Psychiatric Linkages Within Primary Care

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Primary Care Initiative: Objectives

- Increase the proportion of residents with ready access to primary care
- Provide coordinated 24-hour, 7-day-per-week management of access to appropriate primary care services
- Increase the emphasis on health promotion, disease and injury prevention, care of the medically complex patient and care of patients with chronic disease

Primary Care Initiatives: Objectives - cont’d

- Improve coordination and integration with other health care services including secondary, tertiary and long-term care through specialty care linkages to primary care; and,
- Facilitate the greater use of multidisciplinary teams to provide comprehensive care.
Primary Care Networks

- Each primary care network is unique and develops its programs to serve its population.
- Developed by family physicians in partnership with the regional health authorities.
- Currently PCN in every health region of the province and in all geographic areas of Edmonton.
- Membership in a PCN is optional.

Edmonton Southside Primary Care Network (PCN)

- Large Urban Network in South East Edmonton, Alberta
  - Approximately 250,000 population
  - Centered around Grey Nuns Community Hospital
- 95 Physicians
- 18 Clinics
- > 92,000 patients

Priority Areas of Edmonton Southside PCN

- Mental Health
- Geriatrics
- Chronic Disease
- 24/7 Care
- Women’s Health
Clinical Staff Added by Southside PCN to Member Clinics

- Nurses
- Dietitians
- Social Workers
- Psychiatrists

integration Requires Collaboration

- Consultation-Liaison Model: (Canadian Collaborative Mental Health Initiative, 2006)
  - Provider visits primary care setting regularly.
  - Located directly in Primary Care.
  - Referrals triaged by Primary Care Team.
- Communication and understanding is key for any program to be successful – model serves as a common reference point.
Psychiatric Linkages Program

• Funded Provincially through Specialty Linkages Grant.

• Provides:
  ➢ On-site consultation at Family Physicians Clinics.
  ➢ Timely access.
  ➢ Knowledge transfer.
  ➢ Increased Capacity of Family Physicians.

** PATIENTS REMAIN IN PRIMARY CARE **

Psychiatric Linkages Program ...Cont’d

• Program commenced in September 2007.

• Supports the on-site presence of a psychiatrist at participating clinics for one ½ day per month.

• Currently have 12 psychiatrists attached to 12 clinics.

Getting The Program Started

• Understand what is required to support current clinics in the area of mental health/psychiatry - develop a program that will meet the needs of the family physician and the patient.

• Involve key members of Primary Care Team and Psychiatry in initial planning discussions.
How does it work?

• Family physician sees a patient that would benefit from a psychiatric consult.

• Consult letter is written outlining presenting treatment concern. History is provided.

• Scheduling is done by clinic administration – system is molded to what works for each clinic.

How Does It Work...Cont’d

• At 2 of 12 clinics, referral is then passed onto the Mental Health Coordinator for an Initial Assessment.

• Psychiatrist attends clinic as scheduled. Obtains consult letters and reviews chart for further information.


How Does It Work...Cont’d

• Follow-up intended to take place with family physician when deemed appropriate (e.g. Med trials may require a follow-up with psychiatrist).

• Goal is to support treatment by family physician and keeping patient in primary care.

• MHC available to assist patients in connecting to appropriate resources if needs not met in clinic.
Team Involvement

- Not all patients are able to remain in Primary Care – MHC can assist in connecting patient to suitable resources.

- Of those who remain, multi-disciplinary team members may assist those with complex needs.

Multi-Disciplinary Team Meetings

- Currently – 7 of 12 clinics have a formal MDT.

- Formal team meetings are highly beneficial – allows for communication to take place.

- Feedback reveals that this time is highly valued. New knowledge can be applied to future patient situations.

What We Learned

- Program expectations and roles of all team members need to be defined from the onset. Recognize change within a new model is difficult.

- Recognize that change is happening for all – support as needed.
What We Learned…Cont’d

- Regular check-in to both clinic and psychiatrist contributes to the optimal functioning of the program. Encourage communication!!
- Use success of one to promote integration into all clinics.

Next steps…

- Ongoing “tweaking” to ensure program running at full capacity and maintaining program objectives
- Further integration of MHC into Psychiatric Linkages Program where applicable to optimize time of all team members.

Next Steps…Cont’d

- Encourage set-up of MDT meetings with clinics who do not have one at this time.
- Integration of a psychiatrist at the remaining member clinics that are interested in incorporating a psychiatrist through the Psychiatric Linkages Program.
Feedback

• To date – satisfaction surveys have indicated a high level of satisfaction with level of integration made by the Southside PCN Mental Health.

Where are we going?

• Emphasis and transfer of successes from one clinic to the next. Success builds on success.
  
• Evaluation – Outcomes and Client Satisfaction Surveys.
  
• Formalize referral and follow-up forms to improve flow of communication between team members.

Conclusions

• Mental health issues may be up to 50% of the visits to family physicians offices. Not all of patients presenting needs can be met by the family physician alone.
  
• Communication is key to ongoing success when change is involved, and with in program development.
Conclusions...Cont’d

• The Psychiatric Linkages and MHC are valued members of the Primary Care Team by physicians, MDT members, and patients alike.

Questions?

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Thank-you for your time!