SCOPE

SEAMLESS CARE
OPTIMIZING THE PATIENT EXPERIENCE

SCOPE Mental Health Program: Bridging the gap between primary care and the mental health care system

(SCOPE = Seamless Care Optimizing the Patient Experience)

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Disclosure of Commercial Support

- **This program is funded by the Ontario Ministry of Health and Long-Term Care Primary Care Branch**

- **<u>Potential for conflict(s) of interest</u>: None declared**

Faculty/Presenter Disclosure

- **Faculty: Jamie Smith**

- **Relationships with commercial interests:**
  - **No commercial support received**

- **Faculty: Jennifer Hensel**

- **Relationships with commercial interests:**
  - **No commercial support received**

Objectives

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By the end of this presentation, participants will:

1. Have a better awareness of the mental health needs in the practices of solo primary care providers.

2. Appreciate the use of an implementation approach that is agile and responsive to user needs and creates a service that works well within a given context.

3. Gain knowledge about the evaluation of a mental health service within a multi-disciplinary hub-based model of support for primary care providers.

SCOPE Mental Health

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What is it?

A mental health navigation and treatment service embedded within a multi-disciplinary hub-based program for solo primary care providers

Mental Health Team:

Jamie Smith, Social Worker
Jennifer Hensel, Psychiatrist
Primary Care Providers
Pauline Pariser, Primary care lead and liaison
Administrative support

Background

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- While PCPs need to be able to assess and treat mental health as a component of primary care, they cite low confidence to manage more complex problems
- Multi-disciplinary teams provide effective collaborative mental health care BUT….
- Solo PCPs, that is those not in multi-disciplinary team-based practice, serve > 50% of Ontario's population

Opening doors in primary health care: strengthening the interface between mental health and addiction service providers and primary health care. March 2010. Addictions Ontario, Canadian Mental Health Association and Ontario Federation of Community Mental Health and Addiction Programs. Available at: http://ontario.cmha.ca/public_policy/opening-doors-in-primary-health-care/#.V-a1m_ArK00.
Glazier RH, Zagorski BM, Raynor J. Comparison of Primary Care Models in Ontario by Case Mix and Emergency Department Use, 2008/2009 to 2009/2010. Toronto, Ontario: Institute of Clinical and Evaluative Sciences; 2012

Background

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- 1/3 of Ontarians with an identified mental health need report it is partially or entirely unmet
- Lots of services – as of 2016, Toronto Central LHIN had 70 community mental health organizations, 17 hospitals and 17 CHCs → siloed and uncoordinated
- Catchment areas and referral criteria barriers
- Longest specialist wait times in Ontario are for psychiatry

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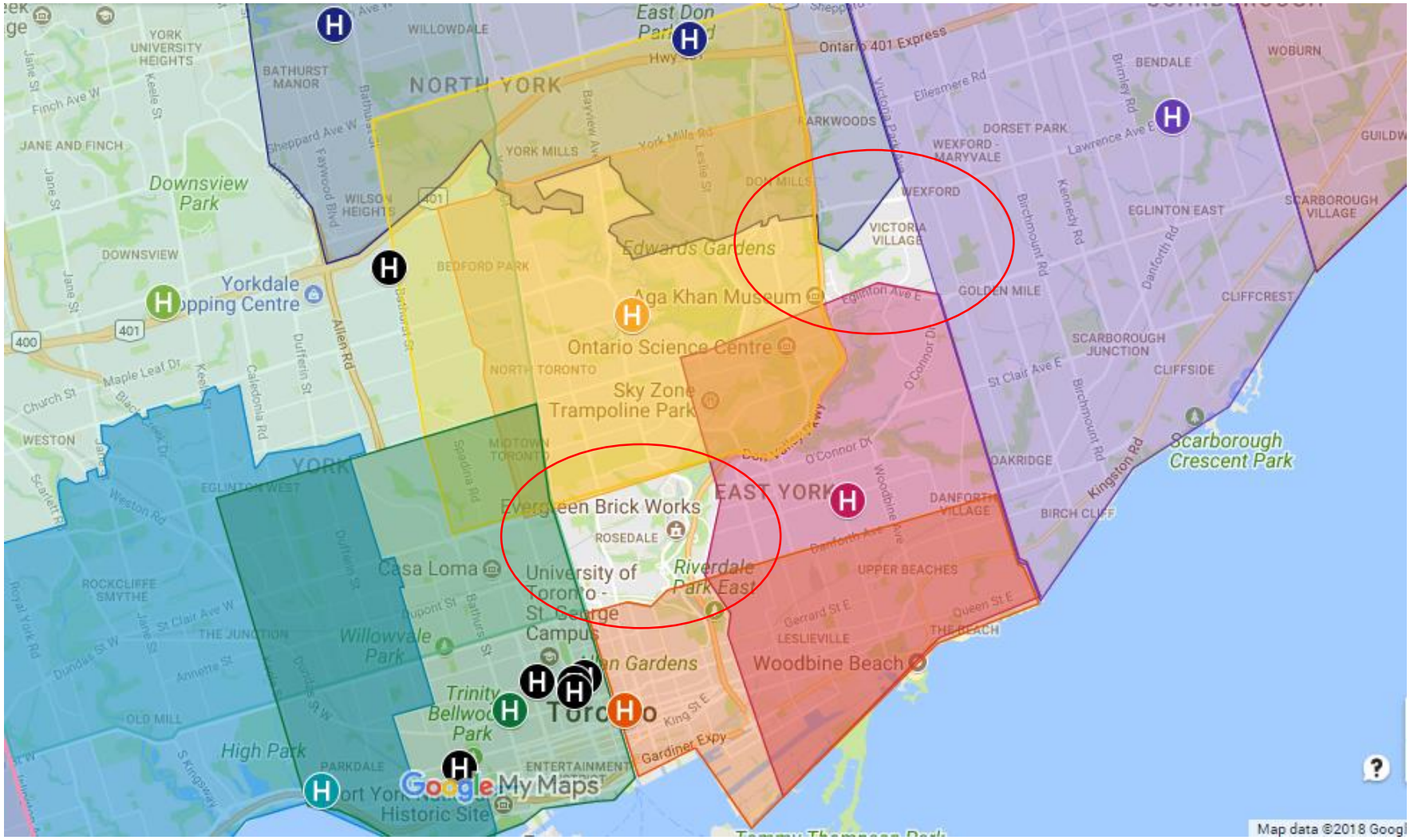

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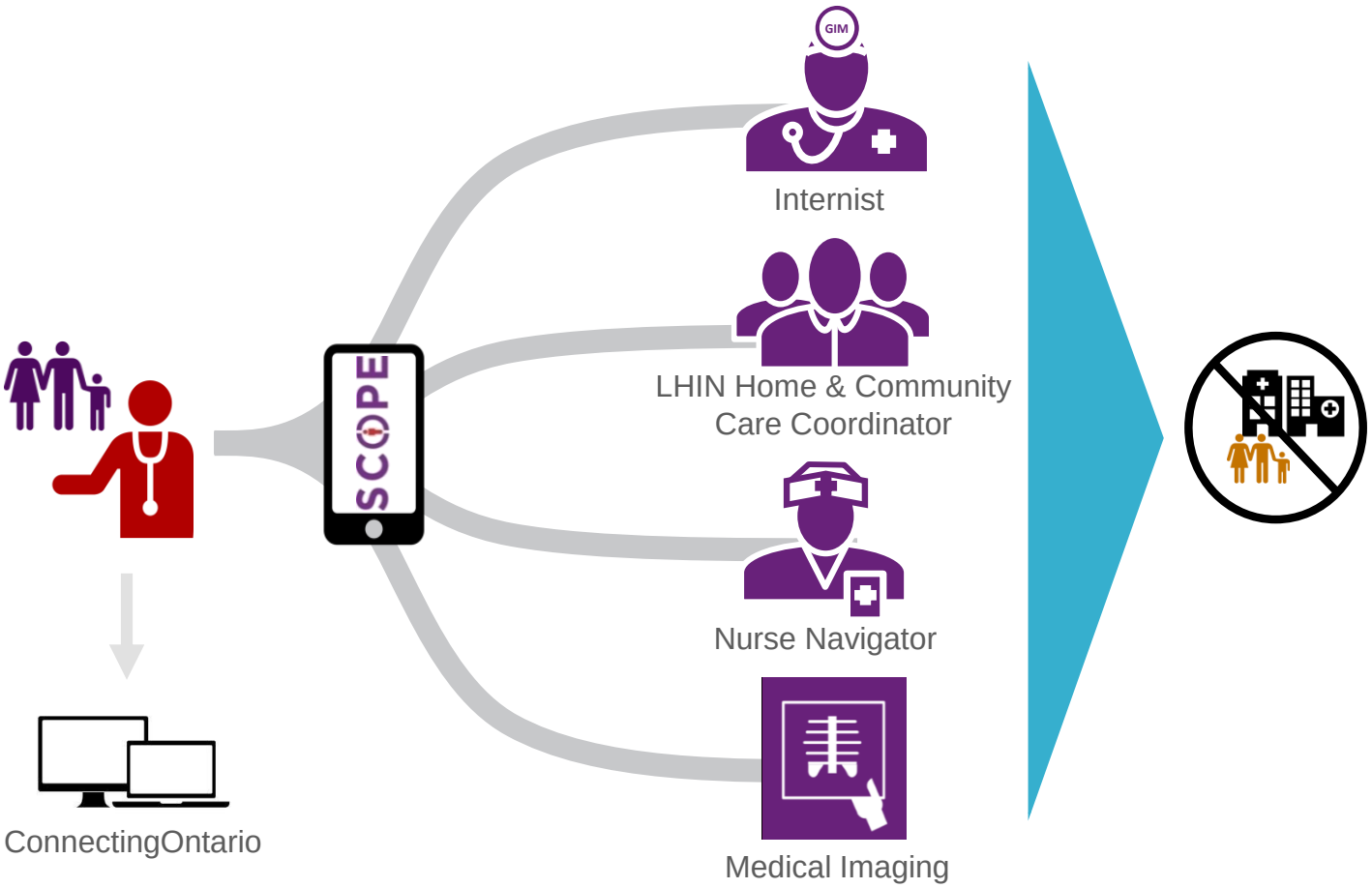

Mid-West Toronto Health Link

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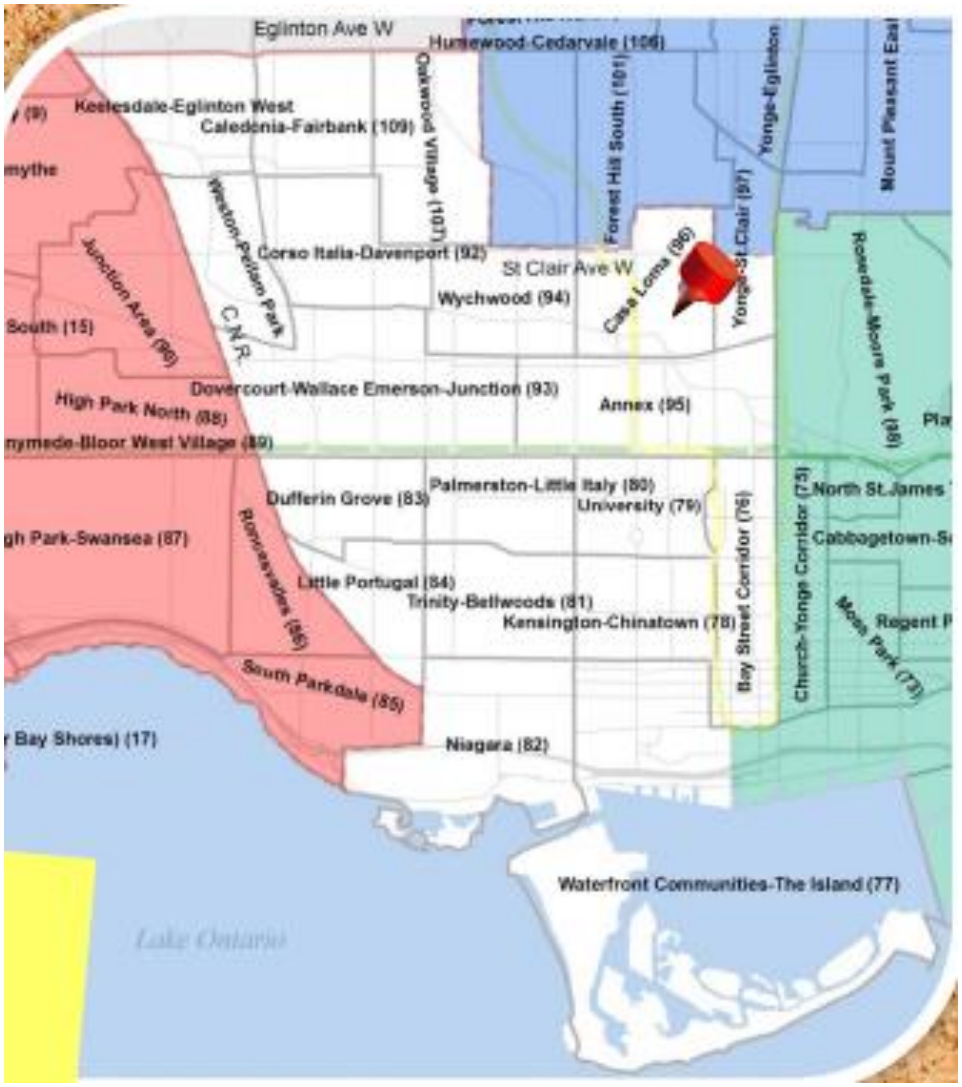

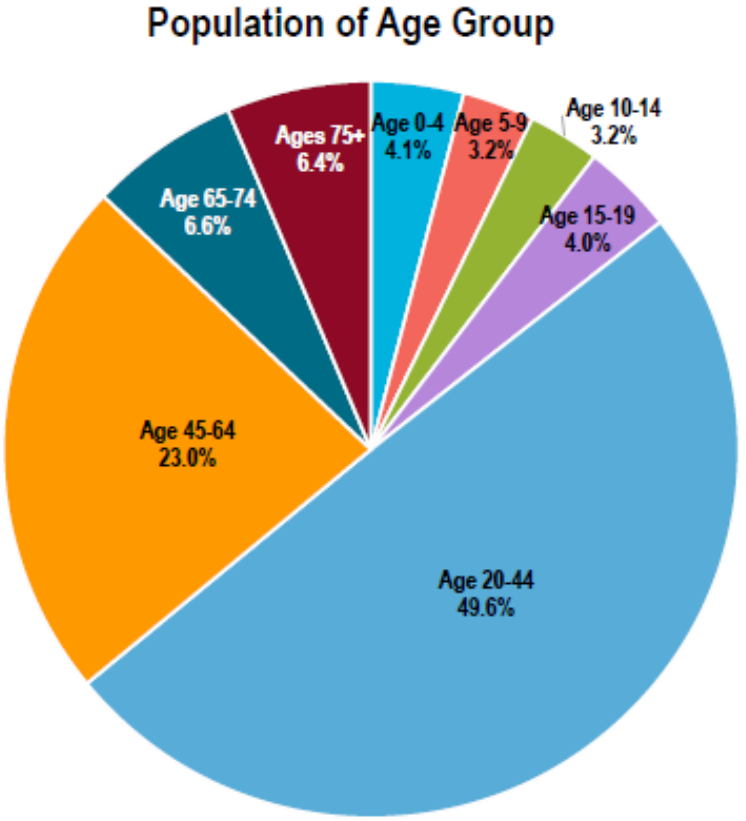

Over 500 PCPs practice in this region

SCOPE feedback

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Although SCOPE did not offer specific mental health support in its initial form, 10% of all calls to the navigator (the second most common category) were regarding a mental health issue.

A SCOPE family doctor stated:

"Most of the complex patients that I see personally myself – it is not that there are medical issues that I cannot address. It is more about the psychosocial issues that are not being addressed."

Gaps in Mental Health Care

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Service Factors (Structural Barriers)

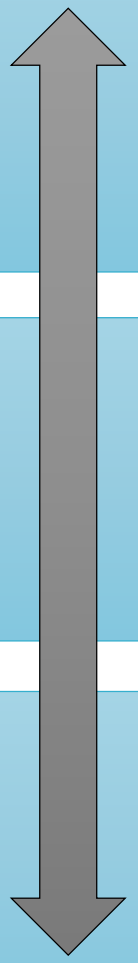
- Exclusion criteria
- Geography, costs, availability and accessibility
- Time and need appropriateness

PCP Factors

- Variable level of comfort/knowledge with MH
- Unaware of services
- Busy – no time

Patient Factors (Attitudinal Barriers)

- Refusal/ reluctance/ hesitation to access services
- Declined/ discharged from programs → few available options
- Not discussing psychosocial issues with PCP



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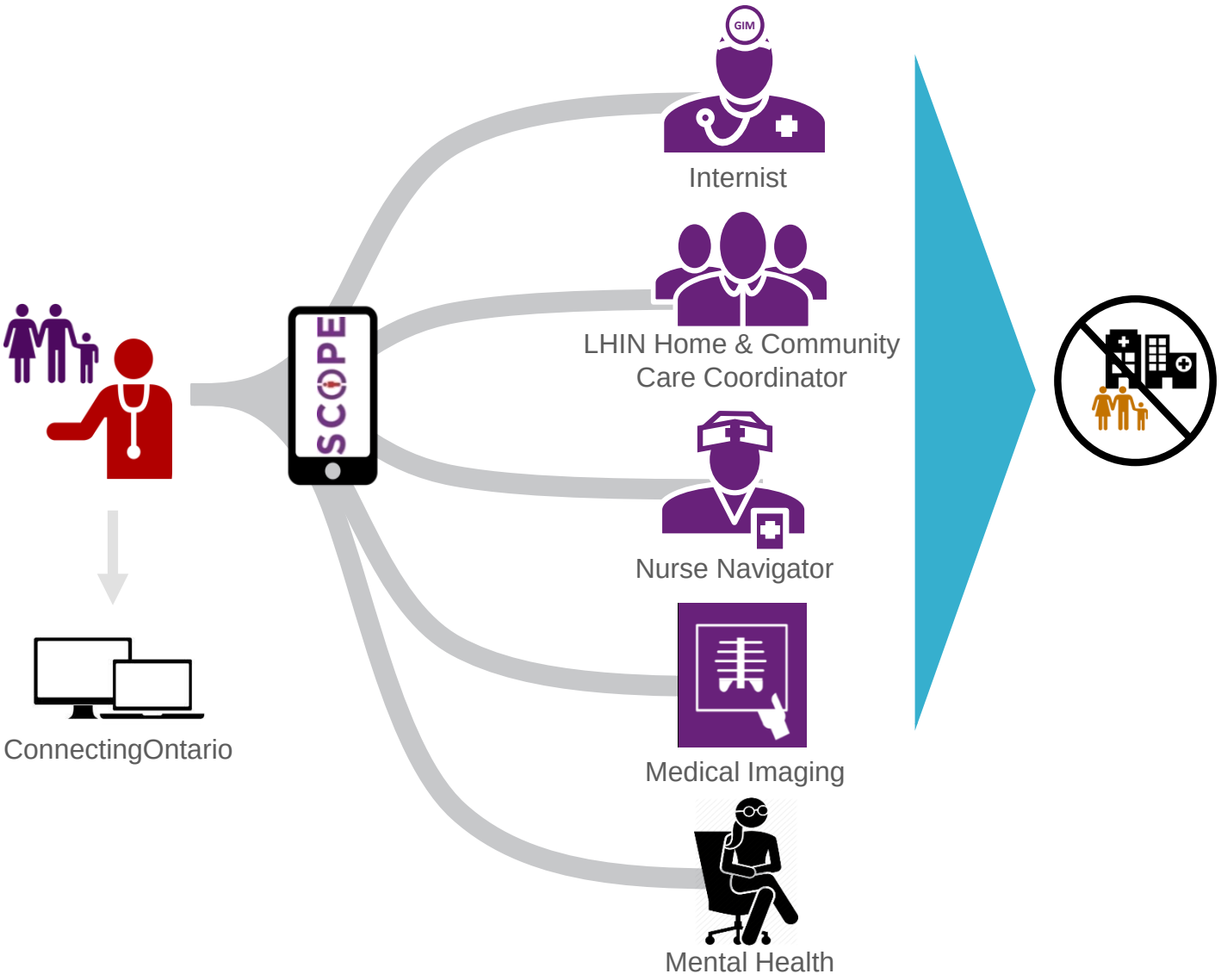

Iterative Approach to Service Design

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- Agile implementation methodology adopted from tech start-ups

- Makes the process of starting something new less risky through iterative design rather than elaborate front-end planning

Iterative Approach

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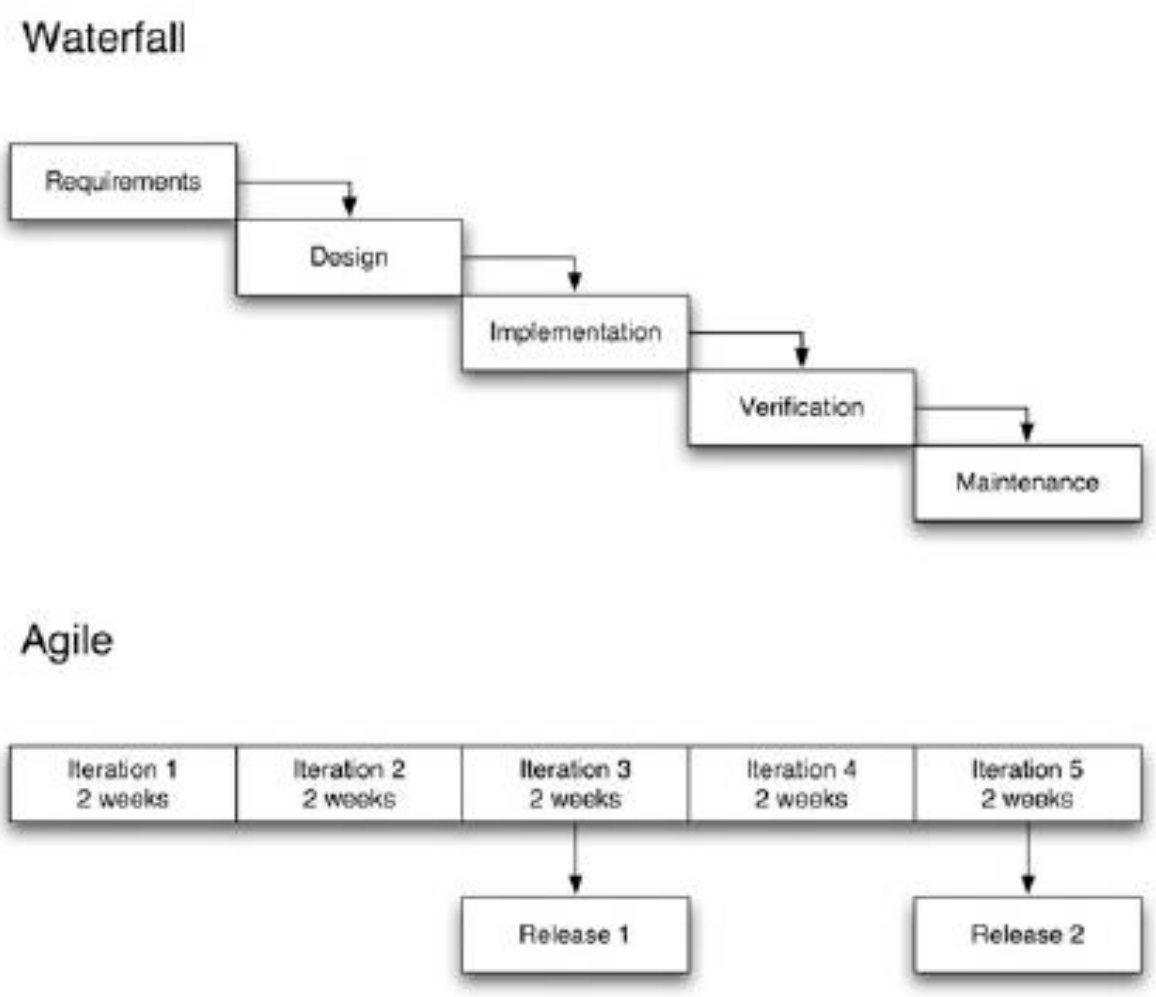

Iterative Approach

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Agile Implementation

Strengths:

- Can define a service to work within an existing referral network and infrastructure
- Responds to identified user need (which may change over time)
- Relatively inexpensive, and reduces the risk of creating a service that no one wants, doesn't work, or can't scale affordably

Challenges:

- Service is intentionally not well defined at the outset
- Requires flexibility and adaptability among team members and to some extent, users

Steps in our approach

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- Started with 10 PCPs who were highly engaged in SCOPE and expressed a desire for mental health support; gradual expansion to additional PCPs over time
- Quick 'experiments' to refine what we offer
- Capacity planning → includes assessment of trade off between low volume/high intensity vs high volume/lower intensity support
- Expansion of learning tools/automation
- **Motto: "We will do what we can to help with any mental health need" aka "Whatever it takes"**

Iterative Approach

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Initial:

PCPs can call SW with a question

SW may or may not call patient

Psychiatrist available to see any consults

Current:

PCPs can call SW with a question

Patients contact SW directly

Less often: home visits, joint office assessments

"Book the social worker"

Case conferences with PCPs when required (multiple patients/conference)

Psychiatrist offers phone/e-Consult and sees patients in urgent situations only

PCP mental health resource guide

~6 months

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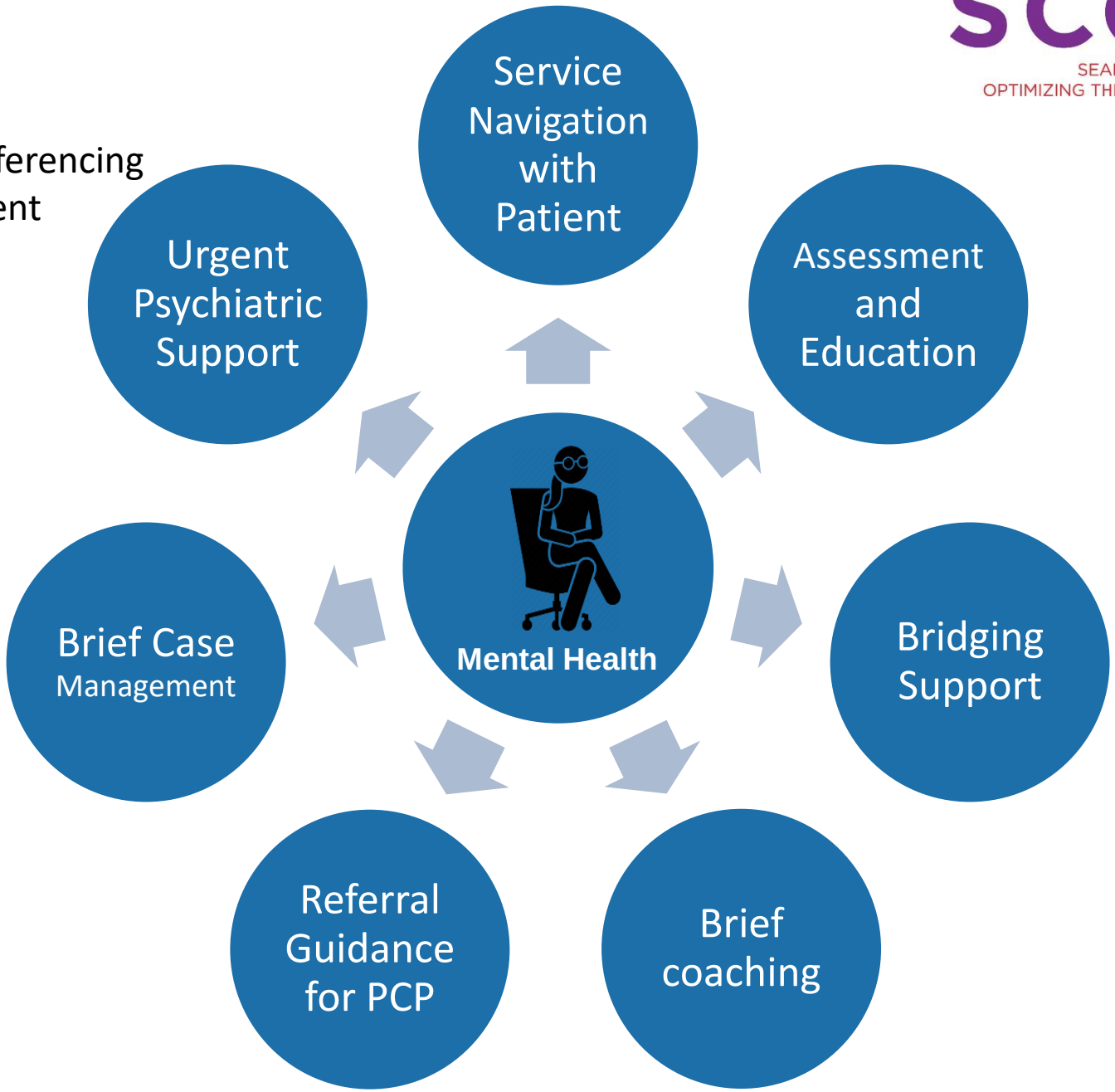
eConsult
Case conferencing
Assessment



Evaluation

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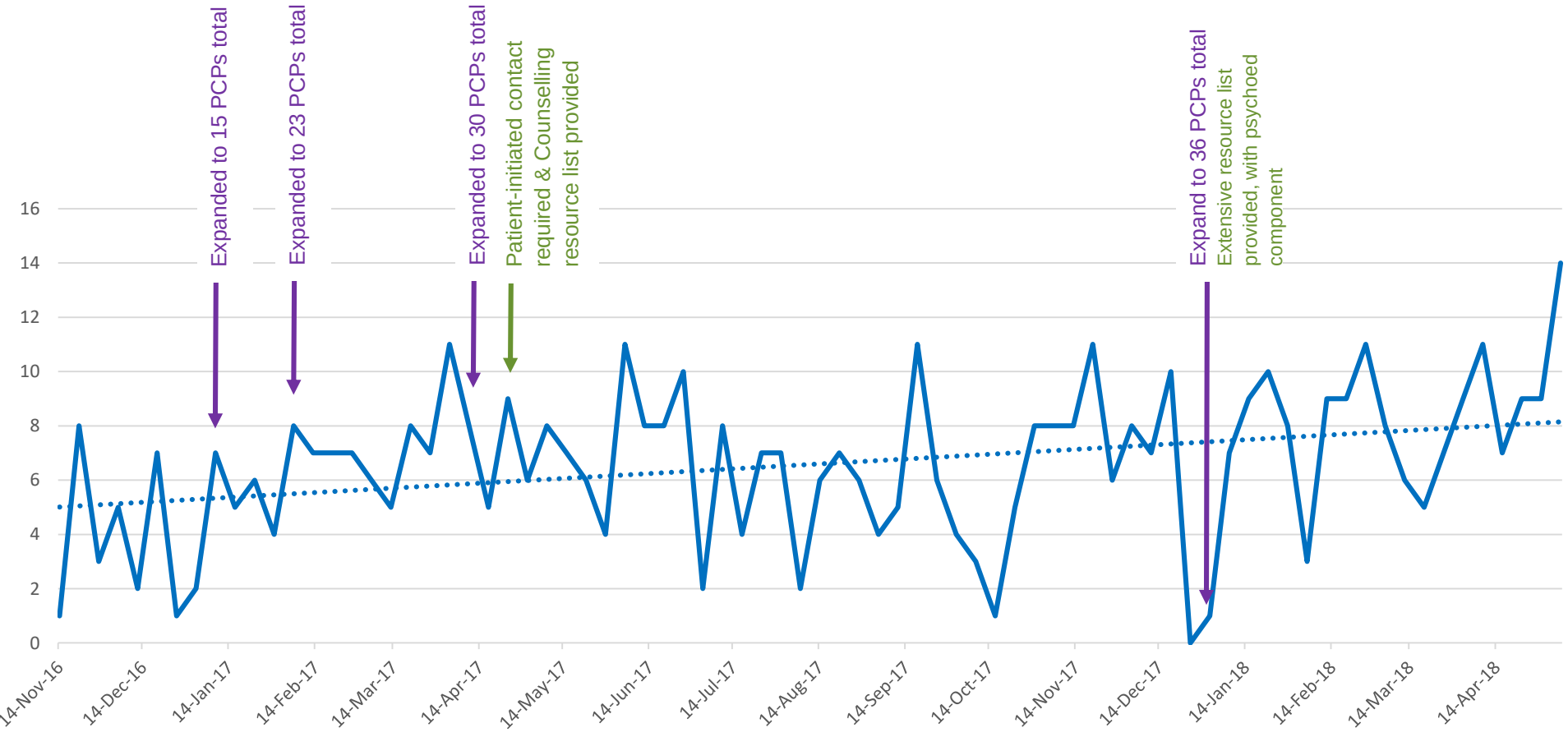
Launch: November 14, 2016

Total Number of Requests up to May 25, 2018: 528 (450 unique patients)



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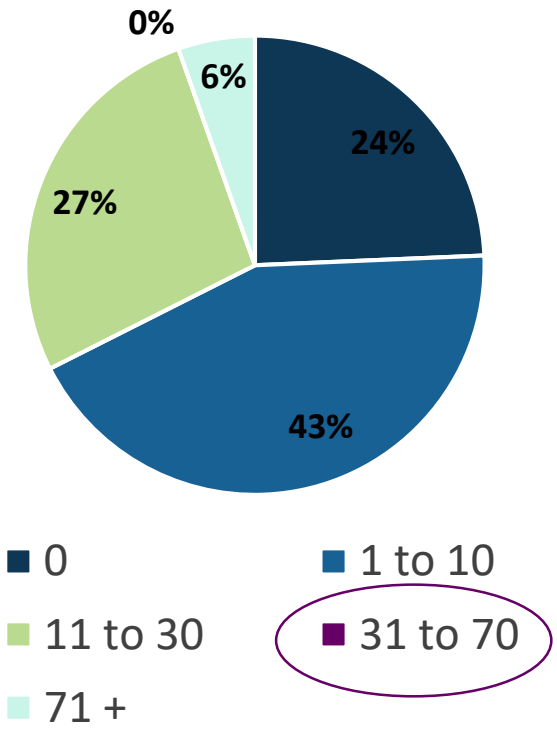
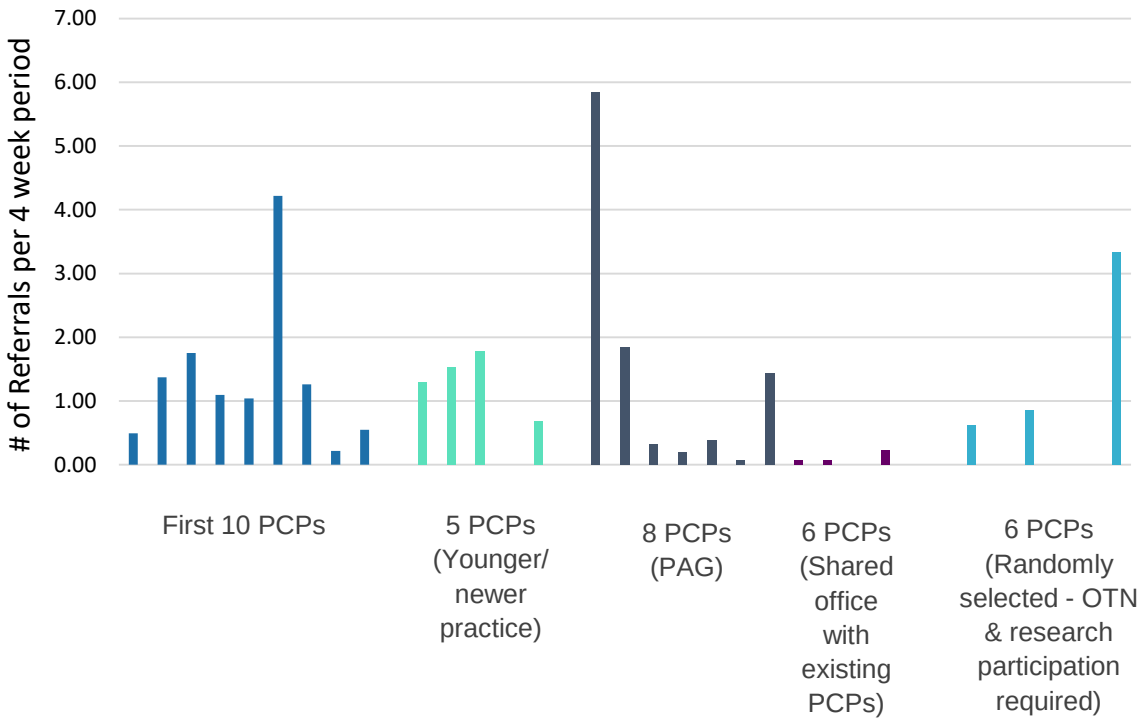
Total Referrals per PCP



Average Monthly Referral Rate per PCP



PCP Referral Behaviour

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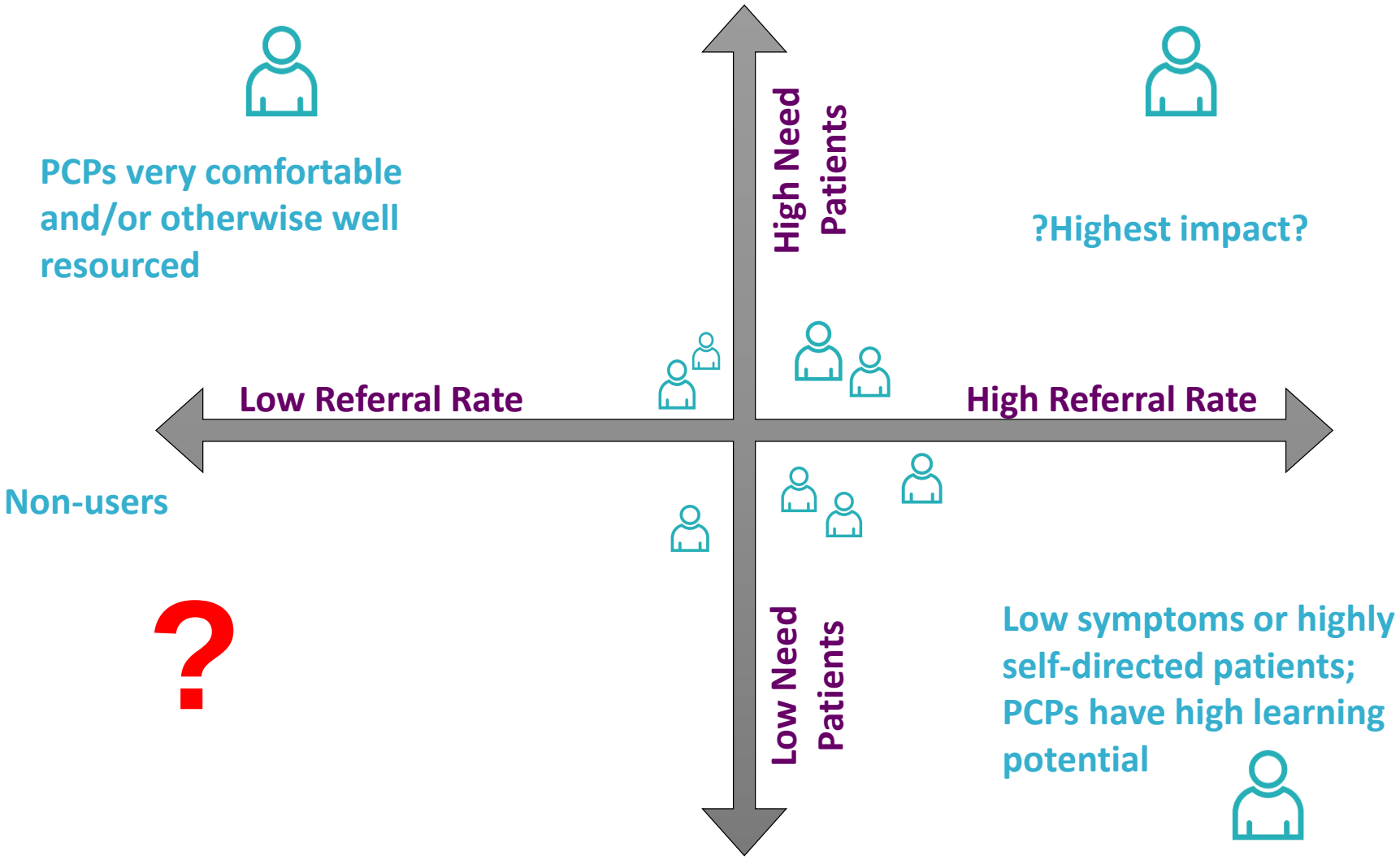

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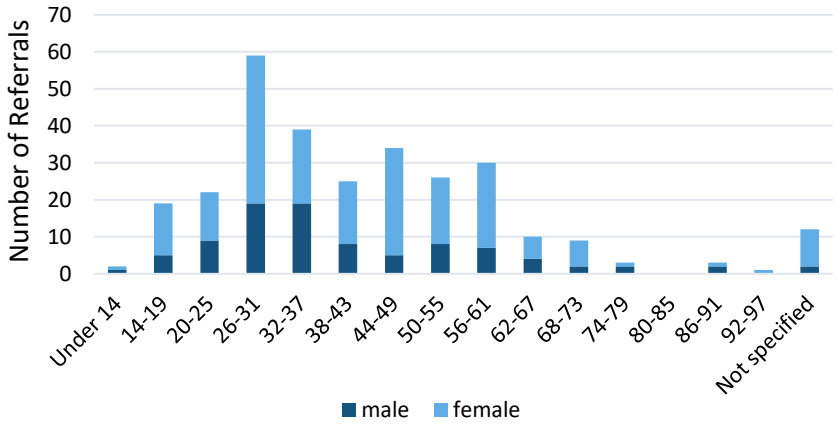
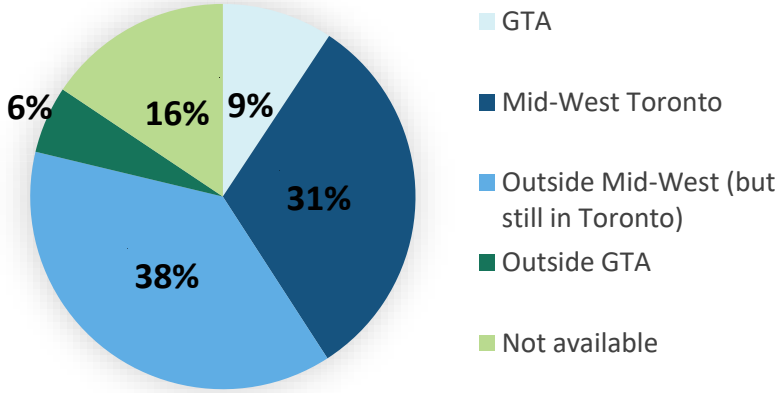
From November 2016 to December 2017 (first 300 unique patients)

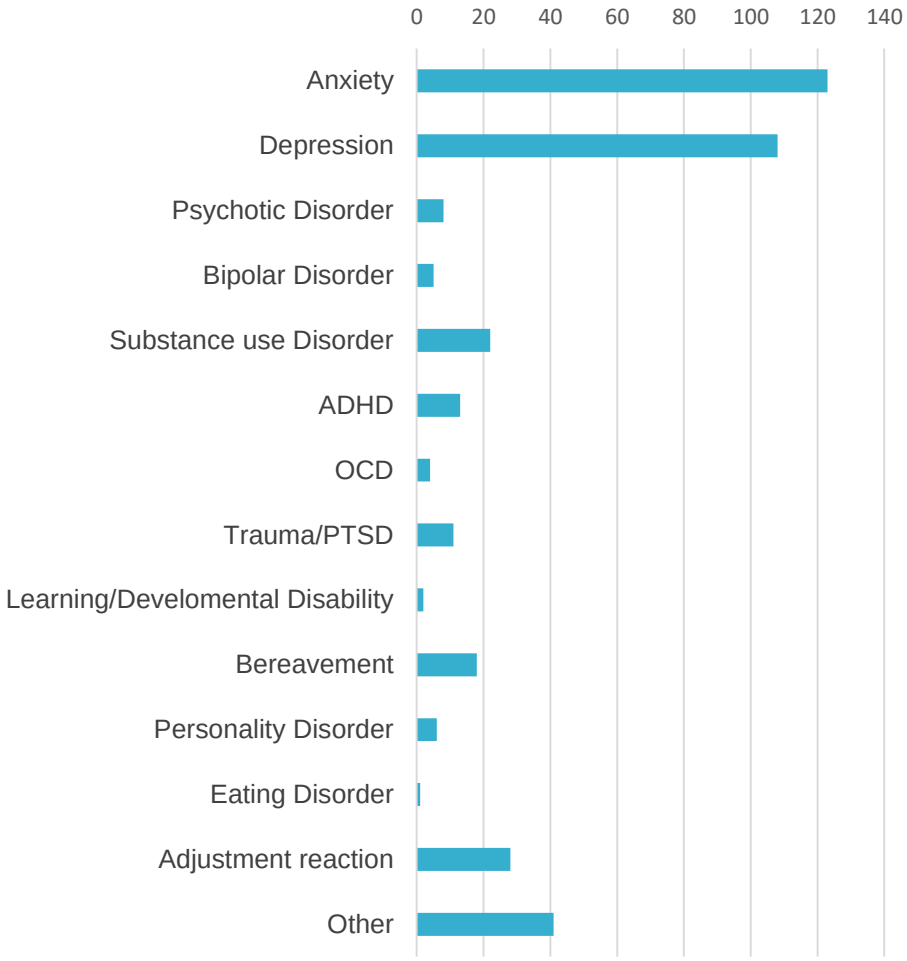
Age/Gender Distribution



Patient area of residence



Patient Diagnosis



Measured Impact

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PCP satisfaction survey

(collected in April-June 2017, roughly 6 months after start of program)

- Feedback from 14 (out of 17) PCPs
- 93% (13 out of 14) “Completely agree” with the recommendations provided for their patient
- 78.5% (11 out of 14) “Completely agree” that SCOPE MH recommendations will help in the management of this and other patients
- PCPs were satisfied with the use of SCOPE MH for each patient, and 93% were “very likely” to use SCOPE MH in the future
- Feedback was extremely positive overall

Impact on Identified Gaps

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Service Factors (Structural Barriers)

You helped me follow-up on this report, pointed me in the right direction, **provided me with assurance that I had exhausted my options**. You have been incredibly helpful. -- *Patient looking for low-cost options for sex addictions therapist (while awaiting OP hospital services)*

Although Toronto has many mental health care services, **accessing them**, especially **in a timely manner, can be difficult and confusing** for both patients and health care providers. The social worker … help[s] to bridge this gap to ensure the patients find the appropriate type of help they require. -- *PCP*

Impact on Identified Gaps

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PCP Factors

[Without SCOPE MH], I'd do nothing. I would not know somewhere else to send [patient]." – *PCP re: a patient on autism spectrum who wanted employment support services*

They also have provided us with very useful handouts which we give to most of our mental health patients that outline low cost/OHIP-covered counselling; in person, telephone, and online. This has provided us as health care providers a **better and more organized way to get our patients the most appropriate counselling for their needs**. – *PCP*

Impact on Identified Gaps

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Patient Factors (Attitudinal Barriers)

You made me **trust your recommendation to see** [the SCOPE **Psychiatrist**]. -- *Patient in manic episode, refusing psychiatric referral*

This would have been a real struggle. [Patient] refused to see his previous psychiatrist. We would have sent various referral requests to a number of hospitals and **hoped someone would see [him] in a timely fashion**. Meanwhile [patient] is complex and not doing well. -- *PCP*

Your phone check-ins were integral to my recovery. It helped so much just knowing there was someone there who was thinking of me and who **I could contact if needed**. – *Patient in situational crisis*

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Case Examples

Effective System Navigation

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"Sarah"

- 27 year old female – longstanding anxiety/depression, recent miscarriage
- PCP offered SCOPE resource list and SW contact info
- Based on a conversation with her and review of available information from PCP, SCOPE MH recommended referral to a specialized Reproductive Life Stages mental health program and discussed interim self-management strategies
- 1-2 interactions total

Feedback from patient: Thank you so much for connecting me with [specialized outpatient psychiatry program] and for all of the resources. I am delightfully surprised by how helpful you have been. I am an American and always struggled finding mental health resources and am so grateful for how easy you have made it for me.

Acute Multi-domain Intervention

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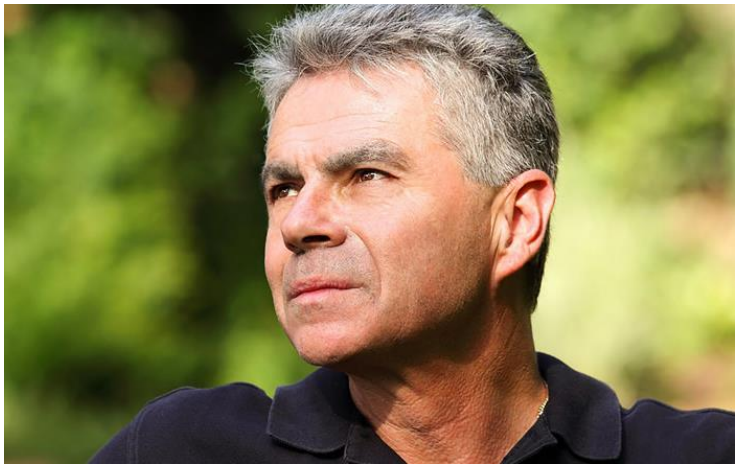
"Victor"



- 50 year old male – experiencing recurrent MDE
- Both he and his family having a difficult time managing his symptoms
- Poor understanding of depression
- History of good response to medication during first MDE several years prior

- **SCOPE MH involvement (~1 month):**
  - Shared care approach with PCP
  - Comprehensive review of treatment records
  - Rapid psychiatric assessment to assess diagnosis (psychotic depression)
  - SW available for almost daily support calls with patient and family members
  - Provided acute shared support to PCP until patient stabilized with medications

Long-term No Barrier Support

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"David"

- 26 year old male – long hx of anxiety/depression & EtOH dependence
- Low initial motivation for change and high ambivalence
- Initially seen for psych assessment with SCOPE psychiatrist & SW
  - Brief follow-up with SW → entered residential treatment
- 1 yr later - David relapsed and was re-referred by PCP for help connecting to OP addictions treatment

- SW approachable at all times = no discharge
- Non-judgmental motivational approach
- Consultation with psychiatrist re: risk
- SW provided ongoing advocacy and facilitated access to OP concurrent disorders program when David was ready

Summary of Learnings

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- There is need for mental health support amongst solo PCPs
- Implementing in an established hub-based model facilitated program success
- Iterative approach highly valuable to design the right service
- Really integrated into family practice, highly flexible model, responsive to patient and provider needs
- High variation in provider use of the service
- The role of learning and automation – e.g. developing increased awareness of resources, education to PCPs to enable them to work more effectively with their MH patients
- SW role is pivotal for supportive intervention, case management, service navigation, psychosocial complexity
- Pretty “bare bones” intervention with high impact potential
- Little touches go a long way
- Relationships matter

Future Direction

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Onboarding more PCPs
- In current state expected capacity is ~ 40-50 PCPs/SW
- More PCPs = lower intensity service

Second full-time social worker forthcoming

Better partnerships with community organizations and hospitals (if possible…)

Large (or small) group interventions

Additional tools and automation
- Website
- Patient-facing resources

Evaluation
- Currently assessing pre-post awareness of mental health services and comfort among newly onboarded PCPs
- Assessing objective impact is an ongoing challenge for the SCOPE service

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Questions?

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