


Primary Care Network
SOUTH CALGARY

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**Take One: Time to Talk (T2T)
South Calgary PCN's Centralized
Mental Health Pilot**



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Our Disclosure

- Relationships with commercial interest: n/a


Learning Objectives

- Increase knowledge and possibility about primary mental health care delivery in the patient's medical neighbourhood
- Promote mental health across the lifespan of our clients (children to geriatric populations)

South Calgary PCN context

- History
- Geography
- Population
- Physicians
- Team

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MH gaps

- Unattached
- After hours and equity of access
- Ages and stages
- Early intervention
- System navigation
- Family physician collaboration

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It can't be done?

"Every system is perfectly designed to get the results it gets" – Dr. Paul Batalden

- Centralized model
- Patient path and principles

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The little things are big

Pre Appt

- Referrals processed within 24 hours (patient contacted) – daytime, evening and Saturday appointments available
- We accommodate the patient's request for therapist preference (male/female)
- Patient's safe contact information collected and documented
- Patient's appointment preference documented
- Patient sent a map to find us if needed
- Patient's chart linked to family members if applicable
- FP notified that the first appointment is scheduled
- Therapist calls all patients U18 to verify consent requirements
- Patient called 2-3 days in advance reminding them of their appointment

@ Appt


- Patient arrives early to verify information and complete PSQ and MMS
- Patient offered a beverage and greeted by the therapist
- Patient meets with the therapist for 60 minutes (psychological screening based on the Royal College assessment)
- Therapist initiate referrals (e.g. social work)
- Patient completes a session rating scale (SRS) following each appointment
- Should the patient no show, the patient is called – if we are not able to connect we inform the FP

Post Appt


- Therapist creates a standardized assessment letter, inclusive of provisional diagnosis and treatment recommendations) and e-faxes to the FP including the therapist contact information welcoming the FP to be in touch
- Should the patient identify directly or via SRS a concern about fit with the therapist, the patient will receive a call from the Clinical Supervisor to explore. Meeting with a new therapist may be a next action step.
- Therapists review their active lists of patients on a quarterly basis. Patients lost to follow up are contacted directly by the therapist to reconnect.
- Patients are contacted three times and informed their file will be closed should they not be in touch – the door is always open should things change in the future

Time to Talk (T2T): Take One!

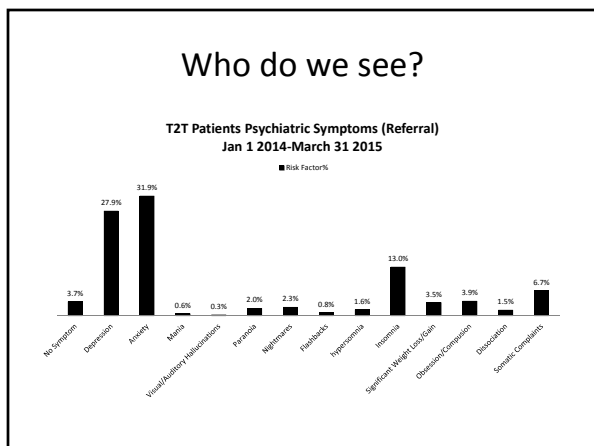
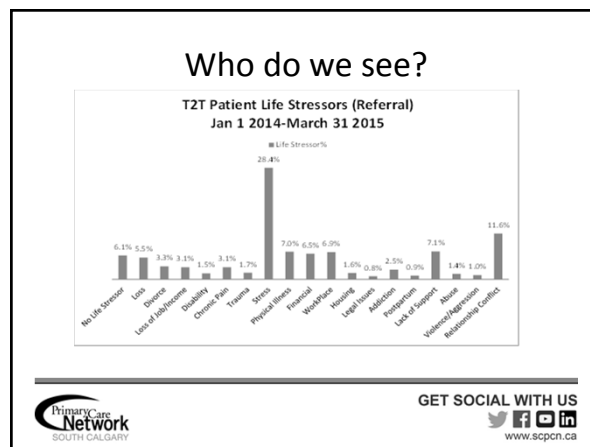
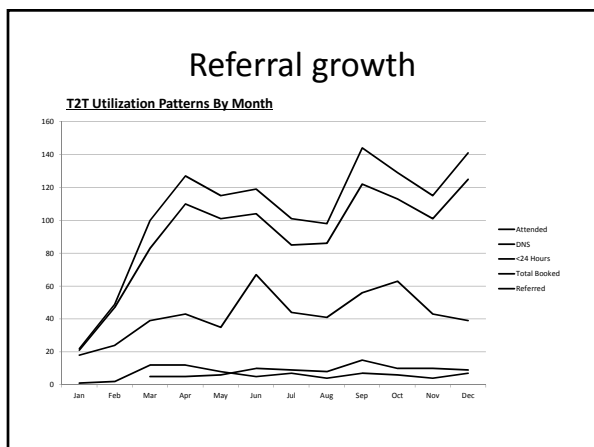
- Blind spots
- Essential ingredients (lessons learned)
- Pilot results (including outcomes)



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Feedback

- Interim external evaluation conducted
- What do patients say?
- What do referring family physicians say?
- Time to Talk therapists?
- The PCN?



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Future state

- Business plan
- Increasing # of family physicians with MH support closer to the medical home
- Student training site
- AHS psychiatry linkage
- Program infrastructure, (training, policies, processes), building partnerships and sharing



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Q&A

Ask away!

Be in touch ☺

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