

Volume 14, 01 October 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-116188](https://nbn-resolving.org/urn:nbn:nl:ui-10-1-116188)

Copyright: 

Conference Abstract

Integrated care, physicians, mental health and attorneys: Multi-disciplinary care in a legal world

Dr. Eron Manusov, MD, Vice President Duke University SR-AHEC, United States

Mr. Beau Nokes, Esq, Nokes and Nokes Law, United States

Mr. Deepu George, Fellow, Integrated Marriage and Family Therapy, United States

Ms. Shari Nokes, Esq, Nokes and Nokes Law, United States

Correspondence to: **Dr. Eron Manusov**, Duke University SR-AHEC, Phone: +44 850 591 1324, E-mail: USUHS@aol.com

Abstract

Purpose: The purpose of the workshop is to bring together physicians, mental health providers, and legal experts to lead a discussion to define barriers and to create potential solutions to make truly integrated care a new discipline; where collaboration means not only working within a profession but learning, thinking, creating, and ultimately being responsible/liable as an integrated group.

Background and Knowledge Gap: Integrated Care

Background: The concept of integrated care has been discussed by academics, in some form, since at least since 1952. However, with a movement to “overhaul” health-care delivery, the entire system is being asked to work together to solve the problem of fragmented medical education, health-care management, financial responsibility, and legal protection. The current perspective is that medical care should be patient-centered, integrated, population based, financially viable, and legally sound. To many, integrated care simply means integrating mental health services into medical practice or adding services co-located to facilitate patient care. With that focus, it is not customary to look at integrated care as not only working together, but ultimately changing the discipline to include training, learning, practicing, thinking, and working together.

A major area that discussions about integrated care (IC) have failed to address has been the traditional orientation regarding the patient as the physician’s ‘customer.’ What this means is that patients initially come to see the physician, who then entrusts others to provide services to him/her, while ultimately remaining responsible/liable for overall care. This has far reaching implications not only in terms of integration and collaboration, but raises legal and ethical concerns much larger than clinical practice/model development, financial viability, or administrative effectiveness. This idea of liability is foreign to many allied health professionals since everyone is educated to believe that each provider (regardless of profession) is responsible for individual patient care.

With the maturation of integrated care, the patient may actually start coming for other services in addition to those provided by the physician (nutritional counseling, pharmacist, etc.), which raises

the question of who is ultimately responsible for the patient. It is this change in conceptual framework that presents an interesting discussion. Within that discussion, however, one of the biggest barriers to truly integrated care is that physicians who are interested in IC are still bothered by the idea that shared responsibility does not necessarily mean shared liability.

Conclusion: Integrated care requires inter-professional collaboration. The legal system in the United States must adjust to share responsibility with liability.

Keywords

integrated care, mental health, shared responsibility
