# Collaborative Care Strategies

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# Goals of Presentation

- Understand Nature and Extent of Problem
- Increase Coordination and Collaboration
- Reduce Perceived Barriers
- Use ASAM Criteria as a Model
- Increase Comfort and Confidence
- Improve Treatment for Clients

# The Problem

**http://www.ncbi.nlm.nih.gov/books/NBK19830/**

- Substance Use Disorders, Mental Illness and Physical Illnesses seldom occur in in isolation, with 15-43% comorbidity per SAMHSA
- NIAAA reported 19.7% adults with SUD had at least one co-occurring mood disorder and 17.7% had an anxiety disorder.
- NIAAA further reported 20% of adults with mood and 15% with anxiety disorders had at least one SUD

# SUD Treatment Seekers

http://www.ncbi.nlm.nih.gov/books/NBK19830/

- Co-occurrence rates much higher
- Among SUD, 40.7% mood d/o, 33.4% anxiety d/o, and 33.1% another SUD.
- For those seeking drug specific treatment, 60.3% had mood d/o, 42.6% had anxiety d/o and 55.2% had comorbid alcohol use d/o
- Havassy et al. (2004) reported prevalence rates similar in both mental health and drug treatment settings

# Physical Health Comorbidity

http://www.ncbi.nlm.nih.gov/books/NBK19830/

- Individuals with COD have higher rates of general health conditions
- Diabetes, heart disease, neurological disease, GI disease, arthritis, and cancer rates higher
- Depressed more likely to have heart attacks, headaches, fatigue, dizziness, pain, fibromyalgia, and IBS
- Anxious more likely to have cardiovascular disease, hypertension, GI problems and migraines

# Physical Health Comorbidity

http://www.ncbi.nlm.nih.gov/books/NBK19830/

- Severe mental illness such as schizophrenia more likely to have asthma, chronic bronchitis, and emphysema, HIV and Hep C. Obesity, high cholesterol, hypertension, osteoporosis and diabetes greater.
- Chronic heavy use of alcohol associated with liver disease, cardiovascular disease, diabetes, and immune disorders.
- Chronic drug use associated with Hep C, HIV and liver disease.

# Why Coordinate Care?

- Increases positive outcomes and reduces suffering for clients in multiple health care settings
- Addresses the whole client – no wrong door
- Reduces redundancy of services
- More efficient and cost effective
- Increases client satisfaction
- Increases provider satisfaction

# Components of Care Coordination

http://www.ncbi.nlm.nih.gov/books/NBK19830/

- Multidimesional concept
- Collaborative process that leads to effective cooperation and coordintation
- Effective communication within and between providers/systems/clients
- Shared understanding of goals and roles
- Shared decision-making for clients
- Respect and mutual trust required for effective care coordination

# 10 Rules For Redesigning Care

https://iom.nationalacademies.org/~/media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf

- All care is based on the following:
- Continuous healing relationships
- Customized based on client's needs and values
- Client should be in control
- System should enourage shared knowledge and free flow of information
- Decision making should be evidenced based

# 10 Rules continued

- Safety should be a property of the system
- System should be transparent
- System should anticipate client's needs
- System should constantly strive to reduce waste
- System should encourage cooperation among clinicians

# How can providers help?

- Remain active participants, stay open to other perspectives, keeping client needs paramount across all domains
- Embrace the values of openness, cooperation, trust and respect
- Obtain education, knowledge, awareness of other systems of care and how to access
- Develop a model or framework to facilitate coordination that works for you

# ASAM Dimensions

American Society of Addicition Medicine (2013) The ASAM Criteria, Third Edition

- Acute Intoxication and/or Withdrawal Potential
- Biomedical Conditions and Complications
- Emotional, Behavioral or Cognitive Conditions and Complications
- Readiness to Change
- Relapse, Continued Use or Continued Problem Potential
- Recovery Environment

# Identifying Collaborative Partners Using ASAM

- Each dimension reflects an important area of functioning for the client
- Within each dimension, identify potential partners for collaboration
- Partners may include physicians, hospitals, psychologists, counselors, mental health and drug treatment centers, teachers and schools, criminal justice, foster care, long term care, and most importantly, the client and his/her family.
- Reach out, coordinate, and develop a comprehensive client-centered plan

# Mastering Collaboration

- "What type of provider do I want to be? – What is my personal mission?"
- "What is best for my client?"
- Recognize that I need help with clients on a regular basis in form of consultatin/collaboration
- Make a commitment to myself, my client and my agency that I will coordinate with others to improve client outcomes

# Mastering Collaboration

- Increase my level of education, experience, and expertise. Learn more about what I don't know.
- Stay involved in my professional organization
- Be active in advocating for client care
- Engage in the political system to impact change and increase collaboration
- Seek opportunities to learn in areas outside my own profession.

# Tips for Collaborating

- Identify yourself and role in client's care
- Express concerns you have concisely, including statement of the problem, treatment goals/plans and progress to date.
- Express desire to work together, requesting their treatment goals/plans and progress to date.
- Ask how they would like to be notified and included in decision-making about client
- Set a goal to stay in touch throughout care

# Barriers to Collaboration

- Each system of care has its own priorities, goals, rules and regulations, record keeping, and payment structure.
- Systems remain separated and fragmented, though improving integration.
- Few providers screen for issues outside their practice focus
- Private and public system differences, eligibility for services, funding, and access

# Personal Barriers to Collaboration

- Lack of understanding of what other systems and providers can or can't provide
- Preconceived judgments and biases, lack of trust and/or respect for others
- Perceived lack of time or access
- Practicing in our own "bubble" and resisting collaboration and/or integration.
- Failing to fully engage the client in the process of treatment
- Belief that others don't want our input

# What Comes Up for Me?

- Automatic judgments, biases, negative feelings?
- "It's too difficult to coordinate – it won't do any good, who will listen to me, etc.?"
- Attitudes toward others who are currently treating or may treat the client? Assumptions about their care?
- "If I don't do it, who will?"
- Am I open, trusting and respecting of other providers?

# Takeaways

- Collaborative team work results in better outcomes, reduces risk and increases satisfaction for our clients and us.
- Think about how you would like to be treated, consider your values and beliefs, and act accordingly.
- Few clients simply have one problem that can be easily addressed by a single provider
- Integrated, collaborative care is the future of healthcare. Be proactive in making it work.
- Collaboration is a function of communication, cooperation, trust, and respect.

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