INTEGRATING MENTAL HEALTH SERVICES INTO PRIMARY CARE: A Canadian Example

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Ontario, Canada

Thought for the day

”Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it”

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Plan

- How well are we doing
- Why don't we do better
- Opportunities in Primary care
  - Mental health promotion
  - Early detection
  - Relapse prevention
- Opportunities in Primary care
  - Relapse prevention

We do some things better than others

- Partnerships
- Acute care
- Specific populations
- Outreach

- **Bridging systems**

- Not Mental Health Promotion
- Early identification
- Relapse Prevention

The Second Stage of Medicare

"To alter our delivery system to reduce costs and put an emphasis on prevention"

The potential role of Primary Care

- Enduring relationships with the individual and their family
- Serves an identifiable population
- Is ideally placed to deliver
  - Health Promotion
  - Early detection
  - Initiation of treatment
  - Monitoring and follow-up / Relapse prevention
  - Co-ordination and continuity of care
  - Referral and system navigation
  - Family interventions

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Why don’t we do better

Traditional Organization of care

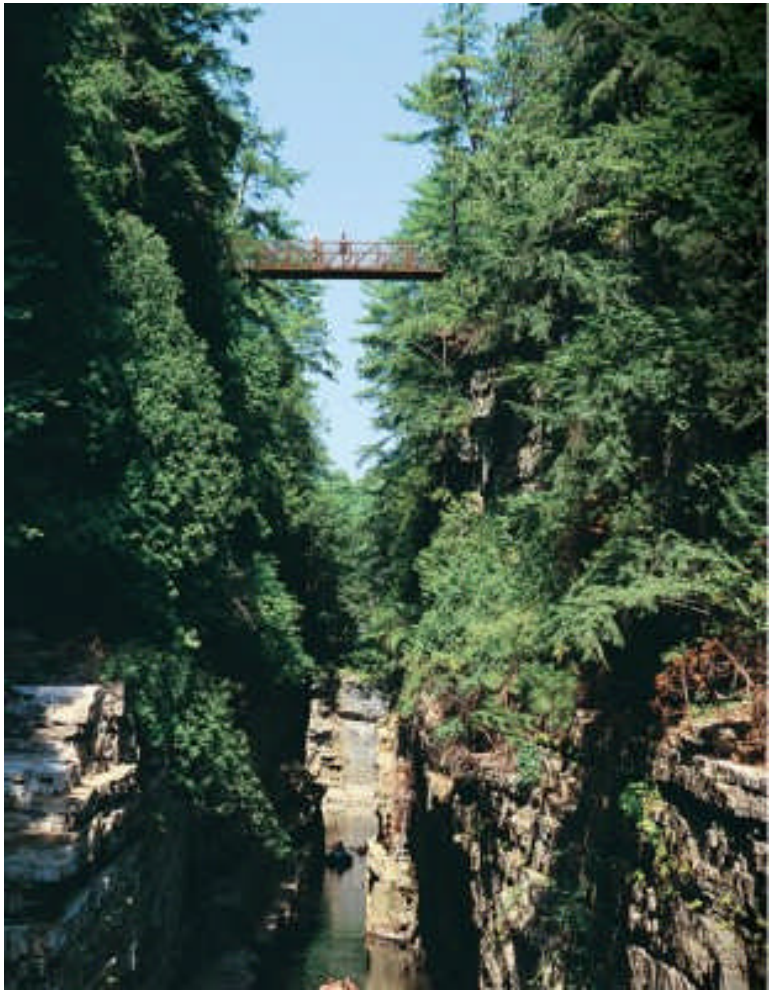
- Focus on acute problems
- Emphasis on triage and patient flow
- Short unprepared appointments – Team and patient
- Brief didactic formulaic consumer education
- Follow-up is usually consumer initiated – *the system leaves it to the individual*
- Focus on individuals not populations
  - Treat only those people who reach us
  - Can't identify problems earlier
  - No prevention of episodes / recurrence

"CROSSING THE QUALITY CHASM"

A NEW HEALTH SYSTEM FOR THE 21TH CENTURY

DON BERWICK

"Between the health care we have and the health care we could (should) have lies not a gap, but a chasm"



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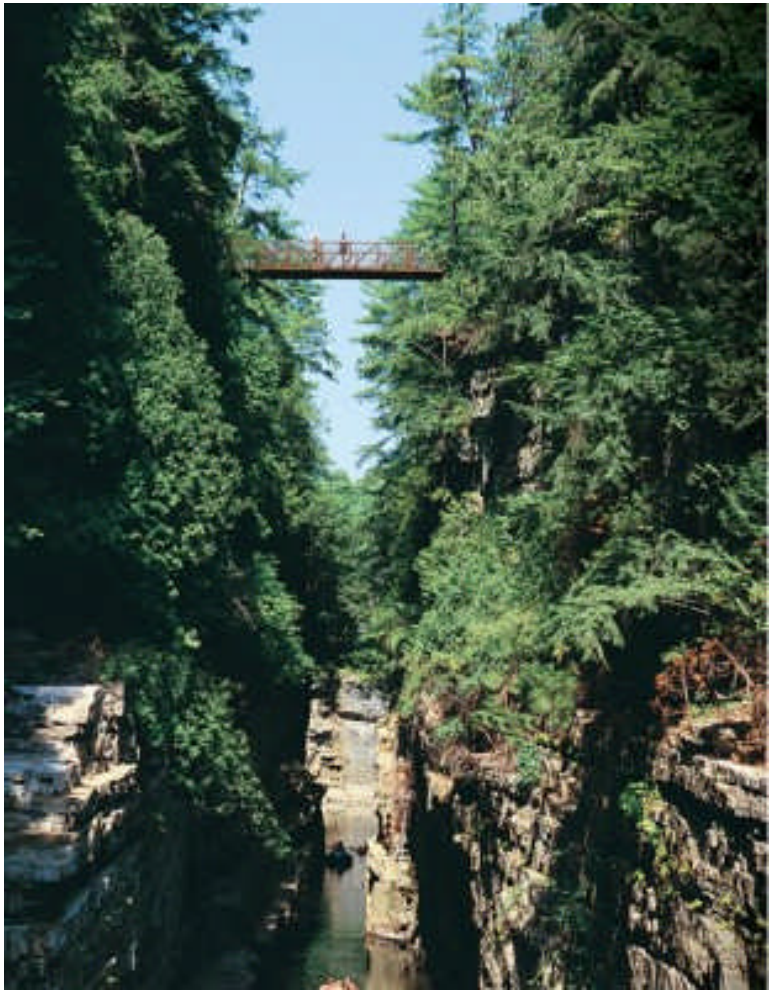
Why do these problems occur

"CROSSING THE QUALITY CHASM"

A NEW HEALTH SYSTEM FOR THE 21TH CENTURY

DON BERWICK

"These quality problems occur typically not because of failure of good will, knowledge, effort or resources directed to health care, but because of fundamental shortcomings in the way care is organized"



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Its not having the resources, tools or information but how we use them

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We were often building bridges between systems without realising the systems themselves were broken and couldn't sustain the innovation

Redesigning Systems of Care

Better management and obtaining better outcomes require changes in the way systems of care are organized, both within and between systems.

Improving systems

- The way a system is organised affects an individuals behaviour / performance
- We need to create systems that make it difficult (impossible) for us to practice badly
- Our systems need to take responsibility for ensuring individuals reach / receive the care they need
- We need to be able to free up time for better patient care
- We need to stop doing things that are wasteful / aren't working

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BEWARE OF PICKPOCKETS

Thought for the Day

We need

- A new paradigm for care
  - Population focus
  - Pro-active care
  - The patient as a partner
  - Emphasis on quality

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Population Focus

- Think of populations as well as individuals
- Who aren't we seeing as well as who we are seeing
- Only way of moving towards early identification or health promotion
- Paves the way for proactive care and planned visits
- System takes responsibility for ensuring individuals reach care
- Needs a registry

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Registry

- List of everyone in a specific population
  - everyone over the age of 75
- Can add risk factors
  - Living alone
  - History of depression
  - Problems with physical mobility
- Can add care required
  - When medications were reviewed
- Follow-up with a call / visit
- Much easier with good IT support

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Pro-active (planned) care

Pro-active Care

- Continuing care over the entire duration of an illness - Closing the loop
- System takes responsibility
- Uses the registry / list – reminders, callbacks
- Planned visits / Preventive visits
- Prepared visits / morning huddle
- Can be delivered in different ways

Different types of visits

- Phone
- Skype
- Email visits
- Email
- Use of the Internet – Facebook, twitter

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The patient as a partner

- Always consider the patient's journey - listen to their suggestions
- Support self management
- Each person has a plan / access to records, notes, updated every visit
- Prepared for each visit
- Involve in service planning / evaluation
- Does everything we do add value for the patient
- New approaches to health education / Health literacy

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You will learn the most about the health care system from your experiences as a patient or relative

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Health Promotion : Where do we start

Mental Health Promotion

- The process of increasing the capacity of individuals and communities to take control over their lives and improve their mental health.
- Based on the value that mental health policies and programs should not be solely concerned with treatment of mental illnesses but recognize and address the broader issues affecting the mental health of all sectors of society.

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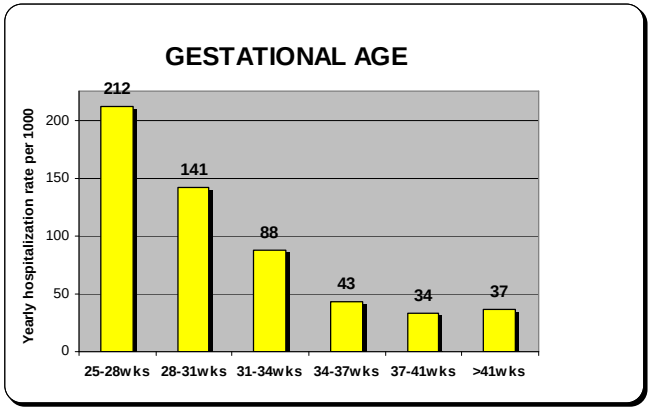
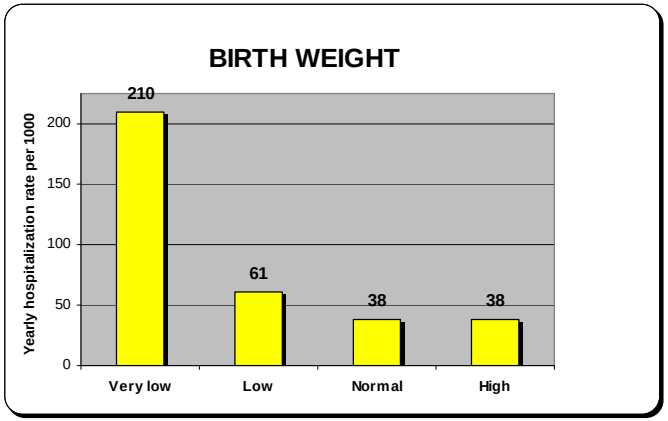
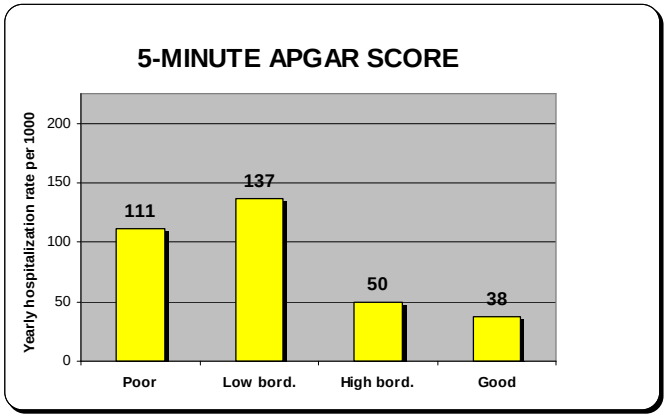
All-Cause Hospitalization

Biomedical Predictors



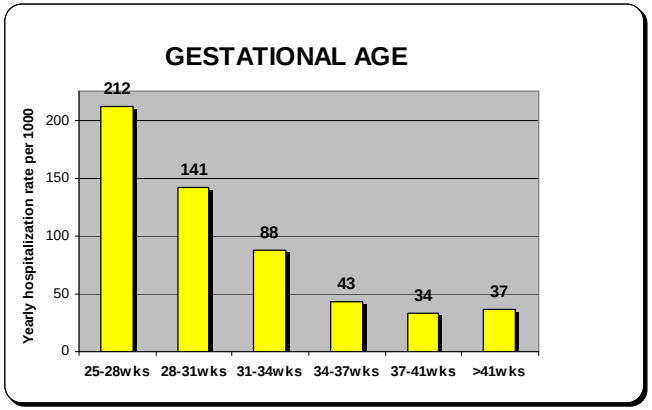


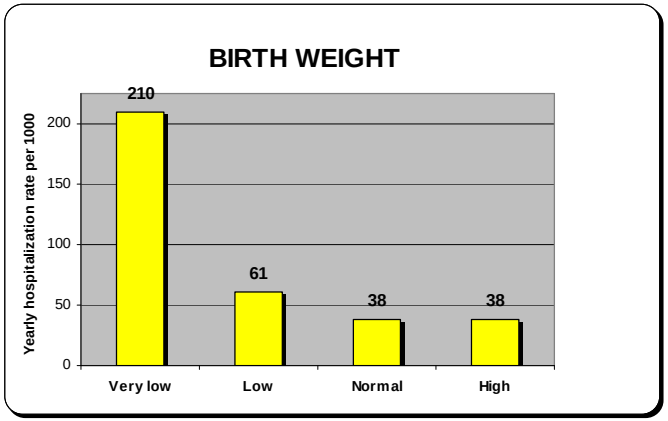


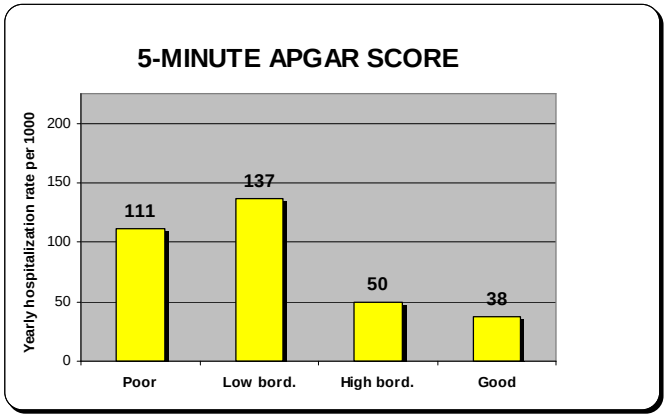
Social Predictors

All-Cause Hospitalization

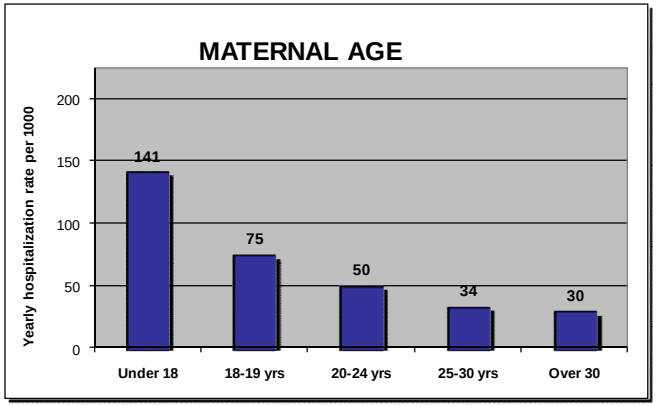
Biomedical Predictors

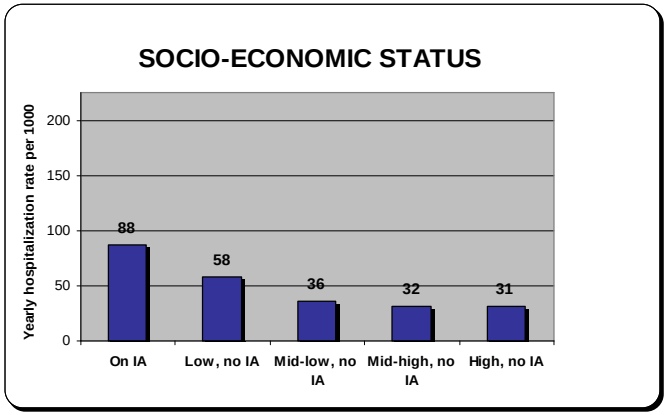


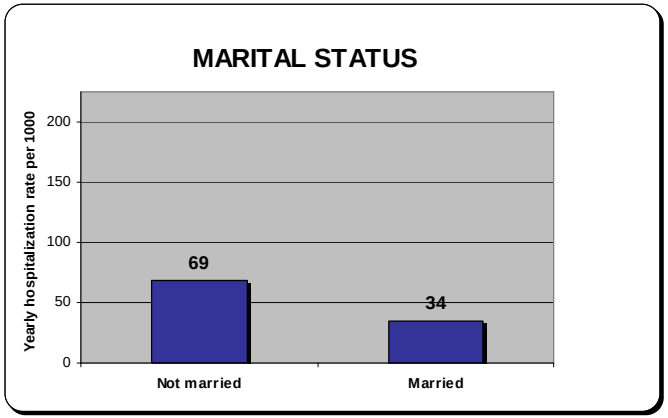




Social Predictors







How Important are these Social Risk Factors??

Gain in Life Expectancy from eliminating:

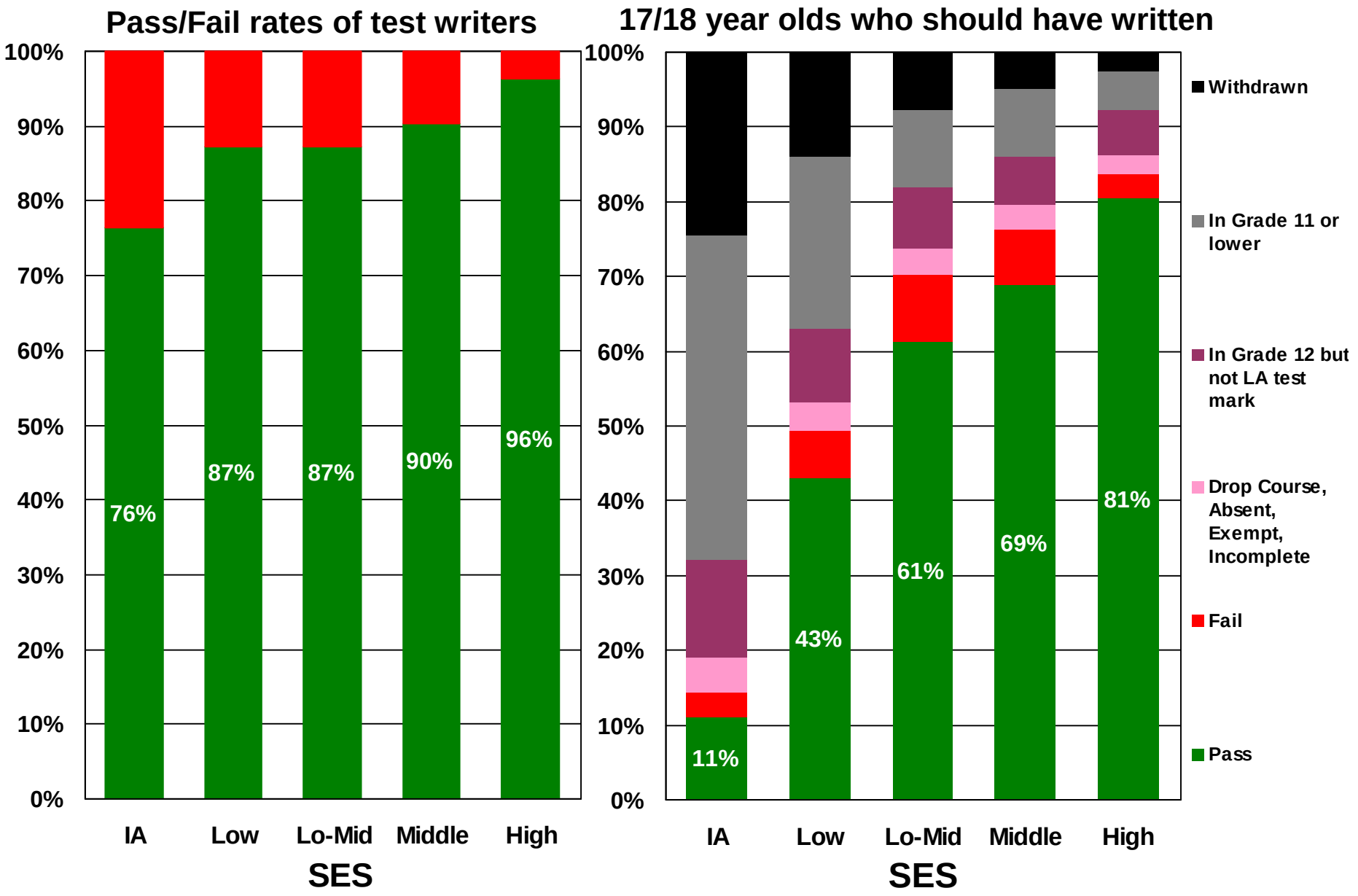
- *Cancer = 3-4 years*
- *Heart Disease = 3 years*

Eliminate (effects of)

- Social Risk Factors = 10 years

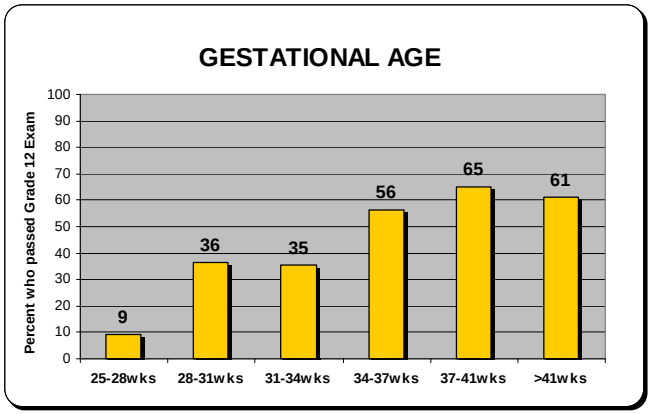
Getting the “True” Story

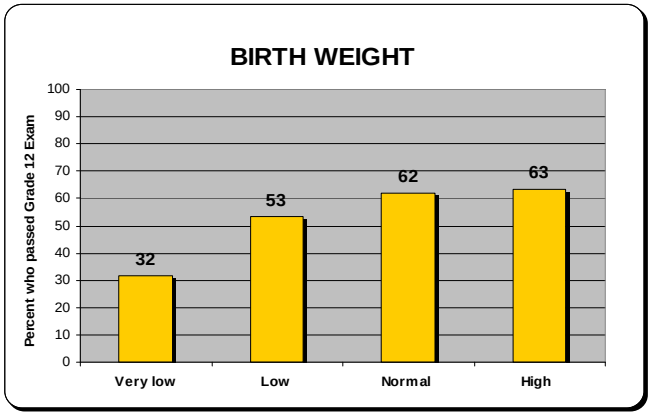
Grade 12 Performance by Socio-Economic Status (SES)

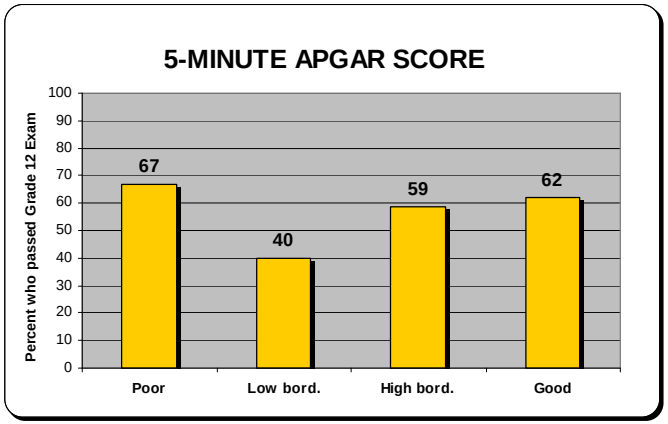


Passing Score - 12th Grade Exam

Biomedical Predictors







Social Predictors

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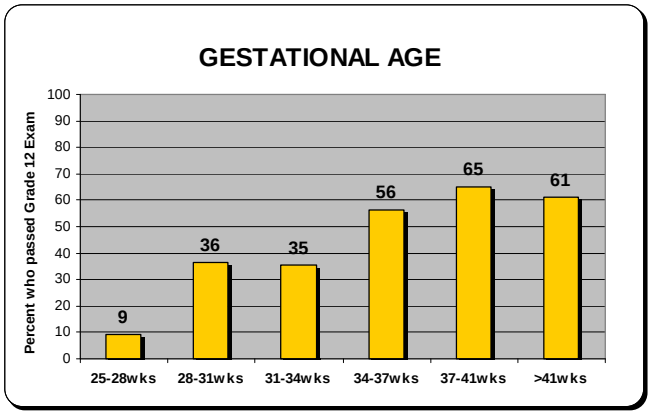
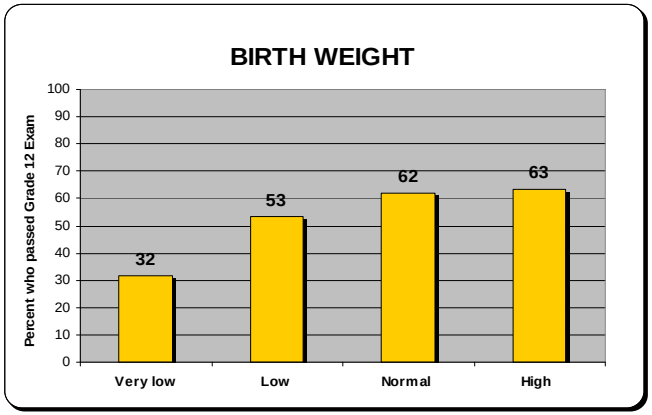
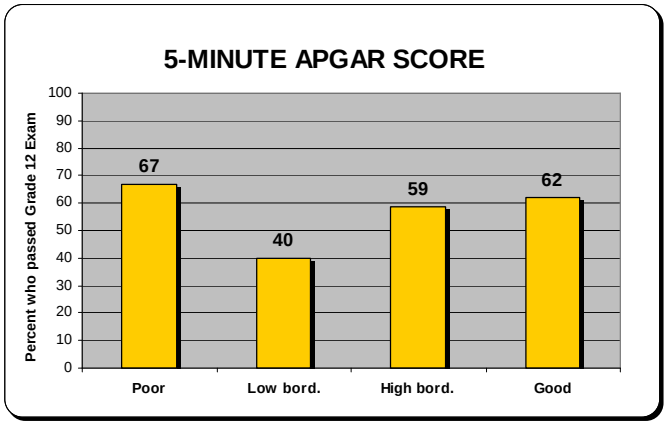
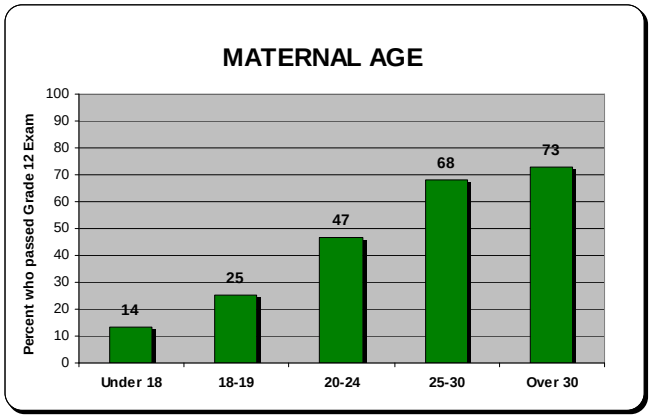
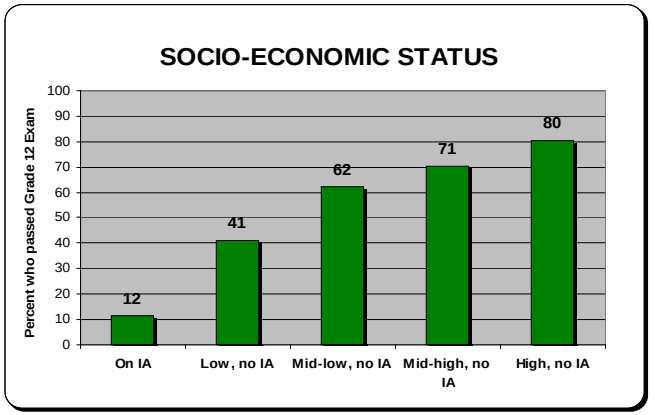


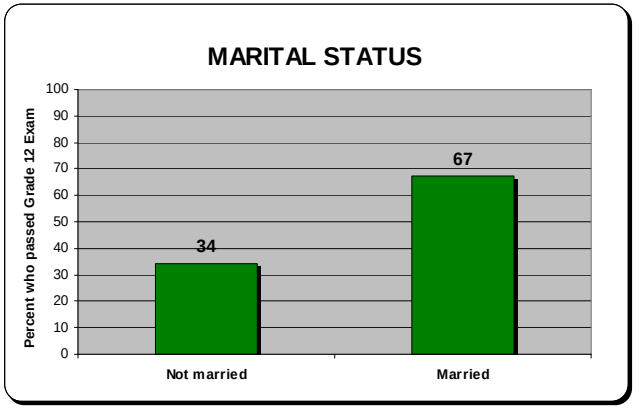




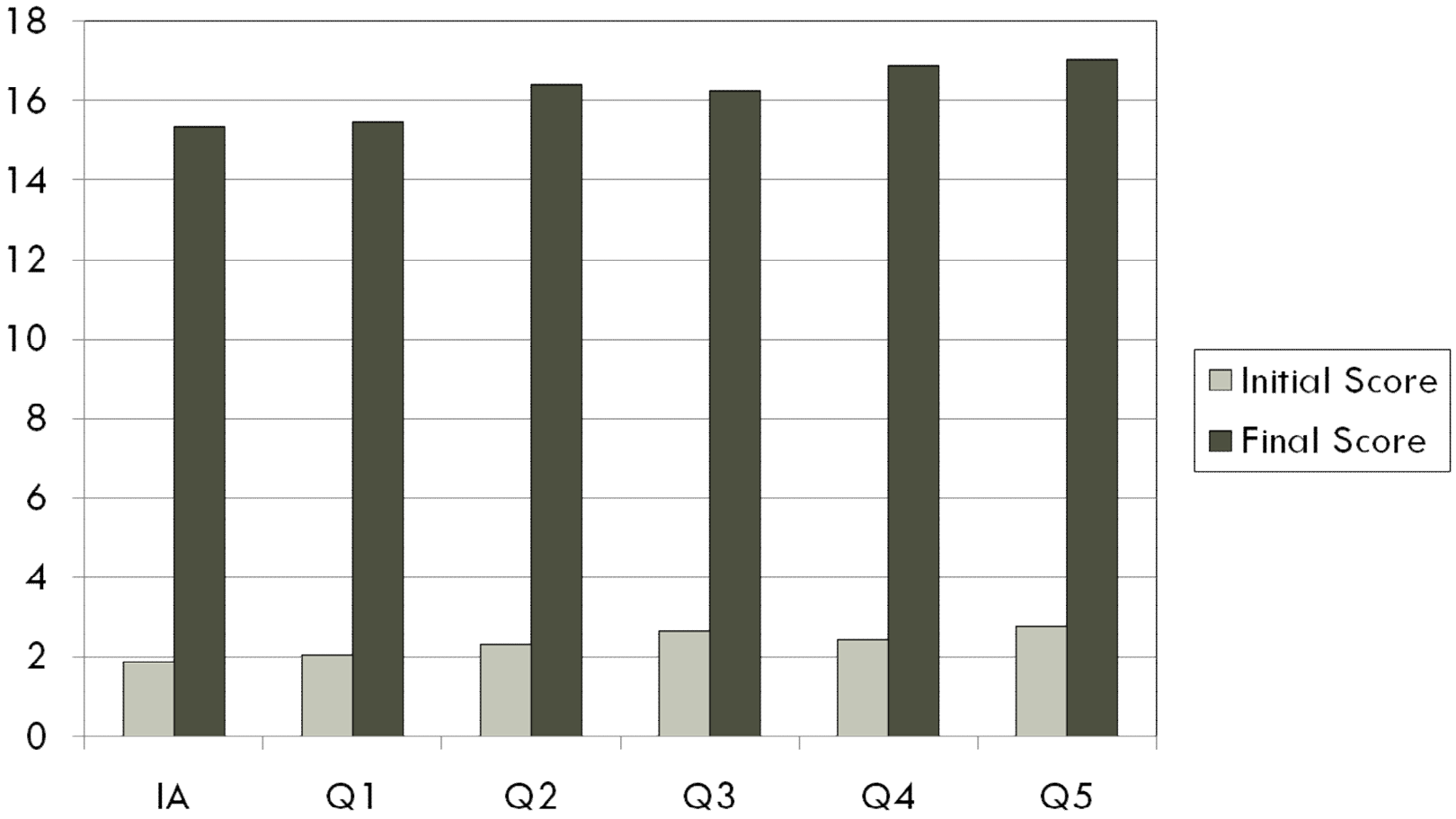
Social Predictors







Can they Recover? Track Individual Scores: Grade 1 Mean Reading Level At Start and End of Literacy Training By Socioeconomic Status



Canadian Paediatric Society / Société canadienne de pédiatrie
The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

GUIDE IV (National)

NAME: _____ Birth Day (d/m/yr): _____ M [ ] F [ ]

Past problems/Risk factors:	Family history:

DATE OF VISIT	18 months			2-3 years			4-5 years	
GROWTH* Correct percentiles until 24-36 mos if < 37 weeks gestation	*Height*	*Weight*	*Head circ.*	*Height*	*Weight*	*HC if prior abN*	*Height*	*Weight*
PARENTAL CONCERNS								
NUTRITION*	❍ **Breastfeeding*** ❍ Homogenized milk ❍ No bottles [500-750 mLs(16-24 oz) /day*]			❍ 1% to 2% milk ❍ *Gradual transition to lower fat diet** ❍ Canada's Food Guide* [~ 500 mLs(16 oz) /day*]			❍ 1% to 2% milk ❍ Canada's Food Guide* [~ 500 mLs(16 oz) /day*]	
EDUCATION AND ADVICE								
Injury Prevention	❍ **Car seat (child)*** ❍ *Bath safety** ❍ Choking/safe toys*			❍ **Car seat** (child/booster)* ❍ Carbon monoxide/*smoke detectors**	❍ **Bike helmets*** ❍ Matches	❍ **Firearm safety/removal*** ❍ *Water safety**		
Behaviour	❍ Parent/child interaction ❍ *Discipline/Parenting skills programs***			❍ Parent/child interaction ❍ **Parental fatigue/depression***	❍ *Discipline/parenting skills programs*** ❍ Family conflict/stress	❍ **High-risk children**** ❍ Siblings		
Family	❍ Parental fatigue/stress/depression** ❍ **High-risk children****			❍ **Second-hand smoke*** ❍ *Complementary/alternative medicine** ❍ Active healthy living/screen time* ❍ **Assess child care** /preschool needs/school readiness**	❍ **Dental cleaning/Fluoride/Dentist*** ❍ Toilet learning** ❍ Socializing opportunities	❍ *No pacifiers** ❍ **No OTC cough/cold meds*** ❍ *Encourage reading***		
Other	❍ Socializing/peer play opportunities ❍ *Wean from pacifier** ❍ **Dental care/Dentist*** ❍ Toilet learning** ❍ *Encourage reading***			Environmental health including: ❍ Sun exposure/sunscreens/insect repellent* ❍ *Pesticide exposure** ❍ *Serum lead if at risk**				
✓ discussed and no concerns X if concerns								
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set **after** the time of normal milestone acquisition. **Absence of any item suggests consideration for further assessment of development.** NB-Correct for age if < 37 weeks gestation ✓ if attained X if not attained	Social/Emotional ❍ *Child's behaviour is usually manageable* ❍ *Interested in other children* ❍ *Usually easy to soothe* ❍ *Comes for comfort when distressed* Communication Skills ❍ *Points to several different body parts* ❍ *Tries to get your attention to show you something* ❍ *Turns/responds when name is called* ❍ *Points to what he/she wants* ❍ *Looks for toy when asked or pointed in direction* ❍ *Imitates speech sounds and gestures* ❍ *Says 20 or more words (words do not have to be clear)* ❍ *Produces 4 consonants, e.g. B D G H N W* Motor Skills ❍ *Walks alone* ❍ *Feeds self with spoon with little spilling* Adaptive Skills ❍ *Removes hat/socks without help* ❍ *No parent/caregiver concerns*			**2 years** ❍ *Combines 2 or more words* ❍ *Understands 1 and 2 step directions* ❍ *Walks backward 2 steps without support* ❍ *Tries to run* ❍ *Puts objects into small container* ❍ *Uses toys for pretend play (eg. give doll a drink)* ❍ Continues to develop new skills ❍ *No parent/caregiver concerns* **3 years** ❍ *Understands 2 and 3 step directions (eg. "Pick up your hat and shoes and put them in the closet.")* ❍ *Uses sentences with 5 or more words* ❍ *Walks up stairs using handrail* ❍ *Twists lids off jars or turns knobs* ❍ *Shares some of the time* ❍ *Plays make-believe games with actions and words (eg. pretending to cook a meal, fix a car)* ❍ Turns pages one at a time ❍ Listens to music or stories for 5 - 10 minutes ❍ *No parent/caregiver concerns*			**4 years** ❍ *Understands 3-part directions* ❍ *Asks and answers lots of questions (eg."What are you doing?")* ❍ *Walks up/down stairs alternating feet* ❍ *Undoes buttons and zippers* ❍ *Tries to comfort someone who is upset* ❍ *No parent/caregiver concerns* **5 years** ❍ *Counts out loud or on fingers to answer "How many are there?* ❍ *Speaks clearly in adult-like sentences most of the time* ❍ *Throws and catches a ball* ❍ *Hops on 1 foot several times* ❍ *Dresses and undresses with little help* ❍ *Cooperates with adult requests most of the time* ❍ *Retells the sequence of a story* ❍ *Separates easily from parent/caregiver* ❍ *No parent/caregiver concerns*	
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit. ✓ if normal X if abnormal	❍ Fontanelles closed ❍ **Eyes (red reflex)*** ❍ **Corneal light reflex/Cover-uncover test & inquiry*** ❍ Hearing inquiry ❍ Tonsil size/Teeth*			❍ *Blood pressure* ❍ **Eyes (red reflex)/Visual acuity*** ❍ **Corneal light reflex/Cover-uncover test & inquiry*** ❍ Hearing inquiry ❍ Tonsil size/Teeth*			❍ *Blood pressure* ❍ **Eyes (red reflex)/Visual acuity*** ❍ **Corneal light reflex/Cover-uncover test & inquiry*** ❍ Hearing inquiry ❍ Tonsil size/Teeth*	
PROBLEMS AND PLANS								
IMMUNIZATION Provincial guidelines vary	**Record on Guide V: Immunization Record**			**Record on Guide V: Immunization Record**			**Record on Guide V: Immunization Record**	
	Signature			**Signature**			**Signature**	

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care.: **Good (bold type)**; *Fair (italic type)*; Consensus (plain type).
(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.

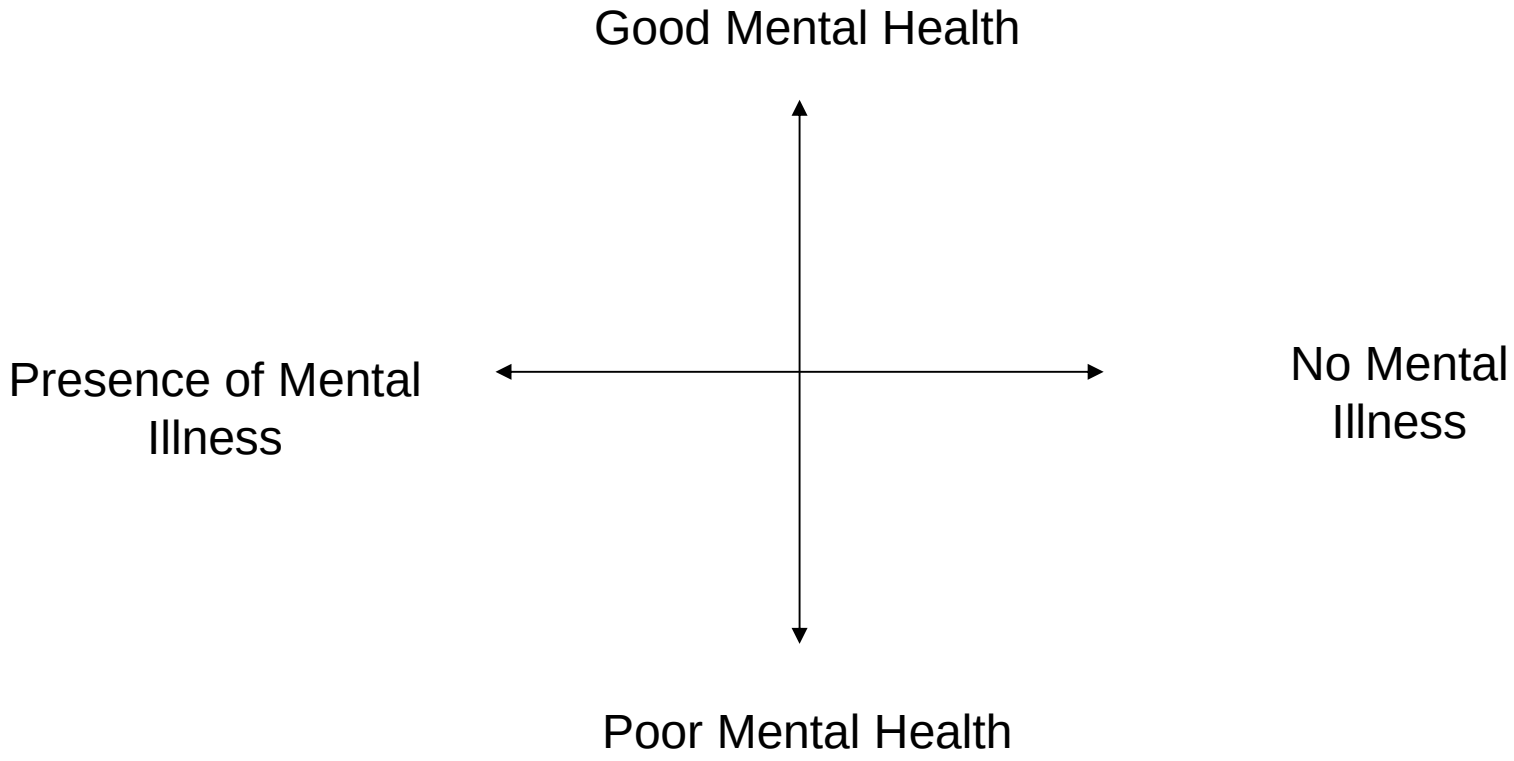
Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.

Mental Health Promotion – Enhanced 18 month baby visit +

- Identify a cohort of children (25 / year)
- Add risk factors
- 18 month visit is not an end in itself
- Follow kids pro-actively
- Provide parents with information
- Provide parents with a written plan when they leave
- Follow up by phone at one week
- Track referrals
- Assist with system navigation
- Add risk factors

Maintaining mental health

Mental Health / Mental Illness Continuum



Supporting self-management

- Goals
- Plan
- Access to all information
- Education is interactive
- Copies of all correspondence
- Peer support
- Specific tools
- Life-style changes

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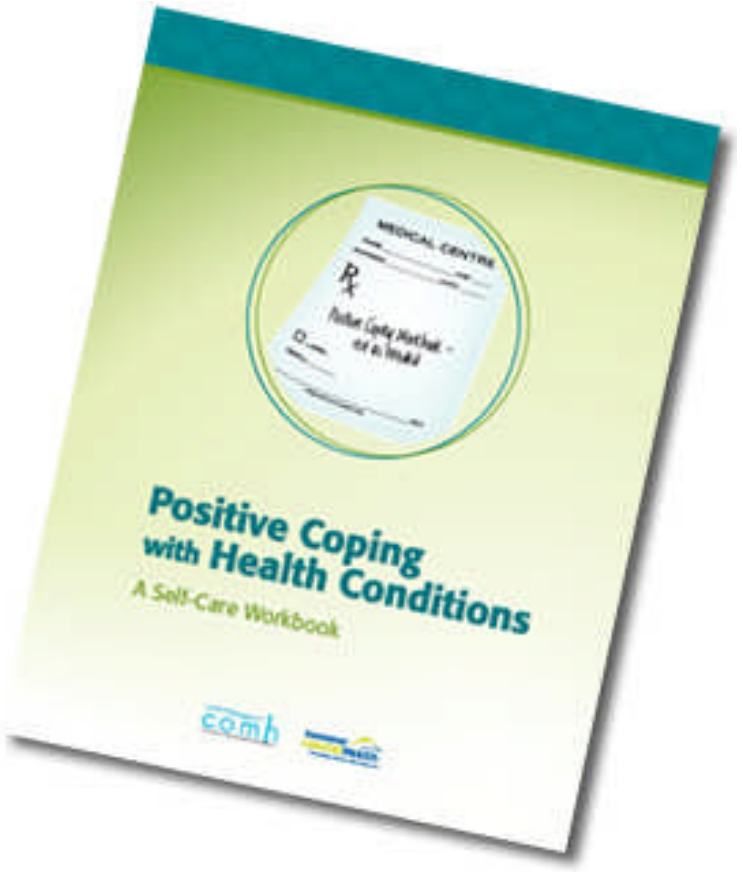
Use of a Self-Help Manual

Dan Bilsker – Simon Fraser University

- Anti-depressant skills workbook
- Positive coping with health conditions

www.comh.ca/pchc/



Lifestyle changes

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Lifestyle changes

- Physical activity
- Nutrition
- Sleep hygiene
- Caffeine
- Alcohol and drug use
- Smoking cessation

Quality Improvement & Innovation Partnership

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Early Identification in Primary Care

- Teens
  - Pre-psychotic symptoms
  - Mood
  - Anxiety
- Seniors
- Drinkers
- Family members
- Individuals with chronic diseases

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Early Identification in Primary Care

- Screen / ask
- Registry / list
- Monitor pro-actively
- Call / see regularly
- Self-management support
  - Information
  - Check list
  - Steps to take
- Family information

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Relapse prevention - Monitoring

- Registry
- Pro-active visits
  - Regular
  - Use of PHQ-9
  - Warning signs
- Self-management support
  - Plan
  - Copy to patient

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Relapse prevention – Out-patient clinics

- End of an episode of care
- Keep case open
- Call at 3 months and 6 months
- Scripted
- If all OK, continue with plan
- If not OK, can see again

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ONE THING ALL THESE INTERVENTIONS HAVE IN COMMON

THEY CAN ALL BE DONE WITHOUT NEW FUNDING

INTRODUCING IMPROVEMENTS

New opportunities

- Small, regular improvements
- Big changes in small steps
- What can I do tomorrow
- Identify where things are not working well
  - Process mapping
  - Consumer journey
  - Core process analysis
- Test these changes

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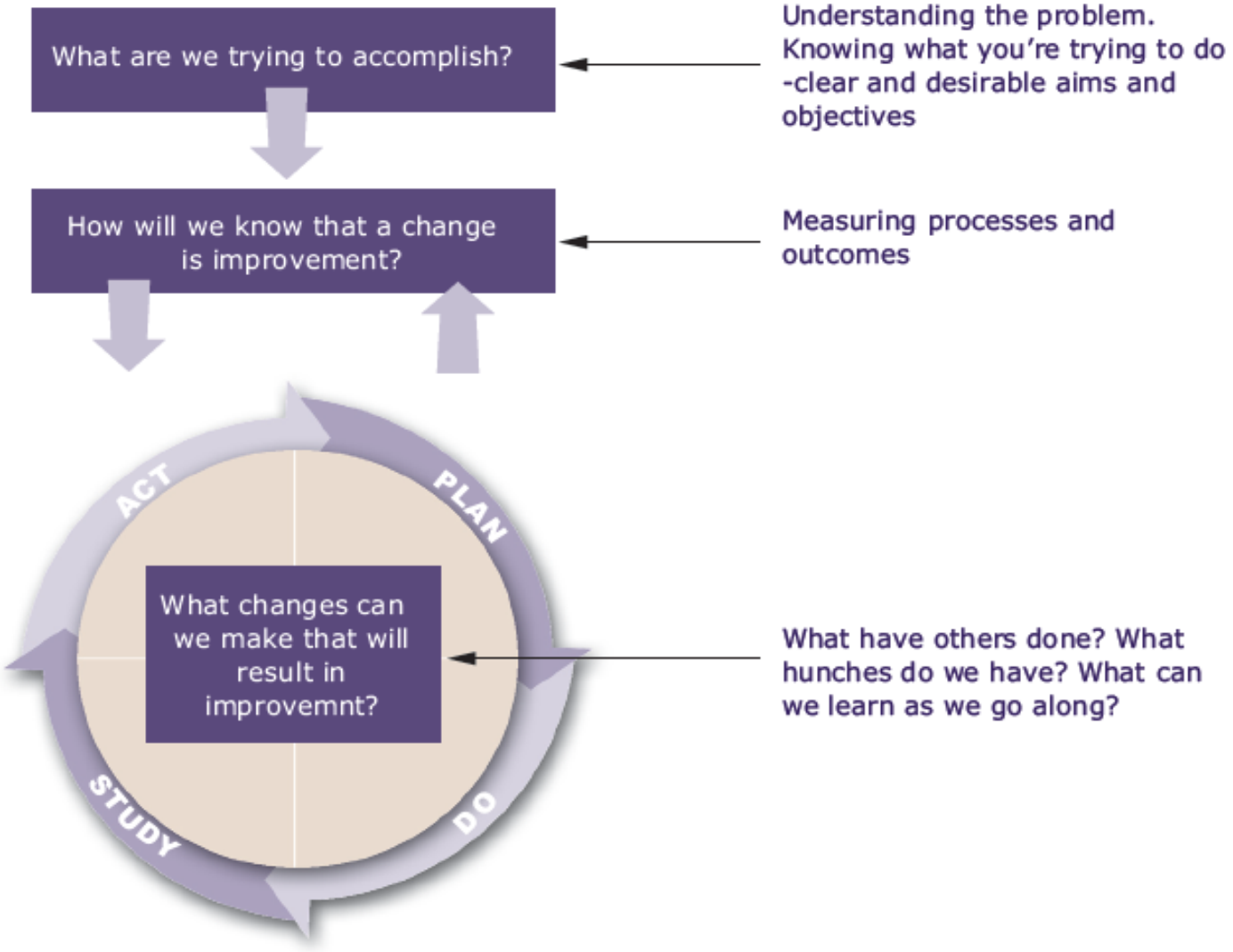
The improvement model

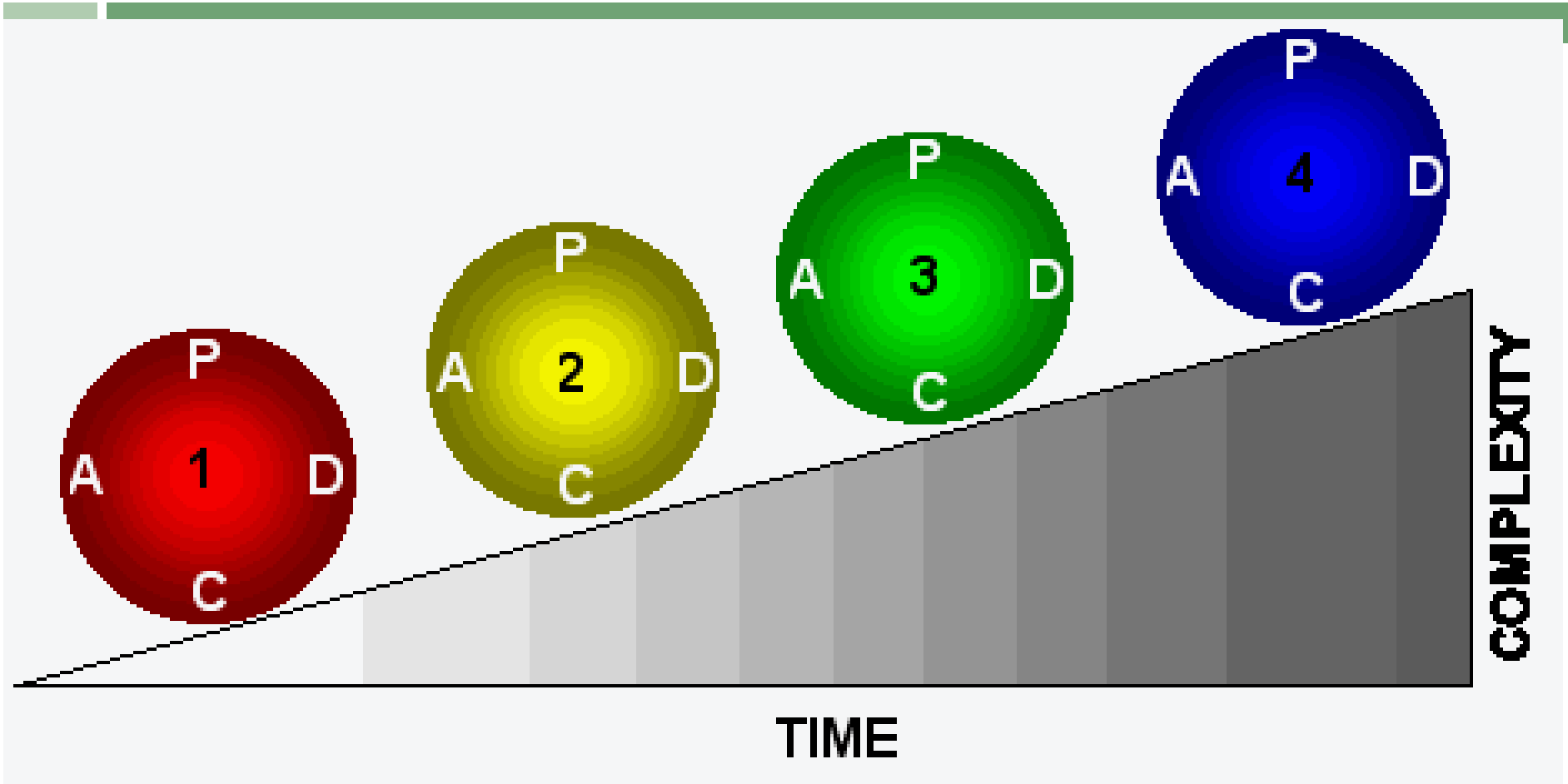
Plan, Do, Study, Act Cycle



Testing Small Improvement

- Different from the traditional model
- Not designing a multi-faceted intervention we can't change for a year because of fidelity to the design
- Small rapid changes (Big changes in small steps)
- Learning as we go - Study
- Relevant to that setting
- Everyone on the team is involved
- Makes sense in any situation

PDSA cycles – Plan, Do, Study, Act



Start where you are. Use what you got. Do what you can

Arthur Ashe

FREEING UP TIME FOR PREVENTIVE CARE

Redesigning the Program

Increase Efficiencies

- Morning huddles
- Prepared visits
- Reviewing roles / tasks
- Utilising community partners
- Telephone appointments
- 1:1 Peer Support
- Review your processes

NEW ROLES IN PRIMARY CARE

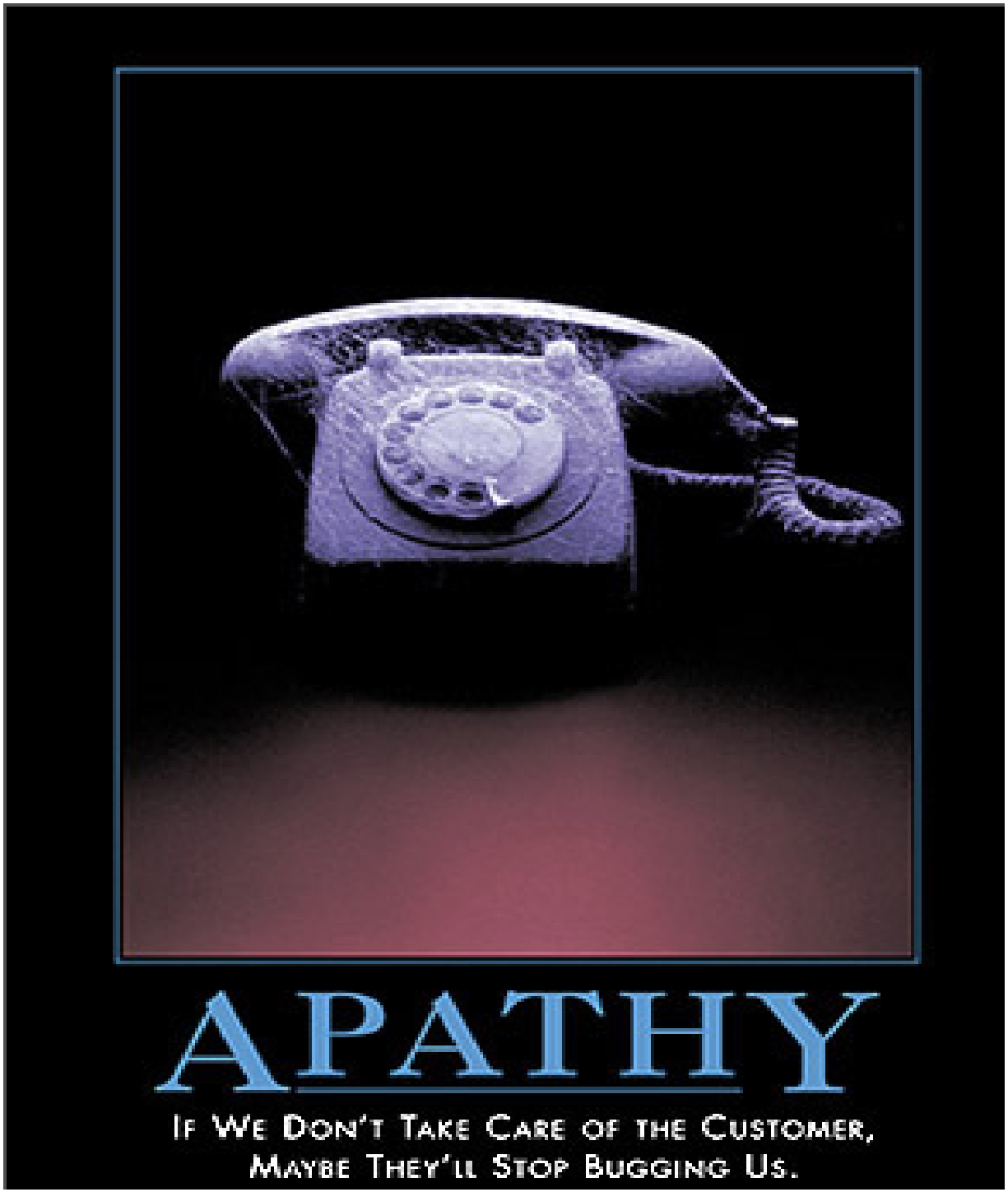
New roles in Primary Care

No longer by discipline

- Allocate by role
  - Health educator
  - Panel manager
  - Care Co-ordinator
  - Case Manager

CHANGING A CULTURE

And moving towards care that is a little more patient centred…



Culture of improvement and innovation

- Willingness to think differently
- Everybody feels empowered to suggest improvements
- New ideas are being introduced regularly
- Improvements are small scale and tested rapidly
- No such thing as a right or wrong idea
- Team able to support each others ideas, learn from each other
- Can be helped by a facilitator
- Takes time to achieve

Summary

- Primary care is a logical (only) place for mental health promotion and prevention
- Need to redesign systems to emphasise
  - Population health
  - Pro-active care
  - Consumer and family-centred care
- Need to find ways to free up time
- Can promote health in children and adults
- Can identify problems earlier
- Can monitor and prevent relapses

- The second stage of medicare