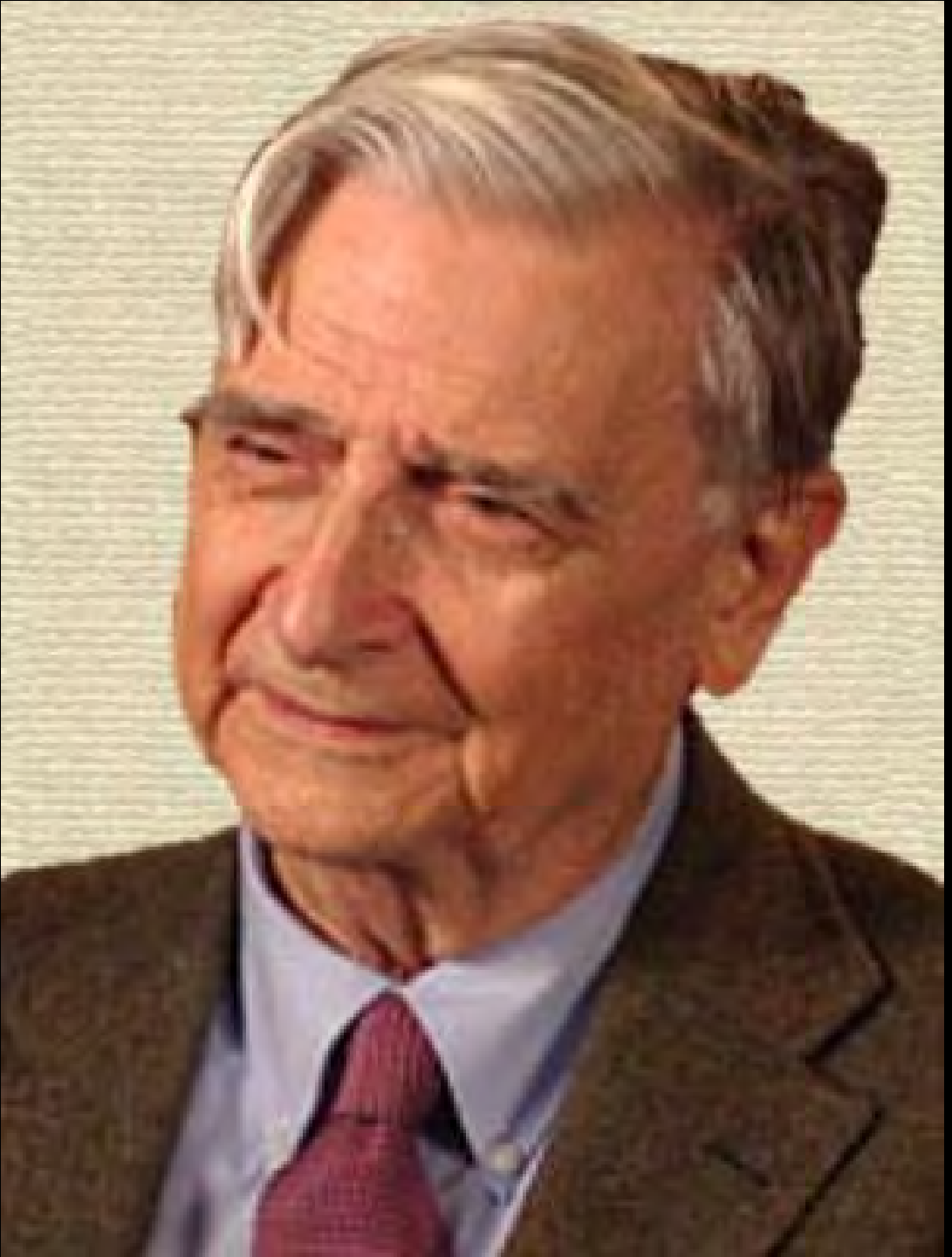

COFFEE & BAGELS
DRIVE THRU
COFFEE & BAGELS

Change our Thinking


Old State
Our Change Plan
THEN A MIRACLE OCCURS
New State
Good work,
But I think we
need just a little more
detail right here!


WE CANNOT SOLVE OUR PROBLEMS
WITH THE SAME THINKING
WE USED WHEN WE
CREATED THEM
-Albert Einstein

Consilience



"The love of complexity <u>without</u> reductionism makes art; the love of complexity <u>with</u> reductionism makes science."

-- Edward O Wilson

Consilience: The Unity of Knowledge

Adaptive Leadership

Managing Technical vs. Adaptive Challenges

- **Technical Challenge**
  - You know what the solution is and have the right tools to apply to solve the problem
  - Response is to Act

- **Adaptive Challenge**
  - You don't know what the solution is and you have likely tried numerous technical "fixes" which haven't worked
  - Response is to Observe, Question, Listen and Experiment

Ronald Heifitz, Marty Linsky, Alexander Groshow

"The greatest mistake a leader can make is to apply a technical fix to an adaptive challenge"

- Cambridge Leadership Associates

We perform poorly in assisting individuals in the awareness and understanding of what needs to change, adequately preparing them for the changes needed, and providing the structure that they need to make those changes within.

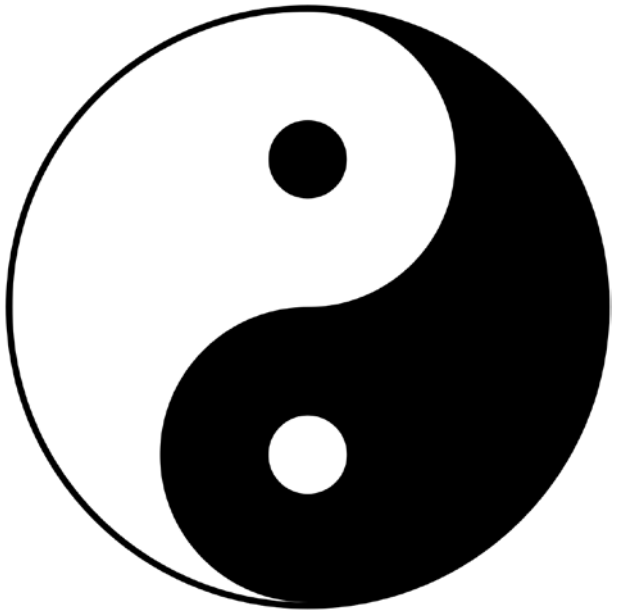
Why?

Perhaps one of the greatest mistakes we make in healthcare is continuing to apply ‘technical fixes’ to our patients’ “adaptive challenges”

Polarity Management

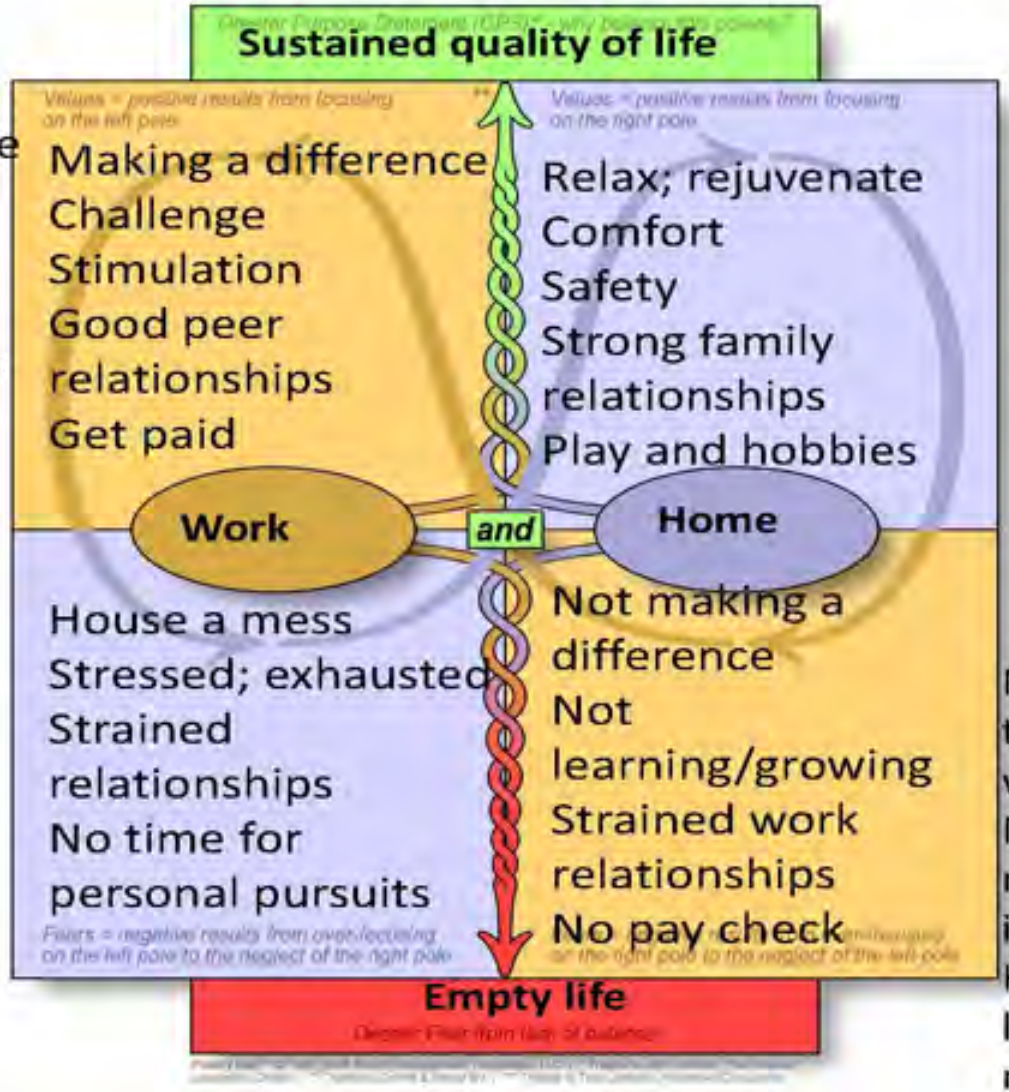
Managing Polarities

- Polarities are not opposites
- Polarities are competing energies or tensions that must coexist
- Not solvable, must be managed



Polarity Management: Identifying and Managing Unsolvable Problems
-- Barry Johnson, Ph.D.

Polarity Map



Action Steps

How will we gain or maintain the positive results from focusing on this left pole? What? Who? By When? Measures?

Partner with diverse resources to strengthen work.
Learn new skills.
Measure outcomes to show impact

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole

Tired and unable to concentrate on family.
"You made it here. I am shocked."
Forget commitments.
Culture at home is stressed.

Action Steps

How will we gain or maintain the positive results from focusing on this right pole? What? Who? By When? Measures?

Schedule time to be at home
Massage therapy
"Date" night
New hobby

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this right pole

Missed opportunities to grow and expand work.
Money tight; services not growing and improving.
Heavy workload leading to feeling of not mattering.

Polarity Management: Identifying and Managing Unsolvable Problems
-- Barry Johnson, Ph.D.

Immunity to Change

Managing “Immunity to Change”

- There are competing commitments and BIG assumptions that are in conflict and get in the way of achieving goals of change

Immunity to Change: How to overcome it and unlock the potential in yourself and your organization
-- Robert Kegan and Lisa Laskow Lahey

Immunity to Change Template

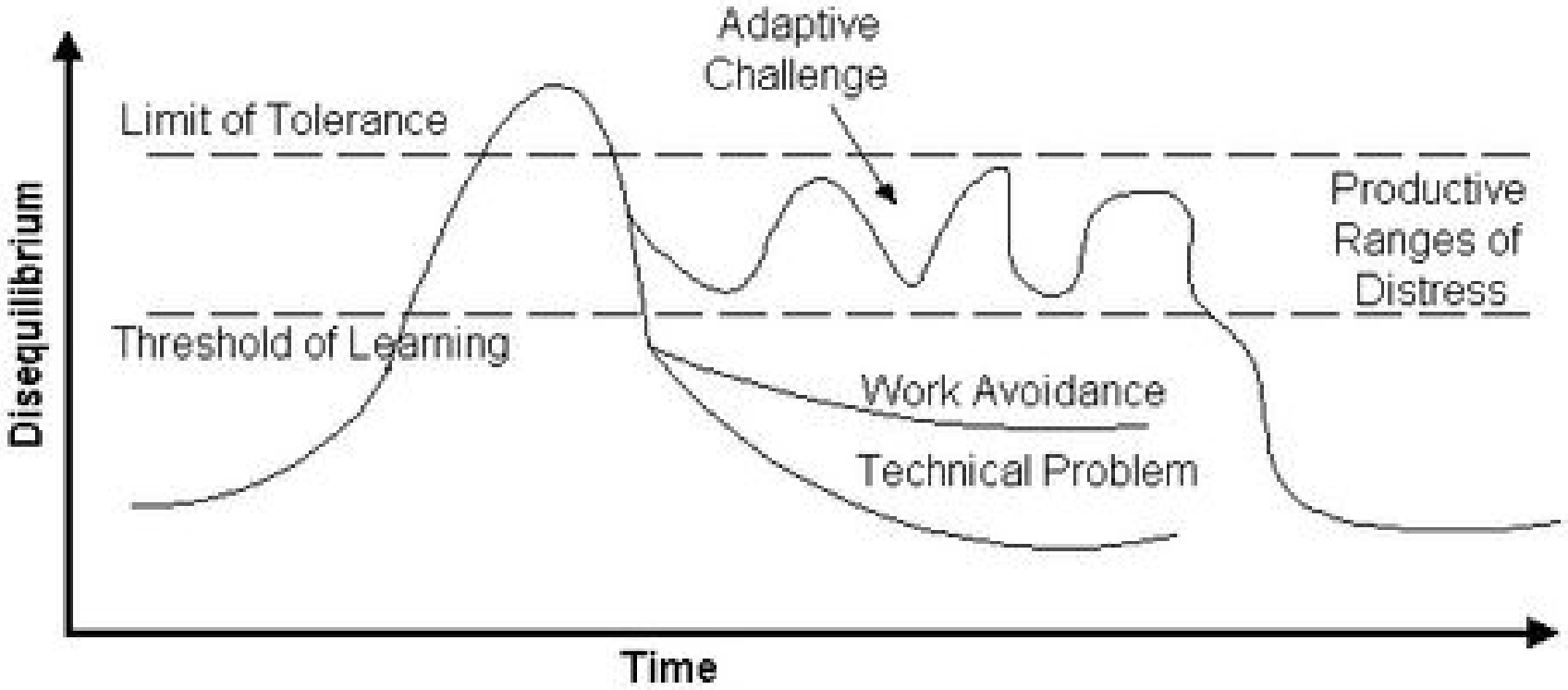
Used Individually – start here first

Generating Ideas Pre-work	Step 1- Commitment Improvement goals	Step 2 – Doing/ not doing	Step 3 – Hidden Competing Commitment	Step 4 – Big Assumption (BA)	Use SMART Safe, Modest (S/M) Actionable (A) Research stance, Test (R/T)
	Do as many drafts as necessary based on meeting 4 criteria before moving on the next step…		Usually are out of sight – typically we are blinded to them		
Use 360 degree input to get perspectives on one big thing that would clearly make you add more value to the organization	Decide "Big Goal" based on iterating through following thought process: (2) It is really important to you it is a big deal if you could get dramatically better at it: there is sense of urgency about getting better at it: there is not just a feel good perspective but a need to attitude (3) It is important to others; others would value it highly if you/team got better at it: (4) Accomplishing goal directly implicates you focus of improvement is on yourself, not others (5) State your goal in the affirmative, not the negative	Take fearless inventory of all the things you are doing (or not doing) that work against your 1st column goal. 2. The more concrete behaviors you can list the better. Indicate what you actually do or fail to do – don't be general in your description like stating being impatient or feeling discomfort or have unpleasant feelings 3. The more items you enter, and the more honest you are, the greater the eventual diagnostic power of your map will be 4. Make sure everything you enter provides a picture of you working against your goal in step 1 5. We are not interested in why you are doing these things, or for ideas or plans about how you can stop doing these things and get better	First, complete worry box. **Worry Box:** If you/team imagine yourself trying to do the opposite of step 2 behaviors, what is the most uncomfortable or worrisome or outright scary feeling that comes up for you. Second, based on this raw material from the fear box, generate your hidden competing commitments. • These commitments are intended to minimize at all costs these fears from happening.	Brainstorm all the possible assumptions that Step 3 commitments might hold. Write a testable version of the your BA Use the language tool of: I assume if I make a Step 3 commitment, I will not be able to …. Evaluate big assumptions against following criteria: 5. Some of the big assumptions you may regard as true 6. It is clear how each of the big assumptions, if taken as true, makes one or more of Step 3 commitments inevitable 7. You see how your big assumptions constitute a "Danger"	Adaptation will involve some recognition of and correction of, our blindness (our assumptions) We begin with designing running and interpreting tests of the big assumptions First pick one big assumption you want to test based on: 4. it is a powerful assumption 5. It is testable Use associated questionnaire to help make decision on picking big assumption. Use Guide Sheet for designing a good test of the big assumption. Use Guide Sheet for running tests of the big assumption. Use Guide Sheet for interpreting tests of big assumption. Consolidate your/team learning by identifying hooks and releases • Use Guide Sheet for identifying hooks and rel Once unconsciously released from big assumption, reengage ITC process for future success

Immunity to Change: How to overcome it and unlock the potential in yourself and your organization
-- Robert Kegan and Lisa Laskow Lahey

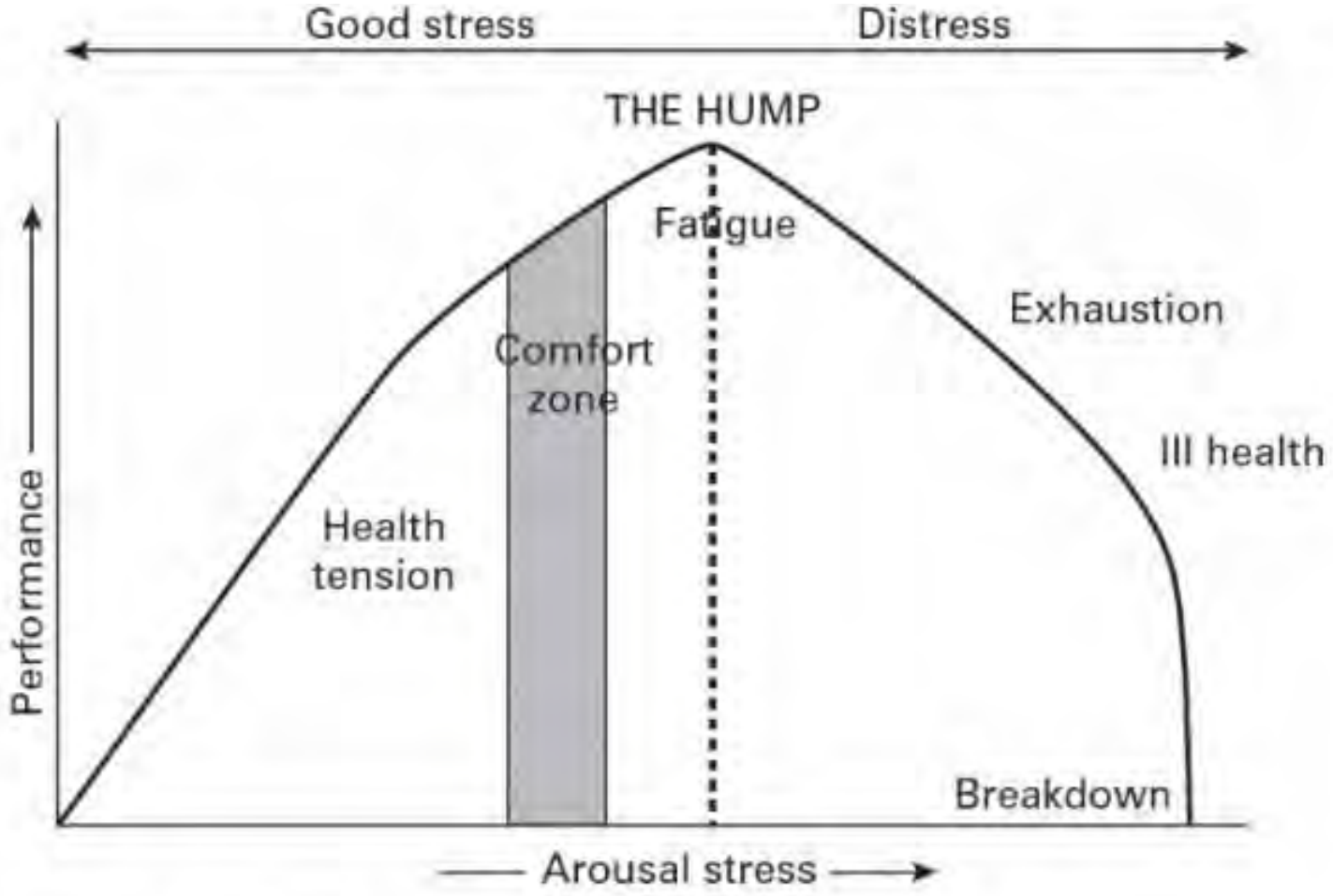

Arousal

Arousal and Performance



Source: Ronald A. Heifetz and Donald C. Laurie, "Mobilizing Adaptive Work: Beyond Visionary leadership," in Jay A. conger, Gretchen M. Spreitzer, and Edward E. Lawler III, eds., The Leader's Change Handbook: an Essential guide to Setting Direction and Taking Action (New York: John wiley & Sons, 1999

The Human Function Curve



SOURCE: Adapted from Nixon (1982)

Healing

Photograph by Aaron Huey, National Geographic

“you really need to *know* the difference between TREATMENT . . . and HEALING”

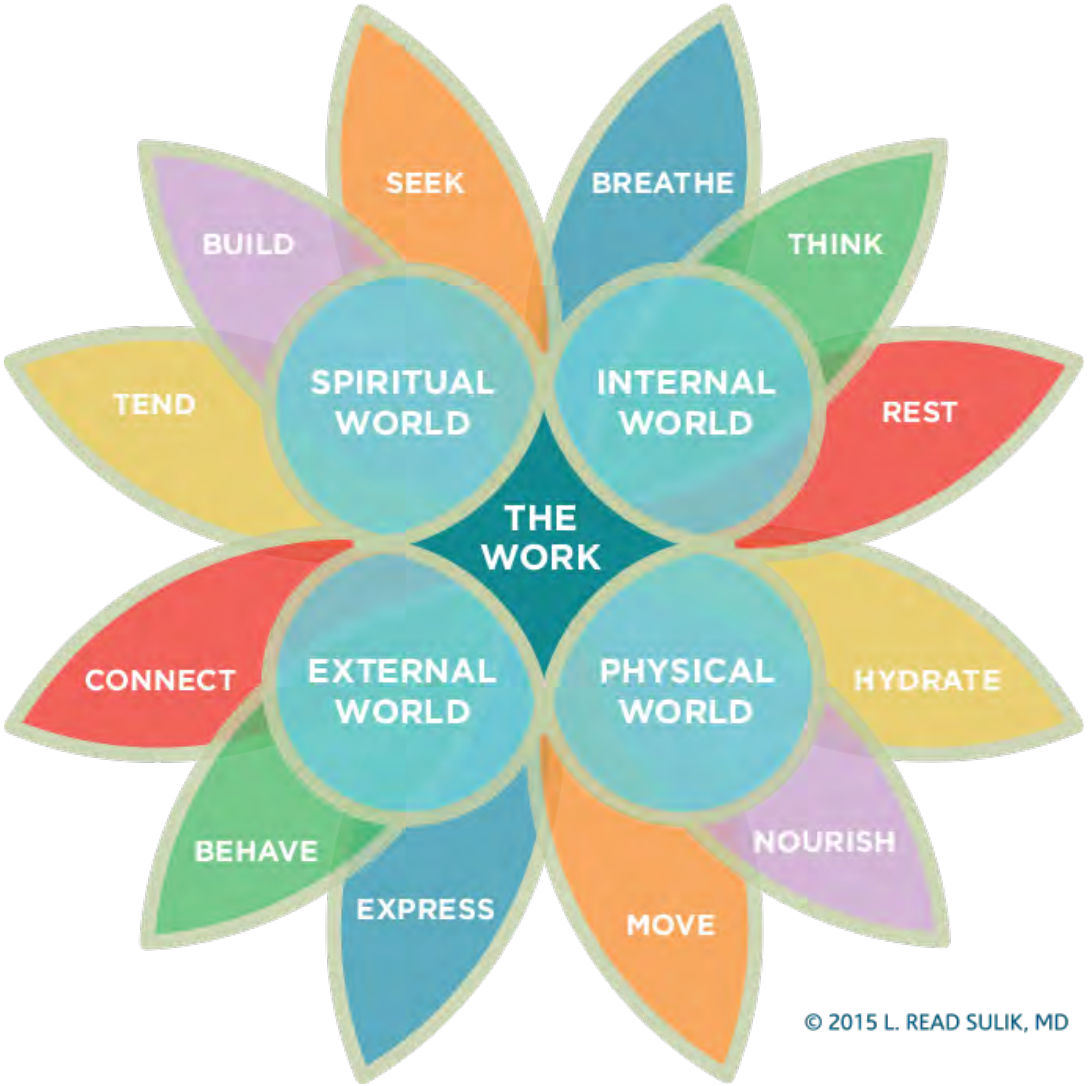
Lakota Medicine Man

“Treatment is what you do to us . . .

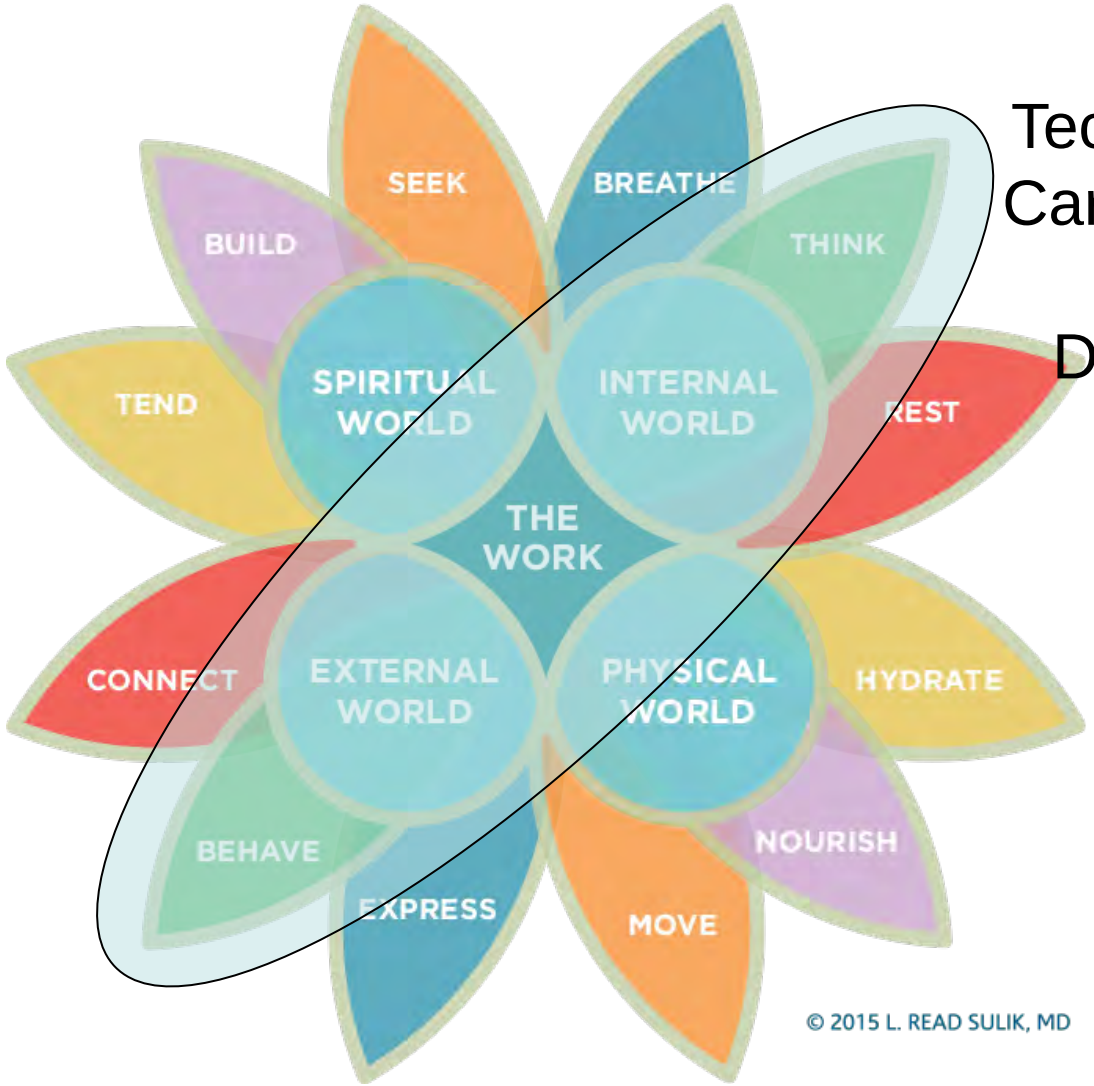
Healing is the WORK we each need to do”

Lakota Medicine Man

Living The Work™



Living The Work™



Technical Fix / Care as Usual: CBT for Depression

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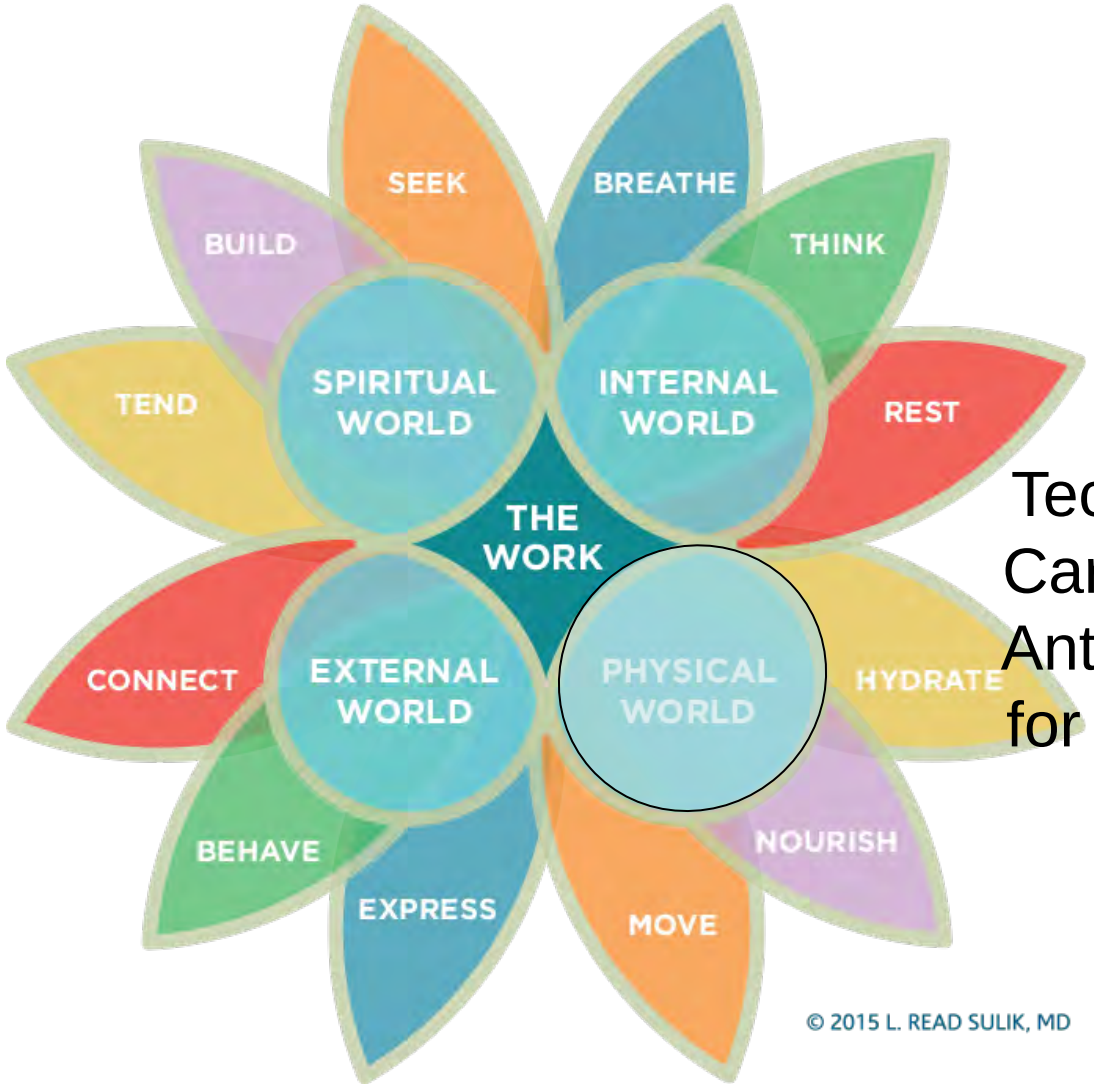

Technical Fix / Care as Usual: Antidepressant for Depression

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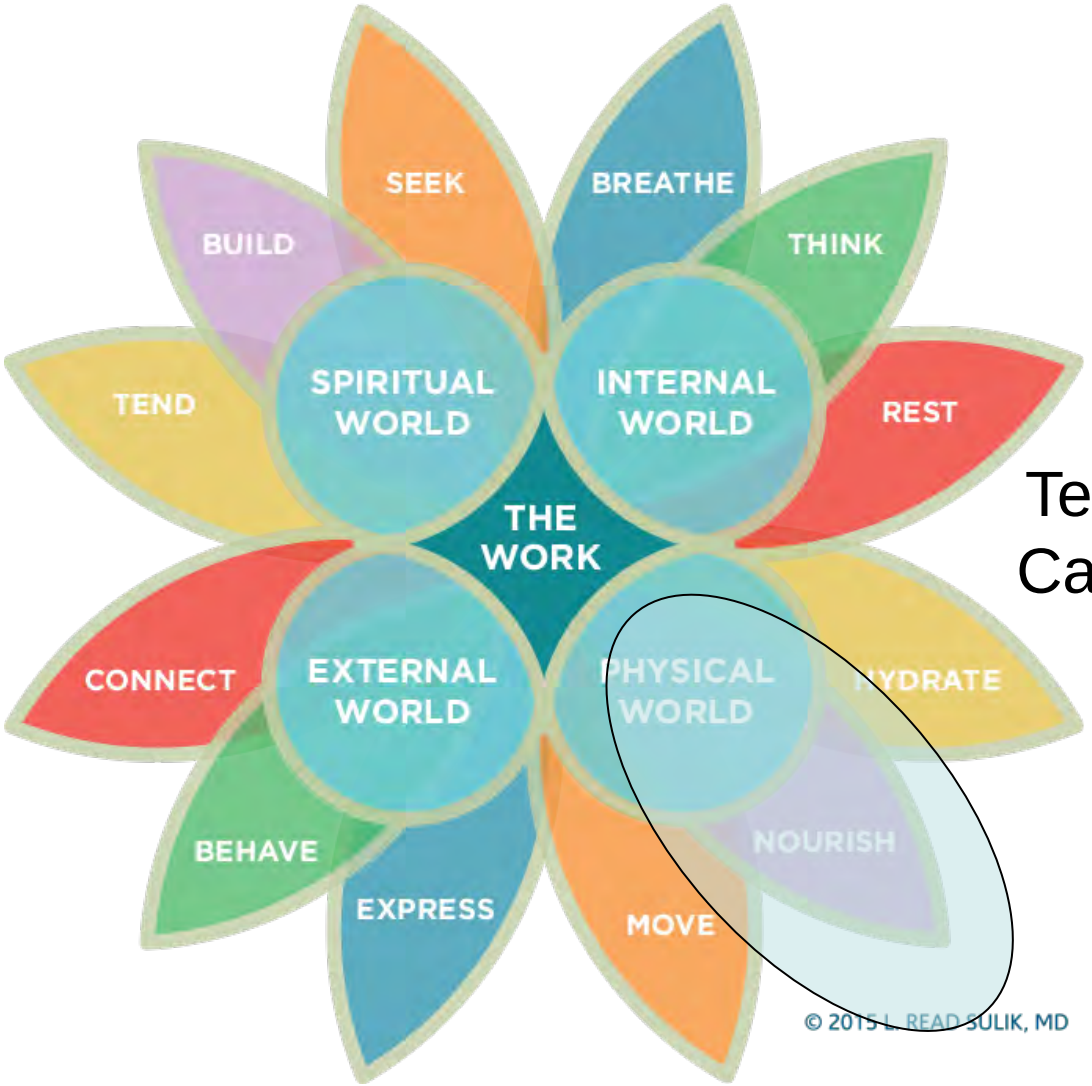

Technical Fix / Care as Usual: Diabetes

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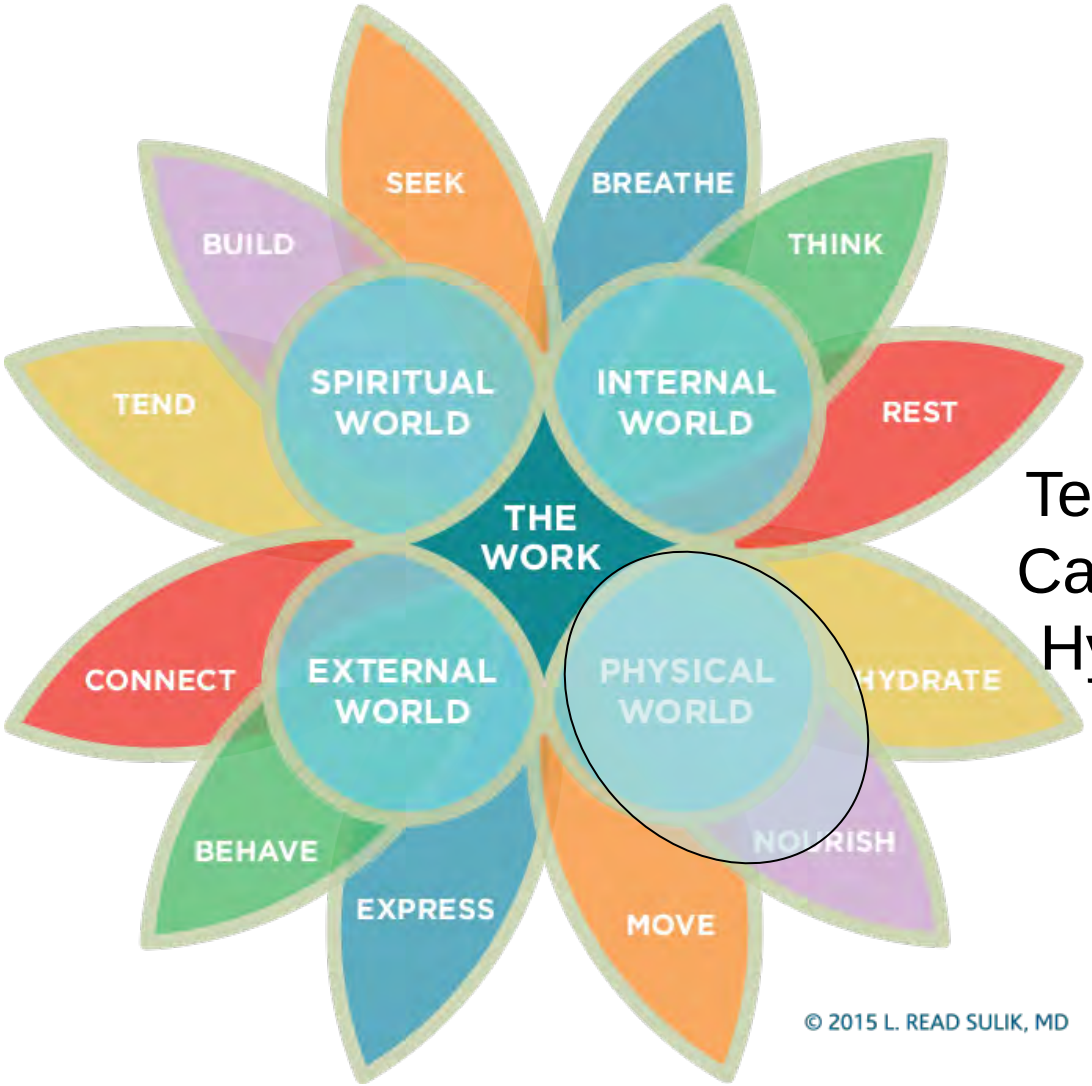

Technical Fix / Care as Usual: Hypertension

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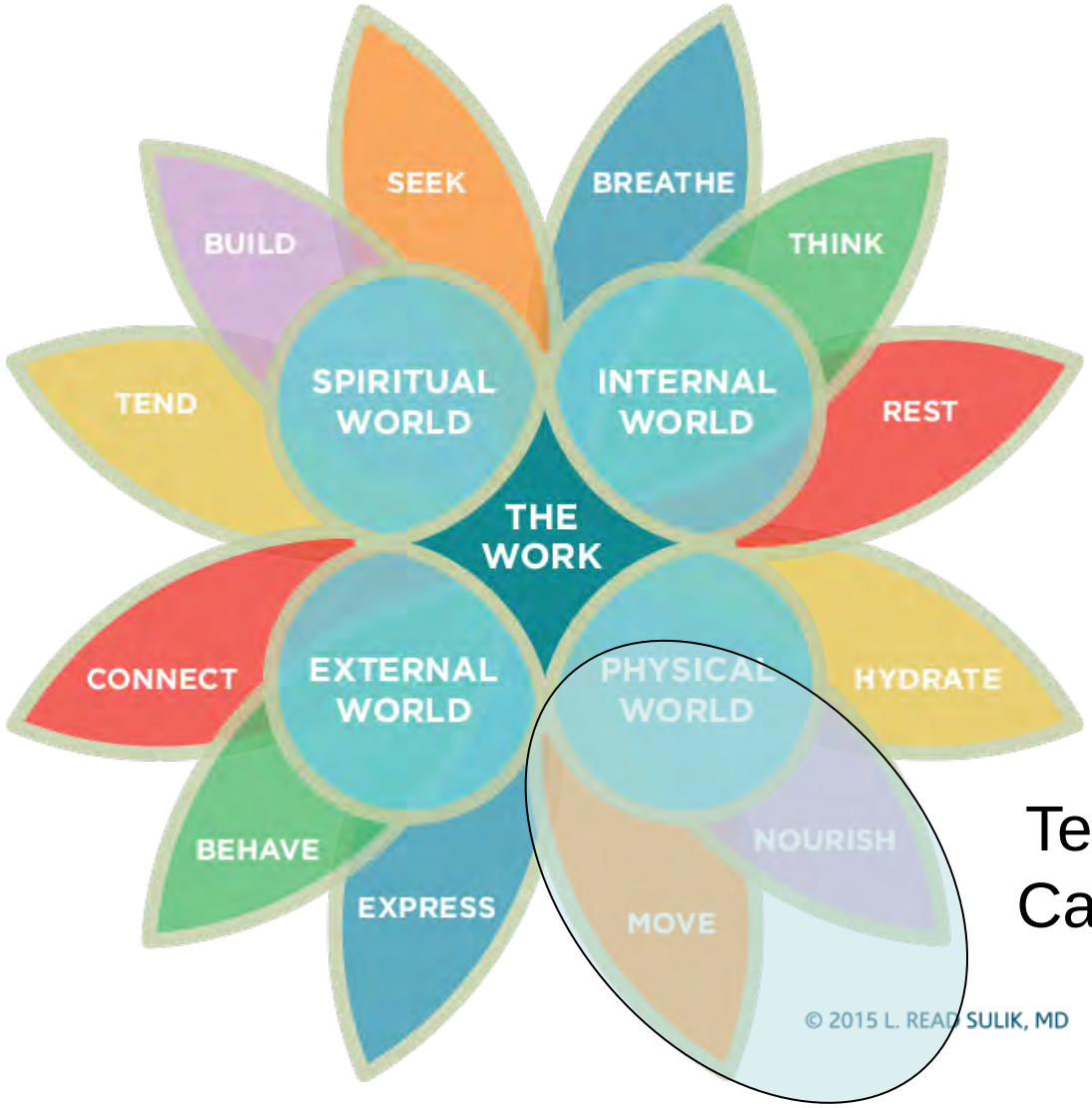

Technical Fix / Care as Usual: Obesity

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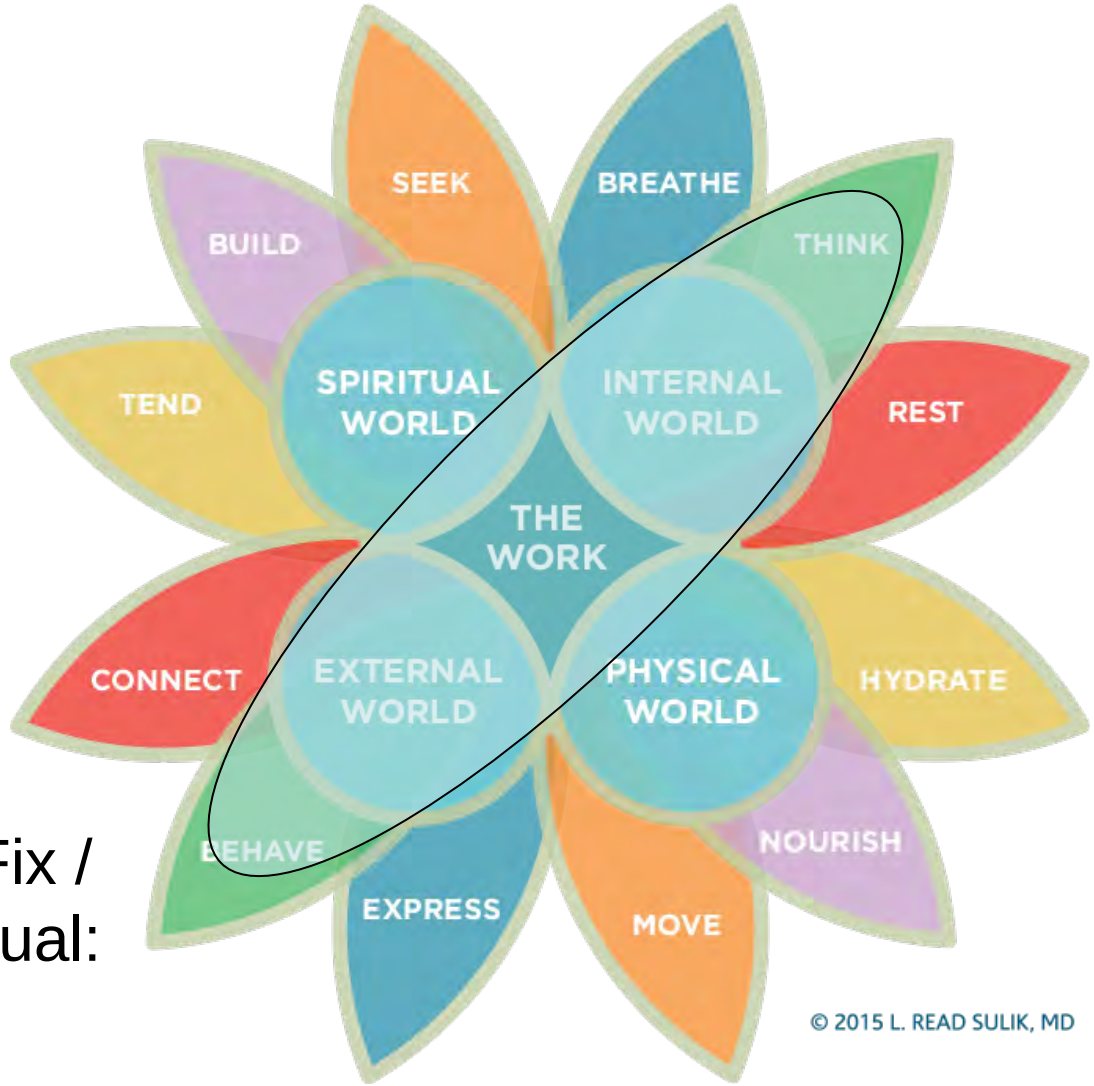
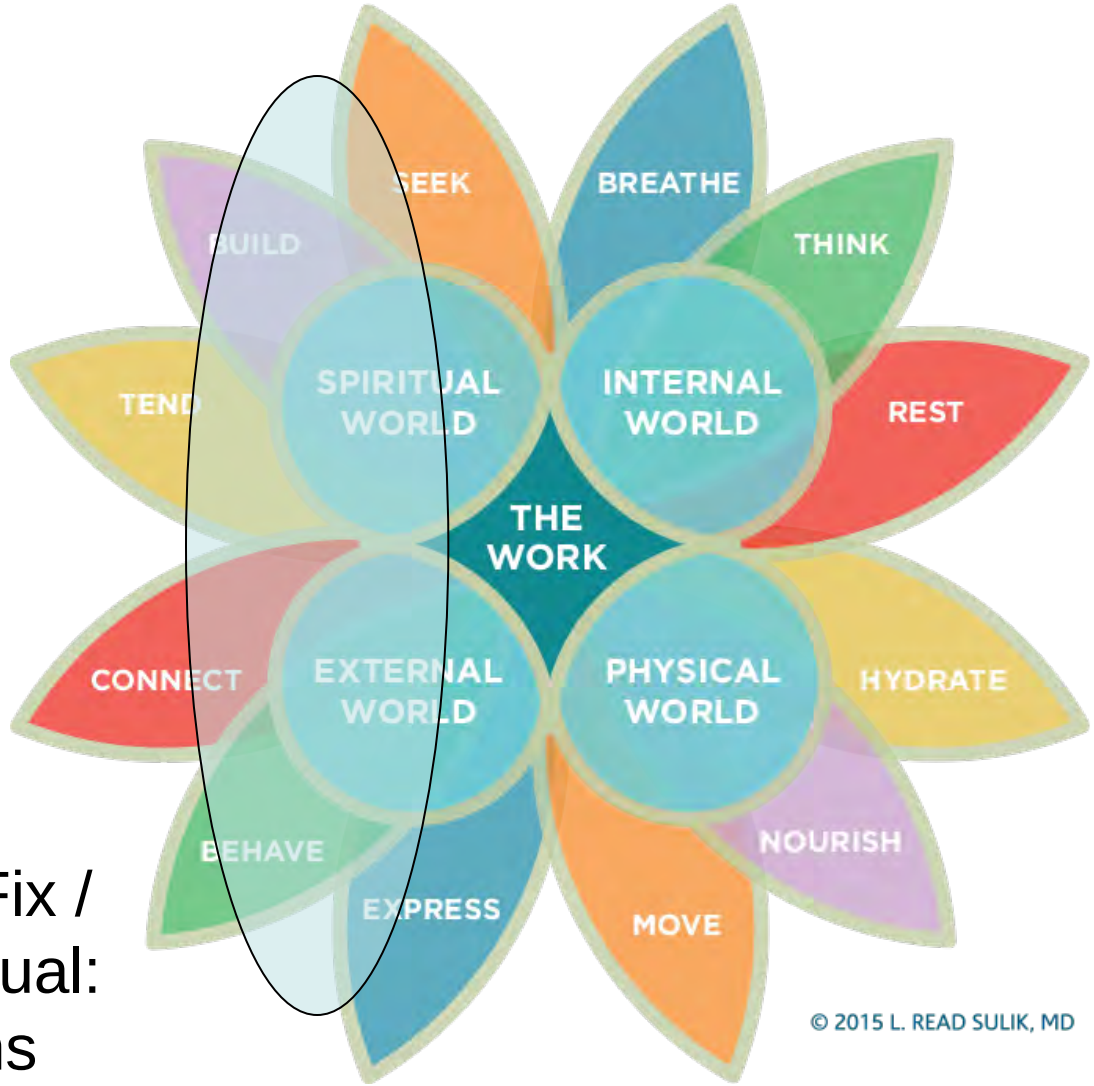


Technical Fix / Care as Usual: ADHD

Living The Work™



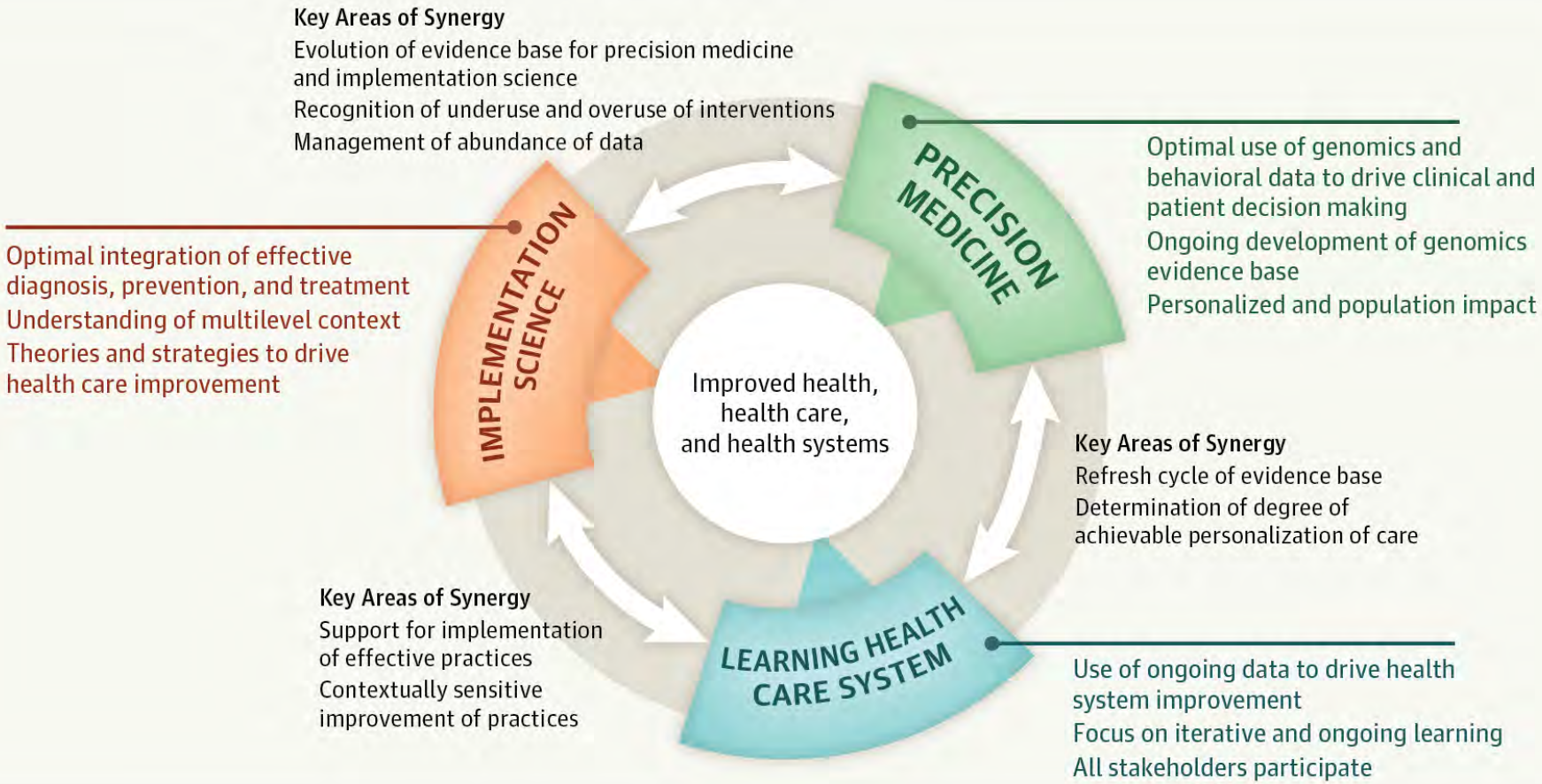
Technical Fix / Care as Usual: Addictions

Embracing Adaptive Challenges / Transformational Holistic Care

Care as Usual is *"Treatment" without the "Healing"*. It is "Care" without "the Work".

Precision

Contributions of Implementation Science, Learning Health Care System and Precision Medicine



Chambers et al, JAMA, 2016

Contributions of Implementation Science, Learning Health Care System and Precision Medicine

- **Precision Medicine** − *optimal use of genomics (pharmacogenomics) and behavioral data to drive clinical and patient decision making*
  - *Individual and population impact*
- **Learning Healthcare System** − *use of ongoing data to drive model improvement*
  - *Ongoing workforce training and development*
- **Implementation Science** − *optimal integration of diagnosis, prevention, and treatment*
  - *Change theories and strategies, and evidenced-based practices drive healthcare improvement and health outcomes*

Common Components

ESSENTIAL ELEMENTS OF EFFECTIVE INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH TEAMS

Paradigm shift from individual to team-based care focused on the patient:

- **Leadership and Organizational Commitment**
  - Innovative leadership with demonstrated ability to span boundaries, buffer teams from stressors, take risks, create clear vision, and focus on providing the right care at the right time.
- **Team Development**
  - Creating a shared vision, developing team values, embracing a nonhierarchical team structure, fostering strong team relationships, hiring the right providers, creating clear roles and responsibilities, cross-training providers, developing the systems and providing operational support for integrated treatment.

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS, March 2014

ESSENTIAL ELEMENTS OF EFFECTIVE INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH TEAMS

Paradigm shift from individual to team-based care focused on the patient:

- **Team Process**
  - Effective communication among providers, clinical case review, day-to-day operational communication, process communication, and continued reassessment of the team-based care process.
- **Team Outcomes**
  - Identify clear patient outcomes as key to guiding a shared treatment approach as well as reducing conflict among providers.

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLU, TIONS, March 2014

Better Practices in Collaborative Mental Health Care: an Analysis of the Evidence Base

- Successful collaboration requires **preparation, time, and supportive structures**; building on pre-existing clinical relationships.
- Collaborative practice is likely to be most developed when clinicians are **co-located** and most effective when the **location is familiar and non-stigmatizing** for patients.
- Degree of collaboration does not appear to predict clinical outcome.
- **Enhanced collaboration paired with treatment guidelines or protocols** offers important benefits over either intervention alone in major depression.
- **Systematic follow-up** was a powerful predictor of positive outcome in collaborative care for depression.

Craven et al., Can J Psychiatry, May 2006, Vol 51, Supplement

Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care

- **Timely Access to Consultation**
  Rapid communication, answers to clinical questions are provided to PCCs in a timely way allowing rapid response to patients and their families; timely access to consultation with CAPs who provide practical and understandable
- **Direct Psychiatric Service**
  As a result of consultation rapid access to psychiatric evaluations and care if needed; strengthens collaboration
- **Care Coordination**
  Care coordination to help patients and their families navigate access to the appropriate level of psychiatric services (e.g., outpatient, urgent, emergency, inpatient)
- **Primary Care Clinician Education**

DeMaso D; Martini R, Sulik LR; AACAP 2010

Summary

Manage the “C’s”

- Creative
- Collaborative
- Care
- Consultative
- Co-located
- Coordinated
- “Clients”
- “Customers”
- Community
- Capacity
- Connection
- Clarity
- Case
- Champions
- Comorbidities
- Comprehensive
- Centered
- Consilience
- Compassionate
- Coaching
- CHANGE
- Communication
- Choreograph
- “Collaborators”
- Chart
- Cost
- Competencies
- Complexities
- Challenges
- Circles

The Call to Action

Call to Action

- Change
- our thinking and our behaviors
- in the collaborative pursuit of optimal health and well-being
- in our patients and in ourselves
- by embracing evidenced-based change models
- at the organizational and the individual level
- leveraging innovations and technology to further the understanding
- of who needs to change what and how
- maximizing the value of and the expertise of
- fully integrated and fully developed behavioral health teams
- to lead individuals and organizations through processes of effective and sustainable
- Change

Gratitude

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