Trust, Relationships, Healthy Skepticism, and Questioning: Strategies for being a good collaborator and advocate in multidisciplinary/multi-sector partnerships.

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This workshop will dive deeper into the practical strategies for being a **good collaborator and advocate** in multidisciplinary/multi-sector partnerships. Dr. Nielsen will share techniques to improve collaborations and ideas on when to be the “**healthy skeptic**” in the group.
MARCI’S LEADERSHIP/MOM PHILOSOPHY: THERE IS NO “I” IN TEAM
“IT’S REALLY NOT ALL ABOUT YOU”, said MaryJo.
IT’S WHOSE WATER YOU CARRY
THAT MATTERS MOST:

*Staying focused on patients is the truth that will set you free.*

Pardon me, but do you have any Patient Engagement?
“IT’S COMPLICATED”, said Margaret.
YOU MAY NOT HAVE THE FULL PICTURE:
*Stay focused on your shared goals*

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**THE MEDICAL INDUSTRIAL COMPLEX**

- **Profits**
  - Power
  - Control
  - Exploitation
  - Ableism
  - Oppression
  - Violence
  - Trauma

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**Science & Medicine**
- Curriculum, Beliefs, Studies, Research, Experimentation
- Medical Schools
  - Doctors, Nurses, Practitioners
  - Medical Practices, Examinations, Surgeries, Procedures, Equipment, Suppliers
  - Assisted Reproductive Biotechnologies
  - Researchers, Genetic Testing, Vaccines
  - Advocacy, Fundraising
  - Federal, State, City
  - Services & Programs
  - State Provided Care (Nurses, Personal Attendants)
  - Department of Mental Health, Case Workers, "Doctor’s Note"
  - Providers, Schools
  - Department of Mental Health, Case Workers, "Doctor’s Note"

**Pharmaceutical Companies**
- Schools, Research, Practices, Beliefs
- Practitioners & Leaders
- Reproductive Control, Sterilization, Contraceptives
- Assisted Reproductive Biotechnologies

**Multi-National Corporations, Distributors**
- Schools, Research, Practices, Beliefs
- Practitioners & Leaders
- Reproductive Control, Sterilization, Contraceptives
- Assisted Reproductive Biotechnologies

**Alternative & Natural Medicines Industry**
- Faith-based & Forced Healing
- Surgeries, Supplies, Drugs
- Public/Private Institutions & Services
- Therapy, Psychology
- Psychiatry
- Prison Psychiatric Wards, Forced Medicalization & Institutionalization

**Non-western & Alternative Healing**
- Surgeries, Supplies, Drugs
- Public/Private Institutions & Services
- Therapy, Psychology
- Psychiatry
- Prison Psychiatric Wards, Forced Medicalization & Institutionalization

**Mental Health Industry**
- Surgeries, Supplies, Drugs
- Public/Private Institutions & Services
- Therapy, Psychology
- Psychiatry
- Prison Psychiatric Wards, Forced Medicalization & Institutionalization

**Drug & Addiction Facilities & Programs**
- Drug Testing
- Lethal Injections
- Healthcare Provision & Facilities for Prisoners
- Group Homes, Nursing Homes

**Prison Industrial Complex**
- Drug Testing
- Lethal Injections
- Healthcare Provision & Facilities for Prisoners
- Group Homes, Nursing Homes

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**The Medical Industrial Complex**

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**A MODEL OF PUBLIC POLICYMAKING**

Preferences of individuals, organizations, and interest groups, along with biological, cultural, demographic, ecological, economic, ethical, legal, psychological, social and technical inputs.

**Policy Formulation Phase**
- Agenda Setting
  - Problems
  - Possible Solutions
  - Political Circumstances

**Policy Implementation Phase**
- Rulemaking
- Operation
- Formal Enactment of Legislation
- Development of Legislation

**Policy Modification Phase**
Feedback from individual, organizations, and interest groups experiencing the consequences of policies, combined with the assessments of the performance and impact of policies by those who formulate and implement them, influences future policy formulation and implementation.

Longest, 2010.
“IT’S A RELATIONSHIP”
said Margaret.
RELATIONSHIPS REQUIRE COMPROMISE.
“The United States is a nation of laws, poorly written and randomly enforced.” -- Frank Zappa

“Well, be big anyway.”
-- Donna Nielsen
SKEPTICAL
Calmly, patiently listening to what others have to say, and recognizing when they're feeding you a line of s**t.

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EXERCISE #1: On being a good collaborator

MARCI’S PHILOSOPHY

• It’s not all about you
• It’s complicated
• It’s a relationship
• Be big
• BUT, always be authentic

LIST YOUR LEADERSHIP PHILOSOPHY
COLLABORATING AROUND PCMH

Is it a “Good Housekeeping” Seal of Approval for the Public?

Is it a quality improvement process for practices?

Is it a recognition or certification process for payers and purchasers?

Is it a payment model for government and/or commercial plans?
PCMH as a “certification”

- External validation
- “Short term” view of model
- Focused more on process measures
- Role in practice transformation & increased reimbursement
- Role in assessing value by payers

PCMH as ideal of practice transformation

- “North star” – aspirational guide
- “Long term” view of model
- Focused more on outcomes
- What’s most important to patients, families, caregivers & consumers?
MARCI’S TOP TEN CHALLENGES

1. Skepticism
2. Nomenclature (PATIENT, MEDICAL, & HOME)
3. Buy-in (leadership & culture change)
4. Measurement fatigue (process vs outcome)
5. Administrative burden (in PCMH recognition/certification programs)
6. Transformation costs ($ & opportunity costs)
7. Workforce: roles, training & effectiveness of teams
8. Payment sufficiency & sustainability
9. Shifting from fee-for-service (FFS) to Alternative Payment Models (APM)
10. Public awareness & support
EXERCISE #2:
CASE STUDY – ADDRESSING PCMH CHALLENGES

GIVEN MARCI’S PHILOSOPHY, HOW SHOULD SHE PROCEED

GIVEN YOUR LEADERSHIP PHILOSOPHY, HOW WOULD YOU PROCEED?
BE YOU!

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