

Objectives

- Where are we coming from?
- Review of who consumers turn to when they require mental health services in Québec
- What resources are available in Québec
- What support should we offer these resources

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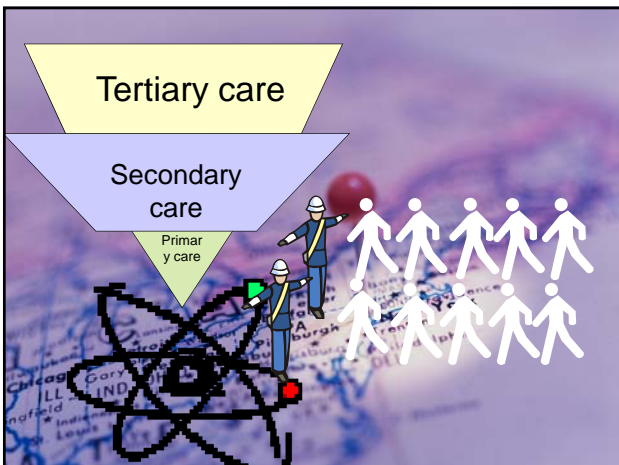


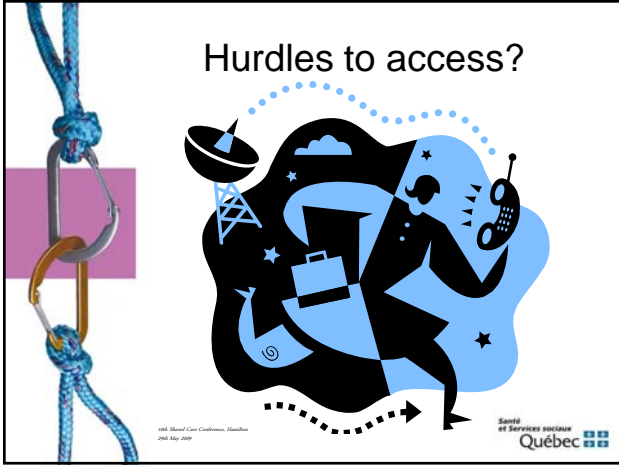
Where are we coming from?

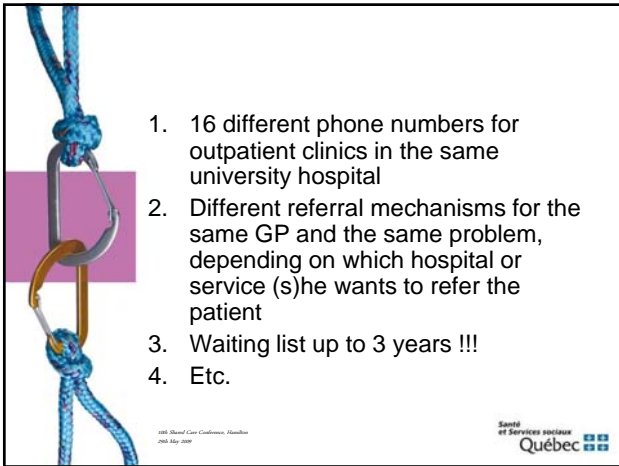
- Before the Mental Health Action Plan (MHAP)

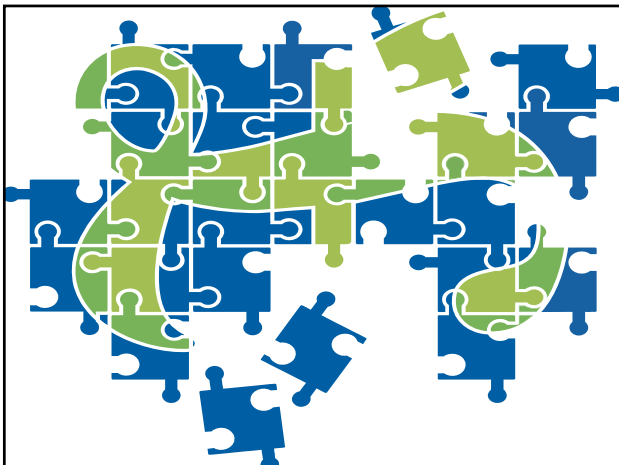
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Objectives of the MHAP

1. Recovery as main focus of services
2. Services built around a strong primary care environment
3. Rapid access to MH services whether they be in primary care (1 week / 4 weeks) or specialized (2 weeks / 8 weeks) settings
4. Delivery model built on knowledge exchange and collaborative care

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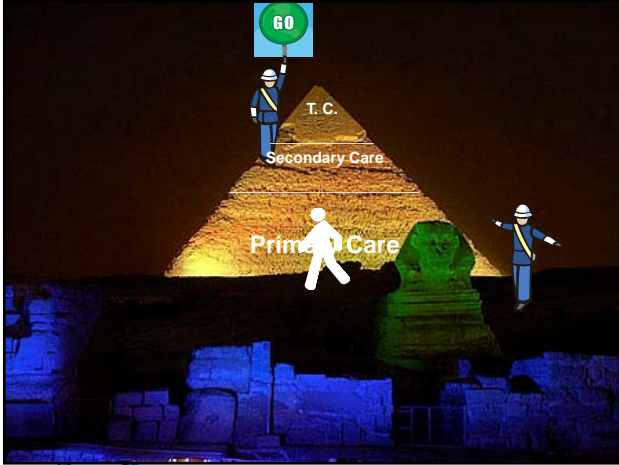


AFTER

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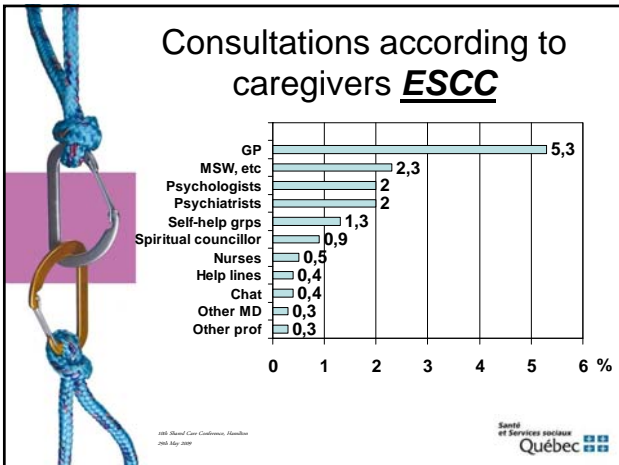


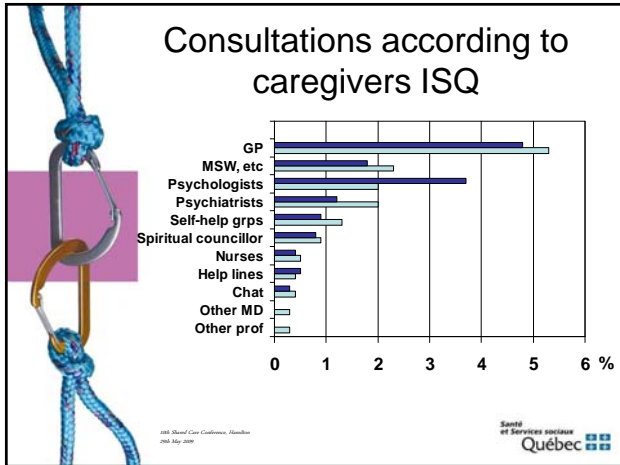


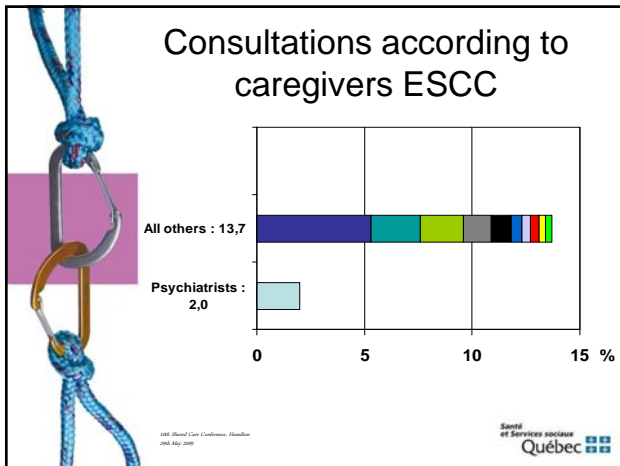
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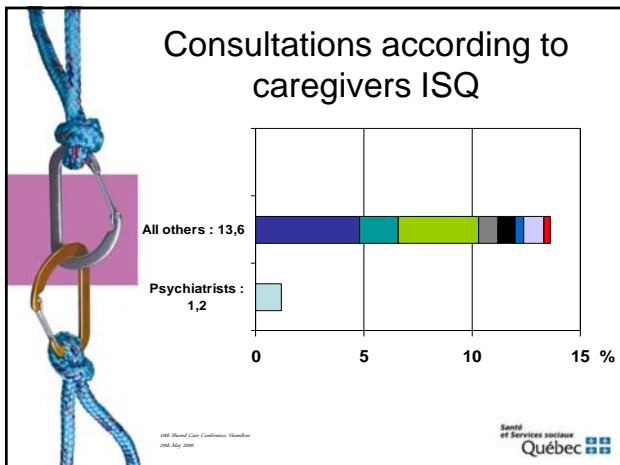
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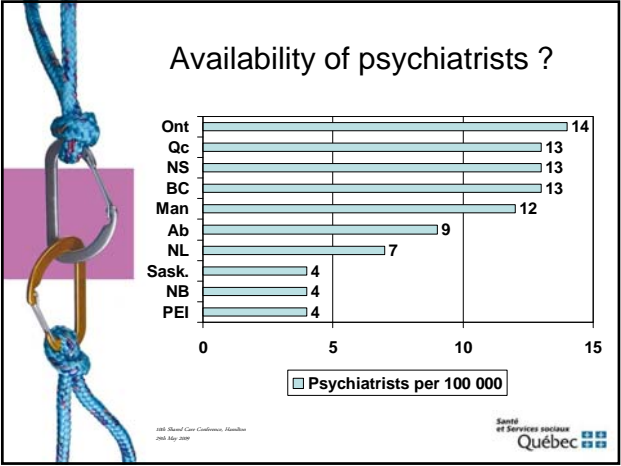


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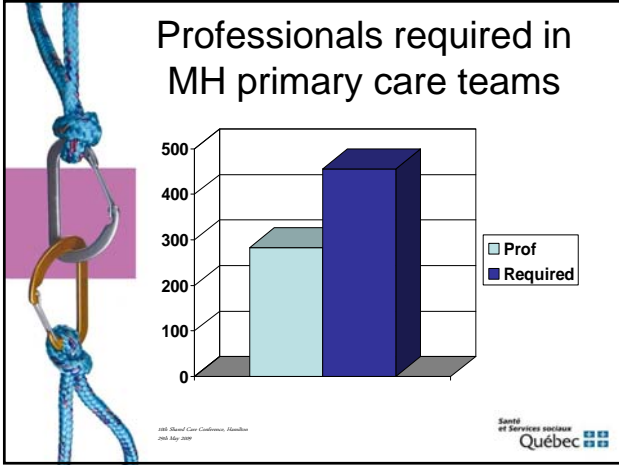


Other resources?

- 7000 GPs
- 7000 psychologists
– 50 % of all M.P.s. in Canada !!!!
- 1000 psychiatrists
- MSW, nurses, etc.
- Primary care MH teams

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GPs and MH

- 30 - 45 % of people seen daily in a GP's office have some kind of MH issue
- 86% of family physicians provide care for patients with chronic mental illnesses
 - National physician survey 2007

2008 Mental Care Conference, Hamilton
2008 May 20-22


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GPs and MH - 2

- 7000 GPs in Québec
- 7000 h / d MH care in GP offices
- **1 734 780 visits / yr in Québec (billing data, actual visits probably more)**

2008 Mental Care Conference, Hamilton
2008 May 20-22


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Our own survey: the
« typical GP »

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Our own survey: the
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2018 Round Care Conference, November
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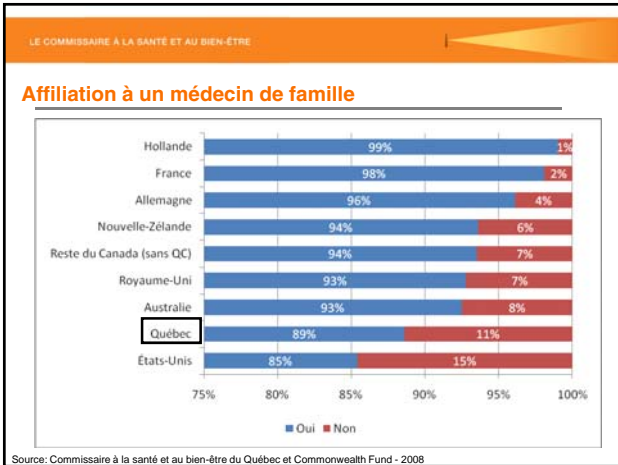


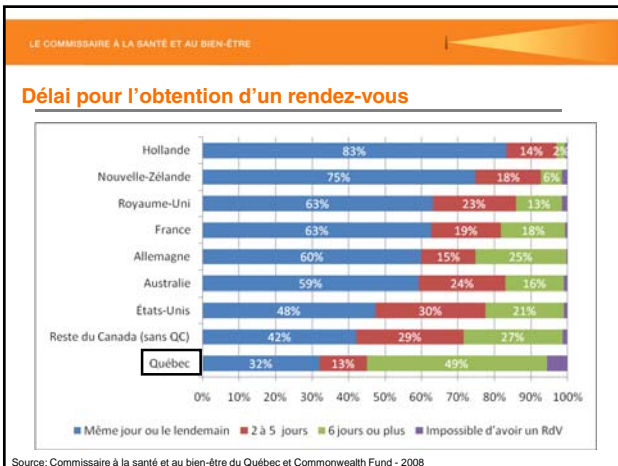
New Qc Health
Commissioner


- Data concerning chronic care delivery, collected by the Commonwealth Fund
- Not for profit american organisation
- Support health policy design

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2 types of MH patients

1. Moderate disorders :
depression, anxiety disorders
– Large volume in primary care settings
2. Severe disorders :
schizophrenia, bipolar disorder
– small volume BUT heavy hospital and ER consumers

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2008 May 2009

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Conclusion ?

- Organize service delivery according to 2 types

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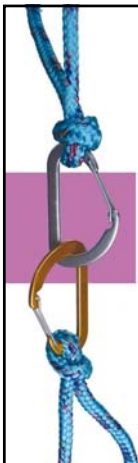


Service delivery

1. **Primary care built around GPs**
 - Rapid availability of GPs for patients
 - Rapid availability of primary care MH services for GPs' patients
 - Quick access to clinical support from primary care MH services or psychiatrists for GPs
2. **Community support measures**
 - PACT, etc
 - Quick access to GPs for general health services for severe patients

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Building MH primary care around the GPs

- 7000 GPs
 - 1 h MH / day / GP
 - 7000 h / d
 - 1/3 offer all MH services
 - 3 h / j / MF
 - 1/3 would like to if ...
 - 1/3 couldn't be bothered

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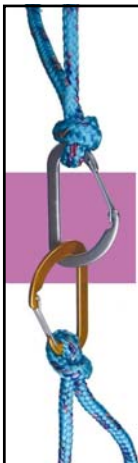
... that is the question

- Who is are customer :

the patient or the GP?

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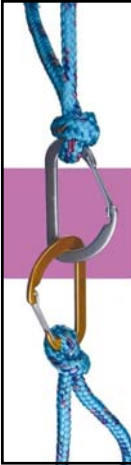
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Crash course in health organisation

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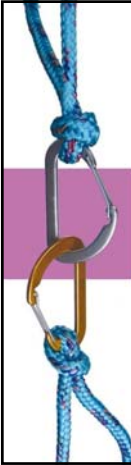


Surgery waiting lists

- 100 000 patients waiting for surgery, 30 000 over 8 months
- What should we do ?
 - Big investments: more surgeons, more anaesthesiologists, more ORs ?
 - Small systemic change : review processes ?

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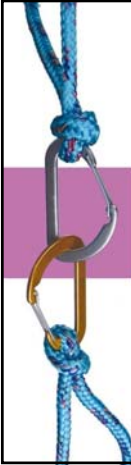


OR process review

- Start ON TIME
- No cancellations
- More small instrument availability (ie minimum investment)
- Immediate gurney and patient transport availability
- 10% increase !!!

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EXAM

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MH

- **Our customer ?**
 - **The patient / Big investments**
 - « more of the same » ?
 - More psychiatrists ?**
 - More beds ?**
 - etc.
 - **The GP / Small systemic change**

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More of the same

- Sometimes, it works
- But there is a cost ...

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• Who is for more of the same ?

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Get rid of hurdles to access



2011 Round-Can Conference, November 2011 May 2011

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For some, it's Mt. Everest.

Help build more handicap facilities.

Développement économique régional 2

www.quebec.ca

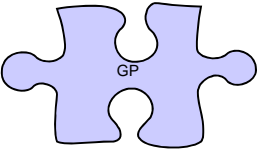





MH and primary care

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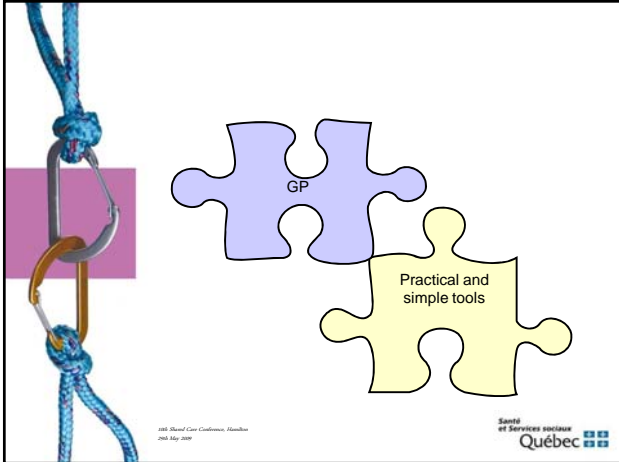
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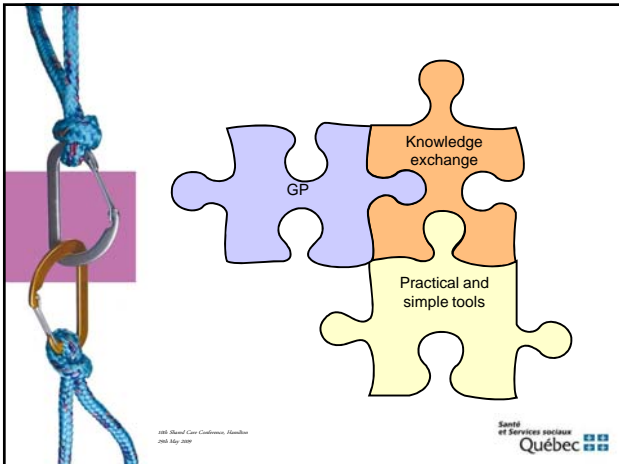


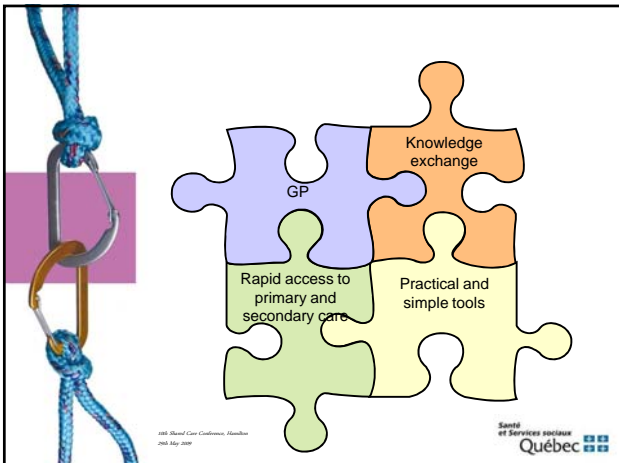
MH and primary care


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GPs

- **1 734 780 visits / year**
- If we help GPs increase their performance
- Thus allowing them to invest 5 % less time:
 - **86 739 appointments**
- And offer 5 % more availability:
 - **86 739 appointments**

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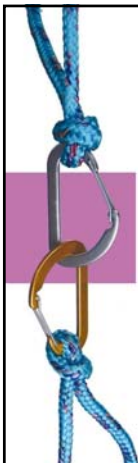


GPs

- **7000 h / d**
- 7000 GPs
 - 1/3 would offer MH services if ...
 - 2300 GPs available for recruitment

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Recruitment

- If ... 1 h MH / d / GP
 - 2300 extra hours / d
 - 30 % increase

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1000 psychiatrists

- if ... 700 saw 1 extra pt / week
 - 700 extra pts / week
 - 40 weeks
 - 28 000 extra pts / y
- Major increase

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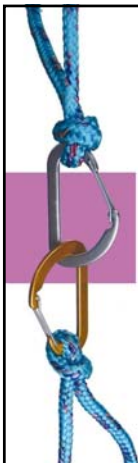


Psychologists

- 50 % of all canadian psychologists
- 7000 psychologists
- If ...

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Crash course in doctor psychology

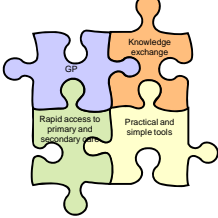
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Simple systemic change

- Apply simple recipes



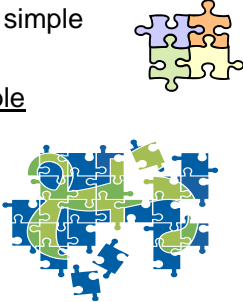
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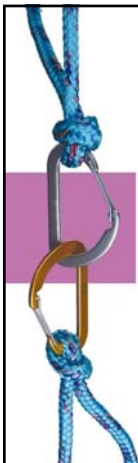
Beware

- When you say simple
- GPs hear simple



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Primary care MH : mission impossible ?

- Service delivery
 - Primary care built around GPs for moderate disorders
 - Community support services for severe disorders
- Think BIG and SMALL
 - BIG
 - MHAP : primary care MH teams across the province
 - PACT teams across the province
 - SMALL
 - Support GP needs in real time
 - Increase access by ONLY 5 %
 - Reduce inefficiency by ONLY 5 %

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