

Mary-Lou Harris: COLLABORATIVE WRITING PROJECT

PROPOSED TITLE:

Co-creating Trauma-informed, Integrative & Collaborative Communities of Healthcare Providers: A new Model?

To quote Richard Buckminster Fuller, “You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”

This quote, borrowed from James Maskell in his book [The Community Cure: Transforming Health Outcomes Together](#) (2020) [1] so perfectly preframes this chapter! James himself says “In my mind, an optimal medical system is one that maximizes healthspan and minimizes costs.”

To expand on Maskell’s quote: to MY mind an optimal medical system is one that also affords the Providers an appropriately remunerated platform, from within which to offer the new model I propose - **An interprofessional collaboration of “Trauma-informed, Integrative & Collaborative COMMUNITIES of Healthcare Providers”**

So you may wonder, “What IS Interprofessional collaboration?”

In a practical and useful, collaboratively written resource (synchronistically similar to THIS book, actually!) in a chapter titled "Collaboration across the Disciplines in Healthcare", Dr Spector, PhD, RN presents research that Interprofessional collaboration leads to improved patient outcomes. She **perfectly** defines ‘interprofessional Collaboration’ as "**a complex process through which relationships are developed among healthcare professionals, so that they effectively interact and work together, for the mutual goal of safe and quality patient care**".[2]

Interestingly, according to a World Health Organisation (WHO) publication: "**Collaborative practice happens when multiple health workers, from different professional backgrounds, work together with patients, families, carers and communities to deliver the highest quality of care across settings.**"

Two significant confirmations for this definition appear in the WHO publication “Framework for action on **interprofessional** education & **collaborative** practice”. {3}

- 1) The chapter titled “**Interprofessional education and collaborative practice for improved health outcomes**” states “*After almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health-services, strengthens health systems and improves health outcomes.*” [3]
- 2) The statement from the chapter titled “**Collaborative practice: achieving optimal health services**”, paves the way for offering several useful strategies, to adopt my proposed model in your Practice of Collaboration amongst Providers from different

disciplines, “*Collaborative practice works best when it is organized around the needs of the population being served and takes into account the way in which local healthcare is delivered*” [4]

These definitions lend weight to this subject, which is near and dear to both my heart and my intellect. As a global, virtual (online) multi-modality, Integrative & Functional Health Practitioner, with a diverse range of ‘healing strings to my bow’, I have been afforded the opportunity to treat and track a wide range of health conditions, across a diverse group of the population, that spans different socio-economic, religious and cultural backgrounds across many countries of the world.

As a primarily functional medicine nutritionist with a repertoire of additional skills in my healing tool kit, it is ever apparent to me that, as opposed to using only one model (e.g. nutrition) I consistently draw from my varied range of healing modalities to support my clients. This affords me the benefit of positioning my work in my practice as a ‘Team effort’ of skills, from which to support varying client needs. As a side note, I will intermittently refer either to clients or patients, for the benefit of my diverse audience - both allopathic and natural models of healthcare.

Whether it be Functional Nutrition & Physiology, emotional counseling, energy psychology, reflexology, massage, healing, or any of the other skills I have been blessed to be able to share with clients over my 30 odd years of practice, I have seen encouraging results by incorporating this diverse range of healing practices, to support various health conditions, as opposed to adopting only one discipline. This serves as the platform for my observation that healing happens more efficiently when it happens as a TEAM EFFORT - both in terms of integrating diverse treatment approaches, as well as WORKING TOGETHER, PROFESSIONALLY.

This chapter is significant because it not only proposes a new mindset of adopting this somewhat unconventional ‘Collaborative as opposed to Competitive’ approach, but it also outlines various practical, constructive, well-researched ideas and suggestions, to begin joining forces as a Collaborative Community (Team) of Healthcare Providers, to support our mutual patients to sustainably achieve their Desired Health Outcomes.

I see **Integration and Collaboration** as the way of future health care: Integration of Disciplines - be they allopathic or Natural Health models - and Collaboration between the Healthcare Providers of a range of disciplines.

The diverse range of clients I have supported, as well as my differing skills, has made me acutely aware of the ‘glaring gaps’ that present between health care providers (‘Them vs Us’ mindset) and the various practices across providers (the ‘one treatment approach’ mindset). We urgently need to bridge this gap of division between the various professionals and disciplines, to best support our clients.

Through collaboration with one another as health professionals, and by bringing awareness to the following *Five Fundamental Principles for Healing*, I see a bright future for rebuilding trust

amongst clients, in positioning us in the sacred role as the Guardians of their health and that of their families.

- 1) Almost ALL health conditions originate in **Nervous System Dysregulation (Trauma)** - often from birth or in the womb. No matter how health conditions manifest in the body, whether physical, emotional or mental health - the Nervous System can no longer be sidelined! We see encouraging health improvements when any health support Provider (Natural or Allopathic) introduces Nervous System Support - especially in clients with complex health issues that span several body systems and physical/mental platforms. It is now considered widely that any treatments and programs that do not recognise and accommodate this crucial piece of almost everyone's healing, will simply be another fairly ineffective 'plaster on a wound', as opposed to achieving sustainable positive outcomes.
- 2) Trauma is an ENERGY problem (mitochondrial status): Low energy = poor healing potential.
- 3) Doing the RIGHT THING in the WRONG ORDER will not achieve sustainable outcomes for the client, which is why COLLABORATION between Professionals WORKS!
- 4) PATIENCE: Rushing a nervous system that is in OVERWHELM will push the client FURTHER INTO OVERWHELM, and reduce the efficacy of WHATEVER your discipline promises.
- 5) Since my 'Biology of Trauma' and somatic (Bodywork) training started with Dr Aimie Apigean of the 'Trauma Healing Accelerated' group [5], it has become increasingly clear to me that there is a much needed 'triad style' approach to bridge the gaps across all healthcare fields:
 - 1) Introducing a 'Felt sense of Safety' for the nervous system through patiently teaching the client gentle daily Somatic practices, shows promise to significantly enhance sustainable overall healing.
 - 2) Honoring the 'Biology of Trauma' in a titrated way: The platform of Functional Medicine is a concept called 'root cause resolution' medicine. And yet it is interesting to observe that this still applies mostly to the body below the neck! Functional Medicine has traditionally shied away from mental health, and still left that area neatly in the realm of 'mental health professionals' This lack of recognition that a dysregulated Nervous System CANNOT be separated from physiology and biochemistry typically gives rise to a crucial 'gap' in the client's healing experience, which MUST be bridged!
 - 3) Adding counseling and other supports such as massage, etc. at the right point in the process is critical - too soon, or in the 'wrong sequence of support' and the client is pushed further into overwhelm and will continue to experience difficulty with symptoms and overall health status.

No matter where you entered the healthcare profession, there is no doubt in my mind that your primary driver was helping people to move toward their best health outcomes. It is a universal frustration known to health professionals across both the allopathic and natural health platforms, be it the physical or mental/emotional health modalities, when their patients just don't achieve sustainable improvements, no matter WHAT strategy they adopt.

I firmly believe that by honoring the *Five Fundamental Principles for Healing* and applying a 'triad approach' to the concept of Healing, through the Lens of Trauma, and by joining forces as an Integrative & Collaborative Community of Healthcare Providers, we can reinstate OPTIMAL and SUSTAINABLE health in our clients - no matter what their experiences have been, nor their walks of life.

These subjects will form the basis of my discussion in this chapter, from the perspective of Functional Medicine through the lens of Trauma.

'Close-knit community' vs 'broken community'

In terms of our historic conditioning as a species, human beings evolved through community interaction and care, from the moment we opened our eyes in this world. As infants. As is still common practice in many cultures, including tribal ones, we were cared for not only by our parents and grandparents, but also by people in the extended community, such as other young mothers, and older teenage girls. We learned that those bigger and wiser than us, naturally take care of us, with respect, love and compassion.

Sadly, in our modern-day so-called 'civilized' society, we learn really early in our childhoods that this inherently programmed expectation of survival is no longer true. This new 'programming' flies in the face of what our expectations are of our 'Protectors'. Broken families are the 'new norm', as is 'broken community'.

The direct impact of 'close-knit community' vs 'broken community', is on the development, and subsequent regulation, of the nervous systems of our species. Scientifically, we now know that the nervous systems of human beings, unlike many newborn animals, only develop post-birth, or our heads would not fit through the birth canal. Who knows if the principle of 'adaptation of a species to survive in its environment' may in time amend this, with the alarming rate of c-section births increasing. Perhaps as we no longer pass through the birth canal, in time 'Natural Survival' may make us more like the animals, and develop our nervous systems more efficiently in the womb. In the meantime, because the nervous system is finally being recognised as the true baseline platform of the health of an individual's lifespan, regulation of the nervous system and neurodevelopmental reorganization as the platform of healing, may be the only way to save our species!

This 'broken community' has tragically infiltrated all aspects of people's lives in 'First World Countries', including our health care systems! Human beings no longer seem to be regarded as living, breathing individuals with a colorful and critical life experience that impacts their nervous system function from conception to death, and subsequently their birth through death health patterns. Individuals are now regarded as 'patients (numbers/statistics) in a system'! Doctors are no longer the carers they once were, visiting family homes, and positioning themselves in the lives of their patients as Protectors - be it for minor issues or large crises - mental or physical.

Prior to the last painful years of Global Lockdowns and further Disconnection, due to the bodies governing the allopathic healthcare model, frustrating restrictions have been placed on Doctors and Specialists to severely limit the time spent in consultation with their patients. And to add insult to this societal injury, not only was the time duration restrictively curbed, but typically - then and now - only one 'health issue' at a time could be brought to a General Practitioner's (GP) session! This 'only one health problem at a time' policy allows for no cross-referencing of one symptom to others, nor does it enable the Doctor to assess underlying common platforms of dysfunction that may be giving rise to multiple symptoms that, through a Functional Medicine lens, could be appropriately supported through assessment, leading to a mutually satisfying experience for both the Doctor and their patient. This practice commonly results in Doctors feeling overworked in their practice, simply filling roles as 'sales reps' for Big Pharma, and frustrated - often due to ongoing, complex health issues in their patients, with no apparent positive and sustainable health outcomes on the horizon! Patients feel more neglected and 'disposable', as if they are simply being 'processed' through the clinics and surgeries like sausages on a conveyor belt in a production line!

This is a severely LOSE-LOSE situation for all parties!

Tragically, the recent few years of global lockdowns have encouraged this trend of isolation and neglect of patients with the increase in 'virtual consultations'. Human to human contact has been significantly compromised, leading to a disconnect in communities - and people's nervous systems. Statistically, we see the correlations between lockdowns and deteriorating health trends. Loneliness and disconnection are key factors in Overwhelmed nervous systems, and we are at the height of the effects of our times. Dysregulated global circumstances are clearly being mirrored in dysregulated communities, dysregulated nervous systems and subsequently dysregulated health profiles!

Never before has Community and Support been so critical in healthcare!

In the face of these current global health crises, it is imperative that we pay attention to improving our models of healthcare practice. We must look to supporting people to change the current paradigm of simply existing and 'surviving' life, to one of actively participating and thriving IN life! And we must do this collaboratively, by being CARING TEAMS OF SUPPORT.

Sadly the transition for doctors and medical practice over the years moved from one of Care, to one of Commerce, bringing with it a 'professional detachment' which, even more tragically, has been woven into the training at higher education levels. Most natural and allopathic practitioners are taught to 'maintain a professional distance' from their clients, which has devastating consequences on the healing capacity of the very people they have sworn to protect, as this 'professional stance' perpetuates the ingrained, subconscious acceptance that human beings are alone in this world and have to fend for themselves - the 'wiser, bigger authority figures' such as the healthcare professionals, that people turn to for support in times of crisis, have absolved themselves - not only from personally caring about them as individuals,

but also from their health outcomes, in which these so-called 'care-givers' are directly and professionally involved!

To add salt to the wound of this 'separateness' consciousness, and as described in the book 'The Narcissistic Family: Diagnosis and Treatment' by Donaldson-Pressman, Stephanie, Pressman, Robert M. (1997) [6], exhausted parents who have been on this hamster wheel for their lifetimes, also bring this 'broken community' ethos into their parenting methods, often unwittingly adopting a 'narcissistic parenting style' which perpetuates an ongoing state of nervous system dysregulation and declining health profiles in our already precarious species!

So, how DO we change this?

How DO we go from a 'broken and detached community' to a 'collaborative and caring' community?

By choosing the field of healthcare as our profession, we are perfectly positioned to begin to change this unsustainable model. We CAN be the CHANGE we need to SEE!

I would like to propose that if you are still reading this far into my chapter, you are willing to consider playing a leading role in this transition to Heart-centered, COLLABORATIVE, COMMUNITY- ORIENTED HealthCARE!

You may of course ask "how do we achieve this Noble Vision, in a soup of commerce-driven practices? And in so doing, how do we sustain our financial resources, while delivering collaborative care based support to exceptionally energy-consuming and demanding patients?"

Indeed, all valid and challenging questions. My response?

"WE DO IT TOGETHER!"

It is all possible in a COLLABORATIVE COMMUNITY OF HEALTHCARE PROVIDERS!

My proposal is that we begin by changing our MINDSET.

No treatment plan can single-handedly provide sustainable support for the full range of complex health issues we are seeing in individuals, during these times of global crisis!

At the risk of offending you dear reader, and Co-Carer, my firm stance is that it is arrogant to think so.

My proposal is that we begin to develop a NEW mindset...

A collaborative mindset...

A community mindset!

Let us actively identify and seek out Providers in other Healthcare Fields to ours. Let us cross-pollinate our skill sets, knowledge, intelligence and intuition! Let us use our Collective Power as Co-Carers to support those desperate and vulnerable individuals, who give themselves so wholly into our care. TOGETHER, let us help them master their health, and achieve sustainable health results!

COLLABORATIVE & INTEGRATIVE HEALTH CARE MODEL:

So what does this new trauma-informed and collaborative providers model actually look like, and how do we bring this to bear in our own businesses, where all the practitioners in this team also benefit *financially*? It IS critical that every member of your team is able to financially benefit from this model, or it will fall before it flourishes.

And how DO we move toward a Collaborative Team of Providers, using a Functional Medicine 'triad style' approach to bridge the various gaps in treating Trauma-related health difficulties?

It is essential to be aware that I am NOT proposing the existing model of simply providing Room Rentals to a diverse range of therapists, on your premises. While this may be one excellent step in the right direction (and these businesses CAN in fact adopt my proposed model as an expansion project) it does not go all the way to being a collaborative team of diverse professionals who share and contribute to mutual clients' health improvement plans. .

As Functional Medicine Providers, we first need to identify and bridge the 'gaps' between:

- 1) Mental/emotional and physical symptoms through a lens of Trauma, by acknowledging the rollercoaster from trauma response (nervous system) to the physical/mental body (symptoms) and back to trauma response...etc. THIS is the 'Biology of Trauma'
- 2) Labs, body systems and symptoms, by correlating lab results with trauma (nervous system) related physical and emotional SYMPTOMS and BODY SYSTEMS both up and downstream in the biochemical pathways, as opposed to just seeing individual biomarker results as too high or too low.
- 3) Allopathic and Natural Medicine models and their various disciplines, by bringing professionals from different disciplines into ONE PRACTICE- AS A TEAM OF SUPPORT for EACH CLIENT CASE, as 'Clinical Multi-Modality Teams': Professional Healthcare Communities.

I propose a strategic approach to this new and exciting mindset.

In order to reposition your Practice as a 'Collaborative Healthcare Community', my model suggests that you begin by identifying the health categories that best support your majority client demographic. In other words, if you are a gynecologist or run a women's health clinic, examples of your key collaborative Trauma-informed health disciplines may be:

- Gynecologist
- Endocrinologist
- Functional Nutritionist or Naturopath
- Somatic Experiencing Practitioner
- Neurodevelopmental Movement Practitioner
- Chiropractor
- Massage therapist and/or reflexologist
- Behavioral and Lifestyle change, and counseling support.

Next, I suggest that you IDENTIFY PROVIDERS that fit with your key collaborative health areas (as suggested in the examples above): Each of these examples of categories are healthcare practices unto themselves, and this model encourages identifying skilled and qualified TRAUMA-INFORMED practitioners, with a view to incorporating them into your Practice's 'Integrative and Collaborative Healthcare Community of Providers'. The joy of modern-day online technology means that they don't even have to be local if you have an in-clinic practice.

By accessing the more sophisticated online network directories of Trauma-informed Healthcare Providers, such as the [Professional Directory - Trauma Healing Accelerated](#), where the directory members come from various professional Healthcare platforms - both allopathic and natural - you can identify your possible team of niche category providers who demonstrate an aligned, broader integrative view of Healthcare.

Because it is essential that these niche providers all benefit from this model, let us take a look at my Top Five positive benefits that can be experienced by each provider in this proposed healthcare team:

1. 'In-sourcing as opposed to 'out-sourcing'

This model provides the opportunity to share clients with one another, where it becomes apparent to the provider that their client/s would benefit from such an integrative and collaborative treatment program. As opposed to diluting the income-base of each team member, this extends the client reach of everyone in your team of Providers, as well as the value to their clients. Each provider's clients' bespoke treatment plans can be collaboratively created from the diverse range of knowledge within your team. As an integral part of this team, each provider may enjoy the support of skill sets outside their own field of practice, that can be sourced from WITHIN the team, to support their own clients.

2. Targeted Patient Support-group Communities

A 'Subscription Support Package' model that fosters client commitment vs one-off 'fire fighting' visits peppered with limited compliance:

Enhanced support, as well as knowledge about their health condition, is known to foster compliance in patient groups. Clients with similar healthcare issues could be offered a membership subscription-based support group package, which is frequently scheduled in-clinic or online meetings, to provide opportunities for interactive support amongst each other as friends, or even accountability partners. As Penney Stringer, a Functional Medicine and family medicine physician, says on the home page of her site healcommunity.com, "Healing Takes a Village".

Using the above example of a gynecologist or women's healthcare clinic, Core Healthcare Patient Support Communities may look something like this (to name a few):

- Perimenopausal menstrual issues
- Menopausal health issues
- Pregnancy-related concerns such as conception issues and miscarriages
- Mood disorders

Appropriately priced Trauma Support Plans options could include one to one, or small group, frequent short follow up support sessions (e.g. 15-20 minutes, twice weekly) to incorporate the teaching of somatic tools, neurodevelopment (and other) movement, lifestyle management support and tracking of the clients; nervous systems and symptoms/body systems progress.

3. Collaborative Provider-led interactive Educational group meetings for your clients:

This model proposes an example of 4 meetings a month, with each meeting being led by a different provider in your team, complete with Q&A and information sharing or Focus Topic presentations relevant to the clients' particular health issues. These should be paid presentations to the Provider (at \$125 for each Educational Focus Topic as illustrated in the example in Benefit number 5 below) which help to support the income as well as elevate the standing of your providers by positioning them as experts in their chosen field of practice. A further benefit to the Practice is that they can also be recorded if they are online meetings, to be used for future client or group meeting support. My suggestion is an even spread between online and in-clinic meetings, or solely online, as it tends to ensure a greater level of attendance, and recording possibilities.

This would bring the added value of providing learning opportunities for the members, where each of your collaborative team providers presents supportive informational focus topics around the group's healthcare issue, from their own field of practice. Such action enables not only your clients, but also your team of providers to grow their knowledge-base about the integrative nature of each Healthcare issue, and positions your Practice as unique and outstanding when compared with other practices in your area.

The benefit of these Support and Educational Group models, is that your clients are more interactively involved with their own healing, and can engage with other people struggling with the same health concerns, as well as affording them the opportunity to learn more about their own health conditions, from several different integrative platforms of health support. An opportunity is also provided for them to ask questions in a supportive, safe and contained environment. It is well known that education fosters compliance. When people are taught about the 'WHY' and 'WHAT TO DO' of their health conditions, they tend to stick with the program. The strategy also enhances the effective use of time in consultations, as much information can be taught in a group context, to reduce the need for repetition from one client to the next. This is clearly demonstrated in her own Practice, as can be heard in the 'Success Leaves Clues' series of podcasts where James Maskell of 'Evolution of Medicine' interviews [Penney Stringer: Successful Communities for Improved Health Outcomes](#). [7]

4. Accountability Partners and Code of Practice:

This collaborative network of providers brings an element of professional accountability for your own business, as well as that of each team member. Effectively the team members become accountability partners for one another, where they are able to brainstorm their own business practices and goals, as well as brainstorm and be accountable for their own code of ethics and conduct under the umbrella of your business. This model brings a unique opportunity for each

member of your team to learn from one another, and expand their own breadth of understanding and scope for treatment of the same, or similar, health conditions.

5. Profit-sharing model on Collaborative Client Support Activity:

My vision for financial remuneration proposes appropriately priced subscription package options that accommodate the financial resources of your client base.

An example of a 'Rolls-Royce' model at the highest subscription cost package, may incorporate all the following suggestions (I have deliberately used a very conservative range of costs, to illustrate the profit potential to all team providers, as well as the Practice):

Each individual member receives:

- Initial and follow up consultations with the Lead-provider
- These consultations would take the form of frequently scheduled 'Collaborative Consultations' over a 12 month period (e.g at 4, 8 or 12 weekly intervals) with the client's 'Lead Provider', whereupon after each consultation, the client case is presented by the client's 'Lead Provider', to the Collaborative Providers' in the predetermined frequency meeting (e.g. weekly).

A study published in Pubmed, from the '*Journal of interprofessional care*' titled "Communication in interdisciplinary team meetings: what are we talking about?"

"...examines professional communication practices in interdisciplinary team meetings, a common forum for discussing patient care..." and finds that "...Interdisciplinary teams are central to the care of the older patient in long-term care settings. Critical to the success of caring for these patients is the communication between providers about patient care..." The authors identified three different communication practices:

- Giving a report,
- Writing a report,
- Collaborative Discussion.

Only the latter Collaborative practice "...met the goals indicated by the team members to coordinate and make joint decisions about patient care and **allowed for team members to collaboratively solve problems.**" [8]

- Documented bespoke integrative health recommendations are then created through mutual interaction with the team, including relevant treatment recommendations from each skill set that is applicable to the client at that time. This fosters a sense of being very well looked after in the client, with enhanced compliance and subsequent referrals.

An example of a financial model supporting the Providers Team could be presented as follows:

If the Collaborative Team comprises FIVE Team members from different disciplines:

	Practice monthly Turnover on 100 clients	Practice: 30% of Consultation Fees	Lead Practitioner: 70% of Consultation Fees
Client's Consultation Fee: \$250	\$25,000	\$75	\$175
20 clients			\$3,500
80 clients			
100 clients		\$7,500	
Sub-Totals	\$75,000	\$7,500	\$3,500

Fig. 1: All initial and follow up consultation fees: \$250

- Lead Provider receives 70%
- Practice receives 30% (to support Practice Expenses and Focus & Educational remuneration of \$125/meeting, to Providers)

	Practice monthly Turnover on 100 clients	Practice: 10% of Subscription Fees	Lead Practitioner: 40% of Subscription Fees	4 x Contributing Providers (CP) (50%)	1 x Contributing Providers (CP) (12.5%)
Client's Monthly Subscription Payment: \$500	\$50,000	\$50	\$200	\$250	\$62.50
20 clients			\$4,000		
80 clients				\$20,000	\$5,000
100 clients		\$5,000			
Monthly Income: Client Subscription		\$5,000	\$4,000	\$20,000	\$5,000

Fig.2: The client's subscription payments are divided amongst the providers on a pro-rata basis:

- 10% is paid to the Practice, in addition to their share of the consultation fee.
- 40% is paid to the Lead Provider, in addition to their share of the consultation fee.
- 50% is divided amongst the other Contributing Providers (CPs) who contribute to the client's health improvement plan.

Team Categories	Number of Payees per	Total Monthly Earnings per	Total Earnings
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	category	Team Category	paid to CP TEAM
Practice	1	\$12,500	
Lead Provider and Contributing Provider roles: Totals/Team member	5	\$12,500	
TOTALS/MONTH (100 new clients at 20 / CP)	\$75,000	\$12,500	\$62,500
TOTALS/ ANNUM (100 new clients at 20 / CP)	\$900,000	\$150,000	\$750,000
NOTE: Educational Expenses per month (Paid to 5 x CPs): \$500	-\$500	\$125	\$500

Fig. 3 SUMMARY of MONTHLY and ANNUAL INCOME PROJECTIONS

Costs breakdown:

- \$50/monthly (subscription) paid to Practice, plus \$75 for each consultation fee.
- \$200/monthly (subscription) paid to Lead-Provider, plus \$175 for each consultation fee.
- \$250/monthly subscription is divided amongst the other participating providers contributing to the client’s health improvement plan. (If there are 4 other providers in the team, each is paid \$62.50/client case as a CP)

If each provider brings 20 new clients a month to the Practice from their own client base, this supports a mere 100 clients a month.

- **\$12 500** (\$5000 (100 x subs) plus \$7 500 (100 x consultation fees) is paid to the Practice (P) for all 100 clients.
 - Minus \$500/month at \$125 for each Educational Focus Topic
- **\$12 500** (\$4000 (20 x subs) plus \$3 500 (20 x consultation fees) is paid to the Lead-Provide (LP) for each of their 20 clients plus \$5000 (for the 80 clients where LP would fill the CP role)
- **\$12 500** (\$5 000 is divided amongst the 4 other contributing providers - so each provider is paid \$5 000 for the 80 clients to which they contributed).
 - In addition, if each CP brings 20 clients a month to the practice, as per this example, they would fill the LP role for these 20 clients, for which they would receive the LP remuneration of a further \$7 500
 - Therefore each Team member will receive a monthly remuneration of \$12 500 a month in total, as per this example.

This would be in addition to the Educational Focus Topics Remuneration, which in this example would add an additional \$125/month for each Focus topic presented.

JUST FOR INTRODUCING 20 NEW CLIENTS EACH A MONTH, TO THE PRACTICE

(100 clients) the annual income of the 5 Team Providers and the Practice, could look very attractive indeed:

- **\$900 000 annual income to the Practice!**
- **\$150 000 annual income to each of the 5 Team Providers!**

These numbers are simply a guideline to illustrate the mutually rewarding possibilities of such a Collaboration.! You can adjust these to accommodate YOUR business model.

This truly represents a WIN-WIN situation for all! Our present healthcare models are no longer viable, supportive or sustainable. Physical and mental health problems are at an all-time high, and are escalating at an alarming rate! Mental health decline and tragically high mortality rates are a devastating common occurrence in too many families!

It is time to make a change!

It is time to take the lead!

It is time to set the stage for our children, or our future generations will face lives we do not wish to think about!

IT IS TIME TO INTEGRATE AND COLLABORATE!

As can be seen from both the financial possibilities for providers, as well as the sustainable healing potential for our clients/patients, and by adopting trauma-informed, nervous system regulating practices, this proposed model for collaboration amongst healthcare professionals across all disciplines, has to be the way forward! Although much of the research showing the success of collaborative healthcare models has been primarily in the allopathic models, nonetheless the information contained in these papers clearly reflects the PRINCIPLE of collaborative healthcare, from the patient's perspective: In a paper titled "**The role of patient care teams in chronic disease management**", the teams referred to in the healthcare models studied, "...consisted of diagnosticians, prescribers, medication experts and members who tend to the ongoing daily needs of the patient..." reported that "Each expert adds a specific value, creating a collective synergy so that patient needs can be most effectively met." [9]

The Client Community Support Plans suggested in this model allows more frequent, consistent access to your clients, which builds relationships between them and your Team of Collaborative Providers. This then enables identification, and subsequent support, of the triggers for clients' physical/emotional manifestations, creating an ability to more specifically allocate bespoke treatment packages, adopting the diverse range of skills of your Provider Team, to be better aligned with, and receptive to, each individual's needs.

When clients experience being treated with compassion and targeted care, in addition to the essential clinical/biology aspects of their health profile, they talk to friends and family about you - because you STAND OUT from other Practices! Subsequently, referrals roll into your Practice, which benefits every member of your Collaborative team of Providers.

This chapter is armed not only with information to encourage you to seek out more information on becoming a 'Biology of Trauma' Informed Provider [10], but it also provides you with practical suggestions, financial examples and tools to begin the process to transition to a truly WIN-WIN Practice - one where the clients achieve optimal health, and the providers expand their knowledge and their income - as part of a supportive Team within your Practice - a **Trauma-informed, Integrative and Collaborative Community of Healthcare Providers**, to enable them to continue to help more clients to achieve their **Very Best Desired Outcomes!**

Will you join us?

Resources and references:

1. James Maskell (2020) [The Community Cure: Transforming Health Outcomes Together](#)
2. "Collaboration across the Disciplines in Healthcare", Chapter 6: Interprofessional Collaboration: A Nursing Perspective" Dr Nancy Spector, Director of Education of the National Council of State Boards of Nursing Inc Chicago, IL, Ch 6, p.27
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3. Health Professions Networks Nursing & Midwifery Human Resources for Health (2010) Framework for Action on Interprofessional Education & Collaborative Practice, World Health Organization (WHO/HRH/HPN/10.3), "Interprofessional education and collaborative practice for improved health outcomes p.18
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5. Dr Aimie Apigean: ['Trauma Healing Accelerated' group](#),
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TOTAL WORD COUNT 5343

(DO i have to reduce this - I would not know which part/s to lose? 😞😓🔪 If so, someone pls HELP! 😊)