

Objectives

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

2018 Shared Care Conference, November 2018 May 2019

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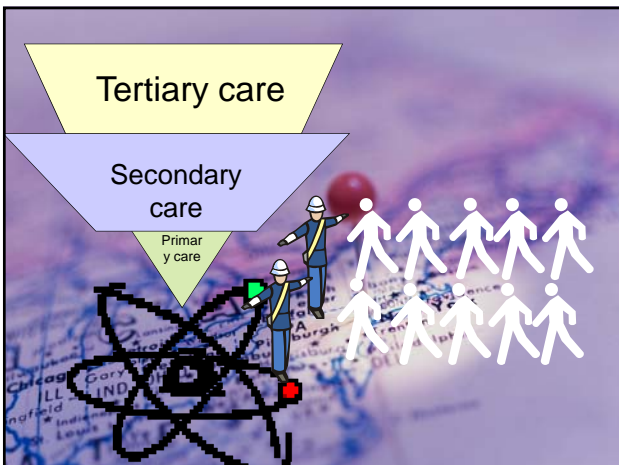


Where are we coming from?

- Before the Mental Health Action Plan (MHAP)

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Hurdles to access?

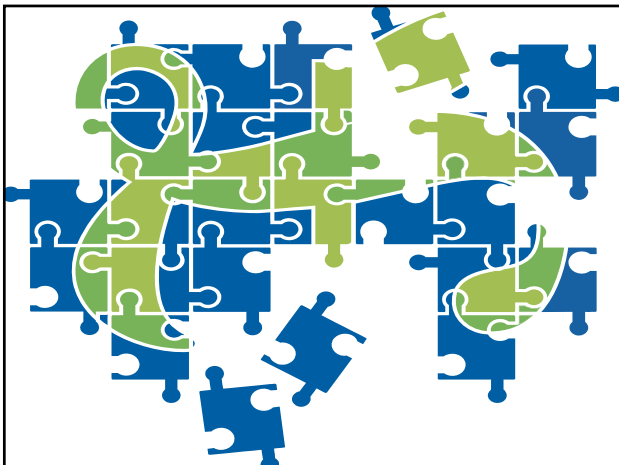
2011 Round Case Conference - November 2011 May 2011


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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.

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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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AFTER

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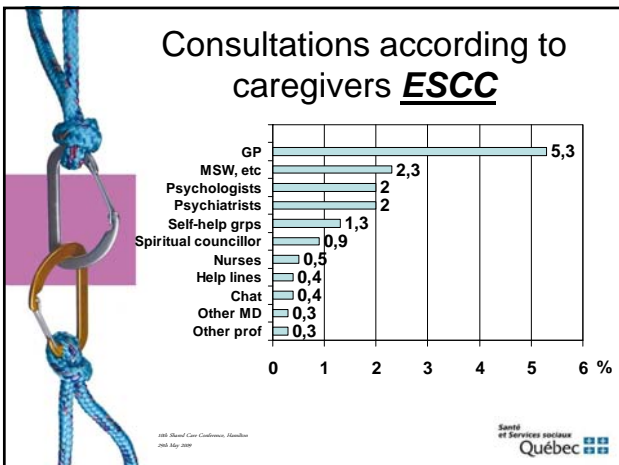


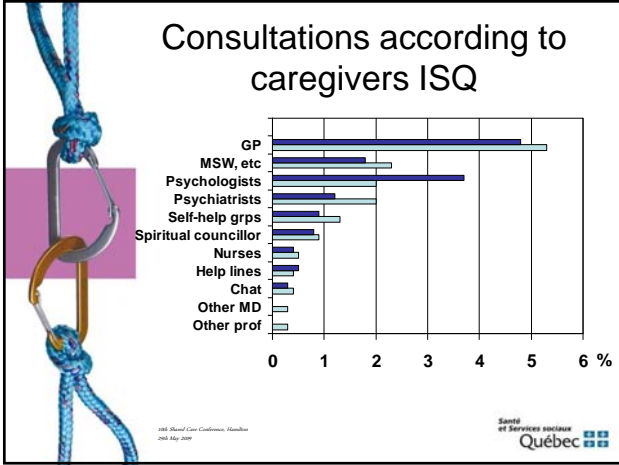


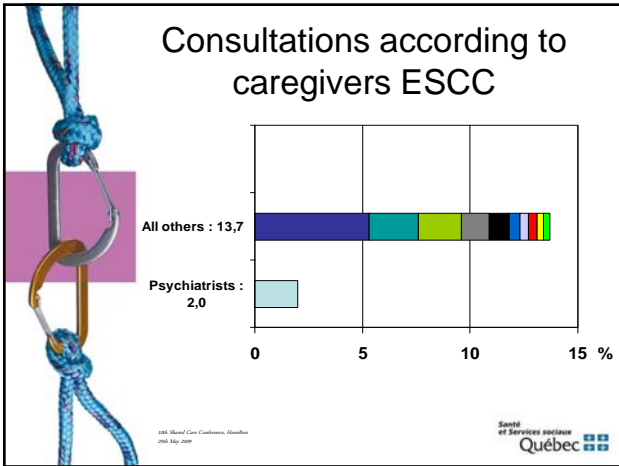
Objectives

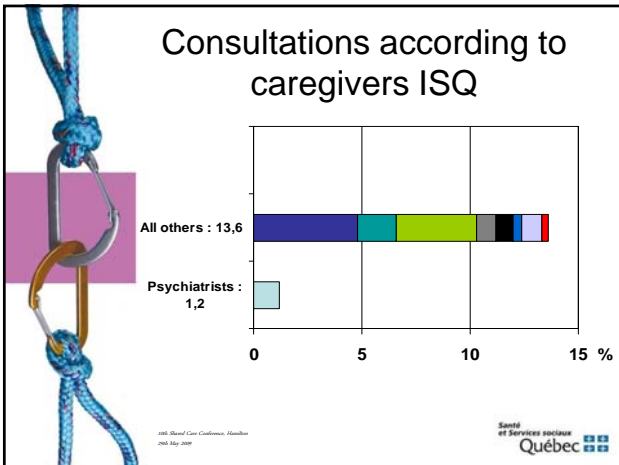
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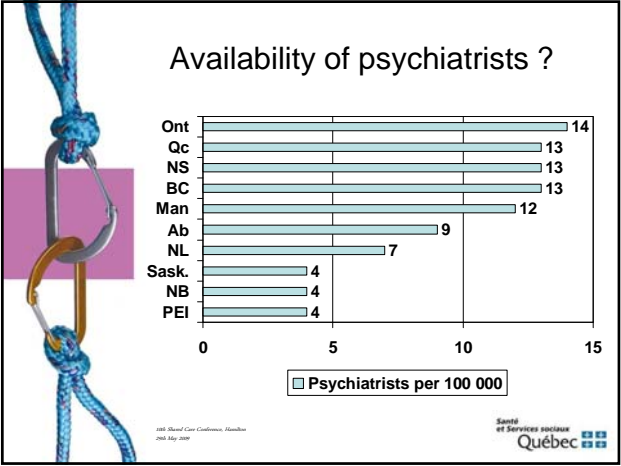


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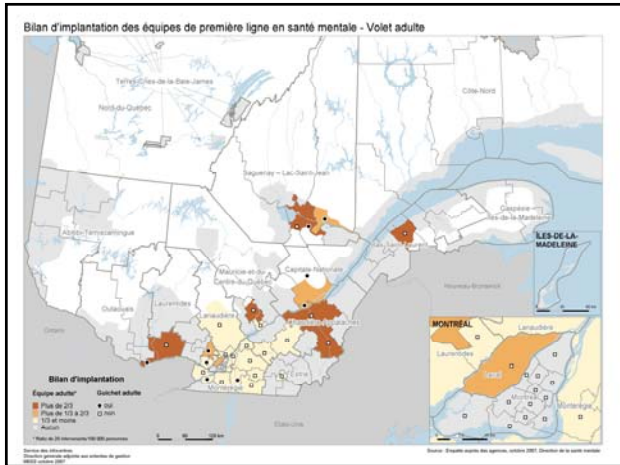


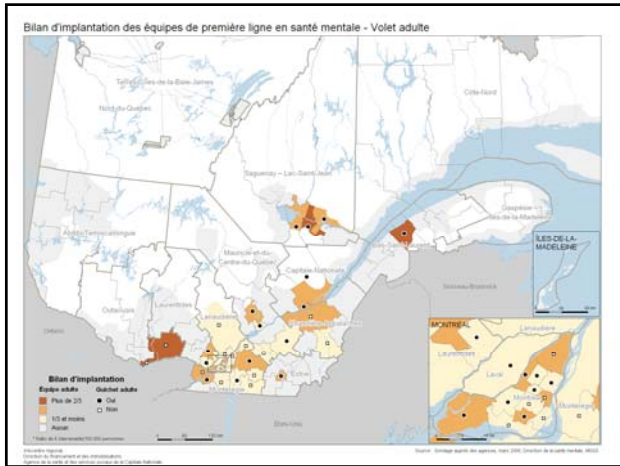
Other resources?

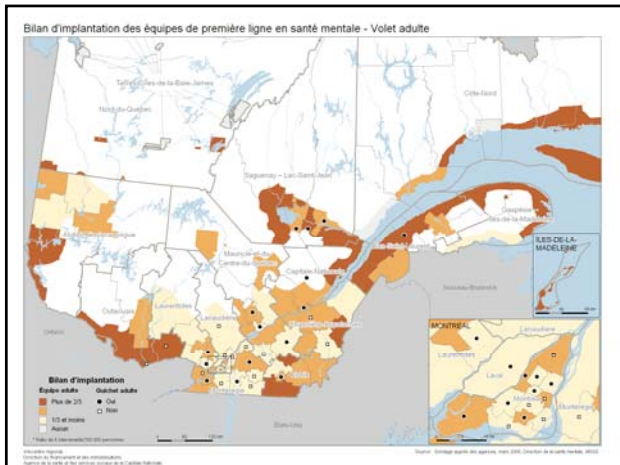
- 7000 GPs
- 7000 psychologists
– 50 % of all M.P.s. in Canada !!!!
- 1000 psychiatrists
- MSW, nurses, etc.
- Primary care MH teams

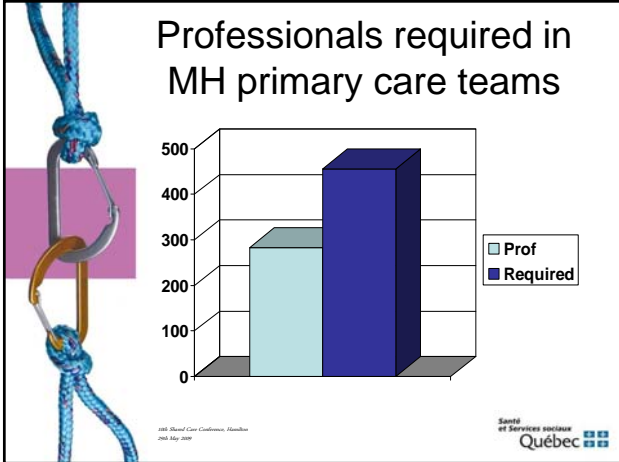
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- ### GP's and MH
- 30 - 45 % of people seen daily in a GP's office have some kind of MH issue
 - 86% of family physicians provide care for patients with chronic mental illnesses
 - National physician survey 2007
- 2008 Mental Care Conference, Hamilton
2008 May 2008
- Santé et Services sociaux Québec


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- ### GP's 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)**
- 2008 Mental Care Conference, Hamilton
2008 May 2008
- Santé et Services sociaux Québec



Our own survey: the
« typical GP »

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Our own survey: the
« typical GP »

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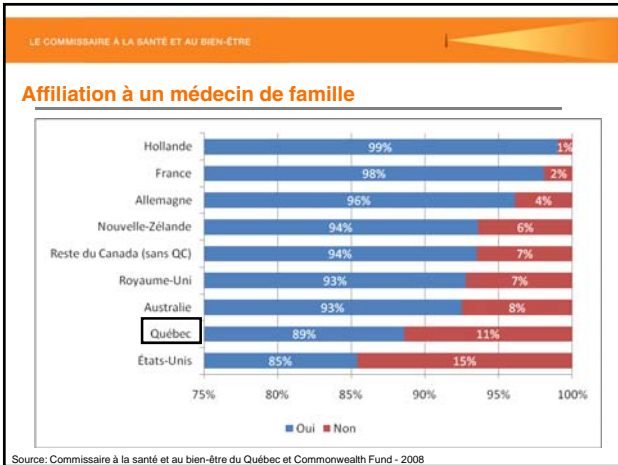


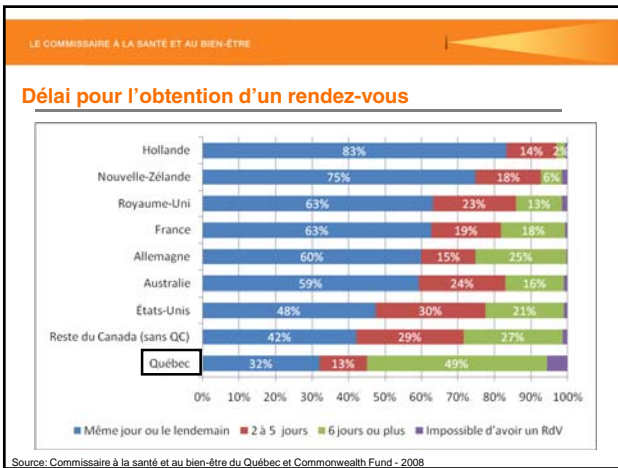
New Qc Health
Commissioner


- Data concerning chronic care delivery, collected by the Commonwealth Fund
- Not for profit american organisation
- Support health policy design

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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

2008 Round-Over Conference, Hamilton
2008 May 2009

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Conclusion ?

- Organize service delivery according to 2 types

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20th May 2018

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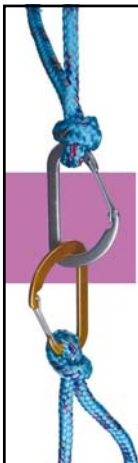


Service delivery

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

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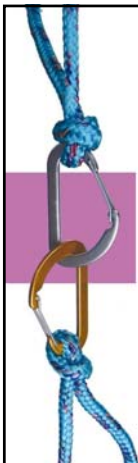


... that is the question

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

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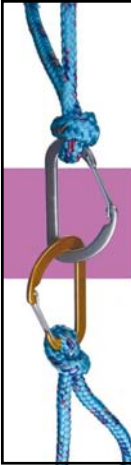
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Crash course in health organisation

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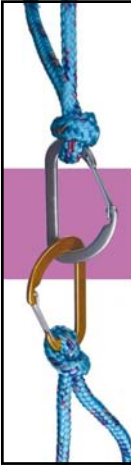


Surgery waiting lists

- 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 ?

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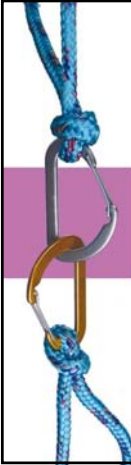


OR process review

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

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EXAM

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MH

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

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2018 May 2018

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More of the same

- Sometimes, it works
- But there is a cost ...

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• Who is for more of the same ?

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Get rid of hurdles to access



2011 Round-Can Conference, November 2011 May 2011

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For some, it's Mt. Everest.

Help build more handicap facilities.

Département de la Santé et des Services sociaux

www.ssa.gouv.qc.ca

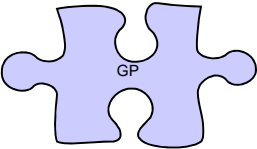





MH and primary care

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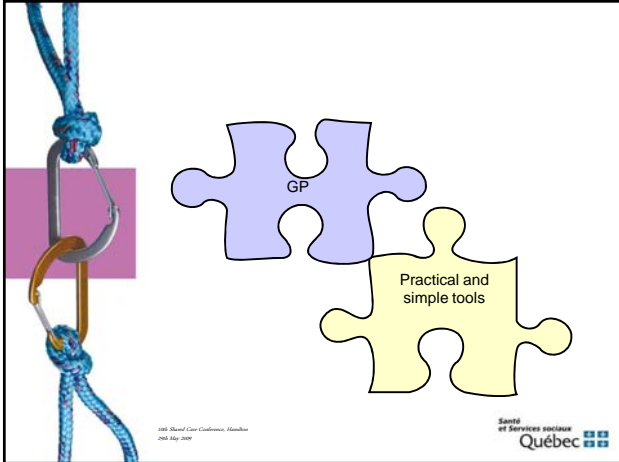
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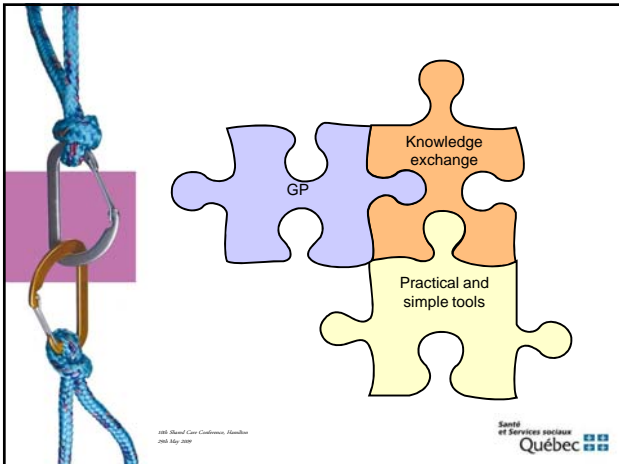


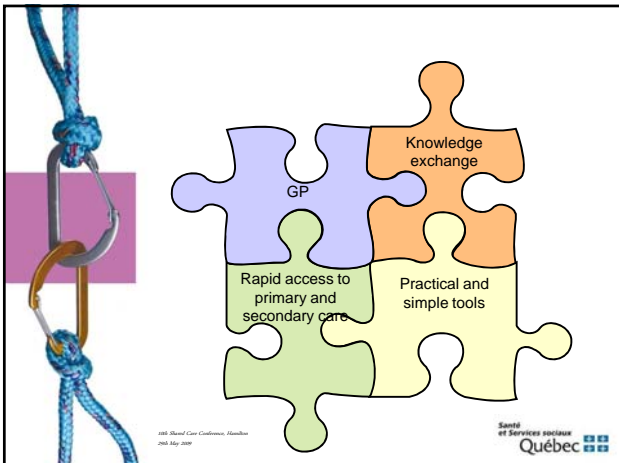
MH and primary care


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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**

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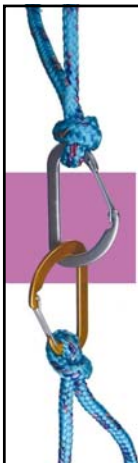


GPs

- **7000 h / d**
- 7000 GPs
 - 1/3 would offer MH services if ...
 - 2300 GPs available for recruitment

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Recruitment

- If ... 1 h MH / d / GP
 - 2300 extra hours / d
 - 30 % increase

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1000 psychiatrists

- if ... 700 saw 1 extra pt / week
 - 700 extra pts / week
 - 40 weeks
 - 28 000 extra pts / y
- Major increase

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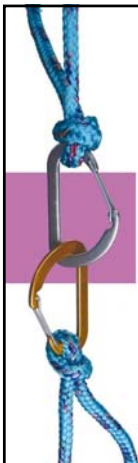


Psychologists

- 50 % of all canadian psychologists
- 7000 psychologists
- If ...

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Crash course in doctor psychology

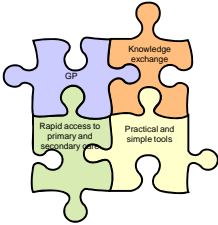
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Simple systemic change

- Apply simple recipes



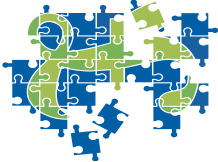
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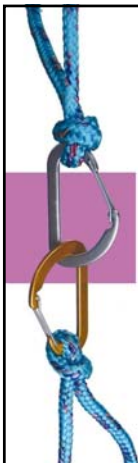
Beware

- When you say simple
- GPs hear simple



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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 %

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