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Who, What, Where, Why and How of Primary Care Paediatric Mental Health Continuing Medical Education Events

13th Canadian Collaborative Mental Healthcare Conference

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Learning Objectives

- Develop an understanding of the best practices for training Primary Care Physicians
- Understand how timing, location, presenter profession, and presentation style contribute to training effectiveness
- Appreciate how Primary Care Physicians would like to receive training

Presentation Objectives

Background

- *How we became interested in this topic*

Participate in the Survey and Focus Group!

- *Comfort level with paediatric psychopharmacology*
- *Preferences for receiving further training*

Find out what others have said

- *What the literature says*
- *What others from Eastern Ontario have said*

Next Steps

Wrap Up/Discussion





Background

- Development of Outreach Services to our outlying counties
- Challenges following the psychiatric consultation in returning patients to primary care physicians for ongoing monitoring of psychopharmacology treatment
- Inspired us to determine the comfort level among primary care physicians with paediatric psychopharmacology and their training needs



Increased training in psychopharmacology would:

- Enhance primary care physicians' abilities to provide pharmacological follow up for their patients (Cloutier et al., 2010)
- Facilitate the flow of patients following consultation with a child and adolescent psychiatrist back to the primary care physician
- Enable the child and adolescent psychiatrist to provide more consultations to primary care physicians
 - Less time by child and adolescent psychiatrist providing follow up/monitoring of medications



Questionnaire and Focus Group Objectives

- Understand the barriers that prevent family physicians from using psychotropic medications in children and youth.
- Pinpoint specific learning needs of family physicians with regards to prescribing psychotropic medications to children and adolescents.
- Appreciate how family physicians would like to receive this training.
- Our ultimate goal is to develop training programs for family physicians

Focus Group

- What would you like more training on with regards to child and adolescent psychotropic medications?
 - *Stimulants*
 - *Antidepressants*
 - *Atypical Antipsychotics*





Focus Group

- In the literature some training methods stand out as being much more effective than others for the learning needs of medical practitioners. How would you like to be trained?
 - *Didactic presentations?*
 - *More interactive learning, i.e. role-playing, standardized patients, case-based learning?*
 - *Where and when should the training take place?*



Focus Group

- How and where do you get your information on prescribing medications?



Method

- A systematic literature review was performed.
- Three databases were searched with a variety of search terms.
- Inclusion was based on relevance, recent publication, and quality of evidence.
- Exclusion included articles that focused on training psychiatrists, patient education, or training primary care physicians during residency.



What the Literature Says: Why is more training Needed?

- Patients with mental health disorders often seek help with their PCP first (Tournier et al., 2010; Davidson and Manion, 1996).
- PCPs report not receiving satisfactory training with regards to psychopharmacology (Tinsley et al., 1998).
- There is a lack of resources for referral and support (Bitar et al., 2009).
- The black box warnings have increased concerns over prescribing these medications (Marshall et al., 2006).



What the Literature Says: What should be the material covered in the training?

- It is important that diagnosis, dose, and duration be discussed for each medication during training (Salzman et al., 2010).
- Adverse effects of medications need to be discussed as well what side effects need to be monitored and on what schedule they need to be monitored (Zisook, 2008).
- Polypharmacy needs to be discussed (Salzman et al., 2010).
- The black box warnings should be discussed (Marshall et al., 2006).



What the Literature Says: When should the training take place?

- The training should not take place in one day or one weekend, but be ongoing (Hodges et al., 2001).
- The training should ideally be held at a time when the physicians routinely meet (Kerwick, 1997).



What the Literature Says: Where Should the Training Take Place?

- The training should take place close to the physicians community (Hodges, 2001).
- Training via the internet is a possibility (Crouch, 2009).



What the Literature Says: Who Should be the Instructor? (Hodges et al., 2001)

- The specific curriculum should be developed and instructed by a combination of professionals including:
 - *psychiatrists*
 - *family practitioners*
 - *other professionals*



What the Literature Says: How Should the Material be Presented? (Hodges et al., 2001)

- Although some didactic training may be required, more interactive training is generally more effective. Some types of this include:
 - *standardized patients*
 - *role-playing*
 - *case based discussions*
- There should be plenty of time allotted for discussion



What Others From Eastern Ontario Have Said

Questionnaire and Focus Group Participant Demographics

Group	Sex	Years in Practice	% of Patients <18
Carleton Place (N=4)	M=3 F=1	$\bar{x}=20.25$ $sd=7.1$	$\bar{x}=17.5$ $sd=8.7$
Renfrew (N=8)	M=2 F=6	$\bar{x} =24^*$ $sd=9.5^*$	$\bar{x}=20^*$ $sd=5.8^*$
Cornwall (N=4)	M=2 F=2	$\bar{x} =16^*$ $sd=8.76^*$	$\bar{x} =15^*$ $sd=10.80^*$
Total (N=12)	M=7 F=9	$\bar{x} =20.87$ ψ $sd=8.94$ ψ	$\bar{x} =18$ ψ $sd=7.75$ ψ

*Data based on the participants who returned the questionnaire from this county.

ψ Data based on the total participants who returned the questionnaire.



Focus Groups and Questionnaire Methods

- The questionnaire was completed by the Family Physicians either just prior to the focus group discussion or by mail.
- The focus groups took place in the PCPs' communities of Carleton Place and Renfrew.
- The focus groups lasted 60 minutes each.
- Questions were designed to identify learning needs with respect to specific drug categories and training preferences. The drug categories included:
 - *Stimulants*
 - *Antidepressants*
 - *Atypical antipsychotics*
- The focus groups were recorded, transcribed, and coded for themes.



Questionnaire data Stimulant Confidence Level

	Low Confidence 1-3 %	High Confidence 4-5 %
Knowledge regarding screening questions to ask re Cardiovascular disease	79	21
If the medication is not effective, deciding next step (i.e., change dose, change medication)	73	27
Knowledge regarding maximum dose	67	33
Knowledge regarding contraindications for use	57	43
Determining the initial starting dose	54	46
Selecting the Medication	47	53
Starting the Medication	45	55
Monitor for side effects	40	60



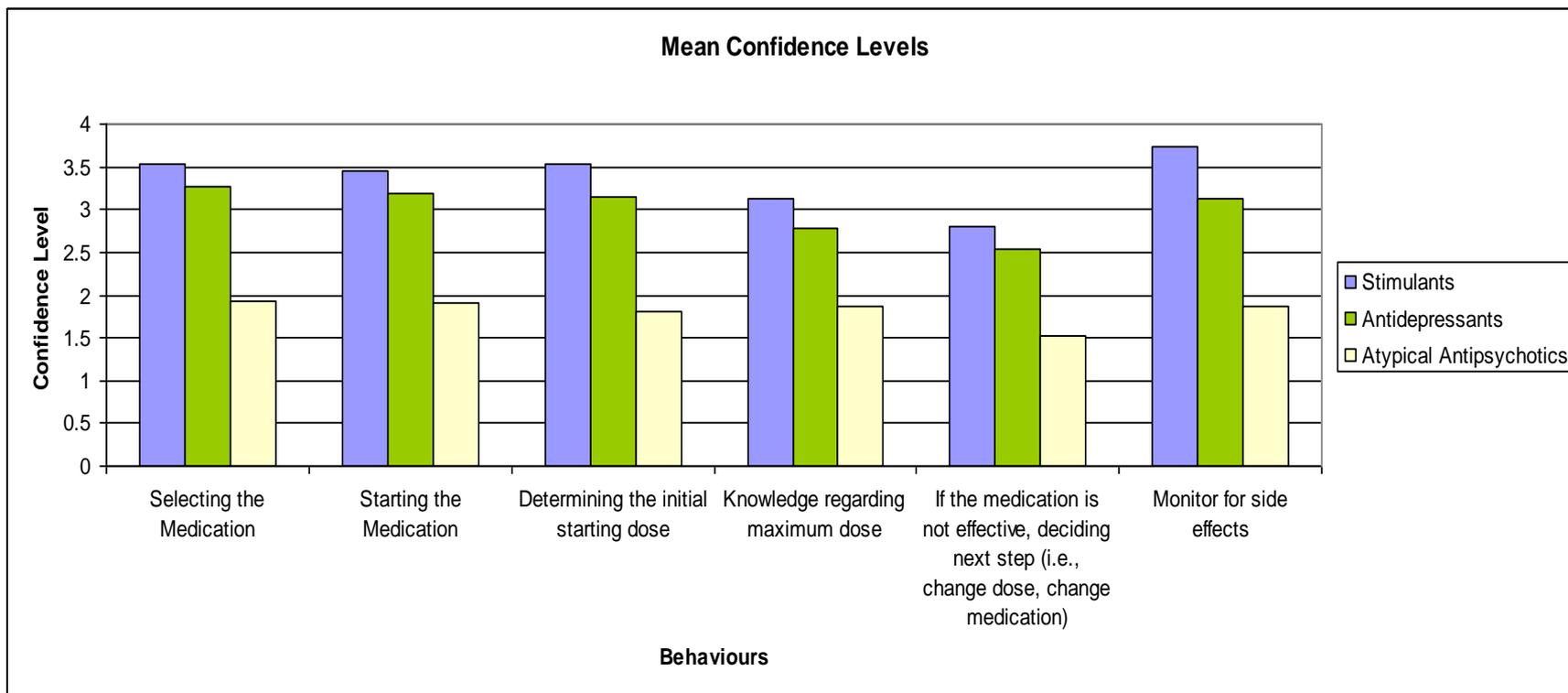
Questionnaire data Antidepressant Confidence Level	Low Confidence 1-3 %	High Confidence 4-5 %
Knowledge regarding which antidepressants have been proven effective in children and youth	74	26
If the medication is not effective, deciding next steps	73	27
Knowledge regarding maximum dose	71	29
Determining the initial starting dose	64	36
Starting the medication	64	36
Knowledge regarding contraindications	60	40
Monitoring for side effects	60	40
Knowledge as to how frequently patients who have started antidepressants should be seen	60	40
Selecting the antidepressant	54	46



Questionnaire data Atypical Antipsychotic Confidence Level

	Low Confidence	High Confidence
	1-3	4-5
	%	%
Starting the medication	100	0
Knowledge regarding the indications for the use of atypical antipsychotics in children and youth	100	0
Knowledge regarding which antipsychotics have been proven effective in children and youth	100	0
If the medication is not effective, deciding next steps	100	0
Selecting the antipsychotic medication	93	7
Determining the initial starting dose	93	7
Knowledge regarding maximum dose	93	7
Monitoring for side effects	93	7

Mean Confidence Levels





- Primary Care Physicians
 - *Feel most confident working with stimulants*
 - *Feel least confident working with atypical antipsychotics.*
 - *Have a lack of confidence regarding what screening questions to ask about cardiovascular disease when prescribing stimulants.*
 - *Have a lack of confidence regarding the maximum dose for SSRIs*
 - *Feel least comfortable deciding next steps when the original treatment plans do not elicit the desired response when working with all psychotropics.*

Focus Groups



- Initiating the medication and getting parents on board
 - *“and that’s my biggest stumbling block... everyone has sort of researched it on the ‘interweb’”*
Carleton Place Physician



Focus Groups

- Confidence levels with psychotropic classes
 - *“I think with ADD I’m very comfortable, with depression I’m somewhat, a little less, and with atypical antipsychotics I’m very Uncomfortable.” – Renfrew Physician*



Focus Groups

- Confidence starting the medication in children & youth
 - *Participants also noted that their confidence level prescribing psychotropics was influenced by the age of the children. They were less comfortable prescribing to younger children.*

Focus Groups

- Next steps, switching and augmenting medications
 - “when I’m writing the Zoloft I’m writing the referral [to psychiatry] at the same time.”

Carleton Place Physician



Focus Groups

- Referral to psychiatrist

– *“I think most of us are comfortable if we get a clear report... I think most of us would be good with that... we’d be ecstatic with that.”*

Renfrew Physician



Focus Groups



- Taking the patient back.
 - *“We would Like [psychiatrists] to start [the medication]... and we’ll pickup the ball anywhere, but to suggest it and not start it [is less effective].”*
Carleton Place Physician



Focus Groups

- Who should conduct the training?
 - *“You have the [mental health professionals] and you have the [PCPs] there so you get that face to face... it builds communication.”*
Renfrew physician

Focus Groups

- What should be presented during the training?
 - *“We trust you’ve looked at the p values before it comes to us.”*
Carleton Place Physician



Focus Groups

- How should the training be presented?
 - *The participants wanted more opportunities for discussion in their training*





Conclusions

Participants stressed that improved communication between the psychiatrist and the primary care physician would improve patient mental health care outcomes

They wanted the psychiatrist to:

- ✓ Provide a plan to treat the patient
- ✓ Begin the patient on the medication
- ✓ Provide the primary care physician with help following the patient if needed

All participants noted a desire for more training

- ✓ They were interested in didactic presentations with more opportunities for learner involvement

Next Steps

- Incorporate data from a CME event for family practitioners held at the Children's Hospital of Eastern Ontario (CHEO) and incorporate data collected today.
- We are preparing a paper to the Canadian Medical Association Journal
- Provide training that is tailored to the needs of family practitioners identified during this study.

