Improving access and the quality of care through better collaboration between mental health and primary care: A global perspective

Nick Kates, Chair
Dept. of Psychiatry & Behavioural Neurosciences
McMaster University

Hamilton Family Health Team
“Improving Access and the Quality of Care by Better Collaboration Between Mental Health and Primary Care Providers: A Global Perspective”

Nick Kates MB.BS FRCPC MCFPC
Chair, Dept. of Psychiatry and Behavioural Neurosciences
McMaster University
Hamilton, ON

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Faculty Disclosure

The presenter of this session has NOT had any relevant financial relationships during the past 12 months. The only disclosure is
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• List ...
• Identify ...
• Discuss ...
Bibliography / Reference

1. Reference
2. Reference
3. Reference
4. Reference
5. Reference
A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Plan for today

• Why we need to collaborate

• A Framework for Collaborative Care

• Enhancing PMHC through Collaboration
  – All mental health services
  – Within primary care (Integrated care)

• Keys to success

• Evaluation

• Future Opportunities
Thought for the day

“Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it”
Why do we need to collaborate better?

Because of the key role primary care is already playing, often without support.

There are challenges in addressing mental health issues in primary care.

Problems in the relationships with mental health services.
What prevents us from collaborating

- Physician remuneration models
- Service funding models
- Attitudes
- Cultures of care
- Power and control
- Comfort / convenience
- Training
- How our systems are designed
Primary Mental Health Care

Delivery of mental health care within primary care settings

Not dependent on the presence of a mental health professional
4 Components to PMHC

- Recognition, Assessment and Initiation of Therapy
- Care Management and Relapse Prevention
- Education and Support for Self-Management
- Protection of Human Rights / Equity
Primary Mental Health Care

Delivery of mental health care within primary care settings

Not dependent on the presence of a mental health professional

Enhancing PMHC through Collaboration

By any service

Bringing mental health services into primary care
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External Supports

Policy Framework

Funding Strategy

Training Strategy
Collaboration

• Delivery of service by two or more stakeholders (including consumers)

• Working together in a partnership characterised by
  – Common goals or purpose
  – Recognition and respect for strengths and differences
  – Equitable and effective decision making
  – Clear and regular communication

• To improve access to a comprehensive range of services delivered by the right person, in the right place at the right time
Integration

The realignment of resources, and of the delivery, management and organisation of services to develop a comprehensive continuum of services to improve access, quality, user satisfaction and efficiency
Primary Mental Health Care
Delivery of mental health care within primary care settings
Not dependent on the presence of a mental health professional
It draws upon
Informed, Activated Consumer
Productive Interactions

Health System
- Health Care Organization
- Decision Support
- Self-Management Support
- Delivery System Design
- Clinical Information Systems

Community
- Resources and Policies

Improved Outcomes

Prepared, Proactive Practice Team

(Chronic) Care Model
Quality Care is care that is:

- Effective
- Safe
- Timely (accessible)
- Equitable
- Efficient
- Consumer & Family-centred
- Integrated and collaborative
- Focused on population health
Failures to collaborate are often system failures.
Redesigning Systems of Care

Better management, obtaining better outcomes and delivering better quality care require changes in the way systems of care are organized, both within and between systems.
Changes in Delivery Systems to Support Collaborative Care

- Treatment protocols, guidelines or pathways
- Case registries
- Pro-active outreach and recall (planned care)
- Clarity regarding roles and expectations
- Person to person handovers of care
- Incentives to promote collaborative practice,
- Shared record keeping and charting
- Task-sharing
- Measurement
- Preparation for working in primary care
Changes in Delivery Systems to Support Collaborative Care (Whitebird, Unutzer)

- Treatment protocols, guidelines or pathways
- Case registries
- Pro-active outreach and recall (planned care)
- Clarity regarding roles and expectations
- Person to person handovers of care
- Support by leadership in both organisations
- Incentives to promote collaborative practice,
- Shared record keeping and charting
- Task-sharing
- Measurement
The triple (quadruple) aim (IHI)

Population Health

Experience of Care

Per Capita Cost
GOALS OF COLLABORATIVE CARE PROGRAMS

POSSIBLE GOALS

- Increase capacity
- Improve access
- Improve quality & outcomes
- Enhance the provider’s experience
- Enhance the person’s experience
mhGAP

• WHO Program 2008
• 14% of the Global Burden
• 75% have no access to care
• Integration of mental health services into general medical settings
• Produced a series of guides

Without mental health there is no health
mhGAP – 4 roles for Primary Care

- Assessment and Treatment
- Care Management and monitoring
- Education and Support for Self-Management
- Protecting human rights / (Equity)
Collaborative Care Model (Katon et al)

Primary Care Practice

- Primary Care Provider
- Patient (informed activated) +
- Mental Health Care Manager
- Psychiatric Consultant

Outcome Measures

Treatment Protocols

Population Registry

Psychiatric Consultation
Core Principles of Effective Collaborative Care

**Patient-Centered Care Teams**
- Team-based care: effective collaboration between PCPs and Behavioral Health Providers.
- Nurses, social workers, psychologists, psychiatrists, licensed counselors, pharmacists, and medical assistants can all play an important role.

**Population-Based Care**
- Behavioral health patients tracked in a registry: no one ‘falls through the cracks’.
- Population-based screening

**Measurement-Based Treatment to Target**
- Measurable treatment goals clearly defined and tracked for each patient
- Treatments are actively changed until the clinical goals are achieved

**Evidence-Based Care**
- Treatments used are ‘evidence-based’, having credible research evidence

AIMS Center 2011, [http://aims.uw.edu/](http://aims.uw.edu/)
Stepped Care Approach

- Self-Management
- 1° Care
- 1° Care + Health Educ.
- 1° Care + MHP
- Psychiatric consult (Face-to-face)
- Psychiatric Inpatient tx
- BH specialty long term tx
Stepped Care Approach

Primary Care

1° Care + Health Educ.

1° Care + MHP

Psychiatric consult (Face-to-face)

BH specialty long term tx

Psychiatric Inpatient tx

Self-Management

1° Care

Psychiatric Consultant
Stepped Care Approach

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Self-Management

Psychiatric Consultant
Primary Mental Health Care

Delivery of mental health care within primary care settings
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Enhancing PMHC through Collaboration

By any service
Bringing mental health services into primary care
Strengthening PMHC through better collaboration

Changes that any mental health service can make

Bringing mental health services with primary care
Strengthening PMHC through better collaboration

Changes that any mental health service can make
Things that any mental health service can do

Telepsychiatry
Capacity Building
Co-ordinating Care
Improving Access
Communication

Things that any mental health service can do
**CAPACITY BUILDING**

**Educational sessions with Primary Care Providers**
- Case Discussion
- Relevant / Case based / Brief
- Not one-offs
- Family physicians involved in design

**Provision of Information**
- Information with discharge summaries
- Other resources
- Links to on-line resources

**Training Programs**
- Practice Support Program Modules in BC
- Adults
- Children and Youth
- Different conditions
- Processes of care
Physical Health Care for the Mentally Ill
Strengthening PMHC through better collaboration

Changes that any mental health service can make

Bringing mental health services with primary care

statement

statement
Mental Health Services in Primary Care

Co-Location
Educational sessions / joint rounds – opportunities to meet
Visits to primary care for consultation / follow-up / case reviews
Offices in the same building

Visiting MH Professionals
• Individual clinician
• Team
• Hub and spoke

Integrated Team
The keys to success
Making it work

- Principles
- To get the best outcomes
- Evaluation
- Preparation of staff
- Setting up a project
Principles
Principles – The Entire System

- Collaboration and integration is a process, not a single event
- Better collaboration is a means to an end
- Mutual respect and support
- Recognition of each other’s strengths and limitations
- Individually tailored – one size fits one
- Personal contacts and direct communication
- All partners need to be willing to make adjustments
- Language is relevant, jargon-free and easy to understand
- Physical proximity is essential.
- Approaches need to be adapted according to resources, local cultural and geography and problem severity
Principles – Between Providers

• Common goals
• Primary care tasks must be realistic and relevant to the skills, interests and resources of the providers.
• Care should be person and family centred (to ensure treatment is effective) and responsive to their changing needs.
• There should be a regular and unimpeded flow of information between providers
• There needs to be effective co-ordination of care and shared care plans
• Personal contacts – Getting to know each other
To get the best outcomes
To get the best outcomes

Integrative Care needs to be

- Team-Based
- Person and family centred
- Population focused
- Co-ordinated
- Emphasise Communication
- Evidence-informed
- Proactive & Planned
- Stepped

To get the best outcomes
How can integrated care reinforce Primary Mental Health Care
4 Components to PMHC

- Recognition, Assessment and Initiation of Therapy
- Care Management and Relapse Prevention
- Education and Support for Self-Management
- Protection of Human Rights / Equity
Assessment and Initiation of Treatment

- Diagnosis
- Consultations
- Referral
- Advice about treatment
- Educational sessions for primary care providers
- Introducing clinical guidelines
Evidence-based Brief Interventions

- Motivational Interviewing
- Support for Self-Management
- Behavioral Activation
- Problem Solving Therapy
- Distress Tolerance
Care Management and Monitoring

- Delivering psychological therapies
- Care co-ordination and case management.
- Telephone back-up when not in the practice
- Intermittent care
- Case reviews
- Systematic and proactive follow-up
- Leading groups or shared medical appointments
- Monitoring of progress and treating to target.
- Providing educational resources
Quality Measures

**Effective**
- Follow evidence informed guidelines
- Outcomes
- Percentage who reach treatment targets.

**Timely**
- Waiting time
- Type of services delivered

**Efficient**
- The extent and type of integration and coordination
- Team functioning
- Utilization of other services
- Amount of service delivered

**Patient-Centred**
- Patients involved in developing their plans and goals
- Patient has a copy of their plan
- Patient satisfaction
- Provider satisfaction
Quality Measures

Equitable
- The elimination of barriers to access
- Equity in outcomes

Safe
- Medication reconciliation
- Elimination of preventable adverse events
- Always / Never events

Population-focused
- Follow-up after treatment
- Subpopulations being seen
Education and Support for Self-Management

- Support for self-management,
- Providing resources
- Education about relapse prevention
- Engaging a family or support system
- Support for primary care teams
Protecting Human Rights/Equity

- Decreasing stigma amongst primary care staff
- Decreasing stigma amongst family and community members
- Participating in advocacy efforts
- Increasing equity in access and outcomes
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External Supports
Policy Framework
Funding Strategy
Training Strategy
Other Supports Required

• Integrated Funding
• Integrated Governance
• Physical integration of staff
• Support from Leadership
• Common Charting / EMR
• Standardisation of interventions
• Commitment to Performance Management, Quality Improvement and Evaluation
Preparing people to work in primary care
Skills Required

• Competencies
  – Understand primary care
  – Able to work in a team
  – Flexible and open
  – Communications

• Prepared

• Opportunities to share experiences
Planning and Implementing a project
Implementing a project

• Collaborative
• Recognise the past and move on
• Common goals (shared)
• Small steps and build
• Lead / ambassador / liaison
• Monitoring / oversight group
• Measurement
• Review process
Other opportunities
CMHC can assist with other health system challenges

- Access and waiting times
- Fragmentation of services
- Avoidable ED visits
- Improving transitions
- Improving quality of care
- Aging population – Complex conditions
- Rural and isolated communities
- Inequities
- Earlier detection – especially children
20th. Canadian Collaborative Mental Health Care Conference

May 10-11th. 2019

Vancouver
British Columbia

www.shared-care.ca
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!