

TOWARDS 2015 : NEXT STEPS FOR COLLABORATIVE CARE

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Directions for Collaborative Care 2005



- **Advocacy**
- **Training learners**
- **CE**
- **Building networks**
- **Developing effective models**
- **Research**

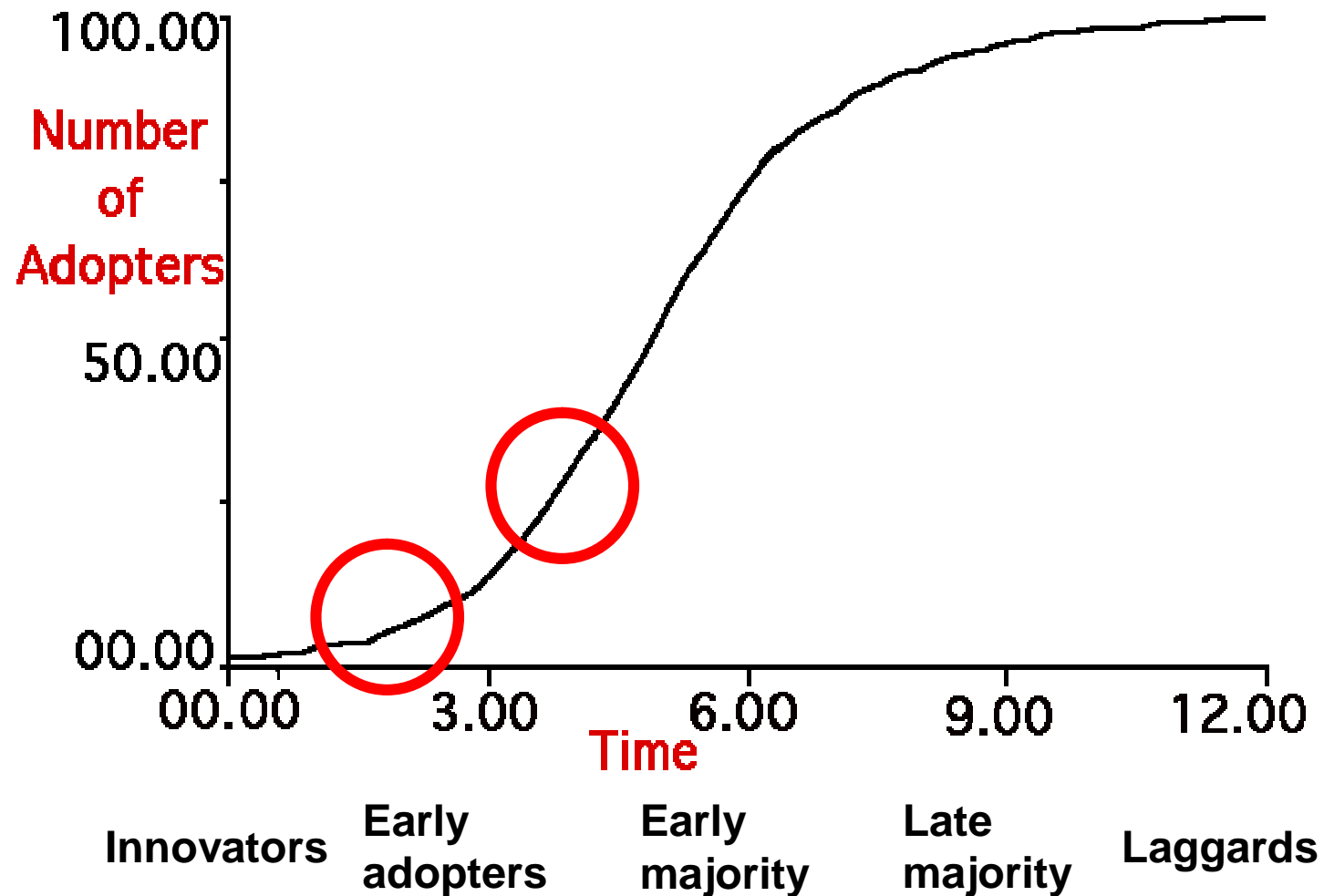
National Picture

- Increasing credibility
- Maturing – no longer need to make the case
- Increasing Canadian data
- Collaboration increasingly expected by consumers
- Increasing consumer involvement
- Being included in training programs
- New Training Guidelines for Psychiatry Residents
- Increasing interest on the part of funders / planners
- National Web Site / National Conference

Increasing number and variety of successful projects

- **Projects aimed at different populations**
 - Children
 - Homeless / disadvantaged urban populations
 - Seniors
 - First nations communities
 - Individuals with substance abuse problems
- **Other settings**
 - Canadian Forces
 - Student health
 - Workplace
 - Shelters
 - Telehealth
- **Physical health care of the mentally ill**

Rogers Diffusion of Innovation Theory

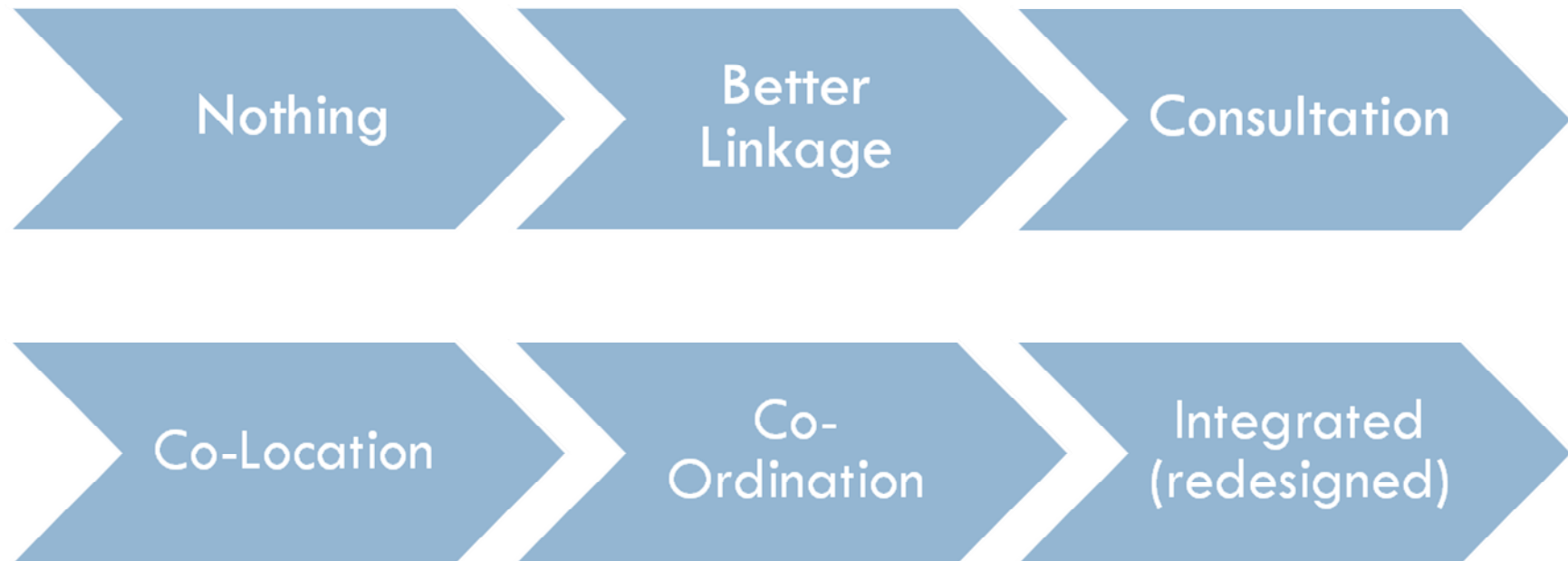




“Those who don’t believe it can be done shouldn’t stand in the way of those who are already doing it”

Harry Emerson Fosdick

Continuum of Care



Team-based primary mental health care as the first point of contact with the mental health care system

“ In particular it will be important to build on existing efforts across the country to develop team-based, inter-disciplinary primary health care models. Such team based collaborative models can integrate mental health professionals, as well as others such as peer support workers into the primary health care setting, and offer a number of advantages ”

Team-based primary mental health care as the first point of contact with the mental health care system

“They are less stigmatising for patient, help family physicians to deal with the growing demand for mental health services, offer the potential of more holistic care, and help to improve communication between various service providers”

We do some things better than others

- Partnerships
- Acute care
- Specific populations
- Outreach

- Not Mental Health Promotion
- Early identification
- Relapse Prevention
- Not self-management support
- Many people still not receiving the care they need / deserve

The Second Stage of Medicare

“To alter our delivery system to reduce costs and put an emphasis on prevention”



Why don't we do better?



Traditional models and culture of care

- Focus on acute problems
- Emphasis on triage and flow
- Short unprepared appointments – Team and patient
- Brief didactic formulaic consumer education
- Follow-up is usually consumer initiated – *the system leaves it to the individual*
- Cultures of care aren't innovative
- Don't use resources efficiently
- Focus on individuals not populations
 - ▣ Treat only those people who reach us
 - ▣ Can't identify problems earlier or prevent episodes / recurrences

“CROSSING THE QUALITY CHASM”

A NEW HEALTH SYSTEM FOR THE 21TH CENTURY - DON BERWICK

“Between the health care we have and the health care we could (should) have lies not a gap, but a chasm.”

Why do these problems occur?



“CROSSING THE QUALITY CHASM”

A NEW HEALTH SYSTEM FOR THE 21TH CENTURY - DON BERWICK

“These quality problems occur typically not because of failure of good will, knowledge, effort or resources directed to health care, but because of fundamental shortcomings in the way care is organized.”



Thought for the Day

**Systems are
perfectly designed
to get the results
they achieve.**

Paul Batalden

Redesigning Systems of Care

Better management and obtaining better outcomes require changes in the way systems of care are organized, both within and between systems.

Redesigning Systems of Care

The way a system of care is organised affects the behaviour of every individual working within it or using it

**BEWARE OF
PICKPOCKETS**



Its not having the resources,
tools or information but how
we use them.



We were often building bridges between systems without realizing the systems themselves were broken and couldn't sustain the innovation.

Improving Systems

- We need to create systems that make it difficult (impossible) for us to practice badly
- Our systems need to take responsibility for ensuring individuals reach/receive the care they need
- We need to be able to free up time for better care
- We need to stop doing things that are wasteful/ aren't working

Our Aim

- Better health
- Better care
- Sustainable and efficient

All at the same time

How do we get there?



We Need a New Paradigm for Care

- Population focus
- Pro-active care
- The consumer as a partner
- Emphasis on quality

System Redesign must be driven by a
commitment to improve the quality of
the care we deliver

Components of a High Quality/High Performing Health Care System

- **Safe**
- **Efficient**
- **Effective**
- **Transparent & Open**
- **Equitable**
- **Timely**
- **Collaborative**
- **Consumer & Family Centered**

Changing the culture



Culture of improvement and innovation

- Willingness to think differently
- Everybody feels empowered to suggest improvements
- New ideas are being introduced regularly
- Improvements are small scale and tested rapidly
- No such thing as a right or wrong idea
- Team able to support each others ideas, learn from each other
- Takes time to achieve
- Thinking differently



**“We have no money,
therefore we must think”**

Opportunities for Collaborative Mental Health Care



Four Potential Goals of better collaboration

- Increase the capacity of the system
- Improve access and flow, and reduce waiting times
- Reduce “waste” and improve system efficiency – including improving co-ordination
- Improve consumer engagement / journey

Key trends to be aware of / align with

- Redefining Primary Care
- Quality Improvement
- Work of the Mental Health Commission of Canada
- Integrated primary mental health care teams as the first point of contact with the mental health care system
- Health system priorities
 - ▣ Access
 - ▣ Specific populations
 - ▣ Waiting times
 - ▣ Care Co-ordination
 - ▣ Avoidable ER visits / hospitalisation
 - ▣ System fragmentation
 - ▣ Enhancing the consumer experience

Future Directions

- Advocate – benefits to the system
- Train future providers
- Increase skills of providers in working in these models
- Increase efficiencies
- Build networks at the local, regional and provincial level
- Introduce and spread successful concepts of office redesign
- Measurement – common tools
- Reduce stigma
- Partnerships
- Continual testing of small improvements



“Start where you are

Use what you’ve got

Do what you can”

Arthur Ashe

Share what you learn