

The banner features a close-up photograph of a young woman with dark hair and a warm smile, looking directly at the camera. To her right, the word "hope" is written in a large, lowercase, sans-serif font. Below "hope", the words "starts here" are written in a smaller, lowercase font.

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





Edmonton Southside Primary Care Network

Psychiatric Linkages Program



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.
- Psychiatrist meets with patient. Report written with treatment recommendations. Placed on file at clinic. Hallway consult if possible to update family physician.



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?

For further information, please contact

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Thank-you for your time!


