




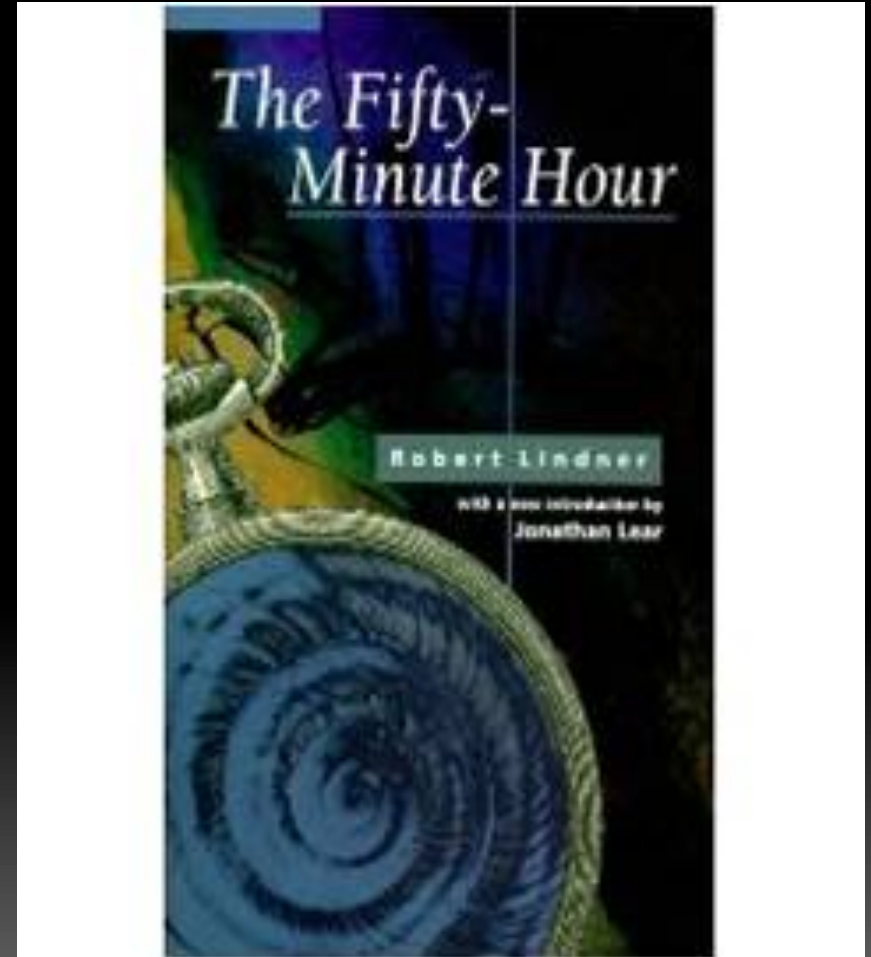
TOP 10 POTHOLES ON THE ROAD TO... INTEGRATION



Trip Gardner, MD
Chief Psychiatric Officer
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Penobscot Community Health Care
Bangor, Maine



10. Views of Time

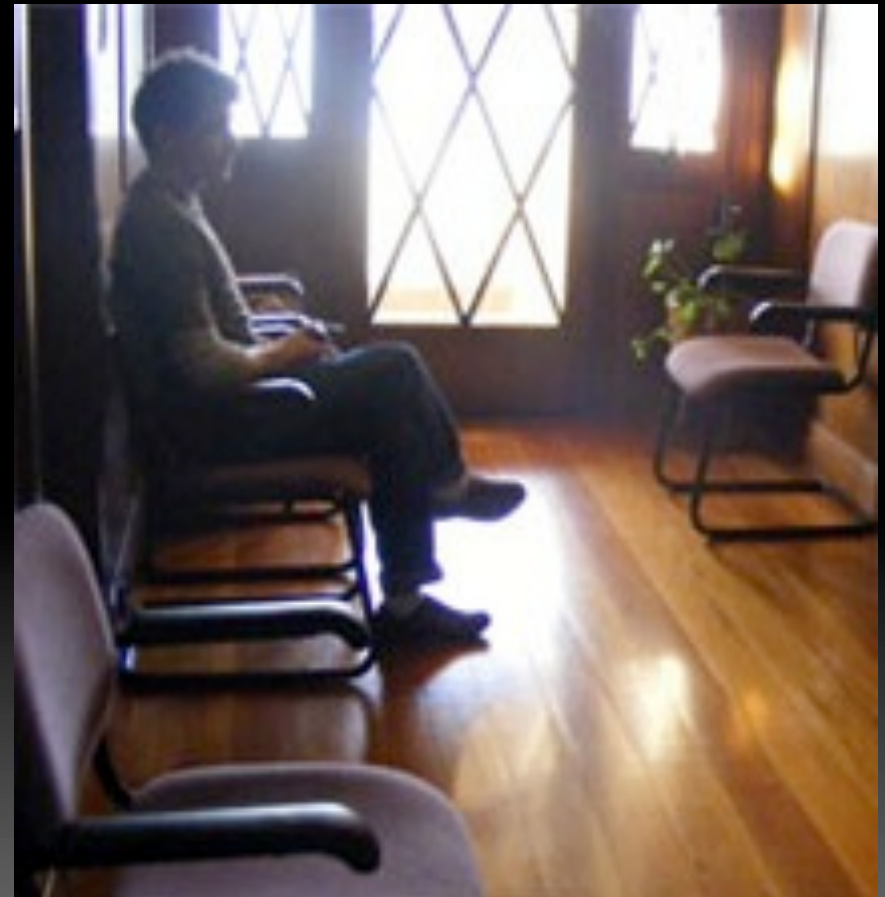


9. Welcoming Visitors

Behind Schedule



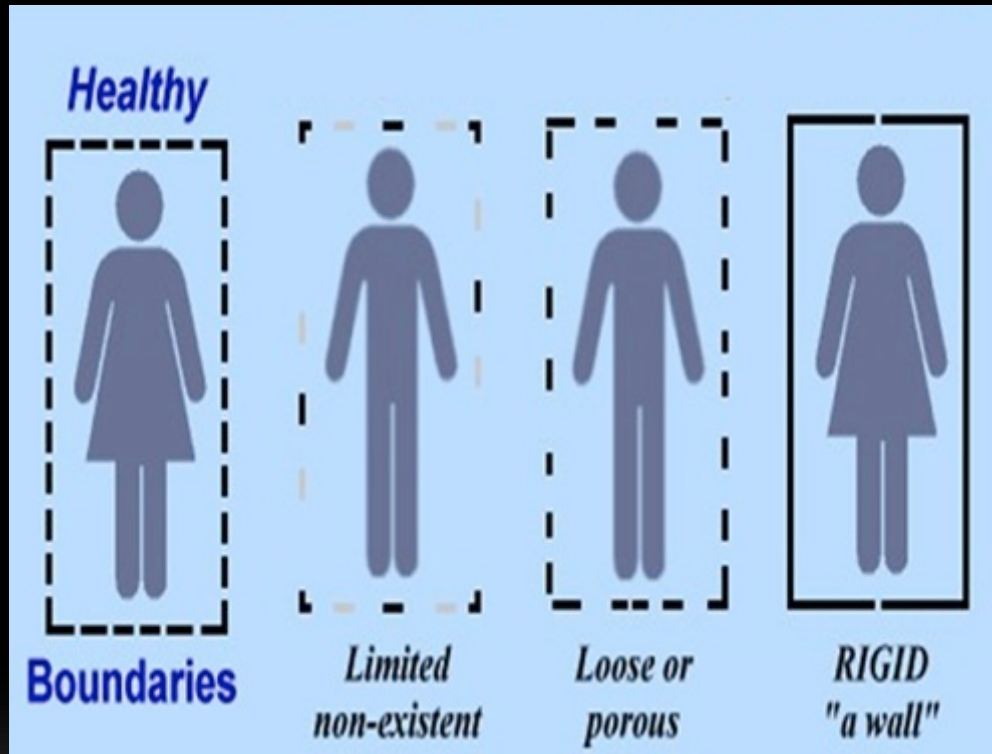
On Time



8. Dwellings



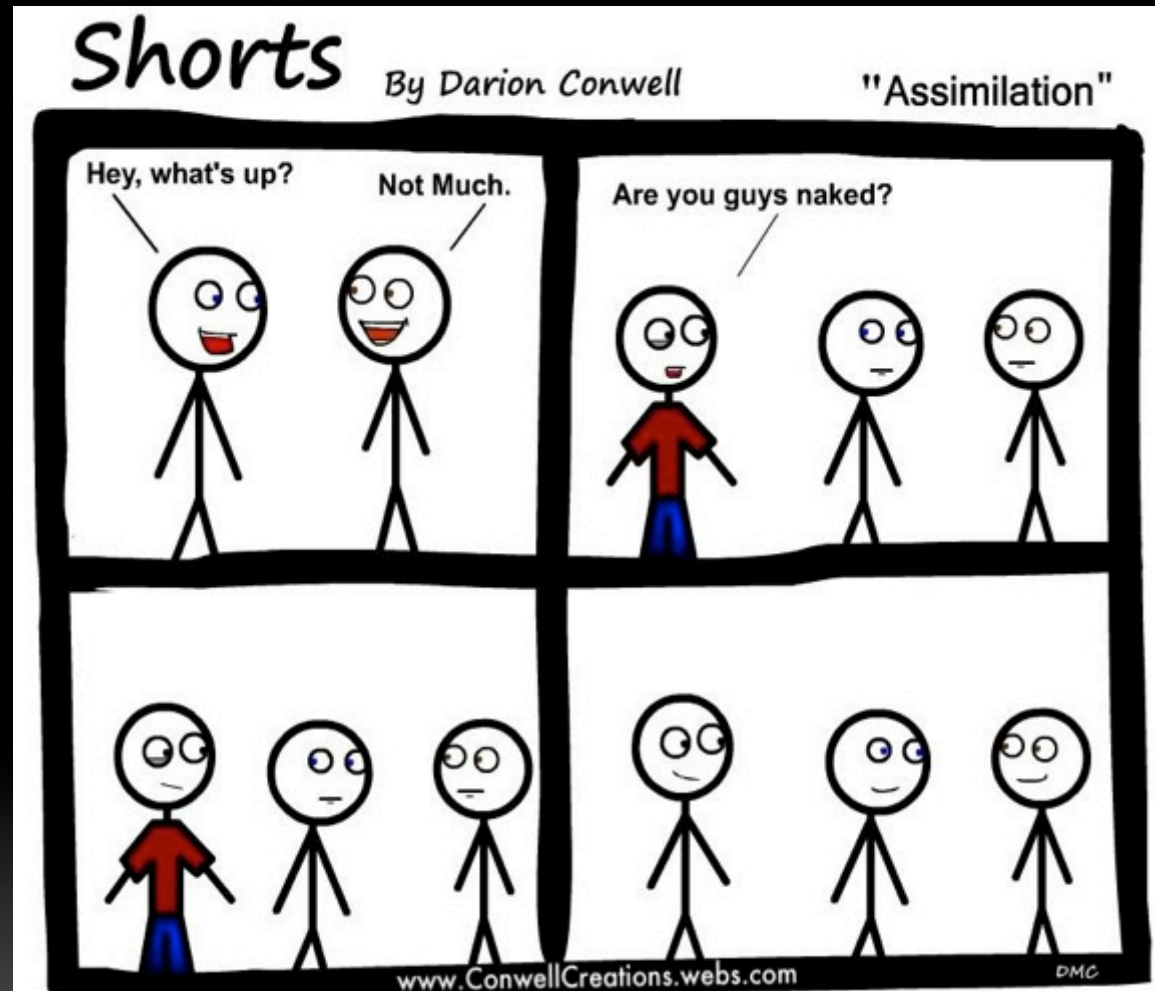
7. Boundaries



- Family Medicine treats the whole family
- MH/SA is concerned about conflicts in treating multiple members of the same family individually
- Treatment plans are more likely medically driven in general medicine
- Treatment plans are more likely patient driven in MH/SA
- Problems are more likely defined medically in general medicine and functionally by the patient in MH/SA
- People adhere less tightly to their confidentiality in general medicine than in MH/SA

6. Fail to integrate/assimilate

- Stay in office
- Stay to self
- Rigid
- Afraid of new things
- Failure to mix
- Not a team player
- Say no immediately



5. Communication Breakdowns

- Different email lists
- Different provider meetings
- Different budgets
- Different newsletters
- Different break room
- Specialized staff
- Leaving MH/SA out of team meetings where need is not obvious

PCHC



4. Thought distortions

- Statements with always or never, all or none
- Defensiveness when questioned
- If solution is not obvious giving up
- Generalizing 1 bad case
- Magnify a single negative detail
- Personalizing
- Always being right
- Global labeling



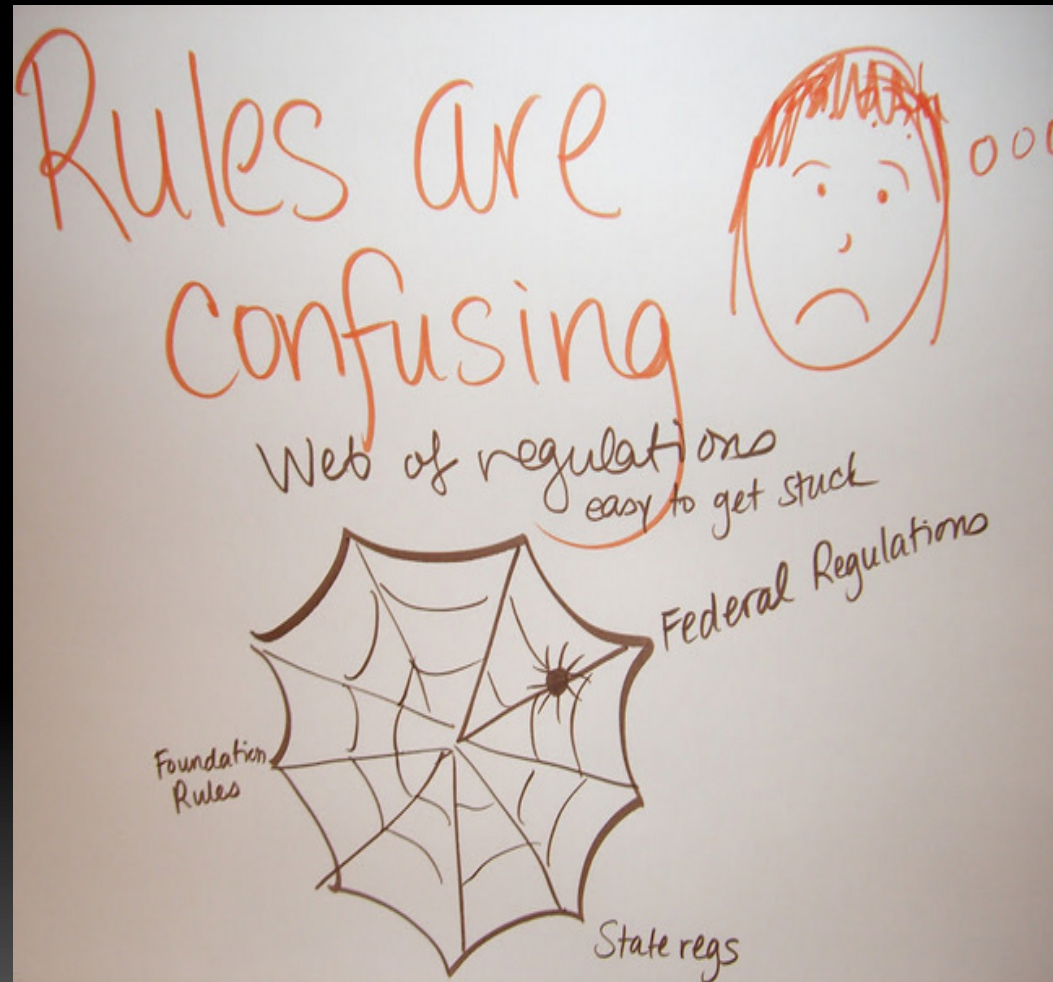
3. Separate Locations, Separate Admin, Separate Records, Separate Anything

- Even at same address services work best side by side
- Medical and Practice Director supervise all providers including MH/SA
- Same sequential record with readable templates



2. Rules and Regs that divide

- Institutions and agencies that are not integrated make rules/regs
- Payment requirements
- Documentation requirements
- Coding/Billing – system used to just primary care or just MH/SA
- MH Confidentiality
- SA Confidentiality -CFR 42



1. Self interest ahead of patient

- Power of being separate outweighing the benefits to the patient of integrating
- Power of being in charge outweighing the satisfaction of being a part of an innovative integrated team
- **THE PRIMARY GOAL** must be improved health outcomes for the patient

