connect

18th Canadian Collaborative Mental Health Care Conference (2017)

Connecting People in Need with Care

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A qualitative, realist evaluation of three collaborative care projects designed to improve the delivery of health services for patients with physical and mental health comorbidities

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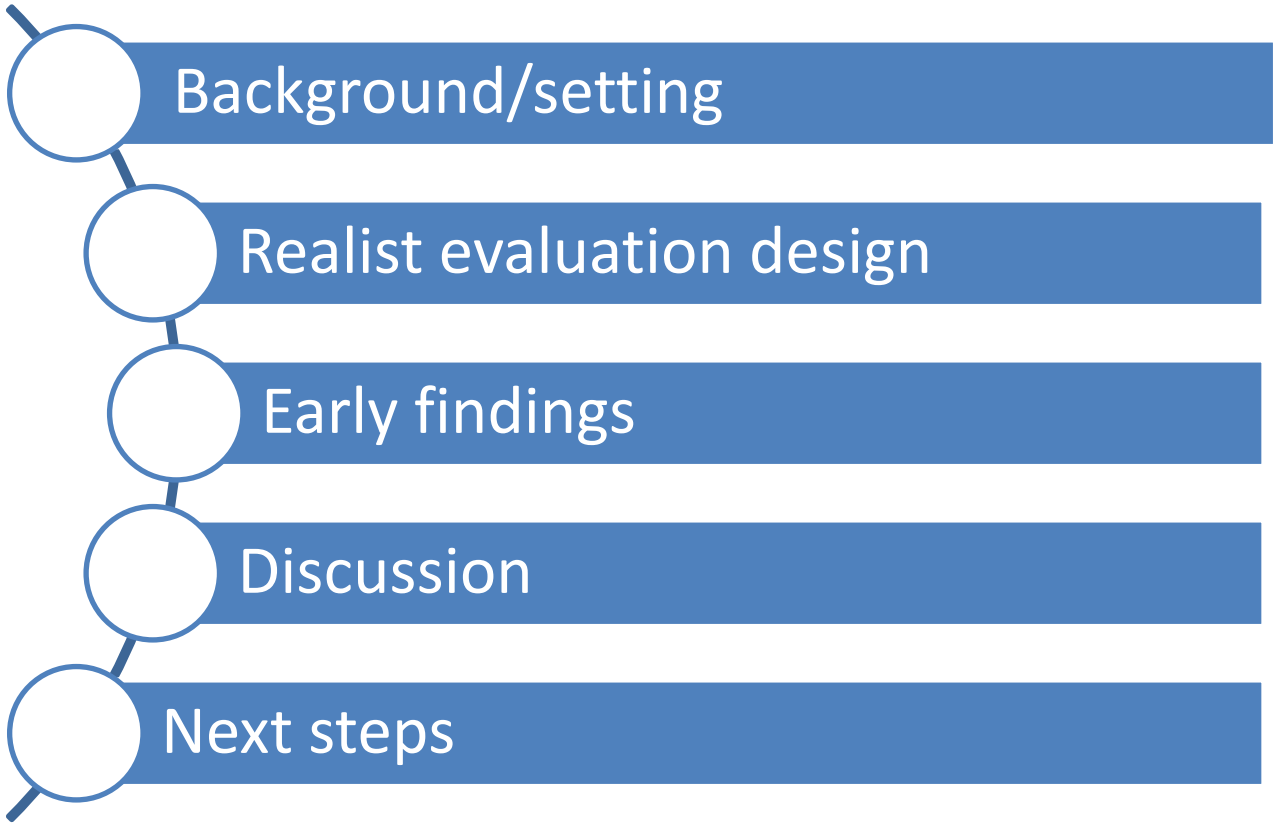
PRESENTER DISCLOSURE

- **Presenter: Dr. Elizabeth Mansfield**
- **Relationships with commercial interests:** The presenter has not received any commercial support and has no conflicts to declare.

LEARNING OBJECTIVES

1) **Describe a realist evaluation approach that supports program improvement for integrated mental and physical health services**
2) **Identify barriers and facilitators when introducing collaborative practice models in hospital and primary care settings**
3) **Highlight knowledge exchange strategies for sharing project insights and to support ongoing engagement with project teams, patients and families**

Presentation outline



MPA Overview

The Challenge

Within a system that tends to separate mental health from physical health, we are not effectively recognizing and treating the co-existing of both physical and mental health needs.

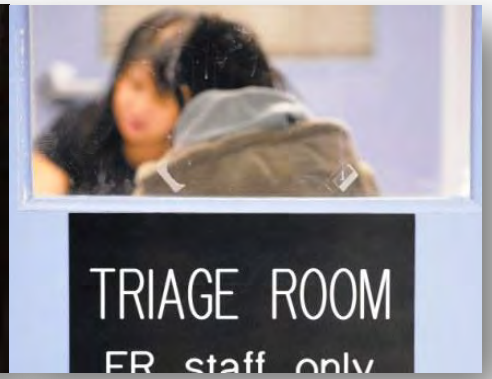
Medical Psychiatry Alliance (MPA)

Who is the MPA patient?

Primary Psychiatric with Medical Co-morbidity

Medically Unexplained Symptoms

Primary Medical with Psychiatric Co-morbidity



The Impact

Patients
Fewer medical interventions
Improved quality of life and life expectancy
Increased educational and employment potential

Families
Fewer absences from work/community
Reduced anxiety

Care Providers
Improved morale
Access to experts and education

Health System
Reduced costs due to co-morbidity
More effective use of health care funding

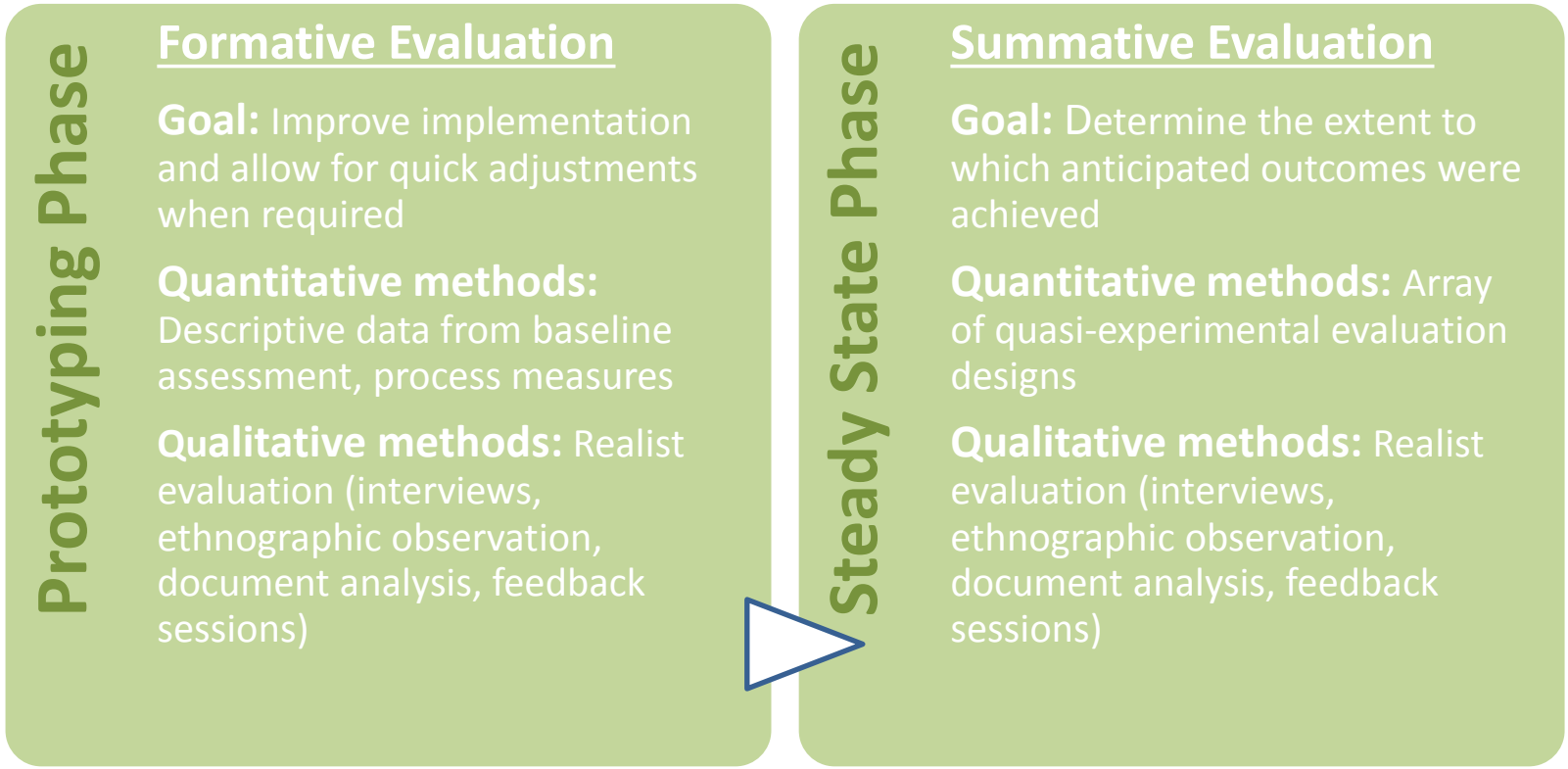
Economy
Increased productivity and reduced absenteeism
Reduced effects from childhood trauma

- ✓ **MPA Qualitative Team (Institute for Better Health at Trillium Health Partners): Dr. Elizabeth Mansfield, Melissa Winterbottom, Dr. Sara Martel, Dr. Natasha Mistry, Dr. Ian Zenlea, Minnie Rai, Dr. Judith Versloot, Sherman Quan, Dr. Robert Reid**

- ✓ **Julia Cottle, Jena Roy from Trillium's MPA management team and the MPA Project Team members**

MPA Evaluation at Trillium Health Partner's (THP) Institute for Better Health (IBH)

Mixed-methods design to assess efficiency, effectiveness and experiential outcomes of the MPA evaluations at THP



MPA CLINICAL PROJECTS AT TRILLIUM

Trillium Health Partners | INSTITUTE FOR BETTER HEALTH

Seniors Outpatient Project

- **Aim:** Integration of Geriatric Medicine and Psychiatry in a model anchored by primary care
- **Population:** Seniors with one or more chronic medical conditions that impact function and depressed mood or anxiety
- **Intervention:** Provide eligible patients with care management support through a structured 16 week measurement-based treat-to-target therapy that maintains the primary care providers as the MRP. Support is facilitated in the community by trained nurses and social workers, while maintaining regular access to geriatric and psychiatric expertise.

Seniors & Adult Inpatient Project

- **Aim:** Change current model of delirium care through creation of standardized practices involving collaborative prevention, management, and transitions of care
- **Population:** Senior and adult in-patients over the age of 18
- **Intervention:** Intervention components include: ***Prevention****:* Universal Precautions (up in a chair; 10 @ 10; etc.);***Screening:*** Standard CAM Screening (Best Practice Guideline); ***Management****:* Delirium Team and Order Sets; ***Transitions*** **of Care:** To Community

Child & Youth Project

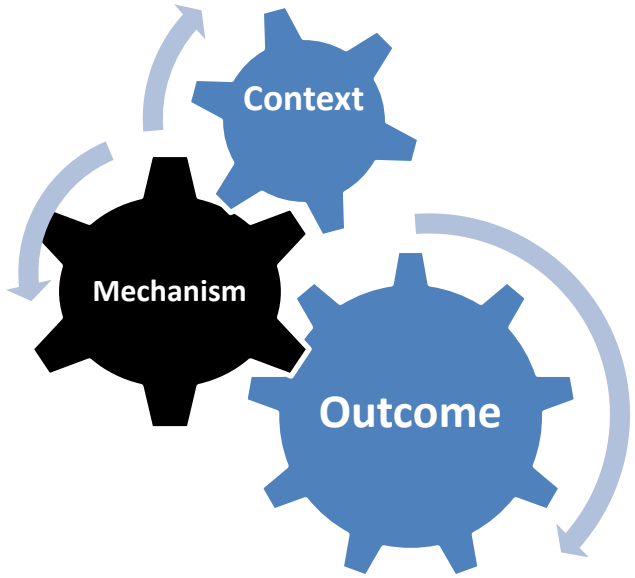
- **Aim:** This project aims to design, implement, and evaluate a new model of clinical care for youth with co-occurring depression and diabetes.
- **Population:** Adolescents with Type 1 Diabetes at higher risk of experiencing significant mental illness
- **Intervention:** 4 steps of interventions: 1) Screening and monitoring all adolescent patients seen at the diabetes clinic: 2) Identifying high risk patients; 3) Diagnostic assessments; 4) Collaborative treatment with treat to target interventions

Realist evaluation

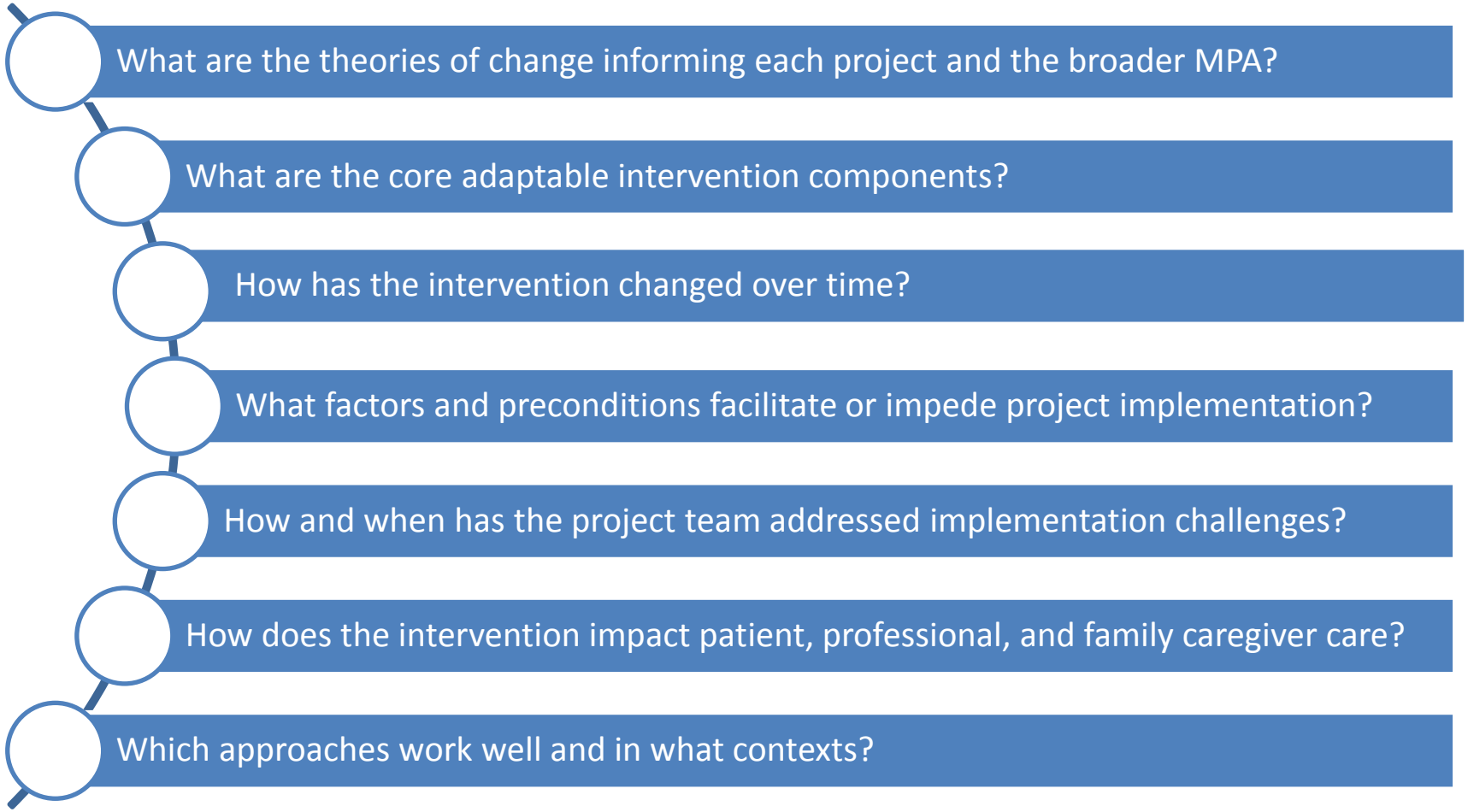
- A theory-driven evaluation approach that focuses on the interaction between intervention context, program mechanisms, and outcomes to delineate what works, in which conditions, and for whom

- Understand program **mechanisms**, including how people interact with intervention ideas and opportunities, the **context** that influences program interactions, and the **outcomes** produced, both intended and unintended

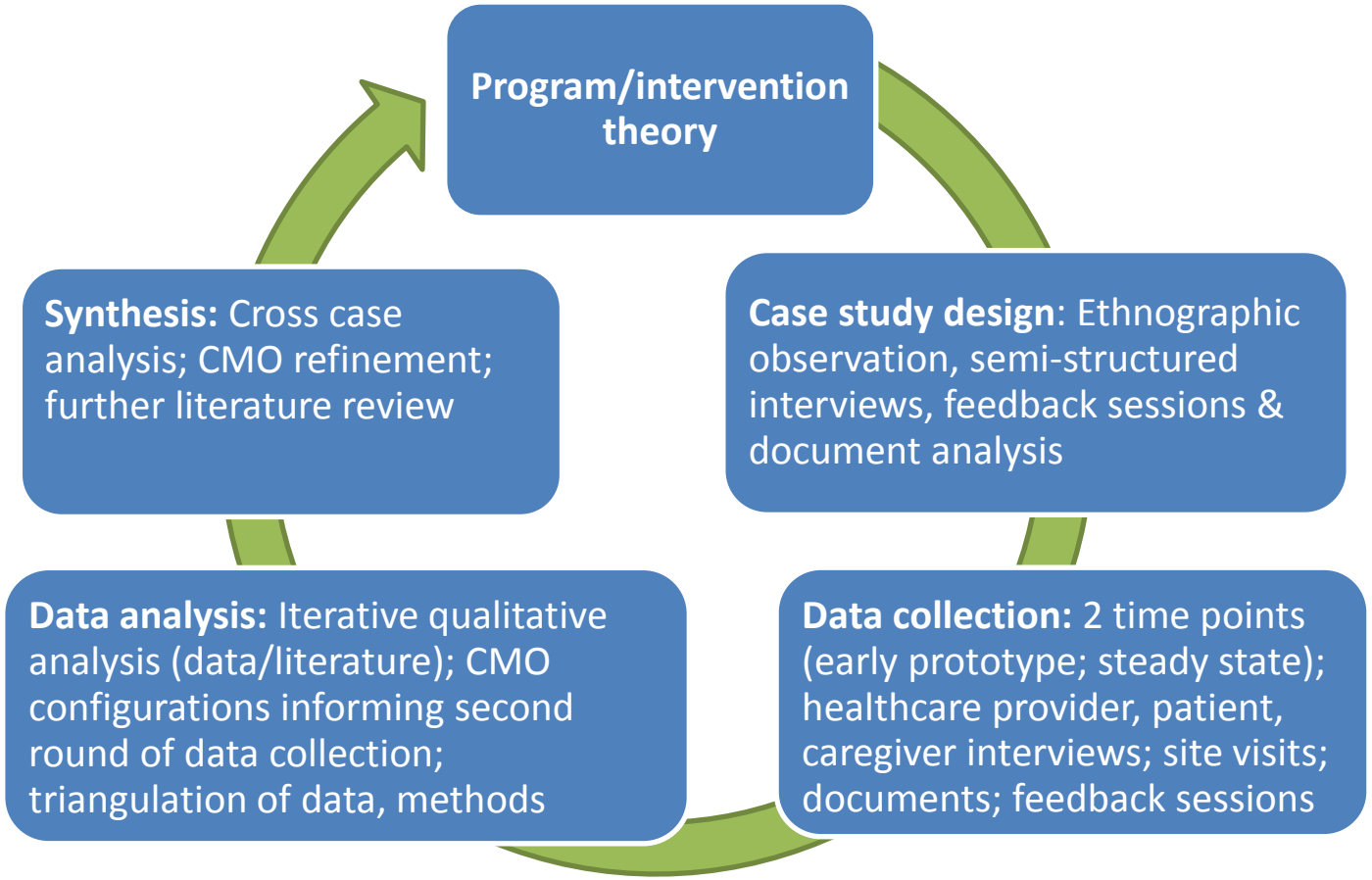
- Through gaining a nuanced understanding of why, when, and how complex interventions work, realist evaluation approaches may help identify key program principles that can inform theory refinement and help facilitate program scale up and spread



Research Questions



Research activities



Interview guides that support cross-case comparison

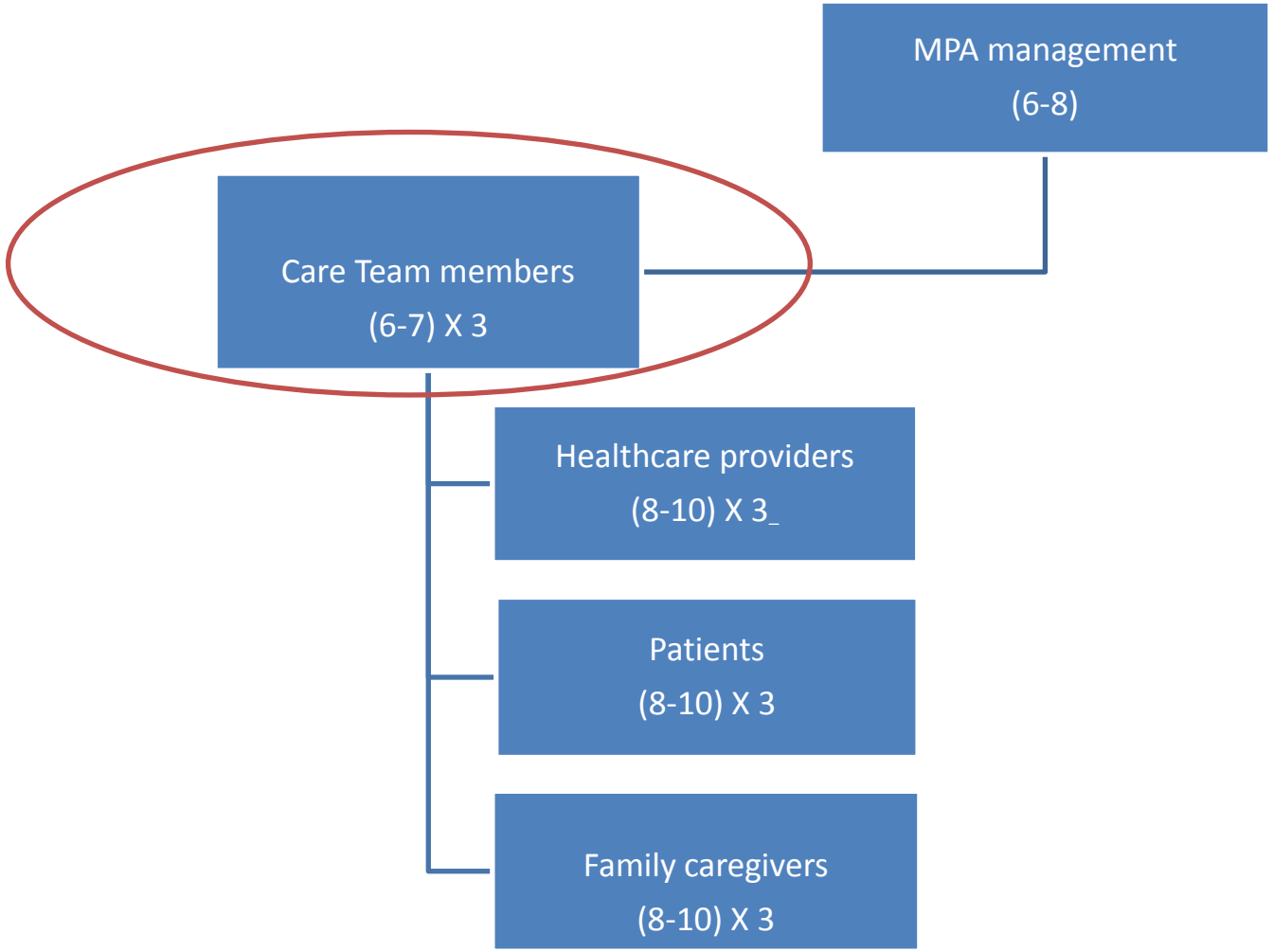
Topic 1. MPA intervention components, processes and theories of change

Topic 2. Patient, family caregiver, and healthcare professional project experiences

Topic 3. Individual, organizational, and local factors that facilitate/ interfere with project implementation

- **Background information:** How they came to be involved with the MPA project (*Topic 1)*
- **Introduction to the project:** Initial experiences with screening, project referral, and expectations *(Topics 1 and 2)*
- **Perceptions of intervention components and project impact:** Perceptions of the impact of integrated physical and mental health services *(Topics 2 and 3)*
- **Shared decision making:** Interactions with healthcare providers/services or patients/families around treatment and self-management *(Topic 2)*
- **Experiences with project education/training:** Perspectives on education and training related to physical and mental health care *(Topics 1 and 2)*
- **Project development and sustainability:** Impressions and views on how the project is progressing and its sustainability *(Topic 3)*

Sampling strategy



MPA care team sample

Category	Grouping	n = 18
Project Team	Child & Youth	7
	Seniors Outpatient	5
	Seniors & Adult Inpatient	6
Discipline	Medicine/Psychiatry	4
	Nursing, Occupational Therapy	9
	Social Work, Administration	5
Sex	Female	14
	Male	4
Age range	20-29	2
	30- 39	7
	40-49	5
	50-59	4

Findings: Framing and reframing evolving interventions

During the early prototype phase, the potential value of an intervention did not always resonate:	***We really had to work- almost reframe and communicate and socialize what is our project****…. And just to get them to reframe their thinking so that they were willing to hear out the project and hear out what is actually happening versus what's- why is your project going wrong, because the numbers were lower or so on.* – Seniors Outpatient, P8
	That was actually a real challenge because we had ….like we screened over 100 kids but we've only had seven who've gone on to a diagnostic assessment with a psychiatrist who've been offered our embedded treat to target and medical mental health model. ***And so everyone kept getting stuck on those seven but hadn't really understood that our screening and conversation around the results of the screening was actually an intervention. And it is. –*** Child and Youth, P12
	So when we first went to the unit a lot of - this unit's a little feedback that we heard is, ***"You know, we're busy saving lives. We don't have time to screen for delirium."*** *Whoa, you know, and - so just bringing that awareness that****, yes, they're there for a reason, but we really need to remember that we - there are other things that are happening with this patient that we really need to focus on. –*** Seniors & Adult Inpatient, P3

Findings: Disruptions in work flow and increased workload

Adding a project to a busy clinical setting impacted both workflow and workload:	***There was pushback when we started talking about, for example, getting your patient up in a chair for every meal. "Well who's going to do that? Is that going to be me? Yeah. And how am I supposed to watch them?"*** *So there was some pushback there.* ***And you know, it's not unreasonable. They're asked to do 40 bazillion screening tools…*** Seniors & Adult Inpatient, P4
	That is the toughest because we're racing in the morning, quick check your phone, quick check your email, quick huddle and clinic starting momentarily and you know, we come in as early as we possibly can but they're already almost 12 hour days right, then its long. ***A lot of people say it [administering the screening tool] only takes 10 minutes. Well it only takes 10 minutes if it's perfect. If there is a concern, we do have to address it.*** Child & Youth, P6
	Now as the workload is increasing, it is a bit of a challenge, yes. Maybe having some, for example, some admin support also which we don't have any. ***So that would be helpful because again, we have to rush between our office or different sites also. And, you know, treat as well.*** *And then again, we have to connect to the physicians. It has been – it's come to the point that because we're not always in the office. But if they call me, I'm not here. Then again, I'm going to be chasing them. So it came to the point that I had to start giving my cell number also*. Seniors Outpatient, P11

Findings: Enhanced collaborative practice through project activities

Project goals and activities created opportunities to work more collaboratively:	*During our systematic case reviews that we have with our psychiatrist, it's just* ***seeing everyone together, so our nurses, our dietician, our social worker, and our endocrinologist, and our psychiatrist, collectively coming together around the table to actually talk about a patient****, a patient's sort of mental health and health related quality of life. That to me, I think, it's been really - it just makes me very proud. It's very exciting to see that.* Child & Youth, P12
	So anyways, initially it was more of just the care managers presenting their work and with their findings. But then it translated to- ***it transformed itself into more of a team discussion where everybody was providing their input, and then there was agreement on what were the main issues and what do we need to do to address these issues. So it has really transformed and so that was extremely positive, but it needed a lot of structure and evolution.*** Seniors Outpatient, P8
	But the one thing we've seen them now do is they're huddling on a regular basis to actually come up with mobilization plans for patients, so for example you might often see ***the nurse say, "Okay I'm gonna get them up for lunch at 11:00 but I won't be able to put them back at 13:00, so can you do that?" and the physiotherapist will say, "That's perfect, we're gonna do our session with them at 13:00 and after we're done walking we'll will put them back to bed".*** Seniors & Adult Inpatient, P7

Findings: Changing the culture of care

Project team members reported that the interventions are changing the culture of care:	*I think it's again looking at holistic care for our seniors not just in the MPA, recognising and helping patients and their family physicians and their family understand that there is that integration from the physical point of view and the mental health point of view.* ***And really breaking down stigma ….we're trying to increase access, so for individuals we don't have to wait until a crisis happens, we want to get in.*** Seniors Outpatient, P5
	*And the staff have been amazing. Like, one of the OTs they decided to take it one step further and develop their Ten at Ten, where at 10 o'clock they get as many patients as possible out into the hall, they put music on and they dance and it's kind of exercises for 10 minutes….****and so they rolled with it, you know, and they started becoming creative themselves with how they can help their patients, which is really fantastic.*** Seniors & Adult Inpatient, P3
	*Well one of the things I would say****, it's opened up a dialogue on actually assessing for anxiety and depression….****I think the biggest surprise in the project for me was I wasn't always aware that there are kids who are actually doing well with their diabetes so it's not a red flag, maybe their blood sugars are fine but inside they're holding lots of anxiety.* ***And this really gives the floor to the child and we do it privately, we talk to them about it privately, we ask if they want us to share with their parents but we kind of change the dynamics to the child being given more of a voice as well.*** Child & Youth, P6

Discussion

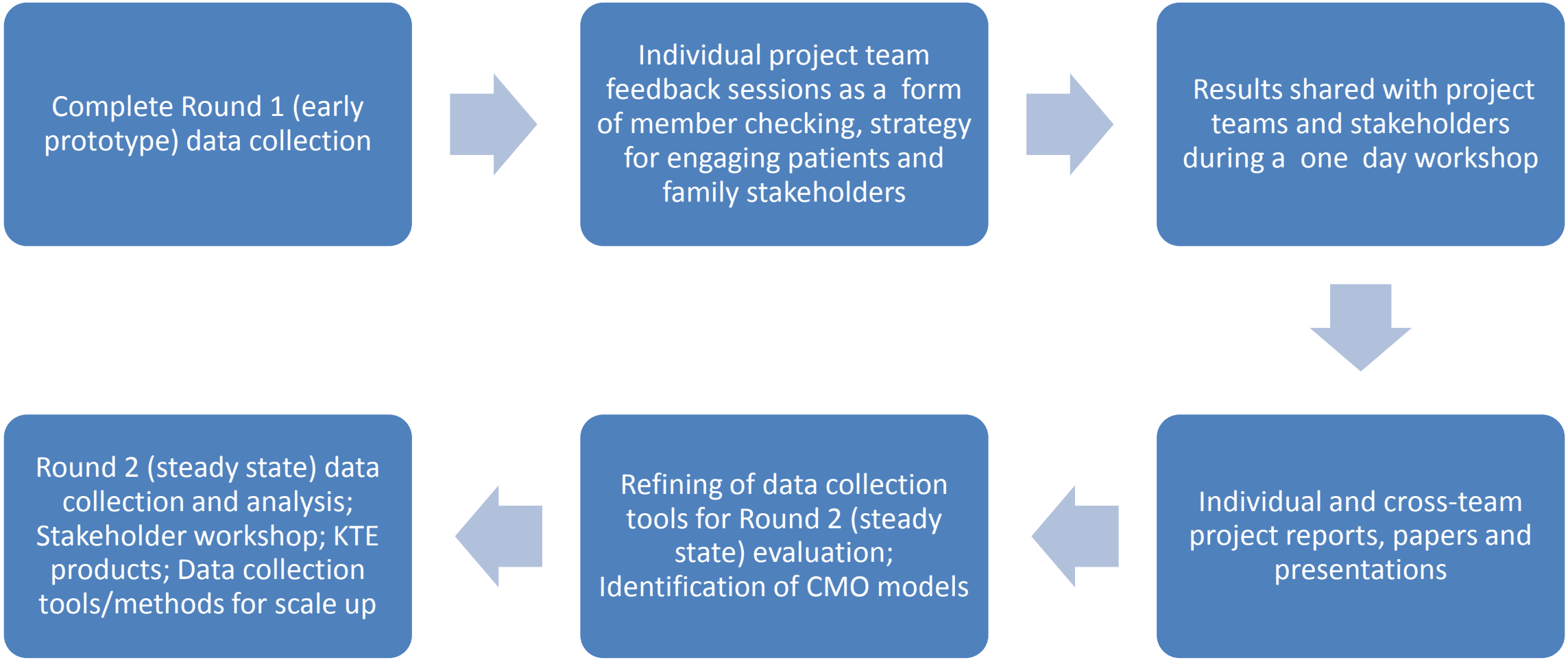
Early finding highlights

- As projects iterate and evolve during the early prototype phase, changes in the model require an effective communication strategy
- Need for project teams to course adjust to accommodate increases in workload and disruptions to usual workflow
- Emergence of new practices that allow for more collaborative work relationships
- Shifts in the culture of care for project teams, clinical settings, and patient and family communities

Value of the qualitative evaluation approach

- Realist evaluation approach offers multiple opportunities for engagement and reflection with project stakeholders
- Embedded evaluation principles that support an MPA project community at Trillium
- Multiple methods allow for a rich, in-depth description within and across projects
- Busy clinicians may not have the time/expertise to document project changes and learnings
- The evaluation team through interviews, document analysis, observations and feedback sessions can assist with developing detailed project accounts and the articulation of theories of change

Next Steps


Complete Round 1 (early prototype) data collection
Individual project team feedback sessions as a form of member checking, strategy for engaging patients and family stakeholders
Results shared with project teams and stakeholders during a one day workshop
Individual and cross-team project reports, papers and presentations
Refining of data collection tools for Round 2 (steady state) evaluation; Identification of CMO models
Round 2 (steady state) data collection and analysis; Stakeholder workshop; KTE products; Data collection tools/methods for scale up

Realist evaluation references

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Thank you!

Questions?

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