

## Sharing Care in a New Era of Integrated Healthcare

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In this new era of integrated health care, the importance of facilitating shared care across disciplines is becoming more widely acknowledged [1]. Difficulties arise for providers due to a lack of consistent expectations for shared care, driven in part by a paucity of research on the components, barriers, and potential benefits and consequences of shared care. We highlight several of the most common barriers below, along with tips for addressing them.

Several barriers to shared care have been proposed [1,2], including logistical, financial, and psychological barriers. Logistical barriers include the inability for two providers to connect, despite multiple attempts, resulting in a lack of coordination once treatment has been initiated. This barrier could be addressed either through an increased emphasis on the use of email communication (with patient consent) or by having clinicians allocate brief slots in their schedule each week to managing shared care issues. Clinicians choosing the latter solution could include in their informed consent a clause indicating that they do this to enhance care, and note that the patient may be billed separately for this service (as it would likely not be covered by insurance).

The greatest financial barrier is uncompensated time [1]. As mentioned above, time invested in shared care could be framed as a billable activity. Additionally, as healthcare models shift to a more universal approach, this issue will ideally resolve itself, as providers' salaries may ultimately account for the costs related to sharing care. In the meantime however, providers may instead need to focus on the direct and indirect beneficial outcomes that sharing care may have on the patient. Direct benefits include the fact that collaborating on patient care can help improve treatment outcome - which not only helps patients but also enhances the provider's reputation or "brand" [1,2]. Indirectly, providers can benefit knowing that their patients appreciate them for taking the time to invest in a deeper level of care [1].

Psychological barriers relate to problematic beliefs and attitudes providers have about each other and their respective roles. In this case, negative stereotypes need to be identified, challenged and changed, in the same way we teach our patients to engage in cognitive restructuring. For instance, forming strong connections with other providers can result in increased referrals. In addition, sharing care allows for a second diagnostic opinion and also distributes the burden of responsibility, thereby aiding in self-care.

Collaborating on patient care is becoming increasingly important. While it may require additional efforts, these are offset by the benefits that sharing care creates. Ideally, a set of more comprehensive guidelines will be created in the future to assist in efficient and consistent communication between providers.

## Bibliography

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