

Psychosis Treatment Optimization Program: Community Based Collaboration

Collaboration in Action
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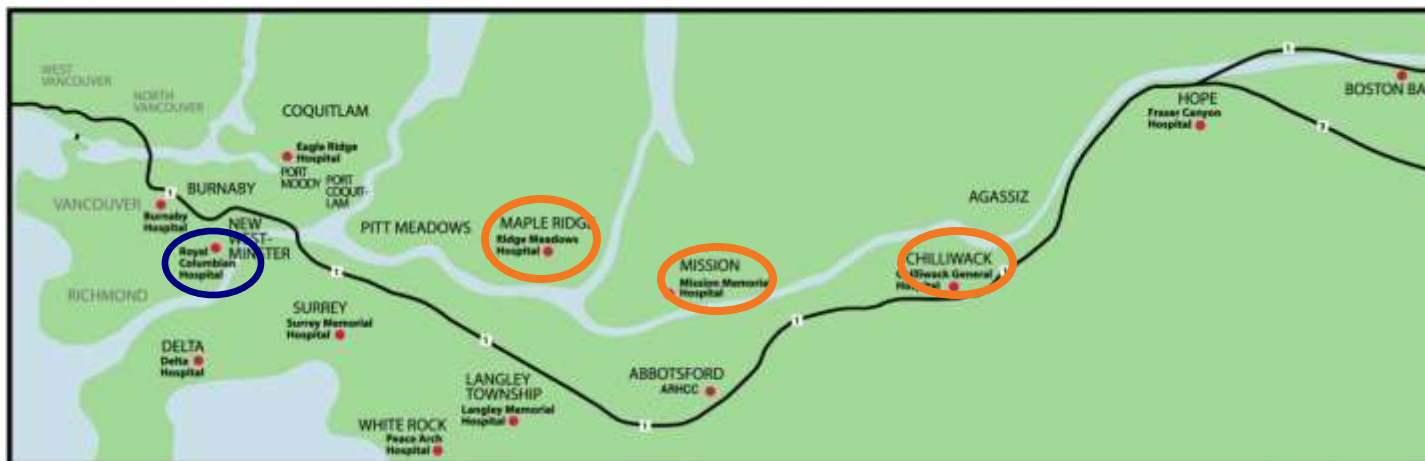
Objectives

- Background
- Overview of the Psychosis Treatment Optimization Program (PTOP)
- Case: GP
- Case: PTOP
- Observations
- Questions?

Background: Goals

Develop an innovative, evidence-based approach to caring for clients with treatment resistant schizophrenia.

- Eight month pilot project
- 200 patients



Background: OBJECTIVES

- Decrease the number of emergency admissions
- Decrease hospitalizations and length of stay
- Decrease the suicide rate

- **Promote the use of evidence based best practice guidelines**

- **Increase collaboration between Mental Health Centres and GPs**



Background: Model of Care

- Provide an integrated, multi-disciplinary approach to the management of clients with treatment resistant psychosis:
 - PTOP is based on partnerships between GPs, Psychiatrists and Mental Health Centers. Clinicians collaborate with clients and families to provide innovative, evidence-based service

Putting all the pieces together



PTOP Overview

Regional Clinic Collaborative Care Teams

Staffing:

Administrative support
Nurses
Psychiatrists
Clinical Pharmacist

Roles:

Complex client assessment
Outpatient clozapine starts
On-going client monitoring & reporting
Peer-to-peer knowledge exchange and training

PTOP Community Collaboration

Key Resources

General Practitioners
Psychiatrists
Patient's Case Management Workers
Lab

Specialists PRN Resources

Cardiologist
Hematologist

PTOP: Treatment Resistant Clients

- Multiple antipsychotic medications
- Prescribed high doses of antipsychotic medications
- Deteriorating levels of functioning and/or symptoms
- Have treatment resistant psychosis requiring an increased level of care in the past year

PTOP: Case #1

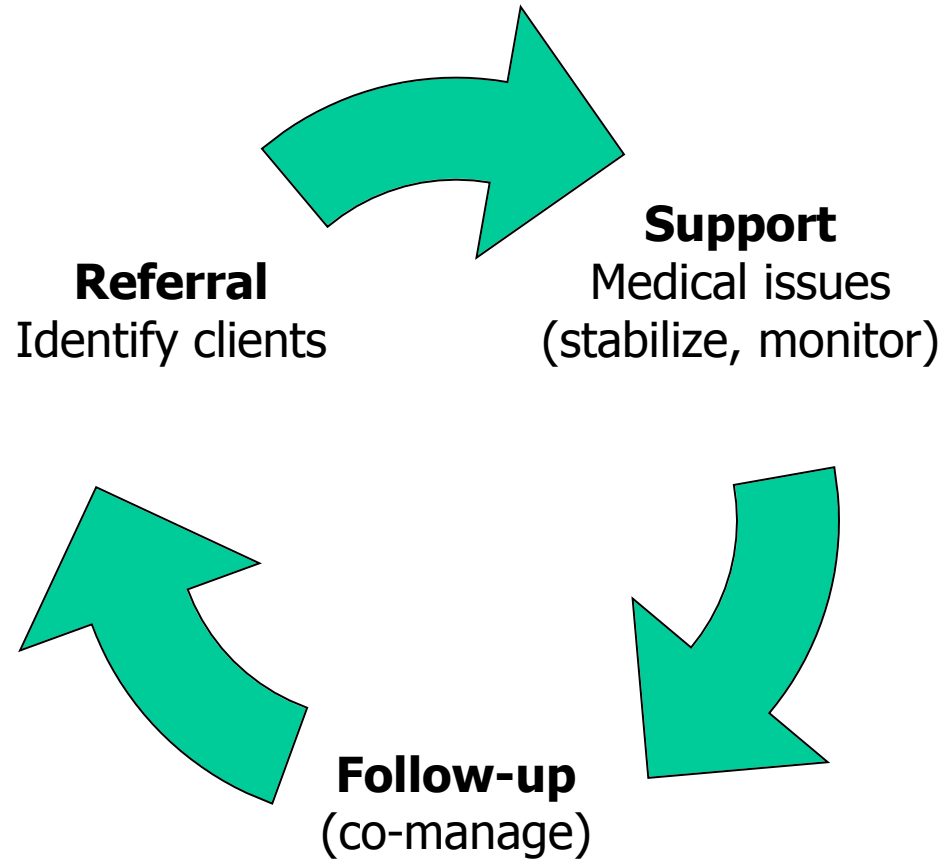
41 yo female with chronic paranoid schizophrenia

- Failed numerous antipsychotic medications
- Currently on....with inadequate response
- Good relationship with her GP
- GP refers to PTOP

PTOP: Case #2

- 52 year old male with schizoaffective disorder
- On numerous psychotropic medications with inadequate response
- A number of significant medication related side effects were identified during the PTOP assessment:
 - Obesity, sleep apnea
 - DM, hyperlipidemia, HTN
 - Possible movement related adverse effects

PTOP: Collaborations



Learning's so far...

- Engagement and relationship building takes time:
this process cannot be rushed
- Collaboration across traditional programs, clinicians and programs is a key requirement
- Clear and timely communication is critical for success



Added Value

- Provides education and support about best practice guidelines
 - Result: clients are prescribed clozapine earlier during their illness
- Proactively identify clients
 - Result: identify issues before they become a crisis
- Collaboration supports the team and clinician – client and families
 - Result: support can facilitate the use of challenging medications and treatment options

Observations: Outcomes

Whenever possible, interventions occur in a community setting

- Clozapine is usually initiated at the PTOP Central Clinic or Collaborative Care Team
 - clients requiring additional monitoring were admitted to CRESST
 - “high risk” clients have been admitted to hospital for treatment optimization and follow-up

Outcomes

- Decreased number of ER visits
- Decreased average number of hospital psychiatric admissions
- Decreased average number of days hospitalized

- PTOB has initiated 40+ patients on Clozapine since July 2011:
 - more than half of in the community
 - potential savings of 250 - 350 acute bed days

PTOP

Questions?