



18th Canadian Collaborative Mental Health Care Conference (2017)

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

Core Components of Collaborative-Care Models for Integrating Mental Health and Physical Health Care Services in Primary Care Setting: Results From a Scoping Review

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PRESENTER DISCLOSURE

- **Presenter:** Judith Versloot
- **Relationships with commercial interests:**
 - **Grants/Research Support: None**
 - **Speakers Bureau/Honoraria: None**
 - **Consulting Fees: None**
 - **Other: None**



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LEARNING OBJECTIVES

- 1) Describe the evidence base behind core components of collaborative care models for integrating mental health and physical health care
- 2) Evaluate which core components of collaborative care have demonstrated success in enhancing patient experience, improving health outcomes and/or reducing per capita costs
- 3) Explain how those core components of collaborative care can be used to develop, pilot and scale up integrated or collaborative-care models, including the work of the Medical Psychiatry Alliance



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Why is this important?

- **Mental illness and non-communicable diseases** will continue to be the **leading causes of mortality and morbidity** around the world
- **Rates of co-morbidity in individuals are increasing**, and when the mix of conditions includes both mental health and physical health problems, the **outcomes and experiences tend to be worse** for individuals and costly for the system
- One approach to addressing these concerns are **models of collaborative care** that address both mental and physical health conditions

BUT

- **Current system is not ideally structured to deliver collaborative care** and there are many barriers (separate care structures, lack of training, compensation models for service providers, etc.)

McMaster Health Forum

For concerned citizens and influential thinkers and doers, the Forum strives to be a leading hub for improving health outcomes through collective problem solving

We:

- harness information, convene stakeholders, and prepare action-oriented leaders to meet pressing health issues creatively
- act as agents of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively

Services:

- Health Systems Evidence; **Rapid response**; Stakeholder dialogues, informed by evidence briefs; Citizen panels, informed by citizen briefs; & Health Systems Learning



The Scoping Review: A Rapid Response Knowledge Synthesis Product

- The rapid-response service summarizes research evidence drawn from systematic reviews of the research literature, clinical guidelines and single research studies retrieved using systematic search strategies.
- Response times can range from 3 days to 3 months
- The Rapid Response includes 4 steps:
 1. Submission of question from a health system policymaker or stakeholder (in this case, Trillium Health Partners);
 2. Identifying, selecting, appraising and synthesizing relevant research evidence about the question;
 3. Drafting the knowledge synthesis in such a way as to present the research evidence concisely and in accessible language; and
 4. Finalizing the knowledge synthesis based on the input of 4 merit reviewers

Questions Guiding Our Review

1. **What is known about the effectiveness of collaborative-care models for addressing mental health and physical health conditions?**
2. **What are the core components of collaborative-care models for treating mental health and physical health conditions, and are they effective?**
3. What does the evidence say about the costs and cost-effectiveness of collaborative-care models for treating mental health and physical health conditions?
4. What lessons can be learned from the literature regarding training service providers and implementing collaborative-care models for treating mental health and physical health conditions?

Frequency of components of collaborative-care across included models

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Patient identification and diagnosis			
Screen for mental health using valid instruments			
Diagnose mental health condition(s)			
Screen for physical health conditions			
Diagnose physical health condition(s)			
Assess and document baseline symptoms using valid instruments for mental health			
Assess and document baseline symptoms using valid instruments for physical health			
Engagement in integrated care program			
Introduce the collaborative-care team and engage the patient in their care			
Initiate patient tracking in registry			

Frequency of components of collaborative-care across included models

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Patient identification and diagnosis			
Screen for mental health using valid instruments			●
Diagnose mental health condition(s)		●	
Screen for physical health conditions		●	
Diagnose physical health condition(s)	●		
Assess and document baseline symptoms using valid instruments for mental health			●
Assess and document baseline symptoms using valid instruments for physical health		●	
Engagement in integrated care program			
Introduce the collaborative-care team and engage the patient in their care	●		
Initiate patient tracking in registry		●	

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Evidence-based treatment			
Develop and update biopsychosocial treatment plan			
Provide patient & family education (symptoms, treatment, self-management skills)			
Provide evidence-based counselling			
Provide evidence-based treatment for physical health condition(s)			
Provide evidence-based psychotherapy			
Prescribe and manage psychotropic medications as clinically indicated			
Prescribe and manage physical health medications as clinically indicated			
Change and adjust treatments if patients do not meet treatment targets			

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Evidence-based treatment			
Develop and update biopsychosocial treatment plan	●		
Provide patient & family education (symptoms, treatment, self-management skills)			●
Provide evidence-based counselling		●	
Provide evidence-based treatment for physical health condition(s)		●	
Provide evidence-based psychotherapy		●	
Prescribe and manage psychotropic medications as clinically indicated		●	
Prescribe and manage physical health medications as clinically indicated	●		
Change and adjust treatments if patients do not meet treatment targets		●	

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Systematic follow-up, treatment adjustment, and relapse prevention			
Use population-based registry to systematically follow all patients			
Proactively reach out to patients who do not follow-up			
Monitor treatment response at each contact with valid outcome measures			
Monitor treatment side effects and complications			
Identify patients who are not improving to target them for psychiatric consultation and treatment adjustment			
Create and support relapse prevention plan when patients are substantially improved			
Communication and care coordination			
Coordinate and facilitate effective communication among providers			
Engage and support family and significant others as clinically appropriate			
Facilitate and track referrals to specialty care, social services and community-based resources			

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Communication and care coordination			
Coordinate and facilitate effective communication among providers		●	
Engage and support family and significant others as clinically appropriate	●		
Facilitate and track referrals to specialty care, social services and community-based resources		●	

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Systematic psychiatric case review and consultation			
Conduct regular (e.g. weekly) psychiatric caseload review on patients who are not improving			
Provide specific recommendations for additional diagnostic work-up, treatment changes, or referrals			
Provide psychiatric assessments for challenging patients in-person or via telemedicine			
Program oversight and quality improvement			
Provide administrative support and supervision for program			
Provide clinical support and supervision for program			
Routinely examine provider- and program-level outcomes and use this information for quality improvement			

Component of the intervention	Few (1-49%)	Some (50-75%)	Most (>75%)
Systematic psychiatric case review and consultation			
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Provide specific recommendations for additional diagnostic work-up, treatment changes, or referrals		●	
Provide psychiatric assessments for challenging patients in-person or via telemedicine	●		
Program oversight and quality improvement			
Provide administrative support and supervision for program		●	
Provide clinical support and supervision for program			●
Routinely examine provider- and program-level outcomes and use this information for quality improvement	●		

What the Scoping Review Found

- **Models of collaborative care** (mental and physical health conditions) are **generally more effective** than either usual care or other approaches.
- **Models of collaborative care for mental health in primary care appear to be more effective than other models of care**, such as the use of a consultation liaison, although both are more effective than usual care
- **Depression is the most common mental health condition addressed**, along with: diabetes, cardiovascular disease, HIV, pain, cancer, arthritis, trauma of various types, hepatitis C, or obesity
- Few studies have included outcomes on participant or provider experience, but those that have report **greater satisfaction with the delivery of collaborative care than usual care**



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Centre for Addiction and Mental Health Better Together

The Medical Psychiatry Alliance: *Collaborative Care Projects at Trillium Health Partners*

Medical Psychiatry Alliance (MPA)

MEDICAL PSYCHIATRY ALLIANCE

6 YEAR project that aims to better integrate care for patients with co-occurring physical and mental health illness.

4 PARTNERS
Centre for Addiction & Mental Health, Hospital for Sick Children, Trillium Health Partners, University of Toronto.

1...2...3 

Funding Sources
Anonymous Donor, Ministry of Health and Long-Term Care, Partners

\$60 MILLION



Medical Psychiatry Alliance (MPA): Aims

- Improve quality of life and increase life expectancy for those with serious, simultaneous mental and physical illness
- Create a new model of clinical care to support patients with co-occurring mental and physical illnesses
- Teach current and future health professionals how to prevent, diagnose, and treat mental and physical illness
- Deepen the understanding of the interaction between body and brain regarding co-occurring mental and physical illnesses

MPA Collaborative Care Projects at Trillium Health Partners

Children and Youth Project: Diabetes and Depression

Adult and Seniors Inpatient Project: Inpatients with Delirium

Senior's Outpatient Project: Frail Seniors with Depression

Medical Psychiatry Collaborative Care Certificate

Selection of Components of Collaborative Care Included in our Projects

Patient identification and diagnosis

- Screen for mental health using valid instruments (similar across projects)

Evidence-based treatment

- Provide evidence-based counselling/psychotherapy (Manualized approach)

Communication and care coordination

- Coordinate and facilitate effective communication among providers (care management, systematic case review)

Systematic psychiatric case review and consultation

- Provide psychiatric assessments for challenging patients in-person or via telemedicine

Program oversight and quality improvement

- Routinely examine provider- and program-level outcomes and use this information for quality improvement

Discussion of Learning Objectives

1) Describe the evidence base behind core components of collaborative care models for integrating mental health and physical health care

- 1) 75 documents describing specific questions on Collaborative Care Models
- 2) Most models addressing: Depression + physical health condition

2) Evaluate which core components of collaborative care have demonstrated success in enhancing patient experience, improving health outcomes and/or reducing per capita costs

- 1) In general Collaborative Care Models are more effective
- 2) Large variation among included components within each model
- 3) Evidence on cost is still emerging.

3) Explain how those core components of collaborative care can be used to develop, pilot and scale up integrated or collaborative-care models, including the work of the Medical Psychiatry Alliance

- 1) Provide a common language to develop and describe components within collaborative care models, facilitate spread and scale

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