Primary Care Initiative: Integration in Action

National Conference on Collaborative Care, May 2009

The workshop learner will

- Gain knowledge of CAMH perspectives and activities within the Primary Care sector
- Identify opportunities to leverage resources and skill-mix across sectors.
- Contribute their perspectives to how a specialty Mental Health hospital can support Primary Care.

What is CAMH?

Specialized MH&A Hospital

The 5 Pillars

- Client Care
- Education
- Research
- Policy
- Health Promotion
- Unique patients 08/09
  - Inpatients 3,849
  - Outpatients 17,866
  - ER patients 3,168
  - 50% seen before in previous 2 years

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>OutPatient Visits</th>
<th>Inpatient days</th>
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<tbody>
<tr>
<td>2005/2006</td>
<td>465,149</td>
<td>180,906</td>
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<tr>
<td>2006/2007</td>
<td>422,756</td>
<td>180,731</td>
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<tr>
<td>2007/2008</td>
<td>436,193</td>
<td>186,823</td>
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What is CAMH?

- Patient Care
  - WHO, PAHO, WONCA
    - Mental disorders in primary care.
  - Pan American Health Organization/World Health Organization Collaborating Centre
    - Office of International Health

What is CAMH?

- Research
  - Transforming Care in Mental Health and Addictions
    - An integrated approach

What is CAMH?

- International Partners
  - WHO, PAHO, WONCA
How does a specialized hospital support integrating MH&A and primary care?

Guiding the Primary Care Initiative

Two broad aims:
1. Enhance capacity within the sector to manage mental health and addictions issues;
   - MH&A focus
2. Ensure that persons with existing MH&A issues are well-served by the primary care system.
   - Address healthcare disparity between MH&A patients and general population

Background

Primary Care Action Plan

5 major strategies
1. Create organizational focus
2. Improve primary care for CAMH clients
3. Increase service integration among MH&A services and primary care
4. Build capacity within primary care systems
5. Develop policies and advocate for change
#3 Building System Capacity
Collaborative Care
- Over the next three years, focus on CAMH’s work with the primary care sector, as the key mechanism for developing this kind of approach to clinical capacity building

The Conceptual Model
Primary Care + CAMH = MHA Capacity

Activities and Focus
- Coordinate Planning
  - Priority projects
  - Align current activities
- Identify and allocate resources
  - Internal and external

New Roles
- External Reference Group
  - Members and Mandate
- Reporting
  - Internal governance
  - External partners
  - Primary Care Sector
Psychiatrist

- Consult on education developed for the primary care sector.
- Develop a shared care placement and supervision for CAMH residents
- Facilitate linkage of CAMH clients without primary care to primary care services in the community.

Addictions Program

- Position focusing on capacity building initiatives for Addictions and Concurrent Disorders within PC sector
- Collaborative relationship development coupled with practice expertise
- Interdisciplinary and cross-sectors of social services

Proposed Family Health Team

**Family Health Team with unique MH&A focus**

- MH&A services enhanced through prevention and health promotion ‘Primary Care Plus’
- Practice approaches for seriously mentally ill transferable across the PC sector
- Primary care services for Queen W area residents, and for underserved, high mortality cohort of CAMH clients
- Collaborative, interdisciplinary model with emphasis on shared care
Messages heard
- Tools and education are welcomed, but more powerful in relationship context
- New models for clinical capacity building- direct access to CAMH expertise for ‘in the moment’ consultations
- Take education into the community ‘Academy in the Community’
- E-Health: comprehensive, current, unique

Web Portal for Professionals

Steps So Far
Primary Care Initiative has:
- Momentum and a plan
- Actions linked to the plan
- CAMH-wide engagement
- Emerging PC sector interest
- Leadership investments

What’s needed next
- Research investments
- Project partners
- Support of our programs, our community and yours
What are the most important contributions CAMH could make to education, training or other resources for PC clinicians?

- Greatest Gaps?

Can you see opportunities for your organization to work with CAMH to address these gaps?

In an integrated system of MH&A care, what relationship would your organization have with CAMH?

THANK YOU