Bringing Research to Interprofessional Collaborative Mental Health Practice

June 8, 2010
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.
“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
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
- Supply and demand analysis
Web Sites with Improvement Tools

Dartmouth – Clinical Microsystems
http://dms.dartmouth.edu/cms/materials/workbooks/

Institute for Healthcare Improvement
www.ihi.org

Quality Improvement and Innovation Partnership
www.qiip.ca

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The Model for Improvement

Plan, Do, Study, Act Cycle

1. What are we trying to accomplish?
   - Understanding the problem.
   - Knowing what you’re trying to do - clear and desirable aims and objectives

2. How will we know that a change is improvement?
   - Measuring processes and outcomes

3. What changes can we make that will result in improvement?
   - What have others done? What hunches do we have? What can we learn as we go along?
**PDSA Cycle is Based on Same Model as the Scientific Method**

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<tr>
<th><strong>Scientific Method</strong></th>
<th><strong>PDSA Cycle</strong></th>
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<tr>
<td>Develop hypothesis</td>
<td><strong>Plan</strong> (select a process for improvement and measure performance)</td>
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<tr>
<td>Conduct experiment</td>
<td><strong>Do</strong> (implement a change in the process)</td>
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<tr>
<td>Record data and analyze results</td>
<td><strong>Study</strong> (measure performance and evaluate impact)</td>
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<tr>
<td>Publish results or revise hypothesis</td>
<td><strong>Act</strong> (implement or revise and repeat)</td>
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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

References & Resources (#2)

References & Resources (#3)

References & Resources (#4)

- Duncan, E., Best, C., & Hagen, S. (2010). Shared decision making interventions for people with mental health conditions. Cochrane Database of Systematic Reviews,
- Smith SM, Alwright S, O'Dowd T. Effectiveness of shared care across the interface between primary and specialty care in chronic disease...