Building Primary Care Capacity in Mental Illness and Addictions Through Large Scale Mentoring Networks
Presenters:

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  Ontario College of Family Physicians

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  Director, Continuing Professional Development
  Ontario College of Family Physicians

The presenters have no relationships with commercial interests to declare.
Upon completion of this presentation, participants will be able to:

1. Describe two mentoring networks in Ontario focused on Mental Health and Addiction.

2. Explain how these networks can be of value in building capacity in the primary care environment.

3. List the impacts of these networks on the participants and their ability to deliver care.
Overview

❖ What is a Mentoring Network?

❖ OCFP Collaborative Mentoring Networks
  ➢ Key Success Factors
  ➢ Network Membership
  ➢ Evaluation

❖ Summary
What is a Mentoring Network?
The Problem

Family Physician Feedback on barriers to providing care

1. Inadequate community resources
2. Inadequate specialist support
3. Inadequate time

• Consistent across mental health, addictions and pain
Mentoring in Medicine
COLLABORATIVE MENTAL HEALTH NETWORK (CMHN)

MEDICAL MENTORING FOR ADDICTIONS AND PAIN (MMAP)
Goals of Networks

To enhance the quality of mental health, addictions and pain by primary care physicians through:

- Supporting the provision of mental health, addictions and pain care services
- Enhancing relevant knowledge, skills and attitudes of family physicians
- Practical and focused CME for family physicians based on learning needs
- Increasing the number of primary care providers who feel supported to manage mental health, addictions and pain patients
- Improving collaborations between specialist and family physicians
- Advocating for physicians who provide care for people with mental illness, addictions and pain
OCFP Mentoring Network History

• MOHLTC funding commitment for 15 years has enabled the growth of two mentoring networks that address complex clinical issues in primary care, beginning with mental health and expanding to chronic pain and addictions- budget has not grown and has been spread from 1 to 2 networks

• Like a community of practice, the mentoring networks are built upon trusting relationships and sustained interactions

• Mentoring helps support continuity of care for complex patients in primary care
Critical Characteristics of Mentoring Networks

1. Accessible, flexible, nimble – responsive to rural, remote, suburban, urban care needs

2. Collegial, creative, environment that supports a responsive and trusting relationship

3. Useful, helpful, reassuring and timely – responses to issues within 1-24 hours

4. A longitudinal resource throughout a FP’s career – mentees become mentors

5. Contextually relevant evidence provided through conferences, regional meetings, portal, small group meetings, 1:1 mentor/mentee discussions
Responsive Formats

Mentorship is being used in multiple formats and environments to suit the needs of the learner.
Mentoring Process

• Mentee drives the process
• Mentor guides and cautions
• Questions based on immediate clinical need
• Knowledge and skills evolve through iterative process
• Communication is friendly and mutually respectful
• Responses are quick, brief, practical and specific
• Outcome of patient care is shared
Meeting the Needs of Family Physicians

• Professional development programming formulated based on the needs of clinicians as identified through the mentoring process

• Steering committee members involved in the development of mental health, pain and addictions workshops

• Resident pilot project developed to meet the gap in mental health, addictions and pain education for new graduates. The intent is to expand this program and bridge participation into early years in practice.
Collaborative Mentoring Networks: To support clinical competence, confidence and excellence in patient care

Organizational Foundation
• Common online Community of Practice platform for all clinical networks
• Individual Clinical Advisory Committees
• Common organizational administrative infrastructure
Key Success Factors
Features of the Collaborative Mentoring Networks

Based on the OCFP’s experience with networks, here are several factors that contribute to their success:

1. Well-defined goals
2. Responsive formats for learning/mentoring
3. Meeting the needs of FPs in primary care (co-created solutions based on practice needs)
4. Certification of activities that support practice need
5. Developing clinical leaders
6. Measuring impact
7. Administrative infrastructure for coordination, and to build and maintain functionality of the network
Well-Defined Goals

Supporting the vision for primary care through strong Communities of Practice/Mentoring Networks and a coordinated approach to supporting Family Medicine/Primary Care:

- Enhance relevant knowledge, skills and attitudes
- Increase the number of physicians who feel supported, capable and confident to manage complex patients: mental health, pain and addictions
- Strengthen the confidence and skills of physicians in the first 10 years of practice
- Build a strong cadre of family physician leaders to drive primary care transformation- supported by their peers
- Improve collaboration between FPs and specialists
- Improve collaboration across the system of new initiatives such as E-Consult, Project ECHO
Development of Clinical Leaders

• Mentoring networks are developing future leaders in family medicine
  – Advocating for system improvement

• Members from the Networks wear their Network hats and take on advocacy roles in the following areas:
  ➢ Government panels and consultations
  ➢ National colleges
  ➢ Provincial organizations (e.g. HQO)

The Networks not only cultivate capacity within primary care, but support and develop individuals to be involved in systems level discussions and improvements – harnessing the community of practice to educate.
Continuing Professional Development

• Annual Conference
  – 2015: Closing the Gap in complex primary care
  – 2016 (Nov 22-23): Enhancing clinical skills to improve the coping and functioning of patients.
  – Certified for Mainpro+

• Regional Meetings
  – Tailored to perceived regional educational needs
  – Developed and conducted with local LHIN/Sub LHIN, Public Health and family physicians

• MARCH 2017 – CMHN and MMAP Mentee / Mentor participation is now certified for Mainpro+ 3 credits per hour = 15 credits+
Network Membership
Network Membership

Cumulative network membership by LHIN

<table>
<thead>
<tr>
<th></th>
<th>Current Mentees</th>
<th>Current Mentors</th>
<th>Cumulative Mentees</th>
<th>Cumulative Mentors</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHN</td>
<td>250</td>
<td>44</td>
<td>573</td>
<td>53</td>
</tr>
<tr>
<td>MMAP</td>
<td>150</td>
<td>27</td>
<td>228</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>437</td>
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<td>887</td>
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Please note that some individuals are members in both networks.
## Network Demographics

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<thead>
<tr>
<th></th>
<th>CMHN</th>
<th>MMAP</th>
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<tbody>
<tr>
<td><strong>Mentees</strong></td>
<td><strong>Mentors</strong></td>
<td><strong>Mentees</strong></td>
</tr>
<tr>
<td><strong>Mean Age (range)</strong></td>
<td>53 (28-71)</td>
<td>60 (41-71)</td>
</tr>
<tr>
<td><strong>Gender (F%)</strong></td>
<td>64%</td>
<td>45%</td>
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<tr>
<td><strong>Duration in the network</strong></td>
<td>58% ≥ 5 years</td>
<td>78% ≥ 8 years</td>
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<tr>
<td><strong>Practice Type</strong></td>
<td>63% in community practices (solo &amp; group physicians)</td>
<td>72% in community practices (solo &amp; group physicians)</td>
</tr>
<tr>
<td><strong>Practice Location</strong></td>
<td>81% in urban/suburban areas</td>
<td>77% in urban/suburban areas</td>
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- Members are located across Ontario including rural and remote areas (9% MMAP, 5% CMHN)
- Members predominantly work in physician practices (solo and group)
Evaluation
Data Sources

- Online survey sent to mentors and mentees in both networks.

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<thead>
<tr>
<th>CMHN &amp; MMAP</th>
<th>Mentees</th>
<th>Mentors</th>
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<tbody>
<tr>
<td>Responded</td>
<td>325</td>
<td>42</td>
</tr>
<tr>
<td># of Members</td>
<td>400</td>
<td>71</td>
</tr>
<tr>
<td>Response rate</td>
<td>81%</td>
<td>58%</td>
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- Mentor logs (2002-15)
- Portal Metrics (2015-16)
## Network Activity

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<tr>
<td>Annual Survey (2015-16)</td>
<td>• &gt;80% have had 1 or more interactions /year</td>
</tr>
<tr>
<td>Mentor Logs (2002-15)</td>
<td>• 2-4 interactions /year/ member over 15 years</td>
</tr>
<tr>
<td>Portal (2015-16)</td>
<td>• 100 discussion threads</td>
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<tr>
<td></td>
<td>• &gt; 2700 views</td>
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**Portal (2015-16):**

- 70% of posts receive a response within 1 hour
- MMAP: 88 thread, 2500 views
- CMHN: 24 thread, 446 views
Network Impact

• >80% of members report participating in the networks to improve comfort, confidence, competency, access to experts and timely advice

Provider Impact

• 80% satisfied or very satisfied with the networks
• 76% improved competence in assessing and managing patients (75%\(^1\))
• 78% improved confidence even with more complex patients (88%\(^1\))
• 89% feel safer in managing clinical issues

Systems Impact

• 70% report seeing a wider range of patients with mental illness, addiction and chronic pain
• 57% report managing more patients with these health issues
• 39% report a reduction in referrals to specialists

Patient Impact

• 56% of members believe that participating in the networks has helped to improve their patient’s quality of life
Mentoring Activities

- Discussions focus on support in managing in-vivo clinical cases longitudinally
  - Screening and assessment (52%)
  - Clinical tool and guidelines (52%)
  - Medication management (78%)

- Small group case based meetings (1-2/year)
  - Impact of renewed support on frequency of meeting is unknown.
Summary
• CMHN & MMAP providing mentorship support to family physicians across Ontario
  o Longitudinal relationships providing a safe space
  o Timely responses
  o Contextually relevant bridging the gap between evidence and practice

• Improved confidence, competence and comfort

• Improved capacity
  o More patients and complexity
  o Wider range of patients
  o Reduced referrals
Thank you!