Integrating Mental Health Services into Primary Care: Developments in Quebec

Mission Impossible??

Objectives

- Where are we coming from?
- Review of who consumers turn to when they require mental health services in Quebec
- What resources are available in Quebec
- What support should we offer these resources
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Where are we coming from?

- Before the Mental Health Action Plan (MHAP)
Hurdles to access?

1. 16 different phone numbers for outpatient clinics in the same university hospital
2. Different referral mechanisms for the same GP and the same problem, depending on which hospital or service (s)he wants to refer the patient
3. Waiting list up to 3 years !!!
4. Etc.
Objectives of the MHAP

1. Recovery as main focus of services
2. Services built around a strong primary care environment
3. Rapid access to MH services whether they be in primary care (1 week / 4 weeks) or specialized (2 weeks / 8 weeks) settings
4. Delivery model built on knowledge exchange and collaborative care
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Consultations according to caregivers ESCC
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Availability of psychiatrists?

<table>
<thead>
<tr>
<th>Province</th>
<th>Psychiatrists per 100,000</th>
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<tr>
<td>PEI</td>
<td>34</td>
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<tr>
<td>NB</td>
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Other resources?

- 7000 GPs
- 7000 psychologists -- 50% of all M.Ps. in Canada !!!!
- 1000 psychiatrists
- MSW, nurses, etc.
- Primary care MH teams
Professionals required in MH primary care teams

GPs and MH

- 30 - 45% of people seen daily in a GP’s office have some kind of MH issue
- 86% of family physicians provide care for patients with chronic mental illnesses
  - National physician survey 2007

GPs and MH - 2

- 7000 GPs in Québec
- 7000 h / d MH care in GP offices
- 1 734 780 visits / yr in Québec (billing data, actual visits probably more)
Our own survey: the « typical GP »

New Qc Health Commissioner
- Data concerning chronic care delivery, collected by the Commonwealth Fund
- Not for profit American organisation
- Support health policy design
2 types of MH patients

1. Moderate disorders:
   - depression, anxiety disorders
     - Large volume in primary care settings

2. Severe disorders:
   - schizophrenia, bipolar disorder
     - small volume BUT heavy hospital and ER consumers
Conclusion?

- Organize service delivery according to 2 types

Service delivery

1. **Primary care built around GPs**
   - Rapid availability of GPs for patients
   - Rapid availability of primary care MH services for GPs' patients
   - Quick access to clinical support from primary care MH services or psychiatrists for GPs

2. **Community support measures**
   - PACT, etc
   - Quick access to GPs for general health services for severe patients

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Building MH primary care around the GPs

- 7000 GPs
  - 1 h MH / day / GP
    - 7000 h / d
  - 1/3 offer all MH services
    - 3 h / j / MF
  - 1/3 would like to if …
  - 1/3 couldn’t be bothered

... that is the question

- Who is our customer:
  - the patient or the GP?

Crash course in health organisation
Surgery waiting lists

- 100,000 patients waiting for surgery, 30,000 over 8 months
- What should we do?
  - Big investments: more surgeons, more anaesthesiologists, more ORs?
  - Small systemic change: review processes?

OR process review

- Start ON TIME
- No cancellations
- More small instrument availability (ie minimum investment)
- Immediate gurney and patient transport availability
- 10% increase!!!
MH

- Our customer?
  - The patient / Big investments
    « more of the same » ?
    More psychiatrists ?
    More beds ?
    etc.
  - The GP / Small systemic change

More of the same

- Sometimes, it works
- But there is a cost …
• Who is for more of the same?

Get rid of hurdles to access

For some, it's Mt. Everest.
MH and primary care
18th Shared Care Conference, Hamilton
29th May 2009

Practical and simple tools

Knowledge exchange

Rapid access to primary and secondary care

Practical and simple tools
GPs

- 1,734,780 visits / year
- If we help GPs increase their performance
- Thus allowing them to invest 5% less time:
  - 86,739 appointments
- And offer 5% more availability:
  - 86,739 appointments

GPs

- 7,000 h / d
- 7,000 GPs
  - 1/3 would offer MH services if …
    - 2,300 GPs available for recruitment

Recruitment

- If … 1 h MH / d / GP
  - 2,300 extra hours / d
  - 30% increase
1000 psychiatrists
• if … 700 saw 1 extra pt / week
–700 extra pts / week
–40 weeks
• 28 000 extra pts / y
–Major increase

Psychologists
• 50 % of all canadian psychologists
• 7000 psychologists
• If …

Crash course in doctor psychology
Simple systemic change

- Apply simple recipes

Beware

- When you say simple
- GPs hear simple

Primary care MH: mission impossible?

- Service delivery
  - Primary care built around GPs for moderate disorders
  - Community support services for severe disorders
- Think BIG and SMALL
  - BIG
    - MHAP: primary care MH teams across the province
    - PACT teams across the province
  - SMALL
    - Support GP needs in real time
    - Increase access by ONLY 5 %
    - Reduce inefficiency by ONLY 5 %