Teamwork and treatment go hand in hand
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Teamwork and treatment go hand in hand

How shared decision making can engage consumers and improve outcomes

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As Gail Kubrin, MD, a psychiatrist at Turtle Creek Valley Mental Health/Mental Retardation, Inc. walks to her office, she scans a computer printout of a Health Report from Margaret, a client who seems to be doing well: no suicidal thoughts, no problems with medication, a stable mood. Then a surprise: Margaret’s goal for the session is to find out whether the medications she is taking would interfere with her becoming pregnant.

Raising personal issues can be hard for many clients. But since Turtle Creek turned to Shared Decision Making (SDM), its doctors and therapists are hearing a lot more important questions from clients who had been reticent in the past.

Before Turtle Creek opened its SDM center—only the second like it in the country—Kubrin shared Turtle Creek’s recovery-oriented philosophy with clients and strove to make their sessions collaborative. A typical session began with a few minutes of conversation about the person’s life, followed by a mental status exam, follow-up on any concerns and, if needed, a medication change.

The SDM process changes this process. Upon arrival, instead of sitting in a waiting room, Margaret enters the Decision Support Center, where a peer support specialist greets her, offering a healthy snack and beverage. Margaret then touches a screen to open a computer program that lists her past and current medications, her “Power Statement”—a statement she prepared to identify what is most important in her life, so that her treatment team can recommend medication and supports needed to succeed in that area. She also makes notes on how she has been using her “Personal Medicine”—things that she does to make her feel good about herself and her life (like calling her sister, knitting sweaters for friends, and reading travel books).
Then she responds to prompts for additional information:

- Symptoms since last visit
- Severity of recent symptoms
- Comparison of symptoms/severity at other recent visits
- Use of medications and side effects
- Update medical status/status exam (the software records “problem” areas in red, to ensure these are readily seen and addressed by the psychiatrist during the visit.)
- Questions for the doctor
- Goal for the visit

**SDM builds “a culture of recovery”**

In March of 2008, Turtle Creek launched its SDM program using CommonGround, an innovative, peer-run, computer-based program developed by Pat Deegan & Associates (PDA). Designed to facilitate shared decision making between provider staff and consumers, the program has been described as an “amplifier” that helps consumers organize and express their concerns clearly. Community Care Behavioral Health (part of the insurance division of UPMC), the MBHO for Pennsylvania’s Medicaid program in 36 Pennsylvania counties, worked with Allegheny County’s Office of Behavioral Health to apply for and win “reinvestment” dollars for program funding from the state’s HealthChoices program.

Then-Executive Director Judy Monahan-Grystar was clear about her reasons for implementing SDM at Turtle Creek. She sees decision support as “a plus for the consumer because it gives them a voice. And I think the traditional process has not allowed for that voice.” She says that the process “brings the team together around one set of goals”—the consumer’s. The reasoning is shared by her successor, Fran Sheedy Bost.

Community Care, who had been working with PDA on a comprehensive recovery-focused initiative, saw SDM as a program that would make its commitment to recovery tangible throughout the provider network. James Schuster, MD, CMO, of Community Care describes it as “an intensive and expressive form of informed consent” that could help to spread a “culture of recovery” throughout provider organizations.

To support providers who were implementing SDM, Community Care designated several “recovery specialists” within the organization, trained them on the CommonGround system, and made them available to support providers, along with training and technical support from PDA.

Susan Preffer, coordinator for Turtle Creek’s SDM program, explains that the problem with the typical doctor-client visits is that the client is mostly passive—answering questions, receiving advice, taking medication. It’s a scenario that, over time, can make clients feel powerless.

“My biggest frustration,” says one, “was that doctors thought they knew what was best for me and I started believing [them].” Despite trying several different medications, the client says that “I just wasn’t getting any better, and my life was falling apart.” As she used the tools, the client “learned that I have an important part to play in my own recovery, because this is about me, and what I think is important.”

The dynamic plays well with professionals, too. Kubrin reports that she no longer feels that she has to “fix” things for her clients. Instead, she senses that they are a team, shaped by client goals and supported by client resources. It’s a more equal—and human—relationship.

In typical treatment settings, physicians review reports about a client made by other providers. But the CommonGround software changes all that. For the first time, “the physician sees a report about the client that is from the client’s point of view,” says Darlene Karpaski, Turtle Creek’s director of rehabilitation and decision support services. “Seeing a client using that report to talk to the doctor, who has the same document on his or her computer, is paradigm shifting.” Because resulting decisions are shared, clients are committed, secure in the knowledge that they can consider other strategies with their doctor if the chosen one doesn’t work.

**Start-Up: A New Culture Takes Hold**

The CommonGround SDM process is built around a peer-run decision support center designed by PDA. Often, this center is housed in a converted waiting room. Here, clients develop their own goals, Power Statements, and Personal Medicine strategies, often with the help of peer support specialists. The result is a personalized client document that is shared by the care team.
Addressing Barriers in Implementation
The agency encountered and dealt with a number of barriers to implementation:

- Psychiatrist concerns. Some psychiatrists viewed the program as an impractical addition to already limited time with clients or disliked the need to work with computers. However, a convincing demonstration of effective ways to utilize client input by the Medical Director, firm support by the Executive Director, and client enthusiasm convinced them to get aboard.
- Flagging enthusiasm. Like all best practice implementations, Ms. Karpaski found it necessary to monitor inputs and maintain support. She reminded all of the expectation that the program must be used, heard feedback from clients regarding the program’s benefits, maintained program tools and templates, and marketed the program’s benefits to demonstrate its value-added contributions to care. She also attended department meetings, talked to supervisors, and elicited case studies, raising awareness of the program’s contributions to their work so they could see “what’s in it for them.”
- For some staff, online reports are/were hard to use. Paper report copies may work better. Rather than working with an online report, some clinicians and service coordinators found it easier to use hard copy versions of the CommonGround report when meeting with clients. The program now puts copies of the client’s report in therapists’ mailboxes to help get everyone “on the same page.”

Care for services in the outpatient clinic. Consumer “uptake” on the program is strong. To integrate it further into the agency’s standard approach to business, the agency has prepared a training manual and integrated decision support into policies, procedures, and job descriptions. Shared decision making through CommonGround has been supported both by dedicated resources within Turtle Creek and by technical assistance from outside the provider:

- During the start-up phase, Ms. Karpaski devoted as much as 80 percent of her time to

### Key Definitions for SDM Using CommonGround

#### Personal medicine: “Things you do that make you feel good about yourself and your life.” *Examples:* Fishing, gardening, or making cookies for the kids in the neighborhood.

#### Power statement: “Strong statements that help keep you in charge of your recovery.”

*Example:* “I want to be able to hold a part-time job as an editor. So you (the doctor) and I need to find a medicine that helps reduce my anxiety without interfering with my concentration.”

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### What does SDM cost?
The costs of implementing SDM using CommonGround vary based on the number of consumers served, the staff and resources available, and resources provided by government entities, grants, or insurers. Here are the key costs to consider.
overseeing the implementation process. She checked in with staff regularly, encouraging everyone, developing or improving tools, and providing training and support when needed to expedite the program.

- Nancy Parrotta, Manager of Special Projects at Community Care, meets regularly with the Turtle Creek leadership team, helping to brainstorm solutions and provide support.
- Program developers Pat Deegan and Melody Riefer hold monthly national webinars for sites with all decision support centers that use CommonGround, providing information on program features and tips on how to use them to benefit consumers.
- Community Care holds annual recovery conferences as part of its Recovery Institute where providers and consumers can share recovery-oriented strategies and solutions to common problems across counties.

Today, seven more Pennsylvania counties are moving ahead with decision support centers, including a peer-run drop-in center. Turtle Creek’s team has been helping the others to understand the new tools.

Community Care has also worked with Pat Deegan to develop paper and pencil toolkits focused on personal medicine and shared decision making that are being implemented in 50 agencies across Pennsylvania.

**Consumer Voices**

During a four-week period (March 7-April 1, 2011), 72 consumers (about one-third of the clients seen at the Turtle Creek clinic during that period), completed voluntary surveys about their experiences with the DSC. Some 65 percent of respondents reported higher quality visits with their psychiatrists, and 68 percent reported they were better able to discuss their medication concerns. Ninety-three percent rated their overall experience with SDM in the good to excellent range.

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