Practice Support Program

DALHOUSIE UNIVERSITY
Inspiring Minds
Faculty of Medicine

Mental Health Commission of Canada
Commission de la santé mentale du Canada

National Spread of BC Practice Support Program Based on Idea/Work, Luck and Results

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NOVA SCOTIA

BRITISH COLUMBIA

doctors of bc
British Columbia Medical Association

Canadian Mental Health Association
British Columbia
Mental health for all

Disclosures

- No commercial support
- No conflict of interest

Practice Support Program

Learning Objectives: To describe

1. How an idea, work, and luck led to the BC Practice Support Program (PSP) Adult Mental Health (AMH) Module – implementation and results

2. How another novel idea and communication interested the Mental Health Commission of Canada (MHCC) leading to spread to Nova Scotia

3. The Randomized Control Trial (RCT) results in Nova Scotia and a Family Physician's experience

4. The power of Evaluation and word of mouth to motivate physicians, Government, College, to spread the module to Nova Scotia, Newfoundland and other areas

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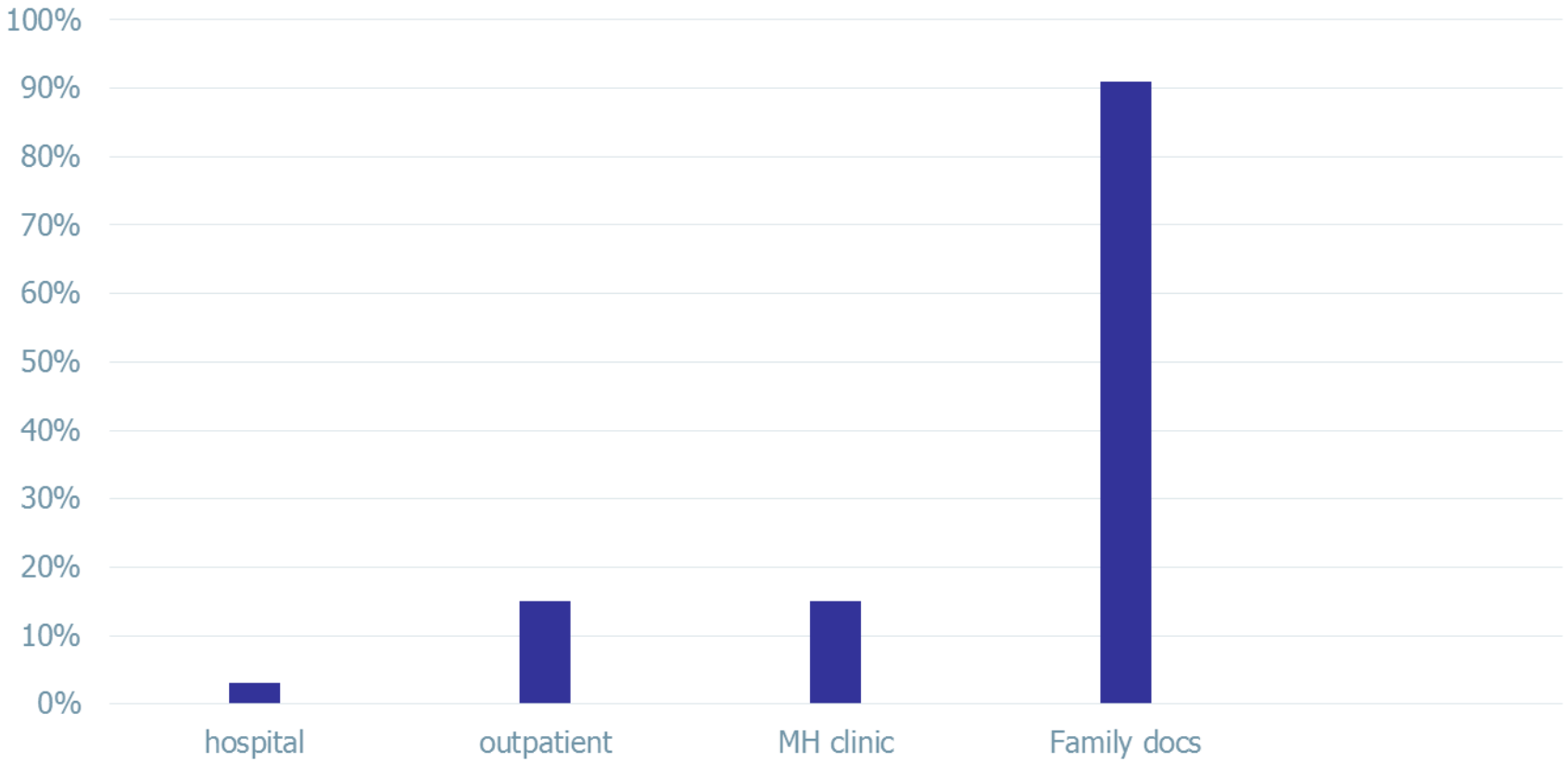
Who sees MH patients in Canada? Pan Canadian Survey 2011



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Hypothesis

- Family docs feel unequipped to deal with mental health issues ***
- Family docs need:
- time efficient skills to increase their comfort and confidence in treating mental health patients
- fee codes that fit this mental health work

*** Clatney, L., MacDonald, H., & Shah, S.M. (2008). Mental health care in the primary care setting: Family physicians' perspectives. Canadian Family Physician, 54,

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CBIS Manual
Cognitive Behavioural Interpersonal Skills Manual

- an approach for FPs to diagnose and treat anxiety and depression in realistic time, fitting fee schedules
- In 2003 we implemented it in docs offices through the Health Transition Fund, improving through feedback

As luck would have it

- In 2008 Doctors of BC surveyed their docs

  Found their greatest need is support for MH patients

- A chance meeting resulted in our CBIS presentation to the MOH and DoctorsofBC, and their supporting us to deliver it provincially

- We partnered with CMHA's Bounceback program and Dr. Dan Bilsker's Antidepressant Skills Workbook forming the BC Adult Mental Health Module (AMH)

AMH Key Components

1. Screening scales: ie PHQ9

2. CBIS Screening Assessment tools: ie Diagnostic Assessment Interview (DAI)

3. Three Supported Self-Management Cognitive Behavioural Therapy (CBT) skills options

- CBIS Manual
- Bounce Back
- Antidepressant Skills Workbook

- Decision made to deliver it through the Practice Support Program

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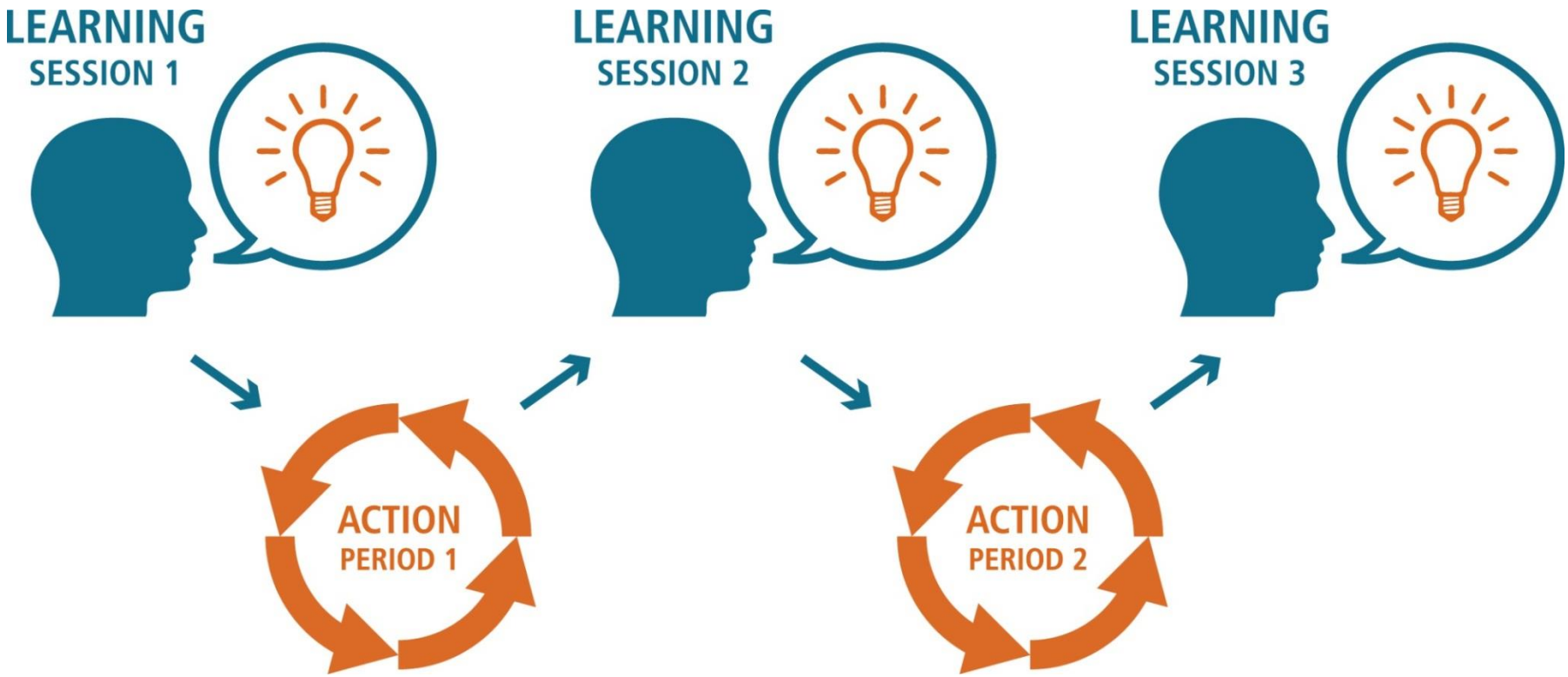
Practice Support Program Approach



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Flexibility

- Tools – used according to FP's needs
- Some, all, now, later
- Can be strategic – to fit your patient population

Aims: To Increase/enhance

- FPs comfort and confidence in diagnosing and treating mental health patients using the lens of depression and anxiety
- use of CBT skills not only pills
- the patient experience and engagement
- use of Action or Care plans
- mental health literacy and comfort of medical office assistants
- relationship with Mental Health

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Mainpro Credits for Primary Care Physicians

- **This Mental Health Practice Support Program Regional Collaborative meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for 10.5 Mainpro C Credits".**

- **"This Mental Health Practice Support Program Facilitation Skills meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for 10.5 Mainpro-M1 Bonus Credits".**

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MOC for Psychiatrists

"This event is an Accredited Group Learning Activity eligible for up to 10.5 (3.5 per session) Section 1 credits as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

This program has been reviewed and approved by the UBC Division of Continuing Professional Development."

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PSP Mental Health Module
Making it Real

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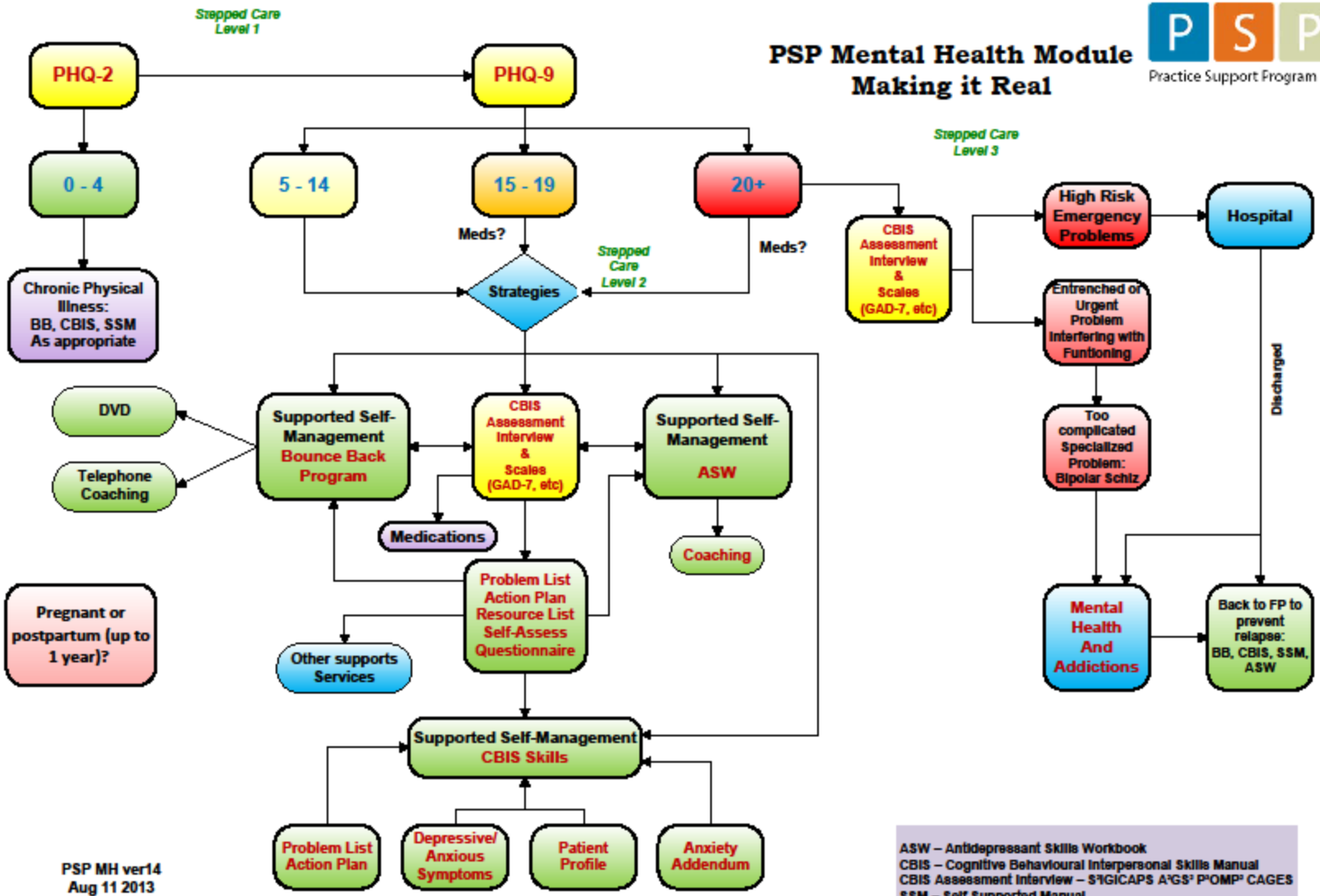

PSP MH ver14
Aug 11 2013

ASW – Antidepressant Skills Workbook
CBIS – Cognitive Behavioural Interpersonal Skills Manual
CBIS Assessment Interview – S¹IGICAPS A²GS³ P⁴OMP⁵ CAGE⁶S
SSM – Self Supported Manual

Data covering 3 ½ year period: Consistently positive over time

- Overall
  - Improved patient care **89.7%**
  - Enhanced skills **80%**
  - Enhanced skills in doing a diagnostic interview **85.3**
  - Enabled a decrease in reliance on medications **30.3%**
  - Increased job satisfaction **67.2%**
  - Increased pts' return to work **66.7%** ability to stay at work **81.4** with CBIS
  - Successfully implemented tools into their practices **92.9%**
  - Rated impact on patients as positive **95.7%**
  - Ability to treat other mental health disorders as well, **84.5%**

Results continue over time

Furthermore results are sustained (3-6 month followup)

Over 1600 BC docs have been trained

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New Idea

- If FPs are more comfortable and confident in treating people with mental health problems, they'll be less stigmatizing

- Mental Health Commission of Canada (MHCC) tested this at the National Family Medicine Forum 2011. Our team delivered the module in a one day workshop. MHCC did pre and post OM Survey

- Survey showed a 10% decrease in overall stigmatizing attitudes of FPs after delivery of module –greatest to that date

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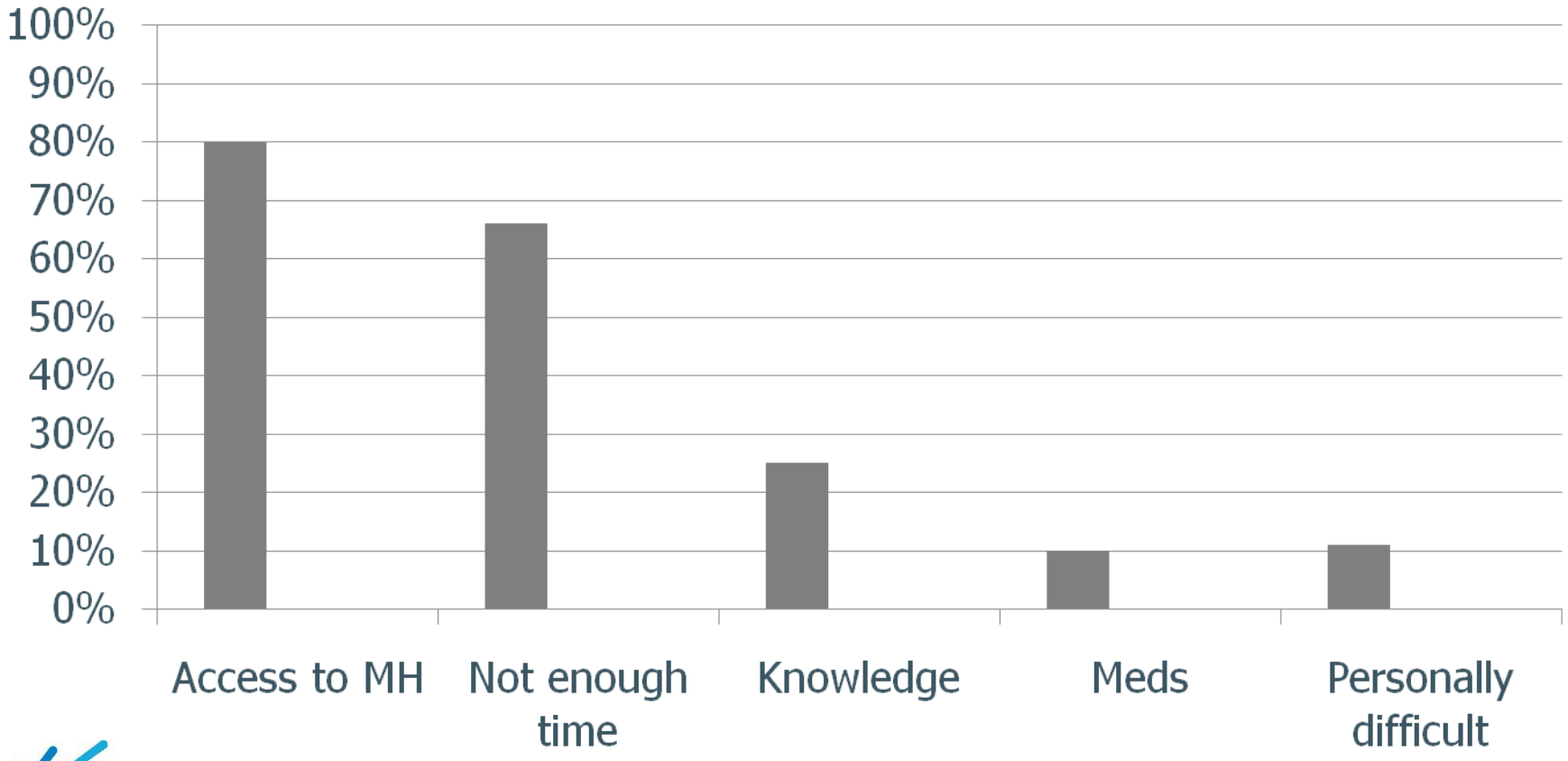
Spread to Nova Scotia

- Luckily, the Commission was working with Nova Scotia to implement a project to deal with Healthcare Provider (HCP) stigma
- Because of the BC and Family Forum results, I was brought to NS to describe all this to the NS government, Doctors of Nova Scotia, College of Family Physicians of Nova Scotia.
- Convincing factors were the improvement in comfort and confidence of BC docs, their work satisfaction, and the sustained and improving results at 3-6 months
- Decision made to train NS FPs in module in a Randomized Control Trial.

Nova Scotia survey of Mental Health needs
What are your challenges and frustrations?



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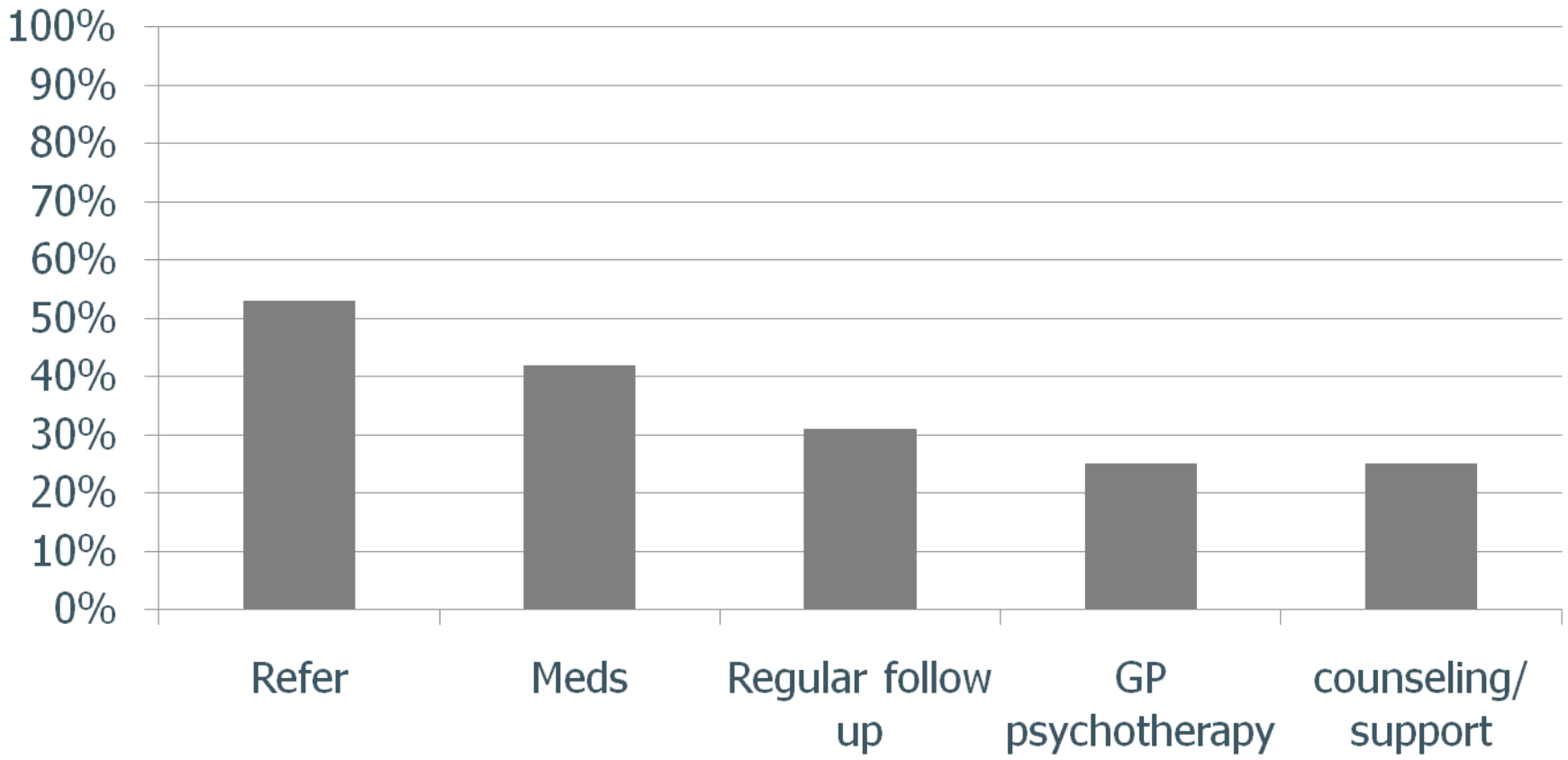
How do you currently support MH patients?



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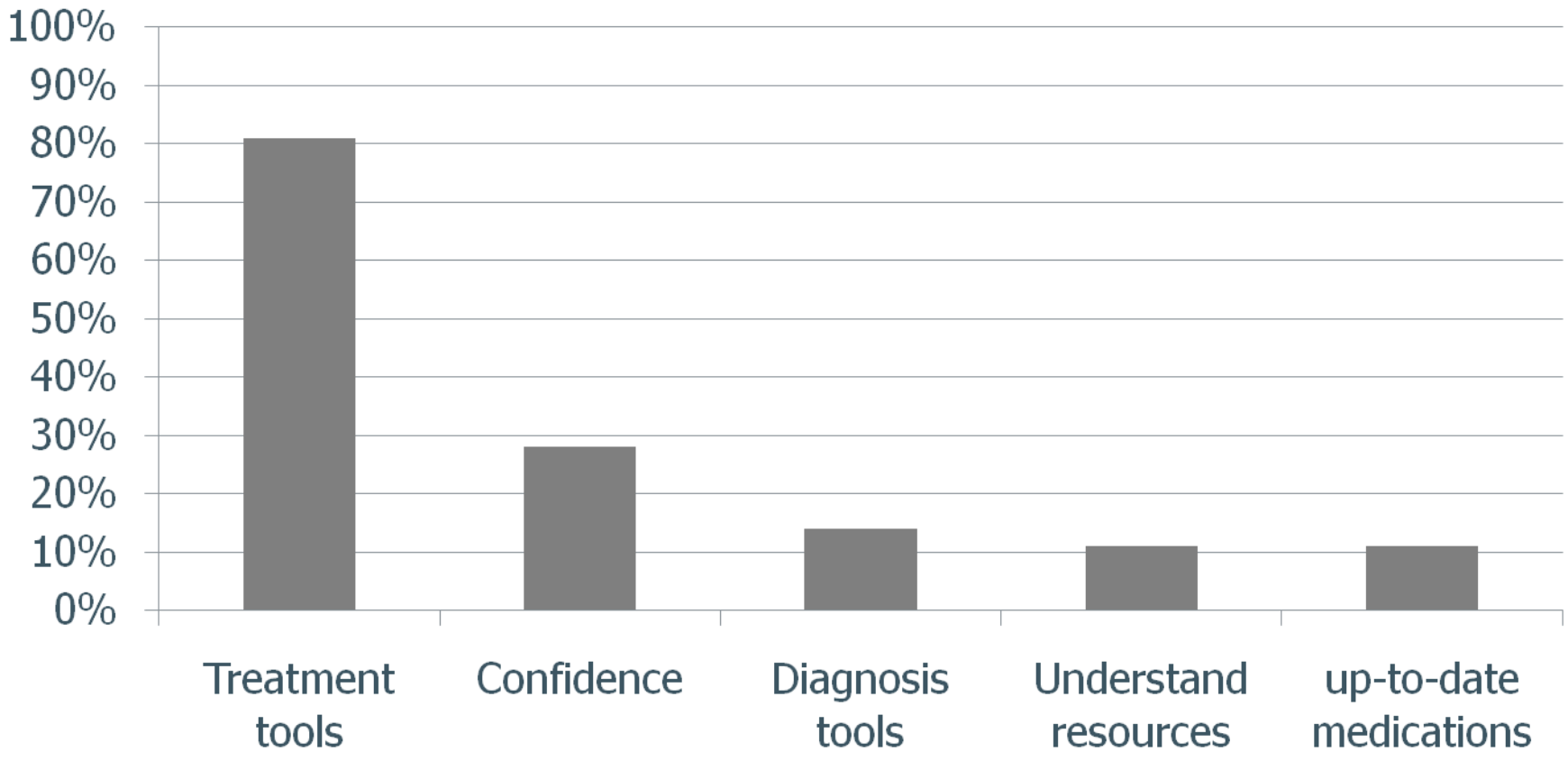
What do you hope to get from PSP training?



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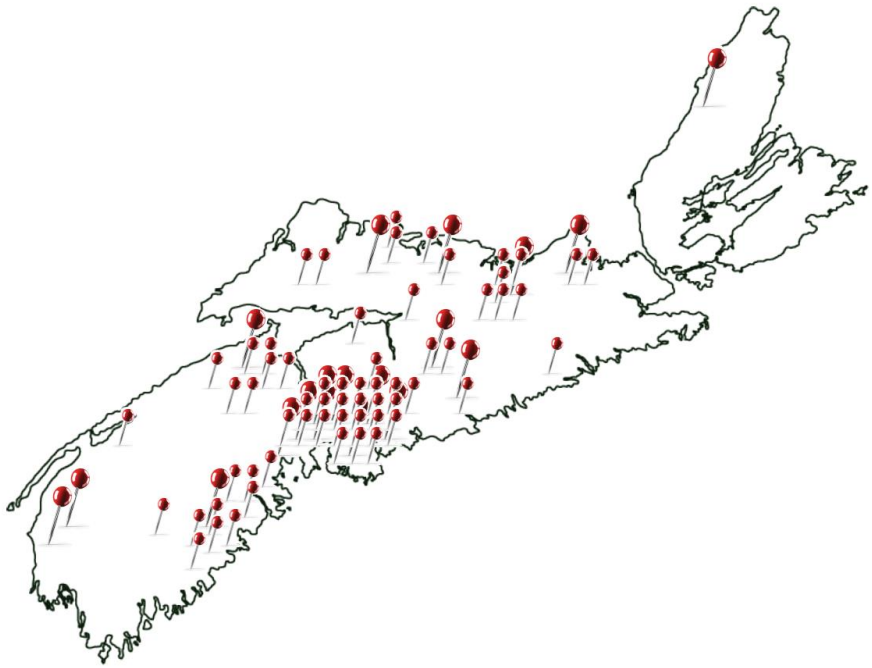
Nova Scotia PSP Randomized Control Study

UDalhousie
UCalgary
UToronto
MHCC
NSGov
Doctorrs NS
NSCollege



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Physician Hypothesis

Enhanced skills, increased comfort & confidence on the part of practitioners leads to diminished stigmatization

- People's beliefs and attitudes toward mental illness

Pre-Post Measures:

- **Stigma** – OMS-HC (15 item stigma scale for healthcare providers. Measures social distance; negative attitudes, and willingness to disclose/seek help for a mental illness
- **Physician confidence and comfort** -- numerous questions; same measures as used in previous BC evaluation. All questions use Likert scales from low to high confidence
- **Correlation between increases in confidence and decreases in stigma**

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Physician sample

✓ Multi-site cluster randomized control trial
✓Practices randomized to early (intervention) or late group (control)

	Intervention group	Control group	All participants
Participant Status			
# recruited	56	55	111
#withdrawn	5	5	10
Total participants	**51**	**50**	**101**

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Patients: 129

More dropped out of the control group

Intervention	77
Control	57

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24

Pre-planned primary OMS-HC Stigma analysis: Physicians Comparison of change between control and intervention groups: non and adjusted for practice size**

Comparison of change between groups non-adjusted

OMS-HC	T-test*
Total scale (15 item)	t(70)=-1.48, p=.15
Attitudes subscale	t(70)=-0.37, p=.71
Disclosure/help-seeking	t(70)=-0.32, p=.75
Social distance	t(70)=-1.77, p=.08

Comparison of change between groups adjusted for practice size

OMS-HC	T-test*
Total scale (15 item)	**t(70)=-1.91, p=.06**
Attitudes subscale	t(70)=-0.68, p=.50
Disclosure/help-seeking	t(70)=-0.36, p=.72
Social distance	**t(70)=-2.17, p=.03**

Overall scale: Cohen's d 0.45

****Impact of Skill-Based Approaches in Reducing Stigma in Primary Care Physicians. CJP Volumbe 62: No. 5, May 2017**

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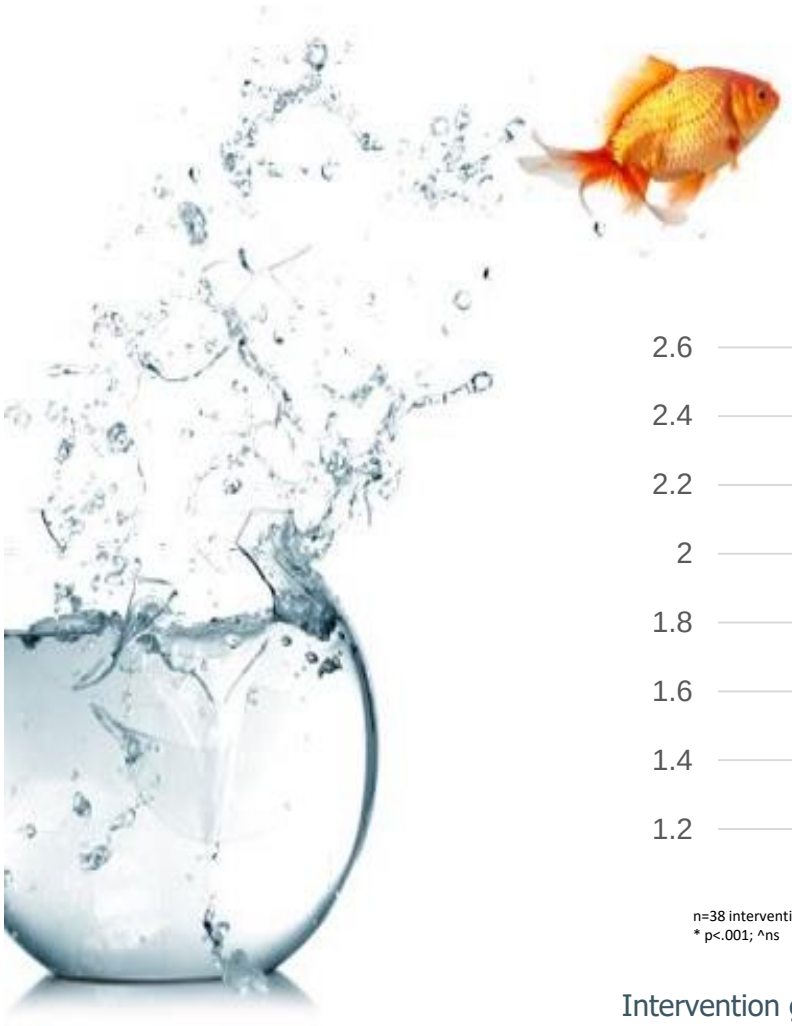
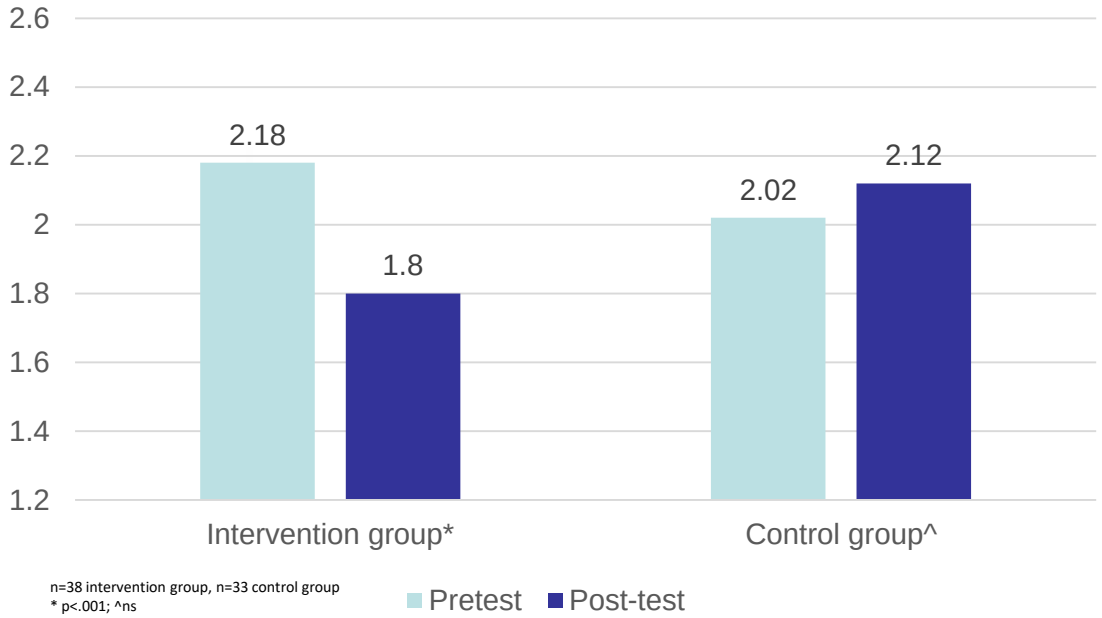
Global Confidence



Overall level of physician confidence pre and post program: intervention and control groups



n=38 intervention group, n=33 control group
* p<.001; ^ns

Intervention group change [t(37)=6.77, p<.001] at 95% CI. Control group, not significant.

t-test of the change between groups statistically significant [t(69)=6.14, p<.001]

Cohen's d 1.48

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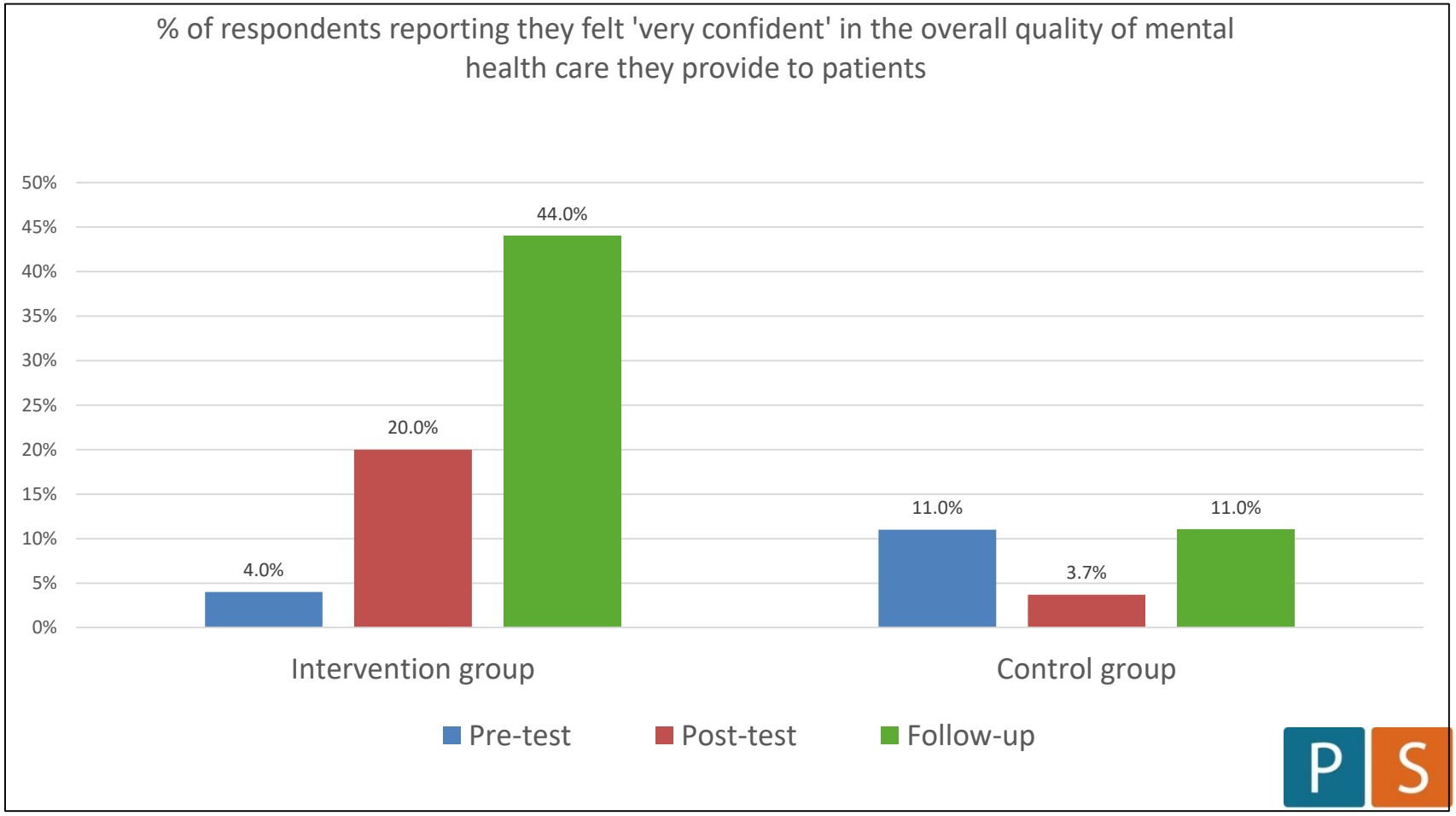
Very Confident



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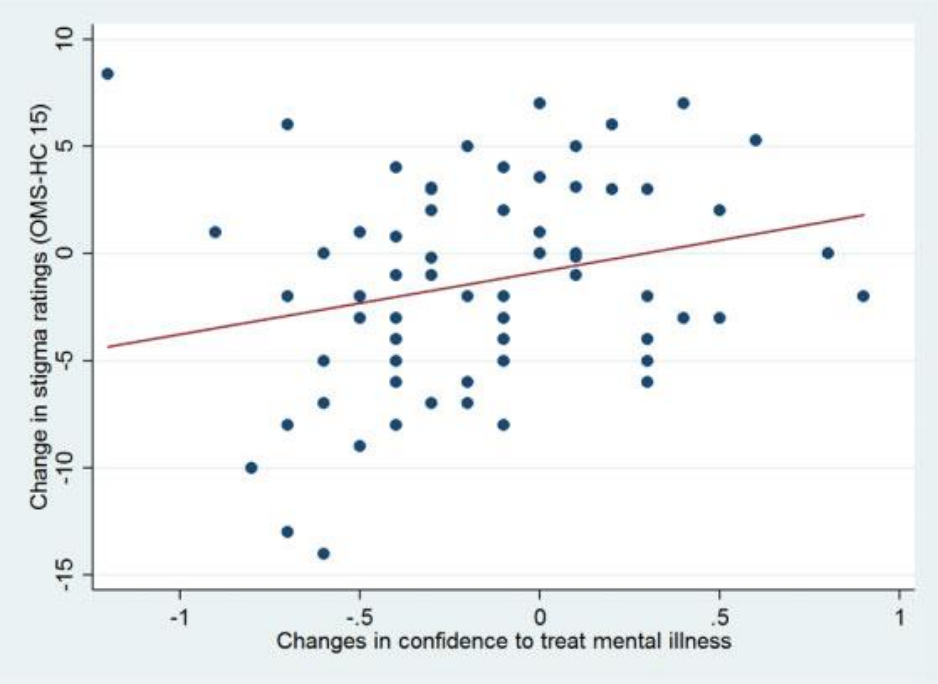
Are Increases in Physician Confidence Correlated with Decreases in Stigma Scores?

Scatter plot of relationship between improvements in confidence and decreases in stigma: All physicians.



Beta coefficient for change in confidence = 2.90; z = 2.14; p = 0.03; Spearman's correlation coefficient between increases in confidence and decreases in stigma = 0.284

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Patient Study

Primary Objective:

- Does physician participation in the Adult Mental Health PSP lead to greater **improvement in depressive symptom ratings** among patients they are treating for depression, compared to treatment as usual?
- Main assessment tool: PHQ-9
- Time period: one month follow-up, two months follow-up, three months follow-up, and six months follow-up

Exploratory Objective:

- Does physician participation in the Adult Mental Health PSP lead to **lower prescribing of anti-depressant medications** for patients they are treating for depression, compared to treatment as usual?
- Assessed at 6 months. Patient self-report of meds taken

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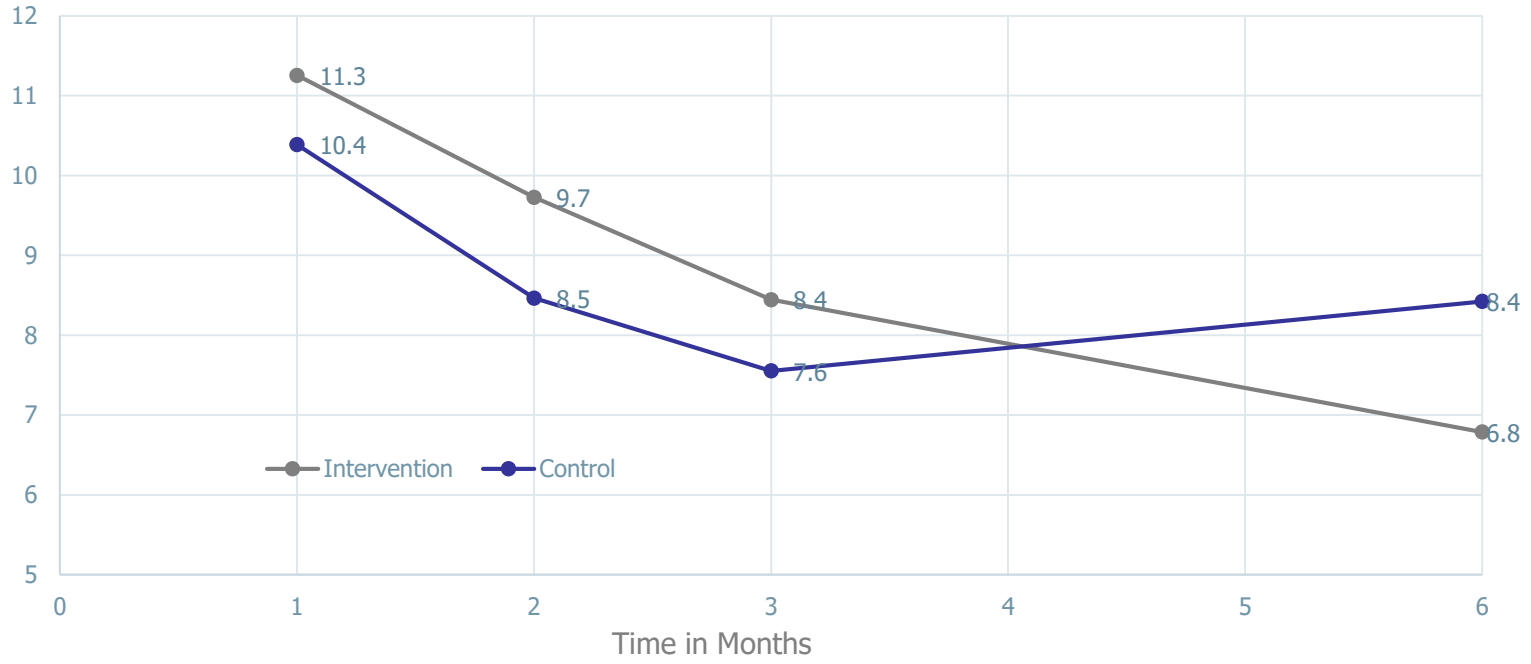
Primary Outcome: Patients

PHQ-9 scores at each follow-up time point: Intervention and control groups



www.gpscbc.ca/psp-learning/adult-mental-health/tools-resources

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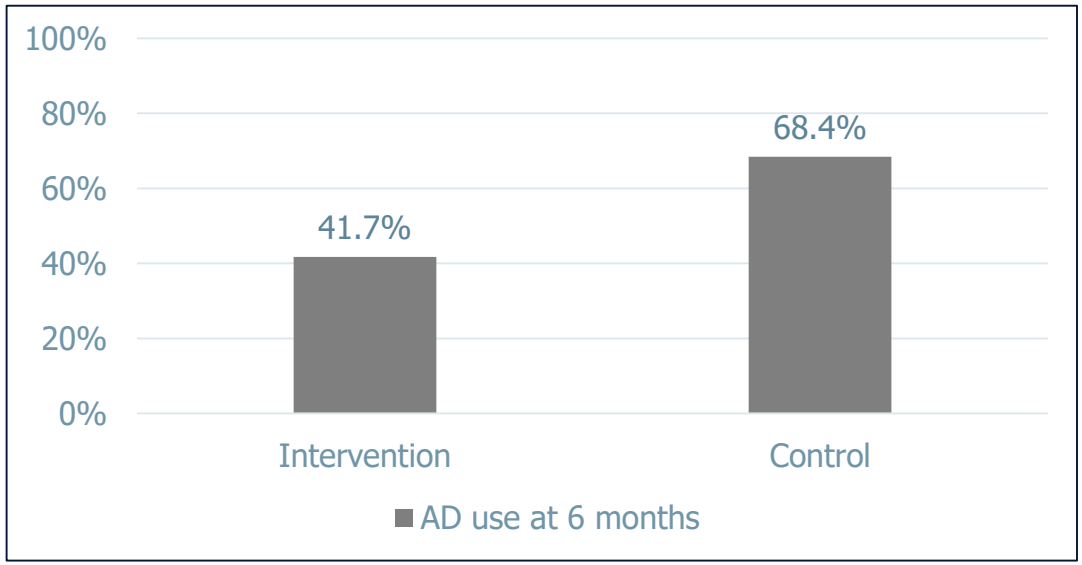
Exploratory Outcome: Patients

AD prescriptions at 6 months: Intervention and control groups- decreased p=.009



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Spread

- It has been agreed that the control docs would get the training after the study.

- Evaluation results and physician demand resulted in decision by NS Government and FP organizations for GPs to spread the training across the province

- BC training doc, Dr. Frank Egan, and a BC PSP Coordinator will be going to Nova Scotia to help with training.

- Because of NS experience, and MHCC support, and word of mouth, Newfoundland has made decision to also train their FPs in the PSPAMH Module

Nova Scotia Physician Experience and desire to support spread to Newfoundland

Dr. Nina Makkar

Who & When

WHO:

- Full time fee for service family practitioner in a rural setting
- Percentage of my patient population with mental health illness: est. 20-30 percent
- Under-resourced

WHEN:

- 2 years ago: initial training period
- Since completion: utilizing skill set and various diagnostic tools, supports and resources acquired through training
- Recently: PSP program facilitator; member of Scientific Planning Committee for CCFP accreditation; attend other implementations and speak about experience

Where & What

WHERE:

- BC
- NS (pilot project)
- NFLD

WHAT:

- PSP
- Improved access, resources, supports for mental health patients
- Reduced waiting period to initiate supports and resources
- Access to websites, diagnostic tools, supports, self initiated psychotherapy
- Training to improve own psychotherapy and CBT skills

Why

- Improved self confidence treating patients utilizing psychotherapy skills
- Improved access and use of resources for patients
- Access and awareness of various websites for patients
- Patient access to psychotherapist via telephone
- Ability to initiate psychotherapy treatment at initial encounter
- Improved reimbursement and fee codes (approved by Dept. of Health as joint venture)
- Newly approved accreditation with the CCFP
- Improving the overall quality of each patient-physician encounter
- More organized, productive, efficient, approach to patients presenting with GAD and mild to moderate depression

My Testimonial

Thanks to the PSP program my self confidence in treating my mental health patients with psychotherapy has improved tremendously.

I feel more organized and efficient and empowered by the skill sets that I have acquired with this program and I can only hope that my patients are also feeling the benefits .

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Thank you

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CONSORT Flow Diagram: Allocations, Attrition

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Enrollment

111 physicians recruited in 77 practices

Excluded (n= 0)
Eligibility criteria
•Valid license to practice in Nova Scotia
•Provision of Informed consent

Randomized (n=77 practices)

Allocated to intervention (n= 39)
•Discontinued Study (N=3)
•Did not Recruit Patients (n=13)

Allocation

Allocated to intervention (n= 38)
•Discontinued Study (N=4)
•Did not Recruit Patients (n=21)

Recruited patients n= 23 practices)
1 physician (n=16)
2 to 3 physicians (n=5)
4 to 8 physicians (n=2)

Follow-Up

Recruited patients n= 13 practices)
1 physician (n=8)
2 to 3 physicians (n=4)
4 to 8 physicians (n=1)

Patients
Eligible to participate (n=169)
Lost to follow-up (Declined to participate/did not return calls) (n=40)

Analysed (n= 72)
Completed 1 visit (n=8)
Completed 1 follow-up (n=14)
Completed 2 follow-ups (n=8)
Completed 3 follow-ups (n=10)
Completed 4 follow-ups (n=32)

Analysis

Analysed (n= 57)
Completed 1 visit (n=5)
Completed 1 follow-up (n=6)
Completed 2 follow-ups (n=2)
Completed 3 follow-ups (n=14)
Completed 4 follow-ups (n=30)