# PRESENTER DISCLOSURE

- Presenters:
  - Eunice Lee
  - Hana Saab
  - Rose Geist

  } No commercial support or conflicts to declare
- Relationships with commercial interests:
  - Grants/Research Support:
  - Speakers Bureau/Honoraria:
  - Consulting Fees:
  - Other:

# LEARNING OBJECTIVES

1) Identify appropriate data collection methods for systematic monitoring of collaborative practice
2) Utilize feedback from service users, family members, and other primary care providers for quality improvement
3) Build a comprehensive evaluation framework to improve programs in practice

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# COLLABORATION FROM THE INSIDE OUT

## An Evaluation Framework For A Child And Youth Mental Health Collaborative Care Model

June 1, 2018

# Acknowledgement


- This work was made possible by The Medical Psychiatry Alliance (MPA), a collaborative partnership whose goal is to transform mental health care. Supported by The Centre for Addiction and Mental Health (CAMH), The Hospital for Sick Children, Trillium Health Partners (THP) and the University of Toronto (U of T) in conjunction with the Ministry of Health and Long-Term Care (MOHLTC) and an extraordinarily generous donor, the Alliance is dedicated to transforming the delivery of mental health services for patients who suffer from physical and psychiatric illness or medically unexplained symptoms.

- For more information: https://www.medpsychalliance.ca


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# What Is Collaborative Mental Health Care?

"Collaborative care is care that is delivered by providers from different specialties, disciplines, or sectors working together to offer complementary services and mutual support" (Kates et al., 2011, p.2)

# Criteria for Successful Collaborative Mental Health Models

- Systematic screening
- Use of evidence-based treatment guidelines
- Employing a care manager
- Provision of psychoeducation and psychotherapy
- Providing access to psychiatric consultation
- Skill enhancement programs for primary care providers

(Kates et al., 2011, p.3)

# Planning Our Collaborative Care Clinic

This demonstration project is based on framework proposed by King & Meyer (2005) that is designed to co-ordinate services and optimize the use of limited resources in a flexible manner by paying attention to:

- Planning
- Administrative functions
- Client-specific service delivery

# Planning

Consider the specific needs of an identified Family Health Team and determine scope and plan for service delivery

- Rural-based setting with limited access to psychiatric services
- Increased support needed for primary care physicians and paediatricians to care for children and youth with medically unexplained symptoms (MUS)

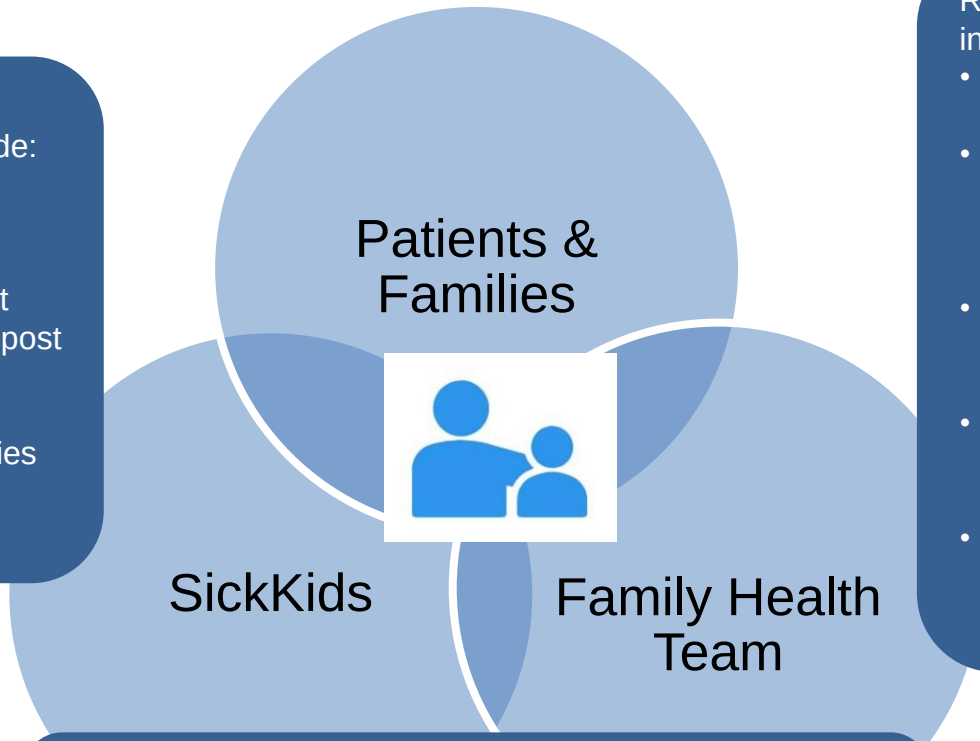
# What did we do?

- Designed a 16-week collaborative care protocol for youth aged 8-17 with MUS
- Established a collaborative care team of professionals, each with specific clinical or evaluation functions

    - Care Manager
    - Referring Primary Care Physicians
    - Consulting Psychiatrist
    - Project Coordinator
    - Evaluation & Implementation Lead

# How we work together

Roles and responsibilities include:
- Score and input screening assessments
- Data management
- Conduct pre- and post treatment phone interviews with patients and families
- Facilitate monthly team meetings




Roles and responsibilities include:
- Obtain consent and required paperwork
- Administer and score screening assessments with patients and families
- Complete initial biopsychosocial assessment
- Liaise with referring physicians throughout treatment
- Provide individual and/or family therapy as needed

SHARED RESPONSIBILITIES INCLUDE:
- Facilitate psychiatric consults with patients and families
- Develop patient-specific treatment goals and strategies
- Participate in bi-monthly Systematic Case Reviews
- Provide system navigation resources upon disposition

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# Administrative Functions

Identify and address any potential administrative issues

- Information management between partner organizations (representing two different health-related sectors)
- Paperwork and documentation that aligns with provincial Personal Health Information Protection Act (PHIPA)
- Selection and frequency of clinically relevant screening assessment tools
- Specify patient inclusion criteria and eligibility

# What did we do?

- Established data sharing document to legally formalize policies and procedures involved with demonstration project
- Identified patient referral process based on established practices within Family Health Team
- Created clinical forms and templates:
  - Introductory letter to primary care physicians
  - Referral form (to be completed by referring physician)
  - Information and Consent Form for Parents

# What did we do?

- Developed process flow map to describe client experience from referral to disposition
- Conducted systematic case reviews to monitor clinical progress and goals
- Selection and use of patient experience interviews
- Designed health provider survey
- Facilitated monthly team meetings for periodical check-in and review

# Client-specific Service Delivery

- Develop client-specific care plan in collaboration with client and family
  - Reviewed and revised throughout protocol based on treatment-to-target approach
- Liaise and collaborate with related service providers
- Evaluate client and family progress both during and after treatment

# What did we do?

- Conduct pre-intervention client/family interview to assess understanding of MUS
- Actively collaborate with referring physicians (community primary care physicians and paediatricians) during treatment protocol
- Review progress using screening assessments and individualized care plan

# Data Collection

| | | Wk 1 | Wk 2 | Wk 3 | Wk 4 | Wk 5 | Wk 6 | Wk 7 | Wk 8 | Wk 9 | Wk 10 | Wk 11 | Wk 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PATIENT | CSI | ✓ | | | | | | | | | | ✓ | |
| | PHQ9 | | ✓ | | | ✓ | | | ✓ | | | ✓ | |
| | SCARED | | ✓ | | | | ✓ | | | | | ✓ | |
| | WHODAS2 | | ✓ | | | | | ✓ | | | | ✓ | |
| PARENT | SCARED | | ✓ | | | | ✓ | | | | | ✓ | |
| | WHODAS2 | | ✓ | | | | | ✓ | | | | ✓ | |
| REFERRING PHYSICIAN | 10-POINT SCALE QUESTIONS (DATA TRACKING) | ✓ | | | | | | | | | | | ✓ |
| | HEALTHCARE PROVIDER SURVEY | | | | | | | | | | | | ✓ |

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# Data Collection

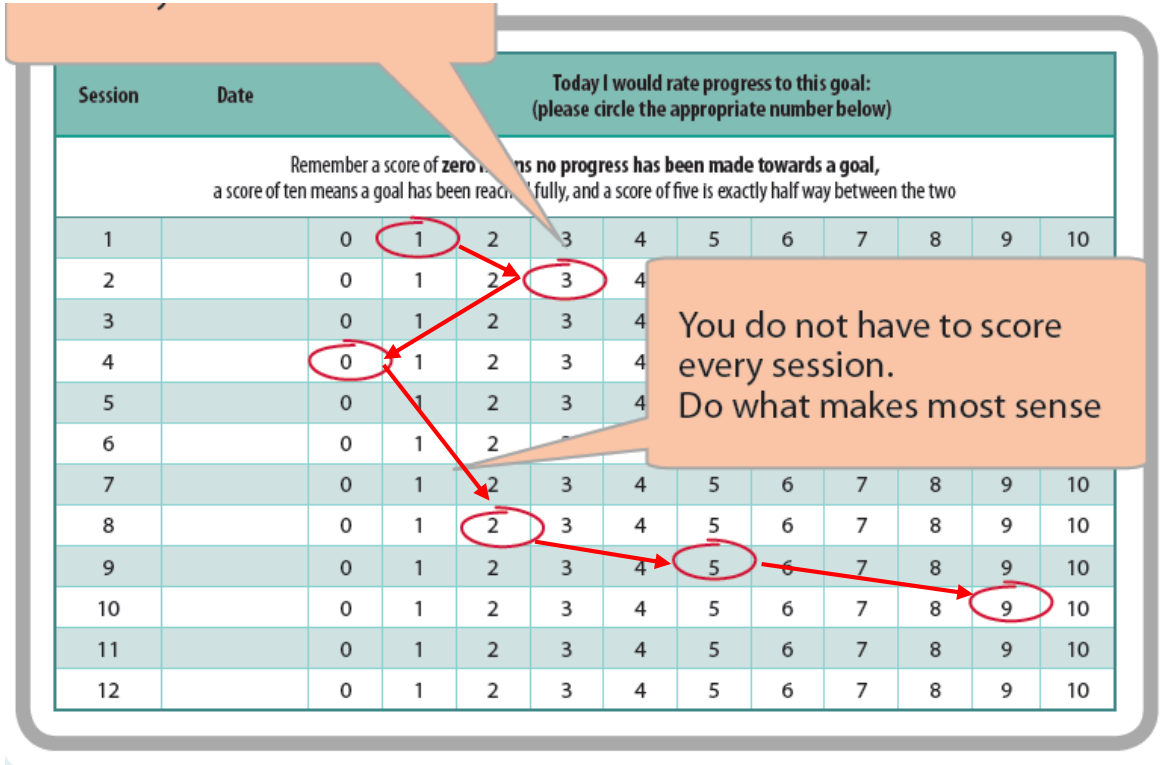
| | | Wk 1 | Wk 2 | Wk 3 | Wk 4 | Wk 5 | Wk 6 | Wk 7 | Wk 8 | Wk 9 | Wk 10 | Wk 11 | Wk 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CARE MANAGER | Goal Progress Chart* (Law & Jacob, 2015) | | | ✓ | | ✓ | | ✓ | | | | ✓ | |
| PROJECT COORDINATOR | Interview with patient and family | ✓ | | | | | | | | | | | ✓ |

# Data Collection: Updates/Changes

| | April 2017 | August 2017 |
|---|---|---|
| Length of treatment model | 16 weeks | 12 weeks |
| Number of screening assessments | 5 assessments | 4 assessments<br>*Addition of Children's Somatization Inventory |
| Frequency of screening assessments | Administered at Wk 2, Wk 6, Wk 10, & Wk 14 | Administered at scattered weeks |
| Interview with patients and families | Pre only | Pre & Post |

# Data Collection: Updates/Changes

Refine documentation of patient-directed goals to make it more accessible and flexible for patients, families, and care manager




Law & Jacob (2015)

# Lessons Learned

- Importance of
  - continuous consultation with other team members to address any arising needs/challenges
  - active engagement with patients and families throughout treatment
  - monitoring evaluation/data collection methods

# References


Kates, N., Mazowita, G., Lemire, F., Jayabarathan, A., Bland, R., Selby, P., Isomura, T., Craven, M., Gervais, M., & Audet, D. (2011). The evolution of collaborative mental health care in Canada: A shared vision for the future. *Canadian Journal of Psychiatry 56*(5 Insert),1-10.

King, G. & Meyer, K. (2005). Service integration and co-ordination: a framework of approaches for the delivery of co-ordinated care to children with disabilities and their children. Child: Care, Health, & Development 32(4), 477-492.

Law, D. & Jacob, J. (2015). Goals and goal based outcomes, 3rd edition. CAMHS Press, London, UK. http://www.corc.uk.net/media/1219/goalsandgbos-thirdedition.pdf

Willis, C. (2015). *How young people make sense of medically unexplained symptoms* (ClinPsyD thesis). Retrieved from Health Resource Authority.