projet cible qualité

Cible Qualité: A knowledge application program to support the quality of care for anxiety and depression in community-based primary mental health care teams

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OBJECTIVES

1. To present an **evidence-based knowledge application program** to support the improvement of the organization and delivery of care in community-based primary mental health care teams for patients with anxiety and depression.
1. To explore **barriers and facilitators** associated with the implementation of quality improvement strategies.

Relating to this presentation, there are no relationships that could be perceived as potential conflict of interests.

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WHY DEPRESSIVE AND ANXIETY DISORDERS?

- Anxiety and mood disorders are **the most prevalent** mental disorders in the general population and in primary care;
- Serious implications for people who suffer from common metal disorders and their families: **marital and family life, financial situation, academic and professional achievement, social engagement**;
- For society: **reduced productivity, use of health services** and excess **mortality**;
- High risk of **concomitance** with other mental disorders and chronic diseases, of **relapse** and frequently evolve towards **chronicity**;
- **Less than one in two people** access an adequate treatment in line with clinical practice guidelines.

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Duhoux et al., 2009 ; Roberge et al., 2011

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WHY COMMUNITY-BASED PRIMARY CARE?

- **Over 80%** of people seeking help for mental health reasons turn to primary care services - mainly general practitioners.
- In Quebec, primary care services are the **key element** of the health care system for people with mental disorders.
- Providing primary care services involves **different types of skills and knowledge** to evaluate, diagnose, treat, support and refer people.
- Need of a **local services network** which works in collaboration.
- Integrating mental health services in primary care is the best approach to **bridge the gap between the care needs and treatments offered to the population.**

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QUEBEC'S CONTEXT

- **93 local services networks** with a **population-based responsibility;**
- Average population per local service network : **82 895**
- **Mental Health Action Plan** (2005):
  - shift towards common mental disorders
  - strengthening primary care
  - Primary Mental Health Care Teams
  - Team composition: Psychologists, Social workers, Nurses, etc.
  - Responding psychiatrist

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A KNOWLEDGE APPLICATION PROGRAM FOR ANXIETY AND DEPRESSION IN PRIMARY MENTAL HEALTH CARE

- Concerted efforts are essential to facilitate the uptake of evidence-based health care interventions.
- Research must focus on the complex process of implementing health service organization innovations and ensuring their sustainability.
- The « Cible Qualité » program was developed to support evidence-based practice (EBP) in primary care such as:
  - Stepped care
  - Collaborative care
  - Clinical practice guidelines
  - Self-management support, etc.

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Roberge et al., 2013

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RESEARCH DESIGN

Methodology

- Multiple case study
- Six primary mental health care teams (and family medicine groups)
- Qualitative data

Data Collection and Analysis

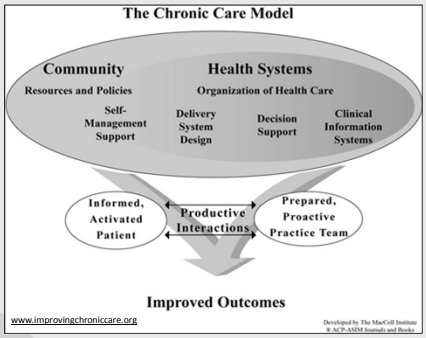
- Recording and summary of work sessions and other interactions with local work committees.
- Data coding with NVivo according to conceptual frameworks and emergent themes.

Two frameworks

1. The training modules of the program are based on the *Chronic Care Model.*
2. The implementation strategies were developed according to the *Promoting Action on Research Implementation in Health Services* conceptual framework.

FRAMEWORK 1- The Chronic Care Model

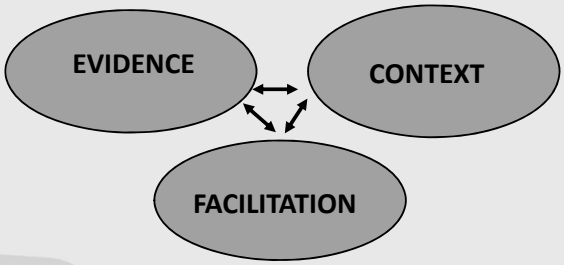
(Wagner et al., 2001)



Framework 2- The PARiHS framework

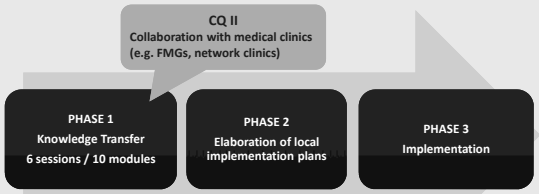
Promoting Action on Research Implementation in Health Services

« Successful implementation of research into practice is a function of the interplay of three core elements – evidence, context & facilitation. »



Kitson et al., 1998; Rycroft-Malone et al., 2002.

THE THREE PROGRAM PHASES



CQ I → 2008 – 2010
CQ II → 2011 – 2014

OUR FACILITATION APPROACH

PARTICIPANTS
Grouped in local working committees
Supported by an organizational leadership

10 community-based primary mental health care teams

+ 120 participants: clinicians, managers, policy makers, family physicians, psychiatrists, community partners

THE KNOWLEDGE TRANSFER APPROACH
Knowledge brokering

Training program: 6 meetings and continued support

Organizational and clinical strategies chosen by each team and adapted to their local context

PHASE I :
Challenges related to evidence-based practice

- **Lack of familiarity**
  - clinical practice guidelines, CBT, collaborative care models
- **Attitudes**
  - good practice *vs* best practice
- **Lack of applicability with actual context**
  - clinical situations (comorbidity, personality disorders)
- **Lack of agreement in general**
  - « too cookbook », **challenge to autonomy,** therapeutic alliance
- **Contextual factors**
  - clinical expertise
  - limited time and resources
  - confidentiality and communication tools

PHASE I :
Enablers related to evidence-based practice

- **Involvement of stakeholders** who wanted to work together and believed in the benefits of collaboration.
- Acknowledgement and recognition of the **competencies and expertise** of other clinicians.
- Openness, trust and respect.
- Team cohesion, sense of belonging.
- History of communication and collaboration with partners.

PHASE II :
Decision support strategies in local Quality Implementation plan

EVIDENCE-BASED PRACTICE
- Utilization of decision-support tools to guide clinical decisions
- Using existing guidelines and protocols to guide clinical decisions
- Development of local care protocols adapted to local contexts

SPECIALIST EXPERTISE
- Expert consultation support
- Enhanced involvement of CBT experts, when available

PROVIDER EDUCATION
- Deployment of provider education strategies : seminars, peer coaching
- Training on EBP

OTHER
- CBT-based low intensity interventions
- Selective recruitment
- Self-management support based on CBT

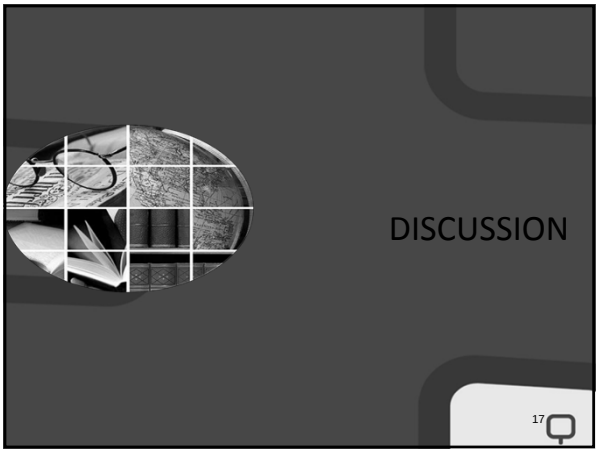
PHASE III :
Implementation of change – the stepped care model

Collaboration: **Community-based primary mental health care teams & secondary care teams**

Focus of the intervention	Nature of the intervention
STEP 4: Severe and complex[1] depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
STEP 3: Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care[1] and referral for further assessment and interventions
STEP 2: Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychosocial interventions, psychological interventions, medication and referral for further assessment and interventions
STEP 1: All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions

Collaboration: **Community-based primary mental health care teams & general practitioners**

National Institute for Health and Clinical Excellence, 2009



DISCUSSION

- The CCM provided a **systemic vision** of the intervention and exposed the importance of **shared responsibility** among healthcare professionals.
- Developing the **roles of clinical coordinators and care managers**, and facilitating the access to specialists with mental health expertise were strategies targeted by the CMHTs in their quality improvement plans.
- The uptake of evidence in primary care is a complex process that requires **careful consideration of the context** in which innovations are introduced, and our assessment of barriers and facilitators can be relevant to other primary health care organizations seeking to improve quality of care for mental health care.

TAKE HOME MESSAGES

- **Need time** to fully take ownership of the proposed evidence-based practices.
- Requires a **strong organizational involvement** of communities at both administrative and clinical levels.
- **Practice changes** proposed and supported by evidence-based practices were considered desirable by the settings
  - To enhance current practices in light of the proposed model and evidence
  - To enhance the service offering
- **The facilitation** offered in the program helps structure the quality improvement process.
- **The local implementation** plans ensure the identification of clear improvement targets / strategies.
- Primary mental health care teams **appreciated the support** in improving the organization and delivery of care for anxiety and depression, sometimes more globally than what we proposed.

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