

# THE NEXT FIVE YEARS: BETTER HEALTH, BETTER CARE, BETTER VALUE?

**Nick Kates, MB.BS, FRCPC MCFP (hon)**

**Professor and Acting Chair Dept. of Psychiatry**

**McMaster University**

**Hamilton Family Health Team**

# PLAN

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- Go back
- Where we are now
- Look ahead
- 7 strategic directions for the next 5 years

# **The world in 1997**

# The 1997 Position Paper

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Canadian Psychiatric Association  
Association des psychiatres du Canada



The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

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## Shared Mental Health Care in Canada

**Nick Kates, FRCPC, Marilyn Craven, CCFP, Joan Bishop, FRCPC, Theresa Clinton, CCFP,  
Danny Kraftcheck, CCFP, Ken LeClair, FRCPC, John Leverette, FRCPC,  
Lynn Nash, CCFP, Ty Turner, FRCPC**

*Prepared by a joint working group of the Canadian Psychiatric Association and The College of Family Physicians of Canada, this position paper was approved by the Canadian Psychiatric Association Board of Directors on October 4, 1996, and The College of Family Physicians of Canada Board of Directors on November 30, 1996.*

### EXECUTIVE SUMMARY

The family physician already plays an extensive role as a provider of mental health care in almost every community in Canada. In theory, the family physician and the psychiatrist are natural partners in the mental health care system. While neither may be able to meet every need of a patient with a mental disorder, each can offer complementary services, which enables them to play a key role at

tween family physicians and specialists, including psychiatrists.

Recognizing the need to respond to these issues, the College of Family Physicians of Canada (CFPC) and the Canadian Psychiatric Association (CPA) set up a working group to prepare a report that would highlight the advantages of greater collaboration between family physicians and psychiatrists and its benefits for both patients and providers and describe a range of practitioner behaviours,

# Set a modest agenda

- Articulated principles
- Presented models of collaboration
- Encouraged Implementation
- Suggested strategies to
  - Improve communication
  - Establish Liaison Linkages
  - Encourage visits by psychiatrists to family physicians offices
- Discussed implications for
  - Training
  - Underserved communities
- Identified the need for more equal partnerships



**Since then**

# CPA and CFPC

- Established a unique working partnership – modelled collaboration
- Increasingly involved in each others activities
- Collaborative Forums
- Working group
- Website
- Conference



Canadian Psychiatric Association  
*Dedicated to quality care*  
Association des psychiatres du Canada  
*Dévouée aux soins de qualité*

# **14<sup>th</sup>. Canadian Collaborative Mental Health Care Conference**



**June 2013**  
**Montreal**  
**Quebec**

[www.shared-care.ca](http://www.shared-care.ca)





Canadian  
Collaborative  
Mental Health  
Initiative

Initiative  
canadienne de  
collaboration en  
santé mentale



# Partners



CANADIAN  
PHARMACISTS  
ASSOCIATION  
ASSOCIATION DES  
PHARMACIENS  
A

CANADIAN ALLIANCE  
ON MENTAL ILLNESS  
AND MENTAL HEALTH



ALLIANCE CANADIENNE  
POUR LA MALADIE MENTALE  
ET LA SANTÉ MENTALE



Canadian Federation of Mental Health Nurses  
Fédération canadienne des infirmières et infirmiers en santé mentale



Canadian Association of Occupational Therapists  
Association canadienne des ergothérapeutes



CANADIAN MENTAL  
HEALTH ASSOCIATION  
L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE



CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA



Canadian Psychiatric Association  
Association des psychiatres du Canada

The College of  
Family Physicians  
of Canada



Le Collège des  
médecins de famille  
du Canada



Association canadienne  
des travailleuses  
et travailleurs sociaux  
Canadian Association  
of Social Workers

RPNC  
REGISTERED PSYCHIATRIC  
NURSES OF CANADA



Canadian Psychological Association  
Société canadienne de psychologie



Dietitians of Canada  
Les diététistes du Canada

# ACCELERATED PROGRESS

- Strengthened the conceptual and evidence base
- Broadened the partnerships
- Involved consumers / families
- Provided resources and toolkits
- Addressed disparities
- Charter!!



# **The Standing Senate Committee on Social Affairs, Science and Technology**

## **OUT OF THE SHADOWS AT LAST**

- **Key role of collaborative care - access / quality**
- **Knowledge Exchange Centre should pursue this**

## **MENTAL HEALTH COMMISSION OF CANADA**

- **CHEER**

# An increasing number and variety of successful projects

## □ Projects aimed at different populations

- Children
- Homeless
- Seniors
- SPMI
- First nations communities
- Individuals with substance abuse problems



## □ Other settings

- Canadian Forces
- Student health
- Workplace
- Shelters



## □ Physical health care of the mentally ill

# Other changes

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- Supported by CMPA
- Changes in provincial Billing Tarrifs to support it
- New training guidelines for Psychiatry Residents
- The Patient's Medical Home (CFPC)
- Patient's / consumers increasingly expecting it

# Collaborative MH Care is now

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- Being accepted as an integral part of practice
- Being included in provincial / RHA planning
- Producing increasing evidence
- Expected by consumers
- Facing increasing expectations

**And what have we learnt.....**

# Better Collaboration can enable us to:

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- ❑ Improve communication
- ❑ Provide mutual support
- ❑ Coordinate care plans
- ❑ Share responsibility
- ❑ Solve problems together
- ❑ Share information / resources / expertise
- ❑ Use resources more effectively
- ❑ Evaluate and plan services more comprehensively
- ❑ Model effective behaviours for learners



# Benefits for Individuals

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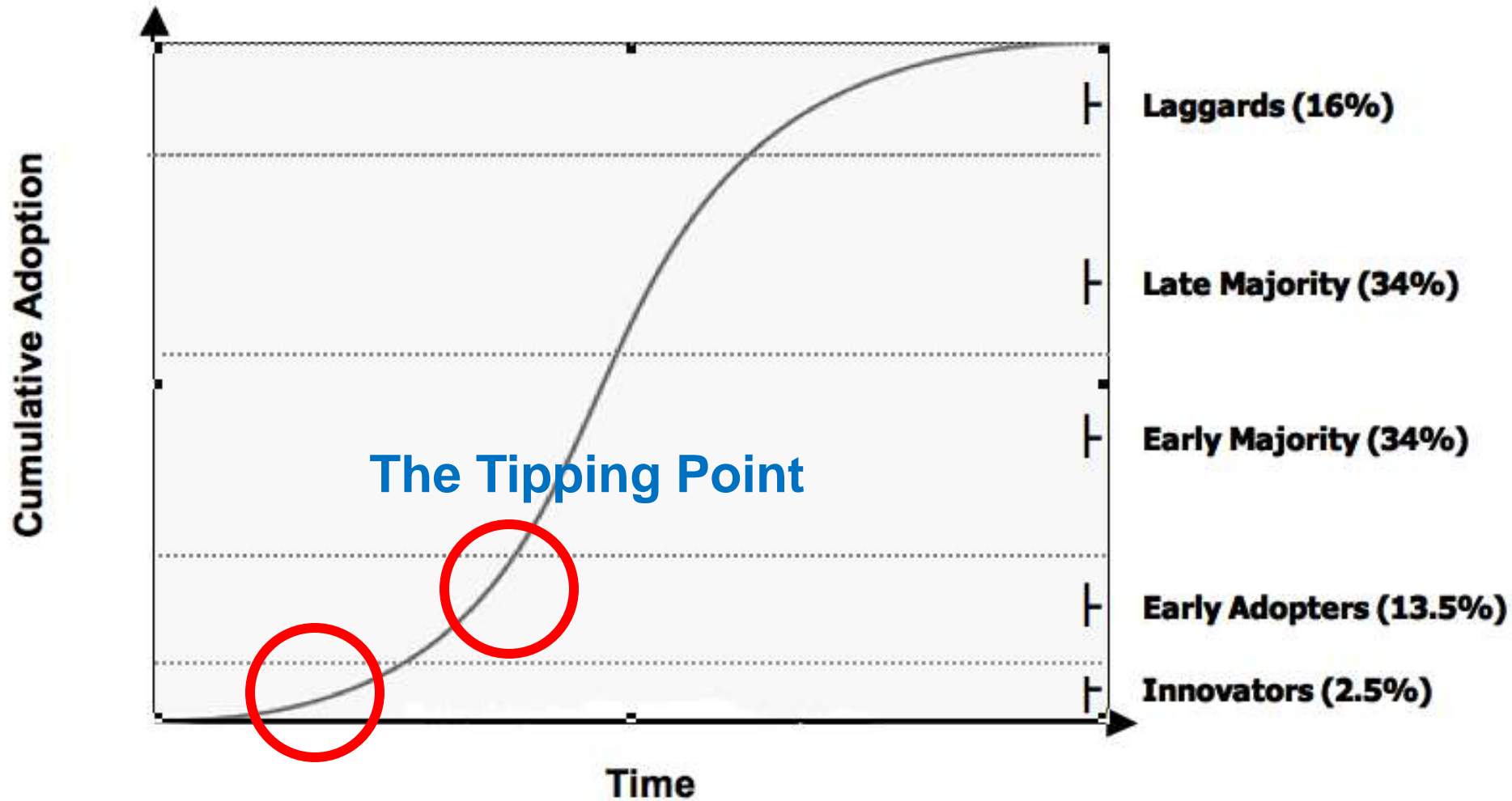
- Symptom Improvement
- Functional Improvement
- Reduced Disability Days
- Increased Workplace Tenure
- Increased Quality-Adjusted Life Years
- Increased Compliance with Medication
  
- People like being seen in primary care
  - More accessible
  - Less stigmatising

# Benefits for the system

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- Improves access – especially for underserved populations
- Can eliminate barriers
- Improves communication
- Increases co-ordination and continuity of care
- Decreases fragmentation of care
- Enhances the experience for the person seeking care

# Rogers Diffusion of Innovation Theory



**But things have evolved over  
the last 15 years**

# Key contextual changes

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- Consumer (and family member) as partner
- Emphasis on quality and system redesign – using existing resources differently (the Triple Aim)
- Broader partnerships
- Need to think of the system as well as individual
- Less apologetic / defensive
- Need to create changes within as well as between systems

# The 2011 Position Paper



## POSITION PAPER

### The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future

N Kates, MBBS, FRCPC, MCFP<sup>1</sup>; G Mazowita, MD, CCFP, FCFP<sup>2</sup>; F Lemire, MD, CCFP, FCFP<sup>3</sup>;  
A Jayabarathan, MD, FCFP<sup>4</sup>; R Bland, MB, ChB, FRCPC, FRCPSych<sup>5</sup>; P Selby, MBBS, CCFP, MHSC<sup>6</sup>;  
T Isomura, MD, FRCPC<sup>7</sup>; M Craven, MD, PhD, CCFP<sup>8</sup>; M Gervais, MD, FRCPC, MBA<sup>9</sup>;  
D Audet, MD, MCMF<sup>10</sup>

*A position paper developed by the Canadian Psychiatric Association and the College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care and approved by their respective Boards in August 2010.*

#### Executive Summary

The last 10 years has seen a burgeoning interest in building collaborative partnerships between primary care and mental health care providers, including the integration of mental health services within primary care settings. Collaborative models have improved access to mental health care and increased the capacity of primary care to manage mental health and addiction (MH&A) problems. Successful projects in Canada and other countries have demonstrated better clinical outcomes,

a more efficient use of resources, and an enhanced experience of seeking and receiving care.

There are many steps that can be taken by any primary care practice or MH&A program to promote collaboration and improve access to mental health care, often without requiring additional resources. To support these initiatives, regional and provincial planners need to look for opportunities to introduce collaborative projects into their service provision strategies, fund targeted projects that will broaden the scope and knowledge base of collaborative care, and implement specific policies that

<sup>1</sup> Professor, Department of Psychiatry and Behavioural Neurosciences and Associate Member, Department of Family Medicine, McMaster University, Hamilton, Ontario.

<sup>2</sup> Head, Department of Family and Community Medicine, Providence Health Care; Clinical Professor, Faculty of Medicine, University of British Columbia, Vancouver, British Columbia; Chair, Mental Health Program Committee, College of Family Physicians of Canada.

<sup>3</sup> Associate Executive Director, Professional Affairs, College of Family Physicians of Canada, Mississauga, Ontario.

<sup>4</sup> Member, Community Council of Family Physicians and Quality Mental Health Council, Capital District Health Authority, Nova Scotia; Member, Membership Committee, Collaborative Family Health Care Association, Rochester, New York; Member, National Institutes of Health Informatics, Waterloo, Ontario.

<sup>5</sup> Professor Emeritus, Department of Psychiatry, University of Alberta, Edmonton, Alberta.

<sup>6</sup> Clinical Director, Addictions Program, Centre for Addiction and Mental Health, Toronto, Ontario; Associate Professor, Departments of Family and Community Medicine, Psychiatry and Dalla Lana School of Public Health Sciences, University of Toronto, Toronto, Ontario.

<sup>7</sup> Program Medical Director and Regional Department Head, Mental Health and Addictions, Fraser Health Authority, Surrey, British Columbia; Clinical Instructor, University of British Columbia, Faculty of Medicine, Vancouver, British Columbia.

<sup>8</sup> Associate Clinical Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario.

<sup>9</sup> Medical Counsellor, Department of Mental Health, Ministry of Health and Social Services of Ontario, Ontario; Ontario Member, Department of

# GOALS OF COLLABORATIVE PROJECTS



# 5 Levels of Collaboration



Communication

Consultation

Co-ordination of care

Co-Location

Integration



# **7 Strategic Directions for the next 5 years**

**Define and support the role of  
primary care in delivering  
mental health and addiction  
services (A Vision)**

# Vision for an integrated MH&A service network

- Foundation in Primary Care
- Well supported by Mental Health and Addiction Services
- Collaborative activities to link the partners
- Expanded roles for primary care
- New roles for mental health providers
- System changes to support both
- Supported by key stakeholders

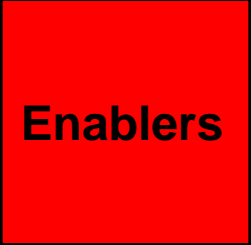
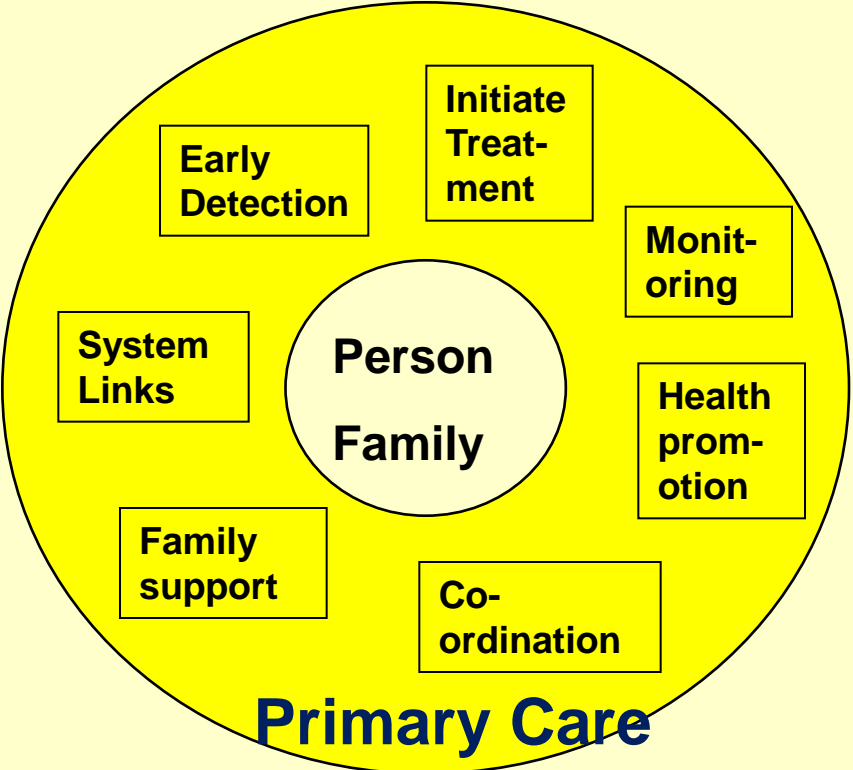
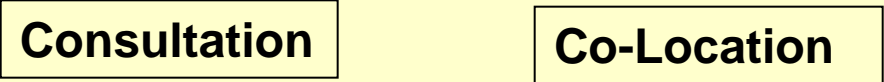
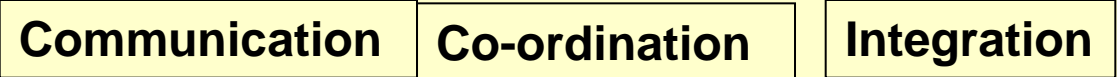
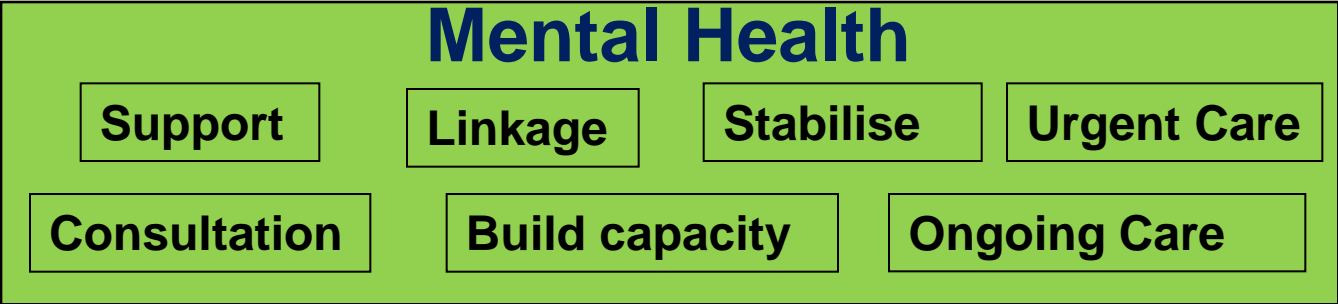
# The potential role of Primary Care

- Point of entry into an integrated mental health and addictions system
- Enduring relationships with the individual and their family
- Screening and early detection
- Initiation of treatment
- Monitoring and follow-up
- Co-ordination and continuity of care
- Referral and system navigation
- Family interventions
- Health promotion



# Mental Health and Addiction Services

- Provide **rapid access to consultation and advice**, including telephone advice, including people who are in crisis
- Respond quickly to requests for **help with urgent problems**
- **Stabilize problems**, and then return to primary care providers for ongoing management and monitoring,
- **Provide ongoing care** for problems that cannot be managed in primary care
- **Continue to be available** to the primary care team after care has been returned to the primary care provider, (shared care)
- Provide information on and **link with community resources**
- **Increase skills and comfort** (capability) of primary care staff



# Priorities Activities

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- **Improve transitions**

**Building the capacity of  
primary care  
(primary mental health care)**

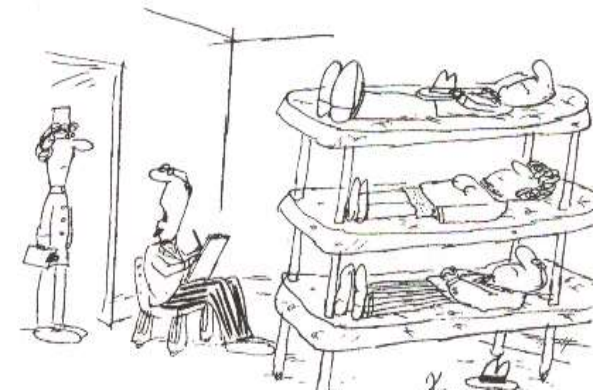


# Increasing capacity

- New models
- Skills and tools
- Support
- Primary Mental Health Care is not just Mental Health Care in a Primary Care Setting
- Need to unbundle our skills and tools and repackage them / adapt them to a different setting
- Think differently

# New approaches to care

- Increase the range of services in primary care (increases the capacity of both systems)
- Use of screening instruments
- New models of care ie Shared Medical Appointments
- Use resources differently / more efficiently



# New approaches to care

- ❑ Increase the range of services in primary care (increases the capacity of both systems)
- ❑ Use of screening instruments
- ❑ New models of care ie Shared Medical Appointments
- ❑ Use resources differently / more efficiently
- ❑ Innovation in communication





•**Consultation**

•**Backup**

•**Changes in treatment**

•**Pre and post  
discharge**

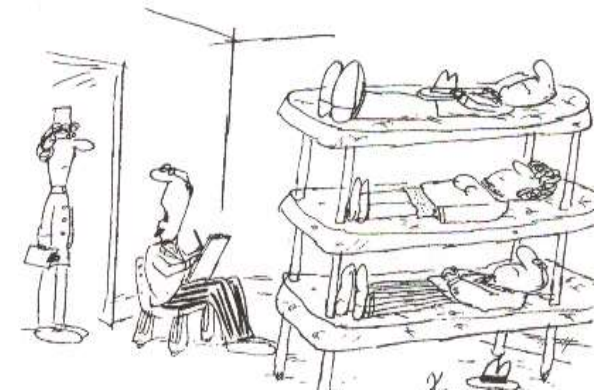
•**(email)**

•**Phone visits**

•**Texting / tweeting**

# New approaches to care

- ❑ Increase the range of services in primary care (increases the capacity of both systems)
- ❑ Use of screening instruments
- ❑ New models of care ie Shared medical Appointments
- ❑ Use resources differently / more efficiently
- ❑ Innovation in communication
- ❑ Support Self-Management



# Support self-management

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- Partner in care
- Tools / resources to assist in managing care
- Plan
- New approaches to education
- Peer support
- Use of new technologies

# Skills and tools

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- Motivational interviewing
- Supportive Therapy
- PHQ-2 / 9
- Specific reframing tools
- Problem solving
- Questions to incorporate into an interview
- Sleep hygiene
- Exercise prescriptions
- Caffeine use
- Handouts

# Priorities Activities

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- Improve transitions
- Use of new communication technologies



**Focus on Quality as the driver  
of change**

# Quality Care is care that is...

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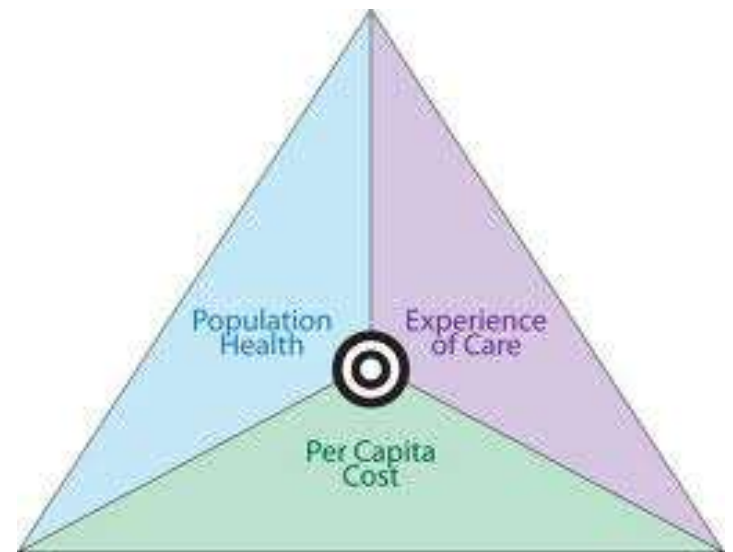
- Safe
- Effective
- Efficient
- Timely
- Equitable
- Population-focused
- Collaborative
- Patient and family-centred

# Enhancing the experience

- Understanding / mapping the consumer and family's journey and implement improvements identified
- Reducing stigma on the part of providers
- Involving consumers / families as partners in their care
- Improving access / reducing waiting times
- Providing information and self-management tools
- The will to introduce changes

# The Triple Aim

- Better health for populations (**better health**)
- Better experience of seeking / receiving (providing) care (**better care**)
- Sustainable and cost efficient (**better value**)
- And all at the same time



# Priorities Activities

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- Improve transitions
- Use of new communication technologies
- Understand and use the consumer journey

**Demonstrate relevance to  
health system challenges**

# Relevance to health care challenges

- Access and waiting times
- Transitions
- Fragmentation of services
  
- Using resources more efficiently
- Person-centred care / Improving quality of care
  
- The aging population – CDPM
- Rural and isolated communities / inequities
  
- Physical health of the mentally ill

# Priorities Activities

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- Improve transitions
- Use of new communication technologies
- Understand and use the consumer journey
- **Demonstrate cost-benefits**



**Introduce system changes to  
support collaboration**

# Broader system changes

- Remuneration models that support the goals of collaboration
- Funding support
- Ways to share expertise / experiences
- Leadership
- Vision of the role of primary care in our health care systems
- IT support
- Networks
- External support

# Other system supports required

- **RHAs and provinces / territories**
  - Links between Primary Care and Mental Health
  - Fund innovative solutions to existing problems
  - Prepare / support individuals working in the field
  - Support local conferences / networks
  
- **Academic Institutions (training and CE)**
  - Preparation of learners
  - Learning together
  - Involve consumers and families in the teaching
  - Continuing Education

# Priorities Activities

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- Improve transitions
- Use of new communication technologies
- Understand and use the consumer journey
- Demonstrate cost-benefits
- **Dedicated funding streams**

**Increase the skills of future  
providers**

# Training future providers

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- New guidelines for psychiatry residents – must succeed
- Triple C primary care residency curriculum
- Introduce principles of collaborative practice
- Learn together
- Preparation of current providers
- Learn from the consumer experience

# Priorities Activities

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- Improve transitions
- Use of new communication technologies
- Understand and use the consumer journey
- Demonstrate cost-benefits
- Dedicated funding streams
- **Implement Psychiatry Residency Training guidelines**

**Develop and disseminate  
new knowledge**



# Need for evaluation and research

- ❑ Evaluation (measurement) should be an integral component of every project
- ❑ Economic benefits
- ❑ Qualitative and quantitative outcomes
- ❑ Consumer and family experience
- ❑ Provider experience
- ❑ Common evaluation tools
- ❑ Which populations are best served where
- ❑ Access, transitions and wait times – political agenda

# Dissemination

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- Spread
- Website - clearinghouse
- Conference
- Complexity
- Major opportunity with CHEER

# Priorities Activities

- Improve transitions
- Use of new communication technologies
- Understand and use the consumer journey
- Demonstrate cost-benefits
- Dedicated funding streams
- Implement Psychiatry Residency Training guidelines
- Evaluation / measurement of every project
- Utilise fully the opportunities CHEER presents

# 3 things to assist us

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- Big changes in small steps

**What can we do by Tuesday**

- Always look at the system from the perspective of the consumer / family
- Understanding of how to bring about changes in complex adaptive systems