

Bridging the Relatability Gap Between Doctor and Patient

People gravitate toward the familiar. It's human nature.

Clans, cliques, social circles...no matter what we call them, self-identified groups give their members a sense of comfort. It's a comfort that their cohort relate to their struggles and successes without judgement.

But, familiarity can also draw emphasis on who is *not* like us. Who would *never* understand us. Who we don't fully trust.

For example, think of an individual struggling with mental illness and addictions who has isolated family, friends and potential employers and finds himself unable to afford heating fuel for his home in Plattsburgh. With very rare exceptions, he will see nothing relatable in the physician treating his most recent COPD complication.

Physicians and the medical community experience these seemingly insurmountable experiential gaps on a daily basis. The lack of relatability that could only come from common lived experience, leaves the medical community vulnerable to many challenges in providing the best care possible, including:

- Half-truth responses to critical questions about the patient's history;
- Missed appointments;
- A limited view of what factors in the homelife contribute to the patient's presenting condition and overall wellness;
- Lack of confidence that the patient understands crucial care instruction;
- Unreliable compliance with the prescribed medication regimen;
- And dozens more.

This gap, however, is not insurmountable. Community-based organizations who enjoy deeply-rooted trust from the populations they serve, earned over decades or more of shared experiences, regularly act as bridges between physicians and patients.

Professional support with lived experience

The team at National Alliance on Mental Illness (NAMI) Champlain Valley is one of those bridges. NAMI identifies as a peer-support organization, one where all staff members self-identify as having a personal behavioral health history.

"Isolation is a big issue when talking about mental illness," explains Carrie Lavasseur, outreach coordinator at NAMI. She immediately thinks of Jim - a client who used to regularly visit the emergency department with complaints of chest pain. He had no connection to primary care

because he had missed so many appointments with his former provider. He had never before met with a behavioral health counselor.

After Carrie received a call from the social worker at Champlain Valley Physicians Hospital (CVPH) that Jim had been to the emergency department again, and had still no presenting medical cause, Carrie went to meet with him. Jim told Carrie about his anxiety and how he frequently feared he was experiencing a heart attack. "I could tell him, 'I've had a heart attack, and I've had an anxiety attack, too. This is how they feel different,'" Carrie says.

Although Jim has a supportive wife who regularly pushed him to socialize and get out of the house more, Carrie explains, Jim resisted the encouragement on the grounds that his wife didn't understand what he was going through. Carrie understands.

Jim now has regular visits with a new primary care provider - someone Carrie found closer to his home. He is also seeing a behavioral health counselor.

Prior to his appointments, Carrie helped Jim identify what he was feeling, and how to talk about it with the doctor. She helped him understand questions he may be asked, and why they were important. As an individual, Carrie saw the situation from Jim's point of view. As an experienced professional who has partnered with the medical community for years, she also could see the situation from the provider's point of view. She bridged the gap.

Beyond finding solutions to his medical needs, Carrie introduced Jim to the Impeerium Peer Network, where he could be surrounded by individuals in similar circumstances. He took an art class, attended social gatherings and now maintains friendships with several of the men and women at Impeerium.

Jim has found his tribe. He has people to talk to when he's struggling. People who have been there. People who won't judge.

Providers can't provide everything

Brenda Stiles, Director of Quality and Care management at Adirondacks ACO and for CVPH's care management team, describes a peer support program as, "Been there, done that." This is the unique value NAMI brings to her patients. With certain populations, Brenda describes, "NAMI are the only ones who can engage and keep people engaged. They can self-identify and work with people in a way that we usually just can't."

According to Amanda Bulris-Allen, executive director of NAMI Champlain Valley, working with people can mean anything from accompanying a client to a medical appointment; assisting with medication management; locating an individual with no permanent address to help conduct hospital discharge instructions; and much more. It has even been as extreme as bringing heating fuel to a client and filling his tank for the winter - a client who had recently presented at the emergency department with symptoms of hypothermia.

“We’re not going to say ‘Sorry, that’s not my job,’” Amanda says. “We’re solutions-focused.”

Peer-support is a major component of both CVPH’s and the ACO’s strategy to reduce potentially preventable admissions to the hospital - a strategy that is showing positive results. Continuing efforts that began in the 2016 DSRIP MAX series (Medicaid Accelerated Exchange) with AHI; partners in the region, including Adirondacks ACO, CVPH and NAMI, have identified the patients who visit the emergency department most frequently and made deliberate outreach to address their medical as well as unmet social needs.

Most recently, the partners have been able to reduce the average number of emergency department visits among the highest-utilizing patients (29 individuals) from almost 8 across a 3 month period, to 4.5.

“The true essence of the work focused on the engagement of patients where they are at and gaining insight and a true understanding of the barriers and problems they are facing on a daily basis,” Brenda says. “NAMI has a long history of providing peer support services with positive outcomes in our community. Our organization does not possess the expertise that NAMI has.”

According to Brenda, the only way to improve the quality of care delivered to patients, to relieve the medical community of the common barriers in providing comprehensive care to the people who need it most, and to engage patients in their own health is through partnerships between the medical and social services communities. “The need for our community based organizations to support the work we do is vital for our patients and community,” she declares.

ADK Wellness Connections, sponsored by AHI helps connect the medical community to organizations that will help them fully care for their patients. Organizations that can ensure medication instructions are understood and followed... Organizations that deliver medically-appropriate diets to those in need... Organizations that bridge the gap between provider and patient.

To find community-based organizations in your area that can help address your challenges to delivering the quality of care you pride yourself on, contact adkwellconnects@ahihealth.org.