IS THERE A PSYCHIATRIST IN THE HOUSE?

HOME-BASED COLLABORATIVE CARE FOR THE FRAIL ELDERLY

Dr. Sarah Colman MD, FRCPC

Disclosure

- No pharmaceutical stocks, no funding
- Personal interest
- Career stake

Objectives

- Present a new initiative in home-based collaborative mental health care for the frail elderly in Toronto
- Highlight the evidence for home-based care
- Provide an overview of the collaborative care movement
- Your thoughts/feedback

EQUALITY
Mélange à
chocolat chaud

psychiatry re ×

https://mail.google.com/mail/ca/u/0/#search/Dr.mark.nowaczynski%40gmail.com/137c7665c2b77b83

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sa.colman@g

Move to Inbox More 2 of 11

PEBC MCQ QBank - pharmachieve.com/mcq/qbank - PEBC MCQ QBank with questions aligned to the PEBC Competenci ··· Why

would you like a psychiatry resident to do some shared care?

Inbox x

Sarah Colman sa.colman@gmail.com Jun 7

to mnaimer, Dr.mark.nowacz., Lesley

Dear Drs. Naimer and Nowaczynski ,

My name is Sarah and I am good friends with Karen Ng and Lesley Wiesenfeld. I am going to be doing consult liaison psychiatry in July - Dec at Mt. Sinai, in my last year of my residency training. As part of my requirements, I need to do a "shared care" component - i.e. doing some work with family docs in a consultation/information sharing model. I have an interest in Geriatric psychiatry, and so I was wondering if there is a need in your team to have me do some home visits with family docs/other members of the team for geriatric psychiatry specific questions. I would be happy to be involved in the team in any way you deem useful. I would also like to learn from you!

I will have to fill up 2 days per week for a 3 month period. I am not sure which three months yet - either July - September or October to December (likely the latter).

Dr. Wiesenfeld has graciously offered to supervise me on this.

People (10)

Naimer, Dr. Michelle

mnaimer@mtsinai.on.ca

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Homebound Seniors

"If leaving the home requires substantial effort or assistance and if this limitation is due to an illness or injury. The individuals who meet this definition leave home briefly and infrequently or leave only when in need of medical care."

~ Medicare Definition

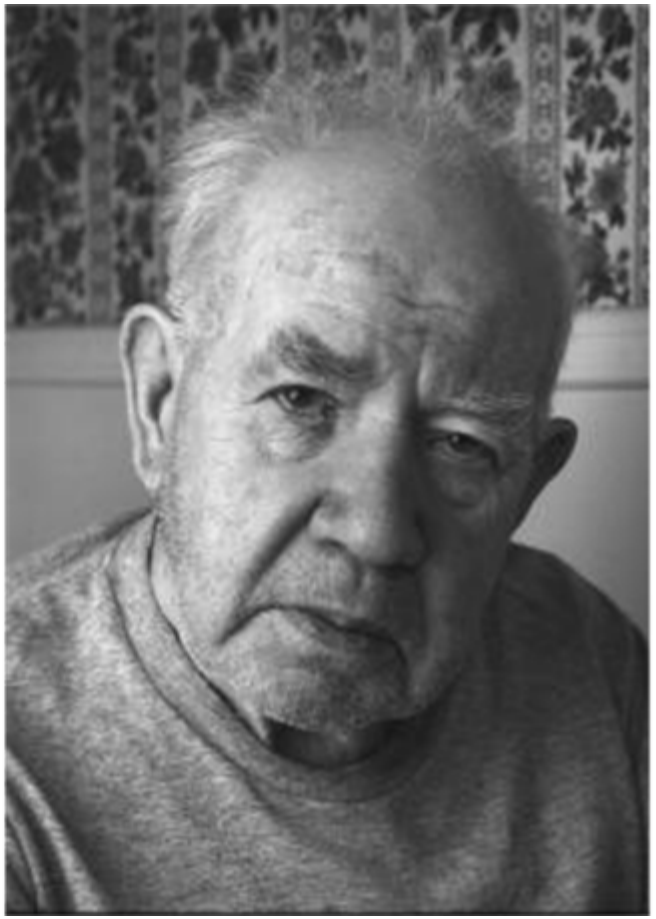
Qiu et al 2010

Homebound Seniors

Unable to attend office visits

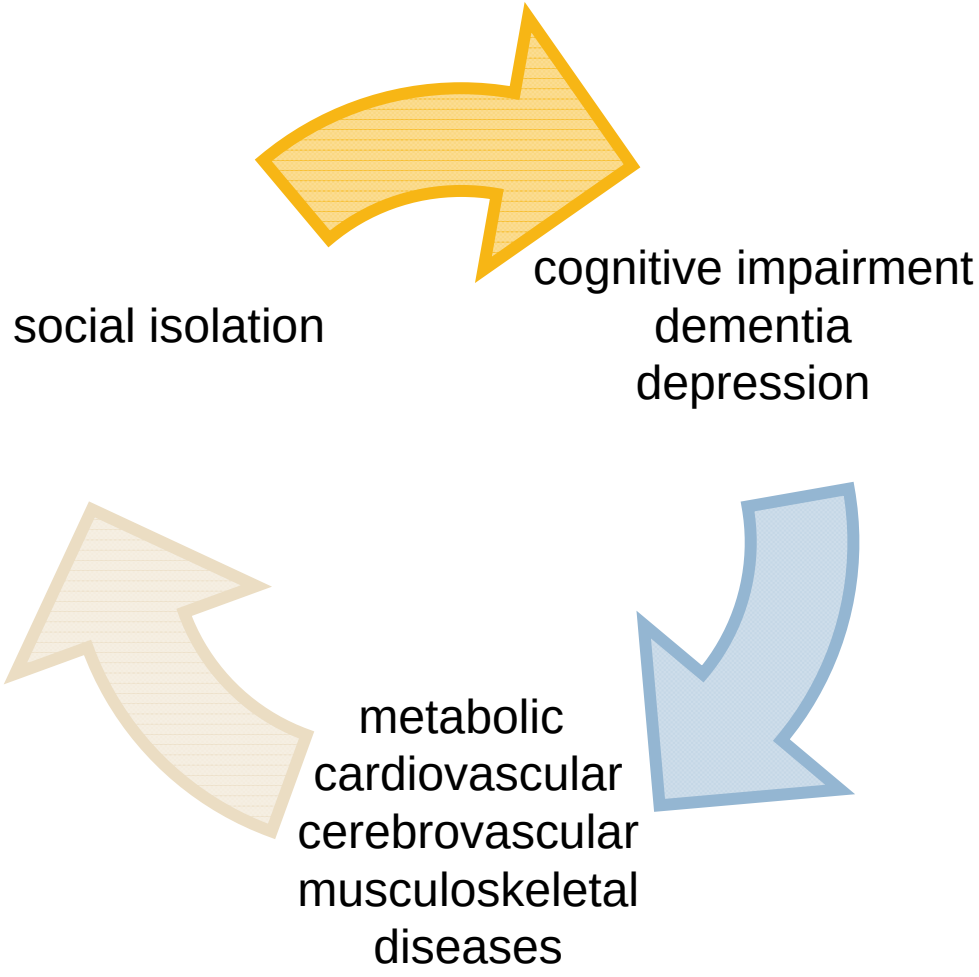
Increased utilization of ED

Increased hospitalization



Zimmer et al 1985, Wajnberg et al 2010

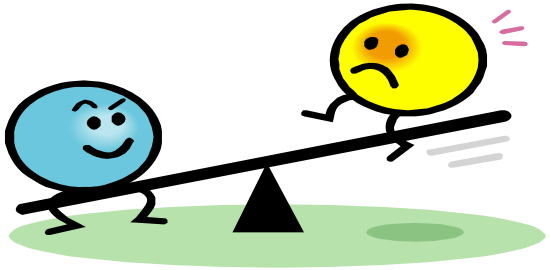
Homebound Seniors



Qiu et al 2010

1948 W. Eugene Smith
From Dr. Nowaczynki's May 2012 Lecture

Homebased Primary Care – the evidence



↔ mortality, physical and psychosocial function, health status or health care use and costs

VS.

↓ in mortality, admissions to long-term facilities, and functional decline

Stall N, Nowaczynski M, Sinha S, 2014

Homebased Primary Care – the evidence

- Veterans Health Administration – observational study
  - ↑ quality of life
  - ↑ caregiver satisfaction
  - ↓ ED visits
  - ↓ hospitalizations
  - ↓ readmissions
  - ↓ long-term care admissions

Cooper et al 2007, Stall 2012

Homebased Primary Care – the evidence

Bridging Care for Frail Older Adults:
A Study of Innovative Models Providing Home-based Care in Toronto

Co-Principal Investigators:

Dr. Sabrina Akhtar
Dr. Mark Nowaczynski
Dr. Thuy-Nga Pham
Dr. Samir Sinha

A Joint Submission From:

Mount Sinai, South East Toronto, St. Michael's, Sunnybrook, Taddle Creek, and Toronto Western, Family Health Teams

The House Calls Partnership

TC-Community Care Access Centre

House Calls Data

- The 30 day readmission rate was 11.0% which was substantially lower than the 19.8% rate predicted by the LACE index and the 18.6% average (2012–2013) for the Toronto Central Local Health Integration Network

Stall et al, poster presentation 2014

House Calls Data

- Among the 94 patients who were active in the program for > 90 days, enrollment in HBPC was associated with:
  - 13.5 day (67.0%) annual reduction in hospital bed days of care ($p < 0.005$)
  - 0.56 (52.5%) fewer hospitalizations per year ($p = 0.027$)
  - The ability to die at home (18/24 deaths)

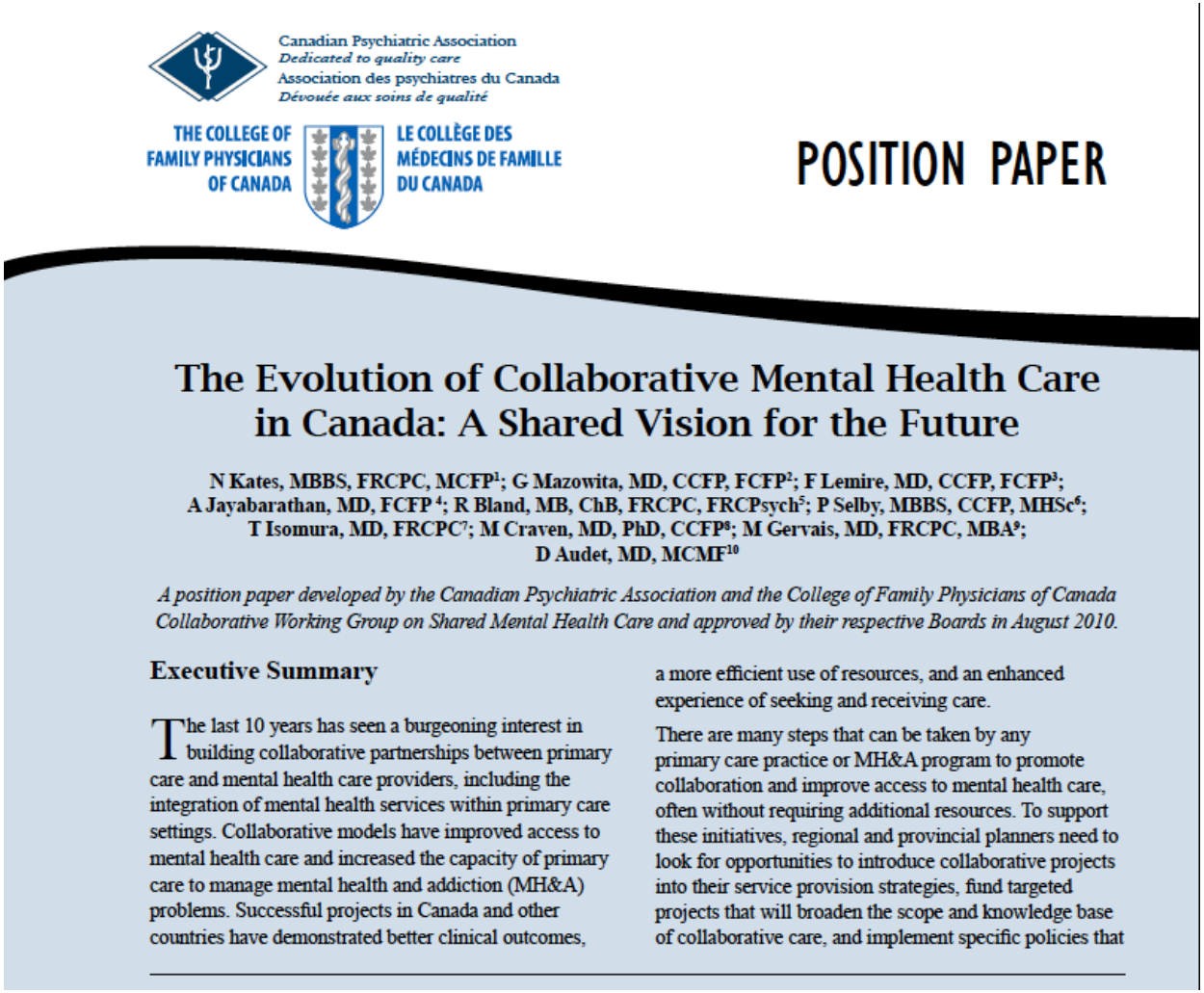
Stall et al, poster presentation 2014

Davenport reigns in Oz

"Our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is the way that it cares for its helpless members."

Pearl S. Buck (1892-1973)
My Several Worlds [1954]

Collaborative Care



Canadian Psychiatric Association
Dedicated to quality care
Association des psychiatres du Canada
Dévouée aux soins de qualité

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

POSITION PAPER

The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future

N Kates, MBBS, FRCPC, MCFP[1]; G Mazowita, MD, CCFP, FCFP[2]; F Lemire, MD, CCFP, FCFP[3]; A Jayabarathan, MD, FCFP[4]; R Bland, MB, ChB, FRCPC, FRCPsych[5]; P Selby, MBBS, CCFP, MHSc[6]; T Isomura, MD, FRCPC[7]; M Craven, MD, PhD, CCFP[8]; M Gervais, MD, FRCPC, MBA[9]; D Audet, MD, MCMF[10]

A position paper developed by the Canadian Psychiatric Association and the College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care and approved by their respective Boards in August 2010.

Executive Summary

The last 10 years has seen a burgeoning interest in building collaborative partnerships between primary care and mental health care providers, including the integration of mental health services within primary care settings. Collaborative models have improved access to mental health care and increased the capacity of primary care to manage mental health and addiction (MH&A) problems. Successful projects in Canada and other countries have demonstrated better clinical outcomes, a more efficient use of resources, and an enhanced experience of seeking and receiving care.

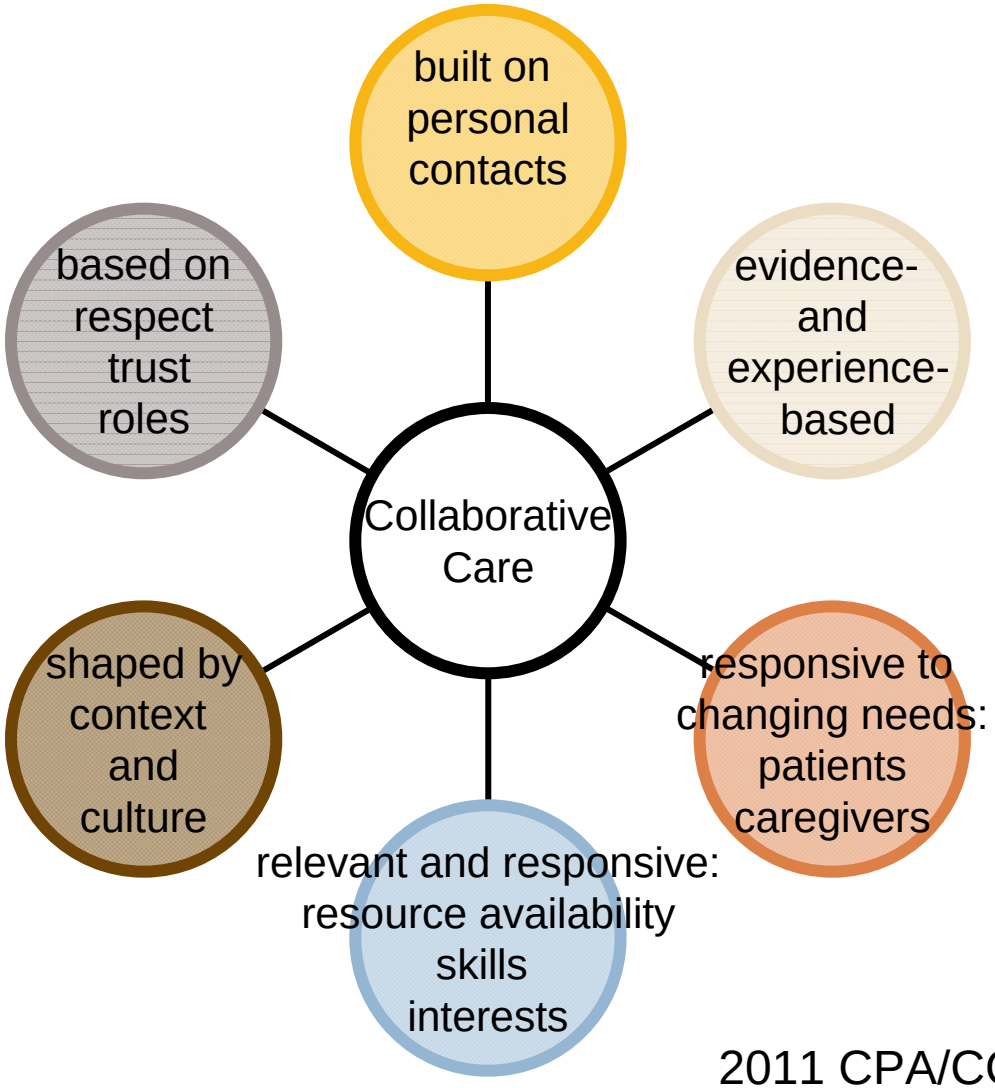
There are many steps that can be taken by any primary care practice or MH&A program to promote collaboration and improve access to mental health care, often without requiring additional resources. To support these initiatives, regional and provincial planners need to look for opportunities to introduce collaborative projects into their service provision strategies, fund targeted projects that will broaden the scope and knowledge base of collaborative care, and implement specific policies that

Collaborative Care - Definition

"care that is delivered by providers from different specialties, disciplines or sectors working together to offer complementary services and mutual support. As in any effective partnership, common goals, clear and equitable decision making, and open and regular communication are key."

~ 2011 CPA/CCFP Position Paper

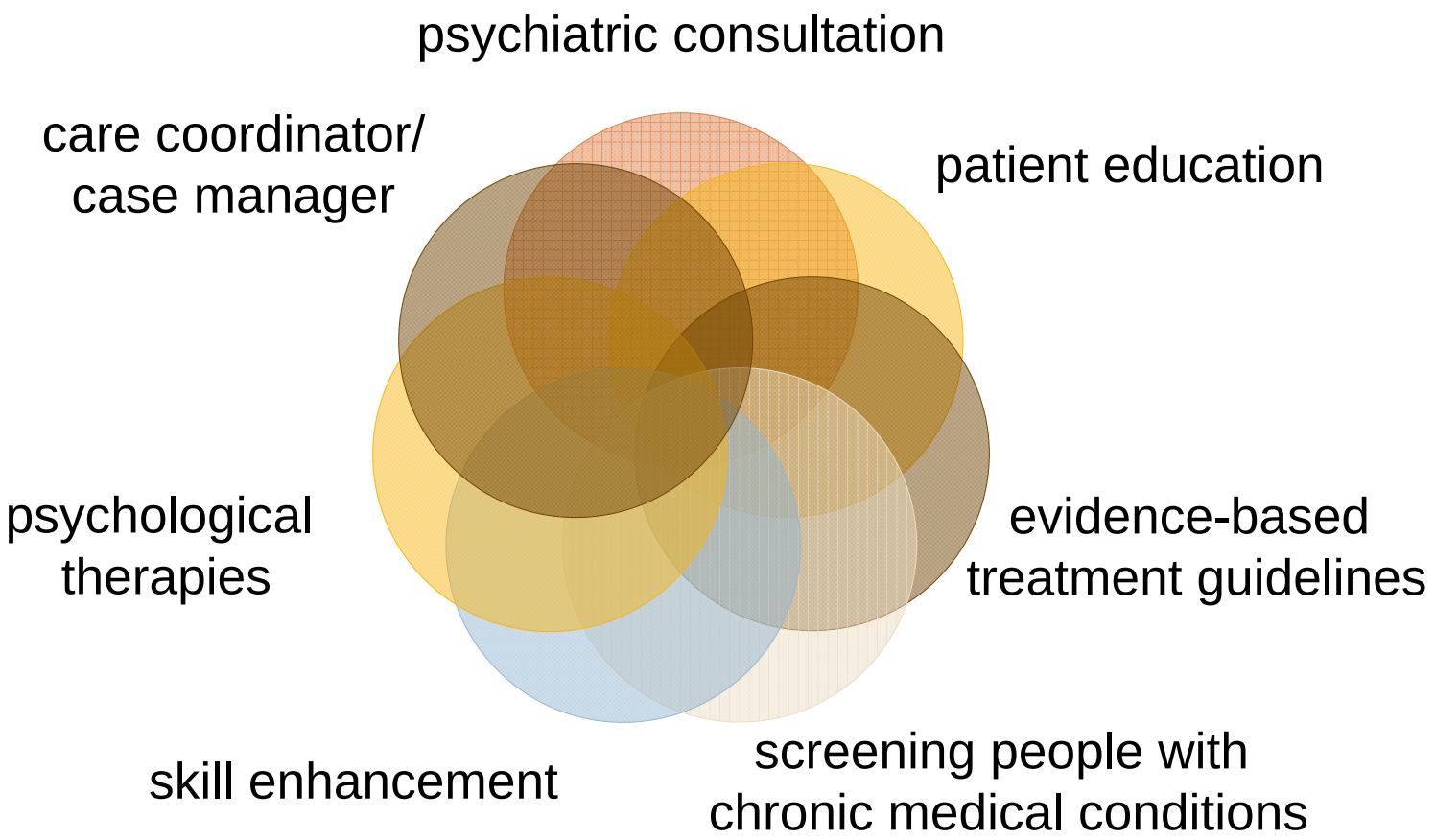
Collaborative Care:



2011 CPA/CCFP Position Paper

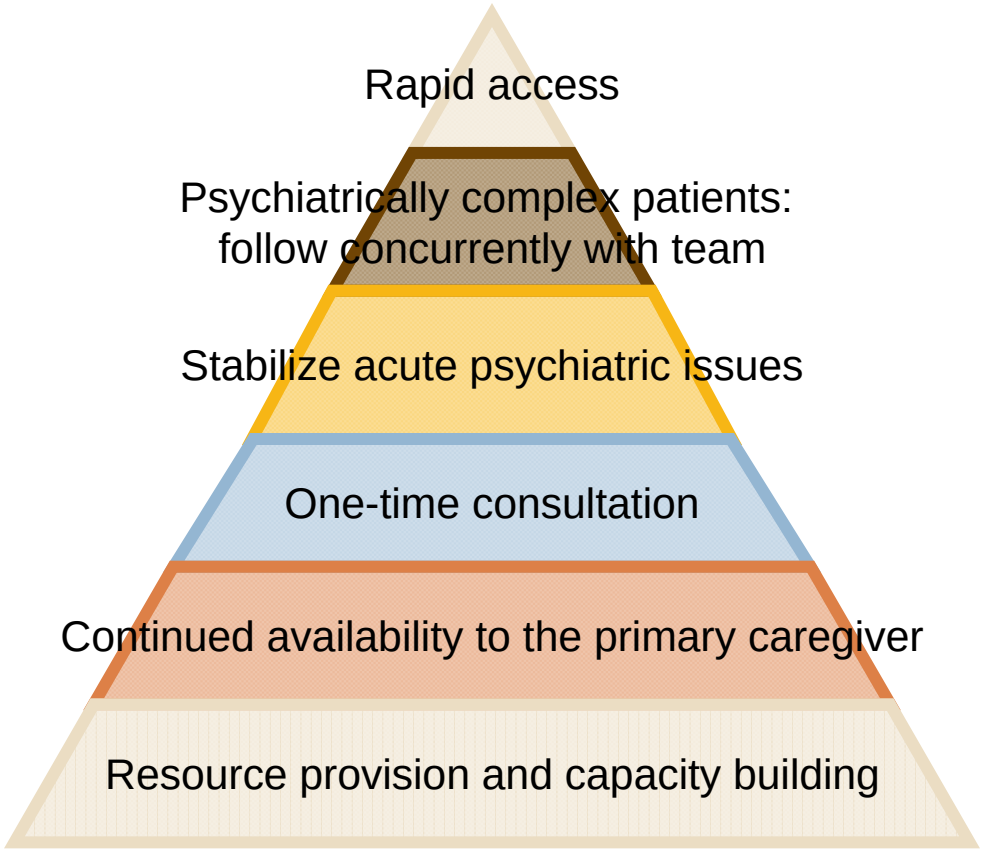
Collaborative Care

Components of Successful Programs



Bland and Craven, 2006

Role of a psychiatrist



2011 CPA/CCFP Position Paper

Collaborative Care: The Evidence

- symptom improvement
- reduced disability days
- increased workplace tenure
- increased quality-adjusted life years
- increased compliance with medication

Bland and Craven, 2006

What does it look like?

- consultations
  - BPSD
  - depression
  - delirium
  - delusional disorders
  - “difficult” patients
  - “how do I terminate?”

What does it look like?

- Continued follow-up:

What does it look like?

- Email/Telephone availability
- Case Conferences

What does it look like?

- Team Meetings
  - introductions
  - themed discussions
  - debriefing
  - program development

The Dirty Old Man
A Biopsychosocial Formulation

What Have I learned?

- How to develop a program
- The importance of formulation
  - "That was so enlightening"
- The importance of co-location
- Psychiatrist as facilitator at team meetings

Bigger Questions

- How to make this program most efficient?
- Barriers: financial compensation – systems issues
- Can this be translated in reverse? Family MDs for ACT teams?

"No, the doctor doesn't do house calls. But he does do skype calls! "

Thank You!

- Dr. Mark Nowaczynski
- Dr. Lesley Wiesenfeld
- Dr. Jared Peck
- Ms. Stacy Pustowka (SW)
- Ms. Leslie Coulter (OT)
- Dr. Christa Sinclair-Mills
- Dr. Katja Heinek

What do you think?

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