Integrated Care: Teamwork
by Peggy Rothbaum, PhD

Physicians trained me. Since graduate school I’ve worked in integrated care but back then it was called “working with doctors.” For my dissertation and follow up I replicated research on youngsters with insulin dependent diabetes. I was part of the clinical team that saw these kids and their families for their care. My clinical team members expected me to function like a team member: assisting with clinical recommendations, supporting other team members and helping team members understand the psychological aspects of what the patient was experiencing. The physician in charge of the team provided feedback to me on a regular basis. It was expected that I, like everyone else, would listen to, discuss and learn from the feedback without getting defensive. So I didn’t just learn about insulin dependent diabetes, I learned how to be a team member. I learned how important it is to healthcare to have a professional team.

After a variety of professional experiences, I started a private practice. Since the beginning, I have received most of my referrals from physicians. They appreciate my collaborative approach to healthcare. I appreciate their willingness to treat me as a partner in caring for their patients. Psychologists, however, were less receptive. I published an article (Rothbaum, 2006) in which I discussed some of the challenges that I had encountered attempting to do integrated care in private practice. For this current article, I was asked to reprint some of the situations and potential positive resolutions involving psychologists and other professionals:

1. A psychologist accepts a referral to evaluate a patient. The patient has a long standing relationship with a physician who supports the referral. The psychologist concludes that the patient needs certain medical tests, which the physician has already said are not medically indicated.

This an opportunity for the psychologist to do teamwork with the physician. If the psychologist calls the physician and discusses her impressions of the patient, the psychologist can learn more about the patient’s medical condition. She can provide the physician with additional information to help with patient care. It is also an opportunity for the psychologist to answer any questions that the physician might have about the evaluation and the psychologist’s work in general. It is also a marketing opportunity. If the psychologist attempts to refer the patient to another physician rather than communicating and continuing to collaborate with the referring physician, she undermines the patient’s existing healthcare team. The psychologist also loses the opportunity for future referrals.
2. A physician makes a referral to a psychologist and sometime later calls to inquire about the progress of the patient.

The physician is paying the psychologist a compliment by inquiring about the progress of the patient. The physician considers the psychologist an important member of the healthcare team. The psychologist can use this as an opportunity to explain her interest in teamwork. It is also an opportunity to learn about how the physician views teamwork and their respective roles. The psychologist can explain what she has to offer the patients. If the psychologist responds by analyzing the physician or telling him that his questions are a reflection of his needs for control, the opportunities are lost.

3. A lawyer hires a psychologist to do a forensic evaluation. He calls the psychologist to request a copy of the report in preparation for court.

Since the lawyer hired the psychologist, he is entitled to a copy of the report. His call is also a marketing opportunity for the psychologist. The psychologist can educate the lawyer about the details of a psychological evaluation. In addition, the psychologist can tell the lawyer about the services that she offers and find out what services the lawyer needs. If the psychologist refuses to give the report to the lawyer, an opportunity for future teamwork is lost.

4. A psychologist is treating a patient with diabetes who is quite depressed. The endocrinologist, with whom the psychologist has not been able to establish a relationship, tells the patient that she is not happy with the patient’s health status. The patient tells the psychologist.

Since diabetes has a significant behavior and emotional component, a relationship with the endocrinologist is crucial. The psychologist might prevail upon a colleague to help facilitate the relationship. Suppose aspects of the patient’s care which the psychologist assumed were emotional turn out to be primarily behavioral? Without input from the endocrinologist, this information might not be conveyed. If the psychologist gets defensive when the endocrinologist explains what might be done differently, the opportunity for teamwork is lost. The patient’s care could suffer as a result.

Although this was not the case for me because of the way that I was trained, working as part of an integrated health care team could pose as a challenge for many psychologists. It requires a paradigm change (Kuhn, 1970) in the way our
work is performed. For me, it is a welcome relief that our field is finally evolving in this direction. As a practicing psychologist, I certainly understand disequilibrium and resistance. But the transition really is not optional. This is the paradigm that the federal government is encouraging (Dobmeyer, 2018). A key question becomes how to aid psychologists in making this transition to the emerging paradigm.

I have been very encouraged by the work of the Integrated Care Committee. Under the outstanding leadership of Alexandra Miller, we have had some productive conversations. I am heartened when I listen to younger psychologists in the group. To them, teamwork is natural and this is how they expect to work. It is my hope that the Committee can create ways to help psychologists see the benefits to ourselves and most importantly, to our patients, by providing truly integrated care. If we embrace this new paradigm, it will help to ensure that we have a voice in the evolution of healthcare.

To learn more about Integrated Behavioral Health, click on the following video series: www.apa.org/health/psychologists-integrated-care

References


Dr. Peggy Rothbaum (drpeggyrothbaum.com), member of the NJPA Integrated Care Committee, is a psychologist, writer, researcher and consultant in Westfield, New Jersey. She also does community service, creates art and passionately advocates for animals.