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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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
Rendering of the Caribou-Bruegger's location in Minneapolis. (PRNewsFoto/Bruegger's Bagels, Caribou Coffee)
Change our Thinking
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 without reductionism makes art; the love of complexity with 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 Management: Identifying and Managing Unsolvable Problems

--- Barry Johnson, Ph.D.

**Polarity Map**

**Sustained quality of life**

**Work**
- Making a difference
- Challenge
- Stimulation
- Good peer relationships
- Get paid

**Home**
- Relax; rejuvenate
- Comfort
- Safety
- Strong family relationships
- Play and hobbies

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

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

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**Action Steps**
- Schedule time to be at home
- Massage therapy
- "Date" night
- New hobby

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**Early Warnings**
- Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole.
- "I feel terrible."
- "Sick of it."
- "No more."
- "I don't care anymore."
- "I just don't want to anymore."

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**Action Steps**
- Partner with diverse resources to strengthen work.
- Learn new skills.
- Measure outcomes to show impact.
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
<table>
<thead>
<tr>
<th>Generating Ideas Pre-work</th>
<th>Step 1 - Commitment Improvement goals</th>
<th>Step 2 – Doing/not doing</th>
<th>Step 3 – Hidden Competing Commitment</th>
<th>Step 4 – Big Assumption (BA)</th>
<th>Use SMART Safe, Modest (S/M) Actionable (A) Research stance, Test (R/T)</th>
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<tbody>
<tr>
<td>Use 360 degree input to get perspectives on one big thing that would clearly make you add more value to the organization</td>
<td>Decide “Big Goal” based on iterating through following thought process:</td>
<td>Do as many drafts as necessary based on meeting 4 criteria before moving on to step...</td>
<td>Usually are out of sight – typically we are blind to them</td>
<td>Brainstorm all the possible assumptions that Step 3 commitments might hold.</td>
<td>Adaptation will involve some recognition of and correction of, our blindness (our assumptions)</td>
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<td>(2) It is really important to you if it’s 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</td>
<td>Take fearless inventory of all the things you are doing (or not doing) that work against your &quot;H&quot; column goal.</td>
<td>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</td>
<td>Write a testable version of the your BA</td>
<td>We begin with designing running and interpreting tests of the big assumptions. First pick one big assumption you want to test based on:</td>
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<td>(3) It is important to others; others would value it highly if you/you team got better at it.</td>
<td>3. The more items you enter, and the more honest you are, the greater the eventual diagnostic power of your map will be.</td>
<td>4. The more items you enter, and the more honest you are, the greater the eventual diagnostic power of your map will be.</td>
<td>Use the language tool of: I assume if I make a Step 3 commitment, I will not be able to…</td>
<td>4. it is a powerful assumption</td>
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<td>(4) Accomplishing goal directly implicates you focus of improvement is on yourself, not others.</td>
<td>5. Evaluate big assumptions against following criteria:</td>
<td>5. Some of the big assumption you may regard as true.</td>
<td>Use Guise Street for designing a road map of the big assumption.</td>
<td>5. It is testable</td>
</tr>
<tr>
<td></td>
<td>(5) State your goal in the affirmative, not the negative.</td>
<td>6. It is clear how each of the big assumptions, if taken as true, makes one or more of Step 3 commitments inevitable.</td>
<td>Use Guise Street for determining test of the big assumption.</td>
<td>Use Guise Street for interpreting test of big assumption.</td>
<td>Consulate your team learning by identifying hooks and releases:</td>
</tr>
</tbody>
</table>

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

The Human Function Curve

Source: Adapted from Nixon (1982)
Healing
“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™

Technical Fix / Care as Usual: CBT for Depression

© 2015 L. READ SULIK, MD
Technical Fix / Care as Usual: Antidepressant for Depression
Technical Fix / Care as Usual: Diabetes
Technical Fix / Care as Usual: Hypertension
Technical Fix / Care as Usual: Obesity
Living The Work™

Technical Fix / Care as Usual: ADHD

© 2015 L. READ SULIK, MD
Technical Fix / Care as Usual: Addictions

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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

Key Areas of Synergy
- Evolution of evidence base for precision medicine and implementation science
- Recognition of underuse and overuse of interventions
- Management of abundance of data

Optimal integration of effective diagnosis, prevention, and treatment
- Understanding of multilevel context
- Theories and strategies to drive health care improvement

Key Areas of Synergy
- Support for implementation of effective practices
- Contextually sensitive improvement of practices

Optimal use of genomics and behavioral data to drive clinical and patient decision making
- Ongoing development of genomics evidence base
- Personalized and population impact

Key Areas of Synergy
- Refresh cycle of evidence base
- Determination of degree of achievable personalization of care

Use of ongoing data to drive health system improvement
- Focus on iterative and ongoing learning
- All stakeholders participate

Chambers et al, JAMA, 2016
Contributions of Implementation Science, Learning Healthcare 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
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 nonhierarchicaal 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 SOLUTIONS, 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
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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