Primary Care Collaboration in a Family Health Team Clinic: "Working as a Team Towards Better Mental Health Care"

Brian Hay

Crown Point Family Health Centre

Outline

- Crown Point Family Health Centre
- Mental Health Working Group
- MH Group projects
- Outcome Measures, Costs, Benefits
- Conclusion

Crown Point Family Health Centre

- 7350 patients
- 4 MDs (2.6 FTE)
- 2 NPs (1/2 FTE)
- 4 RNs (2.8 FTE)
- Mental Health Counsellor (.9 FTE)
- C&Y Mental Health Counsellor (.2 FTE)
- Psychiatrist (.1 FTE)
- RD (.4 FTE)
- Pharmacist (.4 FTE)
- 6 Admin (5 FTE)
- Family Health Team since 2006
- EMR for 12 years

Initial Clinic Wide Prevention Protocols

- Mammograms
- Paps
- Bone Density
- Childhood Immunization
- 18 Month Check
- C & Y Mental Health Screening

QIIP Learning Collaborative (2008 – 2009)

- Diabetes Care
- Colorectal Screening
- Advanced Access

MH Services (before)

- Referrals, see patients
- Patient review – MHC, Nurse, Physician, 20 minutes, once a month
- Questions ++ re: resources, groups, information, inventories
- Silos
- Putting info on walls that practitioners wouldn't look at or couldn't find
- Disorganization, frustrating, inefficient
- Not talking common language
- Ideas surfaced but then lost

What's Next?

- ½ day clinic retreat (Jan 2010)
- 3 areas identified
- 3 working groups: 1.) Prescribing 2.) Resources and Efficiency 3.) Mental Health

Mental Health Working Group Process

- Monthly Meetings, 1 hour
- MD, NP, MHC, C&Y MHC, Clinic Manager, Reception/Admin
- Ideas from retreat and individual group members/ other staff
- Think-tank
- PDSA (informally)

Mental Health Working Group
Aim Statement

- Within the next 12 months we will re-organize mental health services within the clinic to better serve our patient population
- Establish a process for front line staff to assist mental health patients when they call the practice in a crisis
- Ensure that all practice staff are trained in screening patients with mental health issues

- Establish a process map outlining how the patient is going to move through the system (Crown Point internally)
- All providers educated on patient self-management, including all resources and where to find the resources. This should be maintained by the FHT
- Establish a tracking system for all mental health patients. This would require a contact person to maintain such a directory

Brainstorming Suggestions and Issues

- Simplify Mental Health Program within our practice
- Begin to utilize the resources that are currently available for this patient population
- Increase access for mental health patients to services both internally and externally
- Develop a practice wide screening/detection process for mental health patients
- Training on how to navigate services internally/externally

- Develop a Patient Registry
- Develop a process for follow-up care
- Develop a program/service that considers quality of care vs. quantity of care
- Increase quality of care of patients
- Decrease burden on the practice

Projects

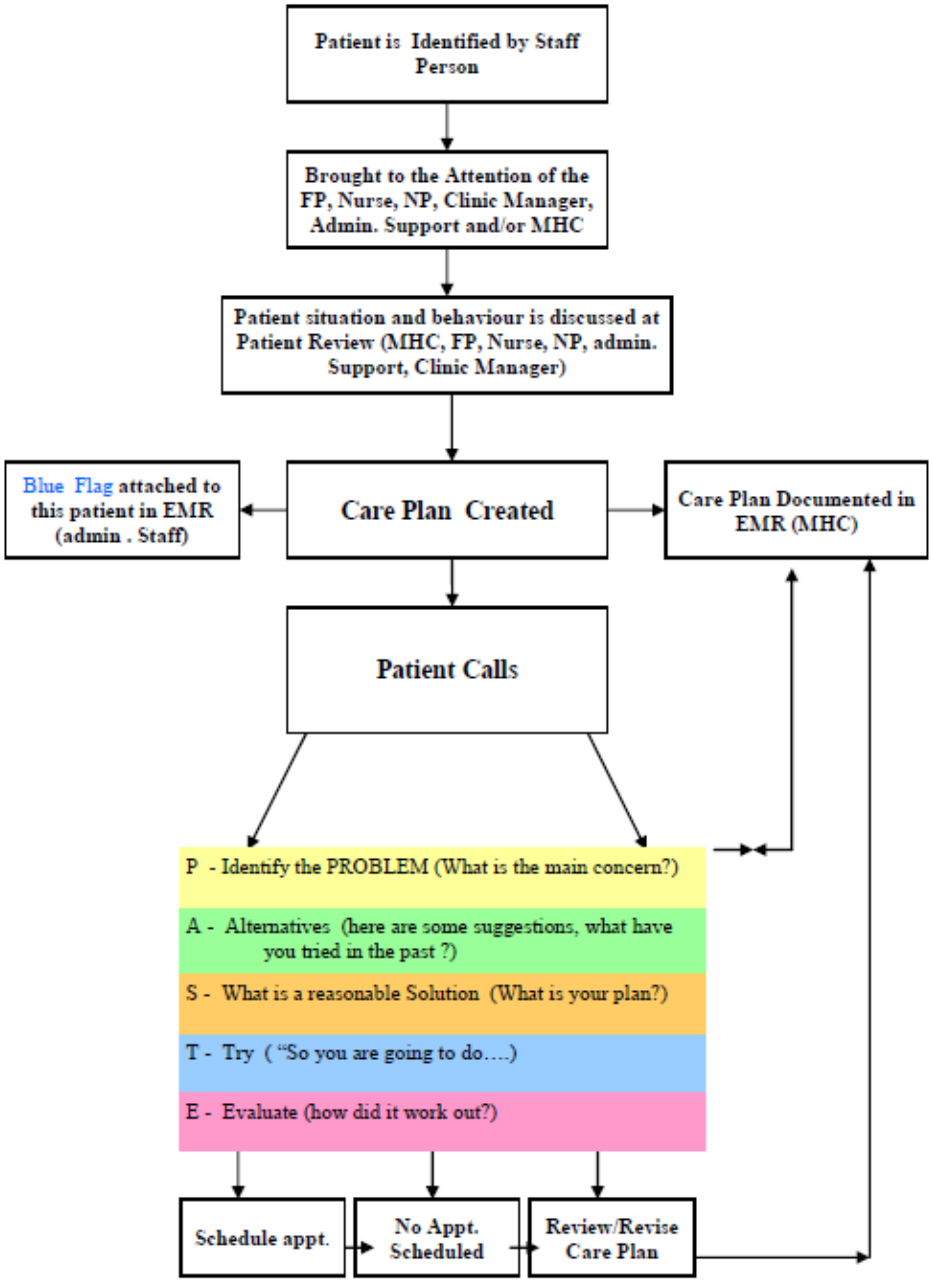
1. Patients who frequently call in crisis

- We began by sorting through a long wish-list
- Started with the most pressing issue that had been identified at the retreat – “patients who frequently called in crisis”
- Did a needs assessment of all staff to assess problem

Strategies:

- Train staff in the use of telephone management techniques to assist frequent crisis patients
- Develop a protocol that responds to patients who frequently call in crisis

Responding to Patients who frequently call in crisis



2. Children and Youth with ADHD

- Children first
- Children and Youth with ADHD
- Why? Untreated can lead to lots of problems, literature says only 30 – 40% stay on meds
- Developed registry of ADHD patients 4 to 20 yrs old (39 patients) for 1 Physician
- Audit found that 80% on meds!

Strategies:

- HMP programmed for annual (auditable) reminders to check on status (on patients birthday)
- RN or Admin to see if patient on meds and recall those who have not been seen/reassessed
- ADHD and developmental screening at 4 yr old immunization
- Sustainable due to numbers and resources
- Big pay-off re: keeping ADHD kids on right track

3. a) Depression/MH registry

- Discussion about starting a depression/MH registry and following and recalling patients as in diabetes
- HFHT depression coordinator and our practice facilitator joined the group for some meetings
- Surveyed 1 Physician's practice – 2100 patients and found past 5 yr prevalence of:
- Depression: 243
- Depression/anxiety: 178
- GAD/anxiety: 220

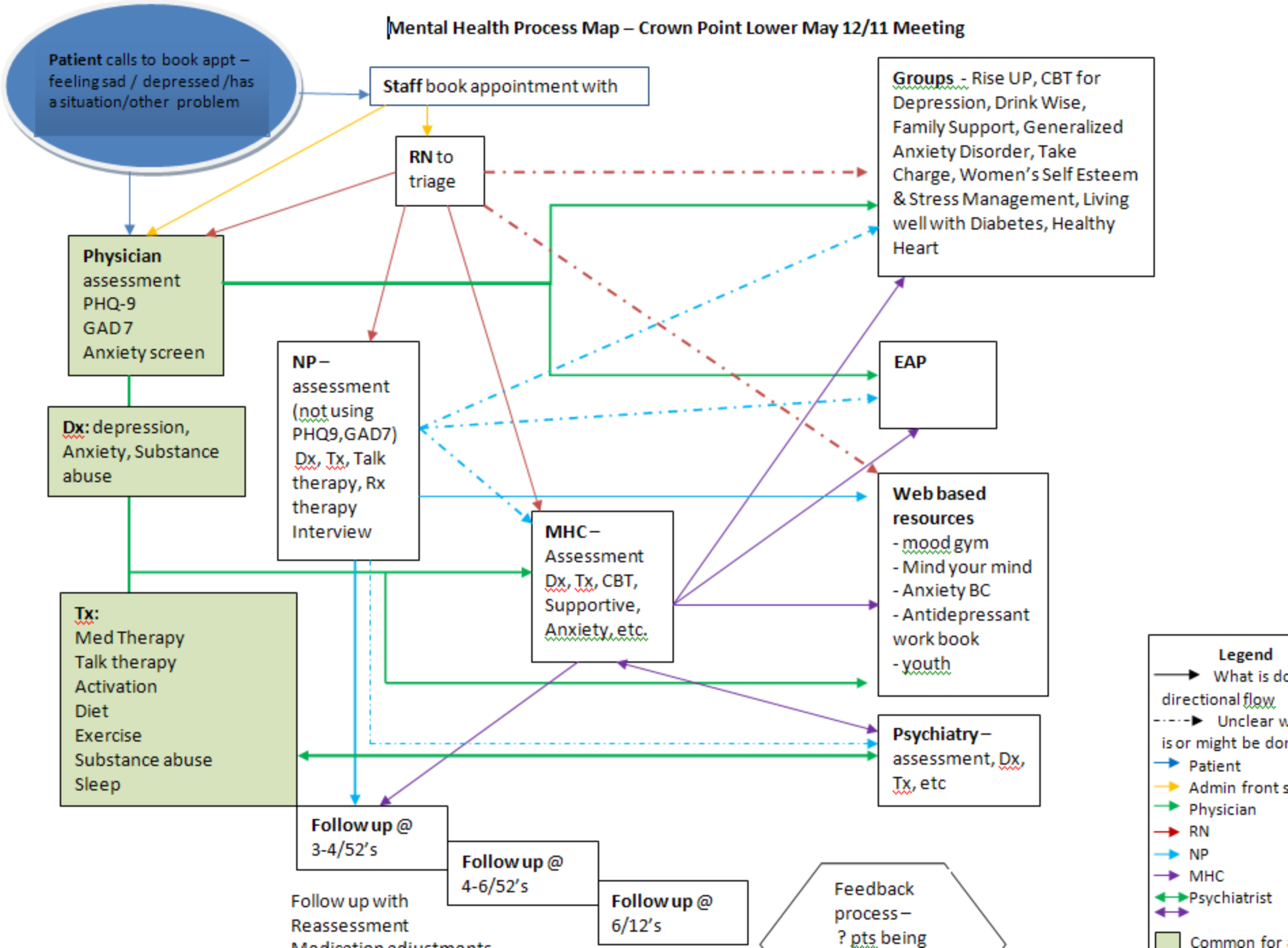
- Panic: 101
- Schizophrenia/Schizoaffective: 24
- Bipolar 1 and 2: 39
- 805/2070 patients diagnosed and treated with a mental health condition in the past 5 years!
- Not sustainable - idea about family health team is not just to work harder, faster etc
- Our efforts need to be sustainable, effective therefore we went back to our mandate

- How to better engage FHT wide services, groups, tools
- How to better empower and enable patients with community and internet resources
- How to create increased awareness amongst providers of community resources

3. b) Process mapping: How the patient moves through the health care system

- First mapped out how the patient moves through our system
- Added FHT resources and community resources (hyperlinked)
- Now we had a process map along with a resource tool
- Included assessment inventories, crisis options, Child & Youth Toolkit, access to community resources etc
- Used the input of the group, skills of the facilitator

Mental Health Process Map – Crown Point Lower May 12/11 Meeting



Crown Point Lower - Mental Health Care Process Map - September 2011

Hamilton Family Health Team
Better care, together.

■ **REMEMBER** to offer the opportunity to include significant other or support person in ***any*** patient appointment.

Patient calls or comes in to book appointment- feeling sad/depressed/ has situation/other problem

Refer to Responding to Patients who frequently call in crisis.

Refer to Help To Manage Difficult Telephone Calls

IS PATIENT IN CRISIS?

NO

YES

Staff Book Appointment

■ Determine appropriate provider

RN Triage Crisis Assessment & Management

Crisis Options
Call 911 (overdose)
St. Joe's PES - Psychiatric Emergency Service
COAST 905-972-8338
Suicide Crisis Line
905-522-1477
Call Family, Supporter, Friend &/or Faith/Religious Leader

Crisis averted

Registered Nurse & Family Physician Team Nurse Practitioner

Referral for 1st visit to Mental Health Counsellor

Patient Assessment/ Reassessment
Mental Health Assessment Tools
PHQ9 / GAD7
PHQ SADS
Anxiety Screen
Adult ADHD (ASRS)
Child & Youth Screen
ADHD Snap
Other from Mental Health Toolkit

Treatment Options Appropriate for Diagnosis
Depression
Anxiety
Substance Abuse
ADHD
Other as identified

Group Therapy & Self Work

Psychiatry

HFHT Psychiatry Specialized Clinical Services

Individual Therapy

Therapies
Medication /Talk Therapy
Activation /Exercise /Relaxation
Diet/ Sleep/ Meditation /
Substance Abuse / other

Patient Cycle of Care

YES

■ **Further Treatment &/or Follow up? Determine intervals**
Weekly; 3-4/52's
4-6/52's; 6/12's
As needed

NO

Patient to self monitor and return as needed

Develop Relapse Prevention Plan for Patient

Mental Health & Group Resource Options

HFHT Group Navigation Tool
Rise UP, CBT for Depression, CBT for Insomnia, Drink Wise, Family Support, Generalized Anxiety Disorder, Panic, Girl's Talk, Women's Self Esteem & Stress Management

HFHT C&YMH Hotline 905 975-6667
Child & Youth MH Community Resource Tool

HFHT Referral forms for Group

Child & Youth Mental Health Tool Kit

HFHT Substance Use Resource Tool

Web Based MH Resource Hyperlinks

Anxiety Education & Patient Resource

Depression Care Resources

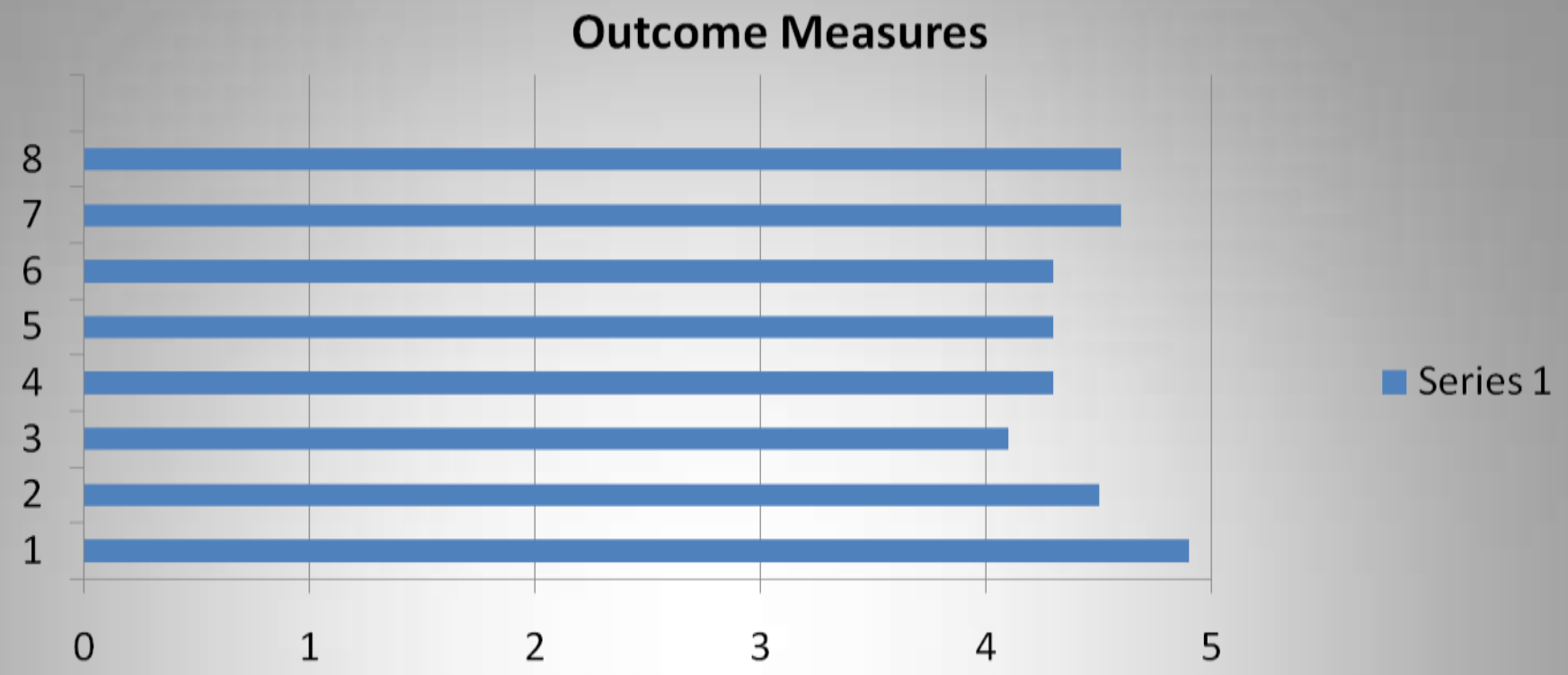
Primary Health Care Providers' Guide to Community Resources in the City of Hamilton - direct link found through HFHT Intranet

Anxiety BC

Mind Your Mind

Mood Gym

Antidepressant workbook



1.) Being a member of a clinic group has increased professional collaboration among staff.
2.) Being a member of a clinic group has improved care for patients.
3.) Being a member of a clinic group has improved your work experience.
4.) I have used the “Mental Health Care Process Map” (MHCPM).
5.) The “MHCPM” has helped increase referrals to groups and other external resources.
6. The “MHCPM” has increased the use of screening tools (i.e. PHQ-9, GAD-7, etc).
7.) The “MHCPM” has helped me increase my knowledge of community resources.
8.) Patient Review Meetings (Physician, Nurse, MH Counsellor) help staff collaborate on patient care.

Costs:

- Time
- Coordinating schedules
- IT skills
- Minimal training

Benefits

- Clinic staff are on the same page
- Collaboration - forum to think, share and develop ideas
- Encourages use of inventories, internal/external resources
- Have a map for flow of patient

- Can revise, add, subtract
- Less time looking/asking
- Uses wisdom of whole clinic
- Share info
- Review protocols, cases
- Patient benefits
- Staff benefits

Challenges

- Momentum – assign tasks
- Some things don’t work
- Be flexible
- Start small

Essential Ingredients

- Buy in – faith
- 1 or 2 motivated individuals
- EMR and IT
- Computer skills
- Representation from all areas in clinic
- Rotation is good
- Outside help

Next Steps

- Spreading ADHD registry to other physicians
- Advanced access
- C& Y limited resources - Dyads, triads, and consultation
- Children of MH patients – Script/menu
- Second look at Registry
- How to collaborate more with patients and families

Conclusions

- Well worth the time/efficient use of time
- Smoother running machine
- Better decisions
- Improved care for patients
- Improved work experience for staff


Hamilton Family Health Team
Better care, together.