

Understanding Clinician and Client Perspectives on Collaborative Mental Health Care Implementation and Evaluation

Nadiya Sunderji MD FRCPC
 Gwen Jansz PhD MD CCFP
 Anjana Aery MPH
 Abbas Ghavam-Rassoul MD MHSc CCFP

St. Michael's
 Inspired Care.
 Inspiring Science.

Conflicts of Interest

- None

Outline

- Learning Objectives
- Introduction
- Objectives
- Methodology
- Preliminary Findings
- Suggestions for Quality Indicators
- Discussion
- Next Steps

Learning Objectives

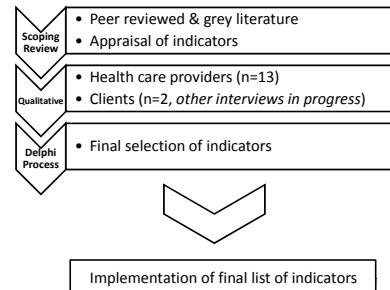
After participating in this presentation audience members will be able to:

- Describe provider and client perspectives on Collaborative Care as implemented in organized primary care settings
- Discuss the strengths and challenges of collaborative care implementation using a quality framework
- Consider potential improvements to collaborative care implementation

Introduction

- Collaborative mental health care implementation in Ontario's Family Health Teams and Community Health Centres is highly variable and may not conform to evidence-based practice.
- Currently there is a lack of validated quality indicators for evaluating collaborative mental health care.

Developing Quality Indicators



Objectives

- Exploring health care providers' and clients' perspectives on: Collaborative Care implementation, evaluation, and barriers and facilitators to delivering care



Methodology

Data Collection

- Key informant interviews with health care providers and experts (n=13) including family physicians, psychiatrists, social workers, a nurse practitioner, a health systems expert and an executive director
- Interviews with clients receiving collaborative mental health care at two family health teams (n=2, others in progress)

Analysis

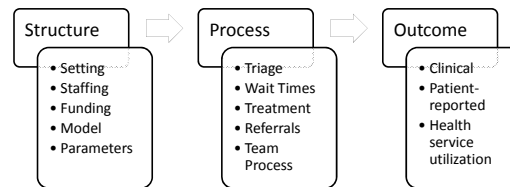
- Data analyzed by team using thematic analysis. Two team members coded each interview.

Domains of Quality

- | | |
|---|---|
| <p>Institute of Medicine</p> <ul style="list-style-type: none"> ▶ Safe ▶ Effective ▶ Patient-Centred ▶ Timely ▶ Efficient ▶ Equitable | <p>Donabedian</p> <ul style="list-style-type: none"> ▶ Structure ▶ Process ▶ Outcome |
|---|---|

Institute of Medicine. (2001, March). Crossing the Quality Chasm: A New Health System for the 21st Century.
 Donabedian, A. Selecting approaches to assessing performance. In: An Introduction to Quality Assurance in Health Care, Chapter 4, pp. 45-57. (Oxford University Press, 2003).

Domains of Quality



Preliminary Findings



Collaborative Care Implementation

- Co-location & ongoing communication integral to care
- Targeting needs of complex clients
- Variable degrees of collaboration
- Lack of evidence-based models

Collaborative Care Implementation

- *"It **has to be** multidisciplinary, there **has to be** co-location, there **has to be** a common communication source like the electronic record" – (K16)*

Client Centered Approach

- Central to collaborative care goals
- Focusing on client needs in a recovery-oriented model of care
- Warm handover process



Client Centered Approach

- *"I've heard this from a number of patients that it's like they had a whole team behind them and everyone was aware of where they're at, at each step of the way. **It just made them feel very cared for and...I think that just made them feel like their recovery was very possible.**" – (K12)*

Client Centered Approach

- *"...the first time I met her [psychiatrist] I was a little nervous...but even my doctor came in with me and sat with me...when I went back to see that psychiatrist now I know what to expect so I didn't need my doctor there. I felt very comfortable dealing with her." – (Client 1)*

Interprofessional care

- Expanded scopes of practice
 - Blurring of professional roles
- Different lenses on the same problem
- Gaining knowledge of each others' skills and training

Interprofessional care

- *"a good Collaborative Care relationship would value the input of all the members and see that...each member brings something different to the table so we might have different strengths...or perspectives." – (K10)*

Communication

- Different modes of communication for both direct and indirect care
- Flexibility in modes of communication and having an open door policy
- Continuity of care

Facilitators

- SYSTEMS LEVEL
 - Adequate funding
 - EMR adoption
- ORGANIZATIONAL LEVEL
 - Supportive leadership
 - Supportive organizational culture
 - Physical space
- PROVIDER LEVEL
 - Clarity on roles and responsibilities of different team members
 - Trust and respect in each other
 - Opportunities for knowledge exchange

Facilitators

- *“...they have to have a committed leadership...a meeting of minds between the administrative lead and the clinical lead” – (K14)*

Facilitators

- *“...having a dedicated psychiatrist to this unit has actually made a big difference...we get to know her, she gets to know us and there is...some continuity so if the patient deteriorates or if the recommendations don't work or if the patient gets side effects it's not like we're re-referring them” – (K110)*

Barriers

- SYSTEMS LEVEL
 - Evidenced-based models haven't been implemented
 - Inadequate funding for indirect care
- ORGANIZATIONAL LEVEL
 - Staff turnover and acclimating new professionals
 - Learner/provider centered (vs. patient centered) care
- PROVIDER LEVEL
 - Difficulty obtaining physician buy-in
 - Need for more face-to-face or regular communication

Barriers

- *“so I think the...broadness of this definition actually is an issue, and I think we need to...really drill down, focus on evidence, and be much more specific about what we mean by Collaborative Care.” – (K113)*

Barriers

- *“...one of the challenges is changing old habits...because most healthcare professionals were trained to be totally responsible and they don't like to give up control” – (K14)*

What are your suggestions of quality indicators for evaluating collaborative mental health care?

Discussion

- Many indicators emerging from interviews:
 - Existence of criteria for psychiatric referrals
 - Team functioning
 - Use of shared care plans
 - Client progress is monitored
 - Reduced symptomology
 - Confidence level and knowledge of providers in managing more complex clients

Discussion

- Complementarity of indicators with literature
- Generating novel indicators that are missing in literature but may be challenging to implement

Next Steps

- Completion of client interviews
- Completion of scoping review of the literature
- Delphi Panel
- Final list of quality indicators to pilot at two Family Health Teams

Comments/Questions?

Contact Information:
Dr. Gwen Jansz
St. Michael's Hospital
JanszG@smh.ca

Anjana Aery
Research Coordinator
St. Michael's Hospital
AeryA@smh.ca

Thank you!