

Bringing Research
to
Interprofessional Collaborative
Mental Health Practice

June 8, 2010



Queen's
UNIVERSITY

DEPARTMENT OF PSYCHIATRY



Program

- 12:00 *Welcome & Introductions* K. Le Clair
- 12:10 *Collaborative Care Research & Practice-based Research Strategies* N. Kates
- 12:40 *Departmental Directions: Moving Forward with Collaborative Care Research* D. Groll
- 12:50 *Discussion* K. Le Clair



Learning Objectives

1. To present an overview of current literature and research in collaborative care practice.
2. To gain appreciation and understanding of practice-based research.
3. To gain appreciation of the departmental directions for collaborative care research.
4. To discuss opportunities for interprofessional collaborative practice-based research in South Eastern Ontario.

Plan

- What seems to work in collaborative mental health care
- Where do we need to learn more
- Measurement and Improvement

Collaborative MH Care is gaining acceptance

- Being accepted as an integral part of practice
- Increasing interest on the part of providers
- Being included in provincial and regional planning
- Ontario's mental health strategy – clear direction
- Increasing Canadian models and evidence (but still not much)

What we're trying to do – 3 Broad Goals (Triple Aim)

- *Better outcomes for populations served*
- *Improved experience of seeking / receiving care*
- *More efficient / cost efficient / sustainable use of resources*

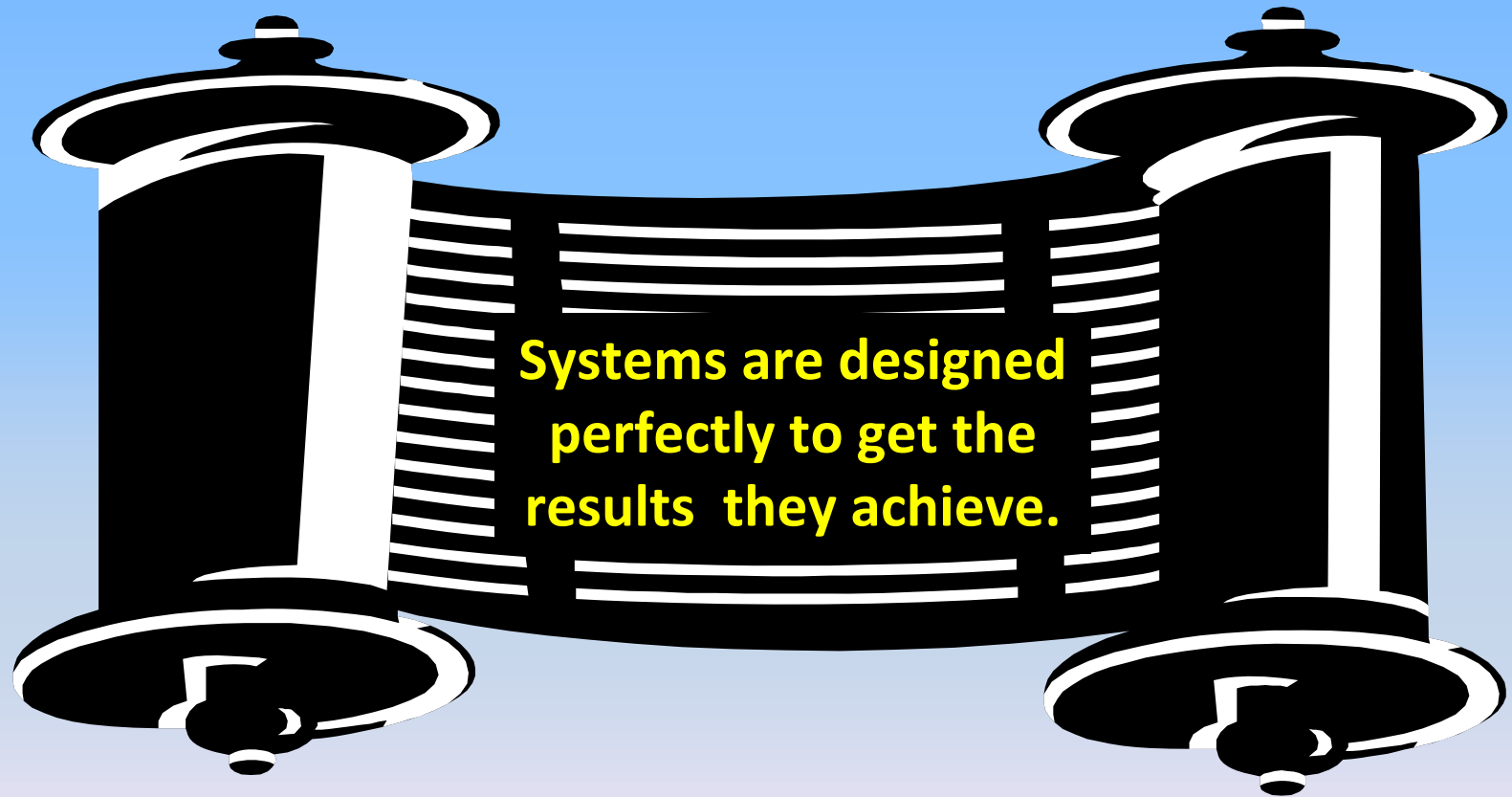
What we're trying to do (Clinical and Research)

- *Increase access*
 - For different populations
 - Reduce waiting times
 - Eliminate barriers between services
- *Enhance the patient / consumer experience*
 - Improve the patient journey
 - Support self-management
 - Reduce stigma
- *Improve co-ordination of care*

What we're trying to do

- *Use resources more efficiently / cost-effectively*
 - Reduce waste
 - New roles
 - New ways of delivering care
- *Increase system capacity*
 - Increase skills
 - New ways of delivering care
- *Need to redesign systems to get better outcomes*

Thought for the Day



**Systems are designed
perfectly to get the
results they achieve.**

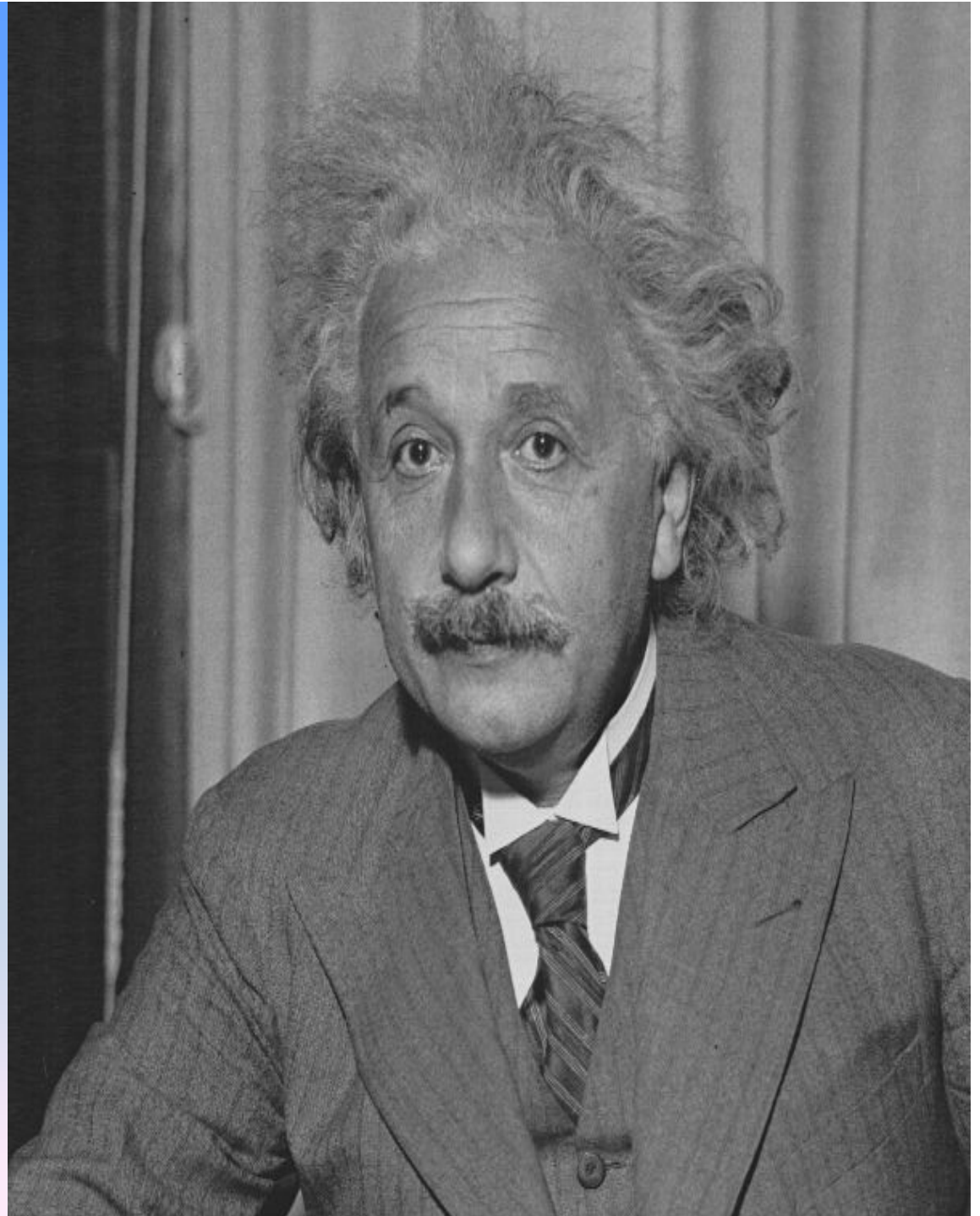


TRADITION

JUST BECAUSE YOU'VE ALWAYS DONE IT THAT WAY
DOESN'T MEAN IT'S NOT INCREDIBLY STUPID.

www.despair.com

*“Insanity is
doing things the
way we’ve
always done
them, and
expecting
different results”*



**BEWARE
OF
PICKPOCKETS**

4 dimensions of successful programs

- Use of evidence-supported interventions
 - Care Manager / co-ordinator
 - Psychiatric consultation
 - Consumer education
 - Provider education
 - Planned visits / pro-active follow-up
 - Development of a registry
 - Team-based care
- Stepped model of care
- Shared model of care
- System redesign to support these

Evidence as to the benefits of collaborative mental health care

- Improves outcomes
- Improves access to care
- Can serve as the foundation of an integrated continuum of mental health services with complementary roles
- Require time and work degree of collaboration does not predict outcomes
- Needs to be supported by other changes in systems of care

Outcomes

- Symptom improvement
- Functional improvement
- Reduced disability days
- Increased workplace tenure
- Increased quality adjusted life years
- Increased compliance with medication
- Shorter term (1-2 years) and longer term (4-5 years)
- Cochrane (all collaborative care) – less positive

Improved outcomes for specific populations

- Youth
- Seniors
- Individuals with addiction problems
- First nations populations

Benefits

- Cost effective / savings in health care costs
 - more efficient use of medications
 - reduced utilization of other medical services, especially for individuals with chronic medical conditions
 - more efficient use of existing resources
 - a greater likelihood of a return to the workplace
- But needs
 - Initial investment in these new services, if savings are to be achieved down the road
 - Quality Improvement and system redesign

Benefits – Hamilton FHT Mental Health Program

Access

- Improves access to mental health care
- Improves access for underserved communities

System Capacity

- Increases capacity of primary care
 - Services
 - Skills
- Increases capacity of mental health and addictions system

Benefits...cont'd

Co-ordination of Care

- Improves communication
- Increases continuity of care
- Creates a continuum of care
- Increases co-ordination of care
- Integrates emotional and physical care

Efficiencies

- Changes the relationships and frees up resources between primary and secondary/tertiary services
- Referrals can be triaged
- More rapid return to primary care
- Cases seen in the most appropriate location

Improves the Experience of Seeking / Receiving Care

- Easier access to care (closer / quicker)
- More culturally acceptable
- Co-ordinating care through the FPs office
- Help with negotiating systems / referrals
- Familiar environment
- Less stigmatizing
- Integrated with other care
- Family physician entry to care

WHO / WONCA

Drivers for change

- Burden is great
- Mental and physical health care are interwoven
- The treatment gap is enormous
- Primary mental health care
 - Enhances access
 - Promotes respect for human rights
 - Is affordable and cost effective
 - Generates good health outcomes

3 kinds of investigative activity

- *Research* – Answering a specific question
- *Evaluation* – Measuring attainment of project goals
 - Service improvement
 - Accountability
 - Political (Funding / project sustainability)
 - Dissemination of ideas
 - Identifying future research questions
- *Improvement* – Measurement of change

Use Improvement Tools to understand processes and patterns

- Get to know your practice
- Process mapping
- Core process assessment
- Measure patient and staff satisfaction
- Understand the patient journey
- Team assessment tools
 - www.qiip.ca/resource-guide.php
- Supply and demand analysis

Web Sites with Improvement Tools

Dartmouth – Clinical Microsystems

<http://dms.dartmouth.edu/cms/materials/workbooks/>

Institute for Healthcare Improvement

www.ihp.org

Quality Improvement and Innovation Partnership

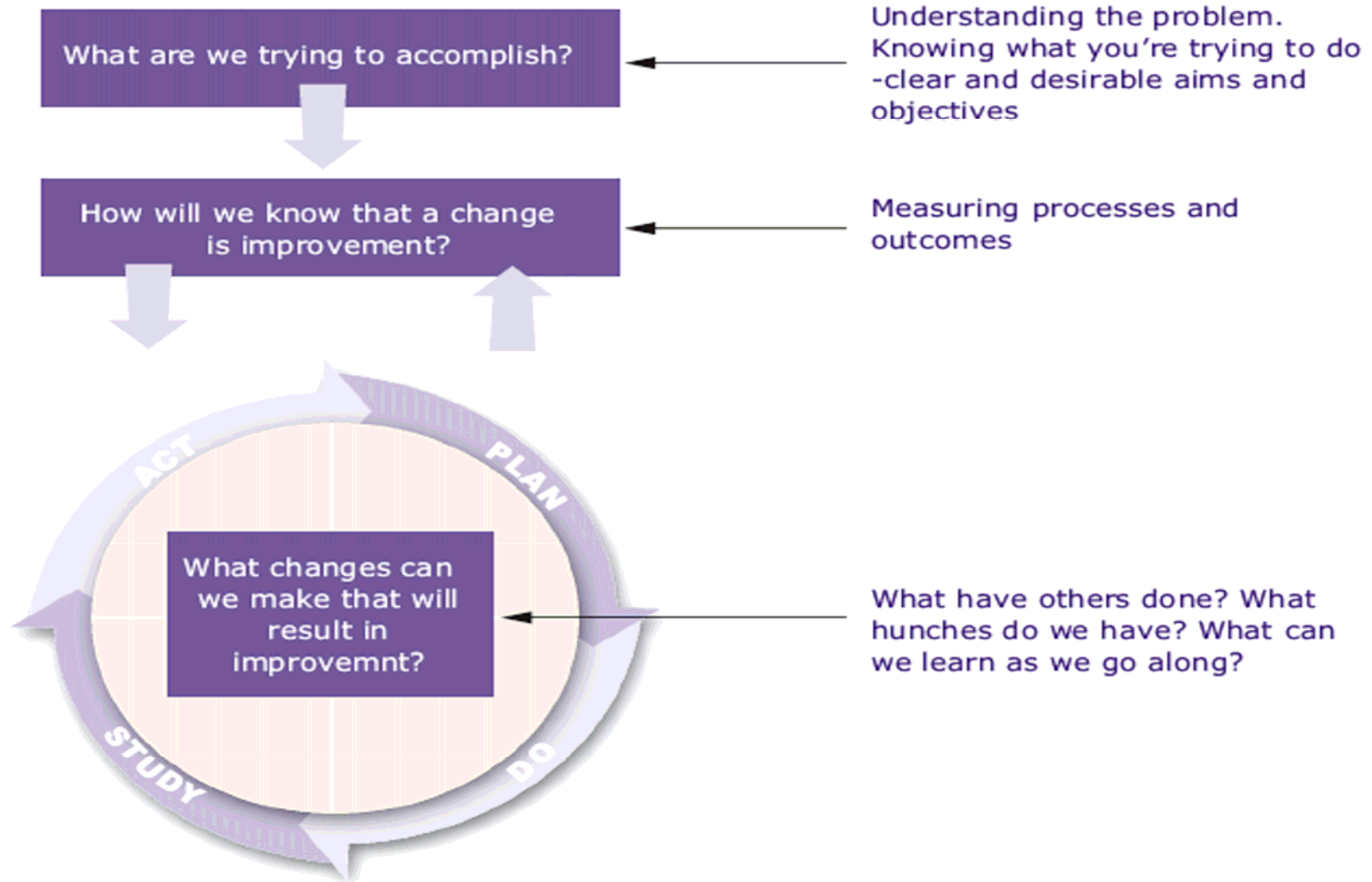
www.qiip.ca

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The Model for Improvement

Plan, Do, Study, Act Cycle



PDSA Cycle is Based on Same Model as the Scientific Method

<i>Scientific Method</i>	<i><u>PDSA</u> Cycle</i>
Develop hypothesis	<i><u>P</u>lan</i> (select a process for improvement and measure performance)
Conduct experiment	<i><u>D</u>o</i> (implement a change in the process)
Record data and analyze results	<i><u>S</u>tudy</i> (measure performance and evaluate impact)
Publish results or revise hypothesis and repeat	<i><u>A</u>ct</i> (implement or revise and repeat)

Testing small improvements

- ⊙ Different from the traditional model
- ⊙ Not designing a multi-faceted intervention then not changing it for a year because of fidelity to the design
- ⊙ Small rapid changes
- ⊙ Learning and adjusting as we go
- ⊙ Relevant to that setting

Testing small improvements

- ⊙ Clear re goal
- ⊙ Can use it to define a research question
- ⊙ Can also use it for any organisational task
 - ⊙ Meetings
 - ⊙ Gathering information
 - ⊙ Testing ideas / policies
 - ⊙ Dissemination
- ⊙ Always looking for ways to improve services
(culture of improvement)

Looking ahead – We need to better understand.....

- ◎ Economic benefits of collaborative models
- ◎ The impact of standardised (best practice) approaches
- ◎ Which problems are best served where
- ◎ The consumer's journey
- ◎ Use of alternate approaches to care (ie phone, email)

Looking ahead – We need to better understand.....

- ◎ How to meet the needs of underserved populations
- ◎ Physical health care of the mentally ill
- ◎ Mental health problems of the medically ill and chronic disease management
- ◎ How best to train future providers (now an expectation)
- ◎ Early Detection / use of screening instruments

Some new options for any mental health service

- Simplify Intake Procedures
- Review inclusion / exclusion criteria
- Telephone back-up
- Rapid consultation service – (to waiting list)
- Discharge planning
- Discharge visits
- Post-discharge follow-up

Some new options for any mental health service

- Rapid transmission of reports / plans
- Educational sessions / joint rounds
- Information sheets with discharge summaries
- Guidebook of community resources
- Newsletter
- Involvement in planning

Summary

- *Exciting time*
- *Becoming an increasingly important part of mental health care delivery*
- *Many areas to explore*
- *Think about evaluation in any project*
- *Look at measuring the impact of small, frequent, rapid changes*

References & Resources

- Kates, N., Craven, M., Bishop, J., Clinton, T., Kraftcheck, D., LeClair, K., Leverette, J., Nash, L., & Turner, T. (1997). Shared mental health care in Canada. *Canadian Journal of Psychiatry*, 42(8), 877-888
- Kates, N., Gagne, M.A., & Whyte, J.M. (2008). Collaborative mental health in Canada: Looking back and looking ahead. *Can. Journal of Community Mental Health*, 27(2), 1-4.
- Kates N. Promoting Collaborative mental health care in Canada : Family Systems and Health 28 (4) Dec. 2008
- Craven M. and Bland R. (2006) Better Practices in Collaborative Mental Health Care: An Analysis of the Evidence Base Supplement to the Canadian Journal of Psychiatry 51(1)
- Kates, N., George, L., Crustolo, A.M., & Mach, M. (2008). Findings from a comparison of mental health services in primary care and outpatient mental health services. *Canadian Journal of Community Mental Health*, 27(2), 93-103.
- Dietrich, A.J., Oxman, T.E., Williams, J.W., Schulburg, H.C., Bruce, M.L., Lee, P.W., Barry, S., Raue, P.J., Lefever, J.J., et al. (2004). Re-engineering systems for the treatment of depression in primary care: cluster randomised controlled trial. *B.M.J.*, 329, 602-605
- Solberg, L.I., et al. (2008). Relationship between the presence of practice systems and the quality of care for depression. *American Journal of Medical Quality*, 23, 420-426.
- Rost, K., Nutting, P., Smith, J., Elliot, C.E., & Dickinson M. (2002). Managing depression as a chronic disease: a randomised trial of ongoing treatment in primary care. *British Medical Journal*, 325, 934-939.
- Lin, E.H., Katon, W.J., Simon, G.E., Von Korff, M., Bush, T.M., Rutter, C.M. et al. (1997). Achieving guidelines for the treatment of depression in primary care: Is physician education enough? *Med Care*, 35, 831-842.
- Kates, N., Crustolo, A.M., Farrar, S., & Nikolaou, L. (2001). Integrating mental health services into primary care: Lessons learnt. *Family Systems & Health*, 19(1), 5-12.
- Mitchell, G., Del Mar, C., & Francis, D. (2002). Does primary medical practitioner involvement with a specialist team improve patient outcomes? A systematic review. *British Journal of General Practice*, 52(484). 934-939.
- Hunkeler, E.M., Meresman, J.F., Hargreaves, W.A., Fireman, B., Berman, W.H., Kirsch, A.J., Groebe, J., Hurt, S.W., Braden, P., et al. (2000). Efficacy of nurse telehealth care and peer support in augmenting treatment of depression in primary care. *Archives of Family Medicine*, 9, 700-708.
- Gilbody S., Bower P., Fletcher J., Richards D., & Sutton A. (2006). Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. *Archives of Internal Medicine*, 166, 2314 – 2321

References & Resources (#2)

- Gilbody, S., Sheldon, T., & House, A. (2008). *Screening and case-finding instruments for depression: a meta-analysis*. *CMAJ*, 178(8), 997-1003.
- Katon, W.J., Von Korff, M., Lin, E.H., Simon, G., Walker, E., Unutzer, J., et al. (1999). Stepped collaborative care for primary care patients with persistent symptoms of depression: a randomized trial. *Archives of General Psychiatry*, 56(12), 1109-1115.
- Katon, W.J., Simon, G., Russo, J., Von Korff, M., Lin, E.H., Ludman, E., et al. (2004). Quality of depression care in a population-based sample of patients with diabetes and major depression. *Med Care*, 42(12), 1222-1229.
- Unutzer, J., Katon, W.J., Callahan, C.M., Williams, J.W., Jr., Hunkeler, E., Harpole, L., et al. (2002). Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA*, 288(22), 2836-2845.
- Wells, K.B., Sherbourne, C., Schoenbaum, M., Duan, N., Meredith, L., Unutzer, J., et al. (2000). Impact of disseminating quality improvement programs for depression in managed primary care: a randomized controlled trial. *JAMA*, 283(2), 212-220.
- Bower, P., & Gilbody, S. (2005). Managing common mental health disorders in primary care: conceptual models and evidence base. *British Medical Journal*, 330, 839-842.
- Neumeyer-Gromen, A., Lampert, T., Stark, K., Kallischnigg, G. (2004). Disease management programs for depression: a systematic review and meta-analysis of randomized controlled trials. *Med Care*, 42, 1211-1221.
- Katon, W.J., Von Korff, M., Lin, E.H., et al. (2004). The pathways study: a randomized trial of collaborative care in patients with diabetes and depression. *Arch. Gen. Psych.* 61, 1042-1049.
- Roy-Byrne, P.P., Wagner, A.W., & Schraufnagel, T.J. (2005). Understanding and treating panic disorder in the primary care setting. *Journal of Clinical Psychiatry*, 66(4), 16-22.
- Gilbody, S. (2008). Depression in older adults: collaborative care model seems effective. *Evidence Based Mental Health*, 11, 44-44.
- Rubenstein, L.V. (2007). Review: collaborative care was effective for depression in primary care in the short and longer term. *Evidence Based Medicine*, 12, 109-109.
- Katon, W.J., & Unutzer, J. (2006). Collaborative care models for depression: time to move from evidence to practice. *Archives of Internal Medicine*, 166, 2304-2306.
- Bartels, S.J., Coakley, E.H., Zubritsky, C., Ware, J.H., Miles, K.M., & Arean, P.A. (2004). Improving access to geriatric mental health services: a randomized trial for depression, anxiety, and at-risk alcohol use. *American Journal of Psychiatry*, 161, 1455-1462.
- Katon, W., Von Korff, M., Lin, E., Walker, E., Simon, G.E., & Bush, T. (1995). Collaborative management to achieve treatment guidelines: impact on depression in primary care. *JAMA*, 273, 1026-1031.

References & Resources (#3)

- [Doey, T., Hines, P., Leavey, J., & Seabrook, J. \(2008\). Creating primary care access for mental health care clients in a community mental-health setting. *Canadian Journal of Community Mental Health*, 27\(2\) 129-138.](#)
- Hepner, K.A., Rowe, M., Rost, K., Hickey, S.C., Sherbourne, C.D., Ford, D.E., Meredith, L.S. et al. (2007). The effect of adherence to practice guidelines on depression outcomes. *Annals of Internal Medicine*, 147, 320-329.
- Michalak, E.E., Goldner, E.M., Jones, W., Oetter, H.M., & Lam, R.W. (2002). The management of depression in primary care: Current state and a new team approach. *BCMJ*, 44, 408-411.
- Collins, K.A, Wolfe, V.V., Fisman, S., DePace, J., & Steele, M. (2006). Managing depression in primary care: Community survey. *Canadian Family Physician*, 52, 878-879.
- [Bower, P., Byford, S., Sibbald, B., Ward, E., King, M., Lloyd, M., et al. \(2000\). Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy, and usual general practitioner care for patients with depression. II: Cost effectiveness. *BMJ*, 321, 1389-1392.](#)
- [Schoenbaum, M., Unützer, J., Sherbourne, C., Duan, N., Rubenstein, L.V., Miranda, J., et al. \(2001\). Cost-effectiveness of practice-initiated quality improvement for depression: Results of a randomized controlled trial. *JAMA*, 286, 1325-1330.](#)
- [Unützer, J., Rubenstein, L., Katon, W.J., Tang, L., Duan, N., Lagomasino, I.T., et al. \(2001\). Two-year effects of quality improvement programs on medication management for depression. *Archives of General Psychiatry*, 58, 935-942.](#)
- [Simon, G.E., Von Korff, M., Ludman, E.J., Katon, W.J., Rutter, C., Unützer, J., et al. \(2002\) Cost-effectiveness of a program to prevent depression relapse in primary care. *Medical Care*, 40, 941-950.](#)
- [Katon, W.J., Roy-Byrne, P., Russo, J., Cowley, D. \(2002\). Cost-effectiveness and cost offset of a collaborative care intervention for primary care patients with panic disorder. *Archives of General Psychiatry*, 59, 1098-1104.](#)
- [Katon, W.J., Schoenbaum, M., Fan, M.Y., Callahan, C.M., Williams, J. Jr, Hunkeler, E., et al. \(2005\). Cost-effectiveness of improving primary care treatment of late-life depression. *Archives of General Psychiatry*, 62, 1313-1320.](#)
- [Simon, G.E., Katon, W.J., Lin, E.H., Rutter, C., Manning, W.G., Von Korff, M., et al. \(2007\). Cost-effectiveness of systematic depression treatment among people with diabetes mellitus. *Archives of General Psychiatry*, 64, 65-72.](#)
- [Unutzer, J., Katon, W.J., Fan, M.Y., Schoenbaum, M.C., Lin, E.H., Della Penna, R.D. \(2008\). Long-term cost effects of collaborative care for late-life depression. *American Journal of Managed Care*, 14, 95-100.](#)
- [Katon, W.J., Russo, J.E., Von Korff, M., Lin, E.H., Ludman, E., Ciechanowski, P.S., et al. \(2008\). Long-term effects on medical costs of improving depression outcomes in patients with depression and diabetes. *Diabetes Care*, 31, 1155-1159. .](#)

References & Resources (#4)

- [Katon, W.J.](#) & [Seelig, M.](#) (2008). Population-based care of depression: Team care approaches to improving outcomes. *Journal of Occ. and Env. Medicine*, 50, 459-467
- [Dewa, C.S.](#), [Hoch, J.S.](#), [Carmen, G.](#), [Guscott, R.](#), [Anderson, C.](#) (2009). Cost, effectiveness, and cost-effectiveness of a collaborative mental health care program for people receiving short-term disability benefits for psychiatric disorders. *Can. J. of Psychiatry*, 54, 379-388.
- [Asarnow, J.R.](#), [Jaycox, L.H.](#), [Tang, L.](#), [Duan, N.](#), [LaBorde, A.P.](#), [Zeledon, L.R.](#), et al. (2009). Long-term benefits of short-term quality improvement interventions for depressed youths in primary care. *American Journal of Psychiatry*, 166, 1002-1010.
- [Muntingh, A.D.](#), [van der Feltz-Cornelis, C.M.](#), [van Marwijk, H.W.](#), [Spinhoven, P.](#), [Assendelft, W.J.](#), [de Waal, M.W.](#), et al. (2009). Collaborative stepped care for anxiety disorders in primary care: aims and design of a randomized controlled trial. *BMC Health Services Research*, 8, 159.
- [Simon, G.E.](#), [Ludman, E.J.](#), & [Rutter, C.M.](#) (2009). Incremental benefit and cost of telephone care management and telephone psychotherapy for depression in primary care. *Archives of General Psychiatry*, 66, 1081-1089.
- [Drummond C.](#), [Coulton S.](#), [James D.](#), [Godfrey C.](#), [Parrott S.](#), [Baxter J](#) et al. (2009). Effectiveness and cost-effectiveness of a stepped care intervention for alcohol use disorders in primary care: pilot study. *British Journal of Psychiatry*, 195, 448-456.
- [Duncan, E.](#), [Best, C.](#), & [Hagen, S.](#) (2010). Shared decision making interventions for people with mental health conditions. Cochrane Database of Systematic Reviews,
- [Storck, M.](#), [Beal, T.](#), [Bacon, J.G.](#), & [Olsen, P.](#) (2009). Behavioral and mental health challenges for indigenous youth: research and clinical perspectives for primary care. *Pediatric Clinics of North America*, 56, 1461-1479.
- [Katon, W.J.](#) (2003). The institute of medicine "chasm" report: implications for depression collaborative care models. *General Hospital Psychiatry*, 25, 222-229.
- [Bosmans, J.E.](#), [van Schaik, D.J.](#), [Heymans, M.W.](#), [van Marwijk, H.W.](#), [van Hout H.P.](#), & [de Bruijne, M.C.](#) (2007). Cost-effectiveness of interpersonal psychotherapy for elderly primary care patients with major depression. *Int J Technol Assess Health Care.*, 23, 480-487.
- [Kiraly, B.](#), [Gunning, K.](#), & [Leiser J.](#) (2008). Primary care issues in patients with mental illness. *American Family Physician*, 78, 355-362.
- [Mulvale, G.](#), [Danner, U.](#), & [Pasic, D.](#) (2008). Advancing community-based collaborative mental health care through interdisciplinary mental health teams in Ontario. *Canadian Journal of Community Mental Health*, 27(2), 55-73.
- [Rollman, B.L.](#), [Belnap, B.H.](#), [LeMenager, M.S.](#), [Mazumdar, S.](#), [Houck, P.R.](#), [Counihan, P.J.](#), et al. (2009). Telephone-delivered collaborative care for treating post-CABG depression: a randomized controlled trial. *JAMA*, 302, 2095-2103.
- [Jones, D.](#), [Macias, C.](#), [Barreira, P.](#), [M.D.](#), [Fisher, W.](#), [Hargreaves, W.](#), & [Harding, C.](#) (2004). Prevalence, severity, and co-occurrence of chronic physical health problems of persons with serious mental illness. *Psychiatry Services*, 55, 1250-1257.
- [Smith SM,](#) [Allwright S,](#) [O'Dowd T.](#) Effectiveness of shared care across the interface between primary and specialty care in chronic disease