

# Mind & Body Connection

## Interview with Dr. Girard Robinson, Chief of Psychiatry at Maine Medical Center & Chief Medical Officer at MBH

### Dr. Girard Robinson Steps Down as Psychiatry Chair and Chief Medical Officer



Dr. Girard Robinson

Close to three decades ago, in 1987 after completing his residency training in New York City, Dr. Girard Robinson was recruited to Maine Medical Center as the Assistant Director of the Consultation-Liaison and Emergency Room

Service with the Department of Psychiatry. He and his wife Patricia, a clinical trials coordinator, were looking for a smaller city where they could practice and teach. Fortunately, MMC and Portland met their needs, and Dr. Robinson began working with clinical staff on the med-surge floor.

After 30 years of service, Dr. Robinson is stepping down from his leadership positions at MMC and MBH. “I was lucky in my earlier experience working in the Emergency Department, inpatient and other units, to gain an understanding from serving in many different roles,” explained Dr. Robinson. His tenure has presented some interesting challenges, especially with the significant shift toward

data tracking and patient outcomes. “Mental healthcare is not reimbursed based on patient outcomes, similar to how Maine Medical Center is for physical recovery, but in the near future we will have to use data to support our value to the population and the health system.”

The approach to providing value-based care is evolving. In the public health system, people are shuffled between care coordination, and a key to success is figuring out how to collaborate with primary care and become a basic part of the overall healthcare system. “In my years of experience practicing psychiatry, I’m struck by the price we pay for a highly fragmented system – the multiple treatment plans for one patient. Because we are separated from the rest of the healthcare system, the costs are high. Our job is to increase our value and reduce stigma.”

**“There’s more of a partnership,” said Dr. Robinson, “giving patients a voice so that treatment is a shared decision.”**

With leaders including Mary Jean Mork, VP of Integrated Programming at MBH and Neil

*Continues next page*

Korsen, Medical Director at MaineHealth, Dr. Robinson was involved in a workgroup to bring mental health into primary care. Today, more than 90% of primary care offices throughout our MaineHealth system have a Licensed Clinical Social Worker (LCSW) embedded into the practice. But joining these services has been an undertaking. “Psychiatry is a fascinating profession and you are always learning how to collaborate with the rest of the system,” he explained. There is mounting evidence that holistic healthcare treatment, especially for those who are diagnosed with cancer or other life-threatening illnesses, is imperative to well-being and recovery.

Separated systems of medical and psychiatric care have not served people well, and this is perhaps most apparent amidst the addiction and heroin epidemic. MaineHealth is tackling the crisis with the formation of an Opiate Task Force, with Dr. Robinson as the clinical lead, developing a treatment model that includes both medication management and psychiatric counseling. After he steps down from his current role, he will continue as clinical lead for our MaineHealth Behavioral Health Service Line and on the Opioid Task Force teams.

In Maine, lack of funding is an underlying barrier to obtaining access to both treatment and medication management. “As a result of the state’s denial of the Medicaid expansion

offered by the Accountable Care Act, we now have a higher bar for Medicaid eligibility and more uninsured people. Unfortunately, this group is overly represented by those with psychiatric or substance use disorders,” he explained. “There’s also not enough access to crisis intervention services as an alternative to the Emergency Department and hospital services.” The importance of community-based services will continue to grow as the system evolves.

While there are challenges with funding, the professional talent coming into Maine through the Maine Medical Center and Spring Harbor Hospital residency training programs brings a huge benefit to the state. “This is an important part of our mission and a source of psychiatric manpower,” said Dr. Robinson. “Geriatric psychiatry is growing in demand, and the P6 unit at MMC (treating Alzheimer and Dementia patients) is an excellent training ground.”

*Dr. Robinson has served in many roles with distinction, including Assistant Director of the Training Program, Medical Director for Inpatient Psychiatric Service, Chief Medical Officer for Spring Harbor Hospital and Chair of the Department of Psychiatry. During his time as chair, Dr. Robinson spearheaded a number of clinical, academic and research initiatives that established MBH among the most recognized behavioral health organizations in the country.*