

Guelph – Act as One Service

Primary Care and Community Mental Health and Addictions Integration

The Case for Change

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AFHTO 2017 Presenter Disclosure

- **Presenters:**

- Ross Kirkconnell, Raechelle Devereaux and Fred Wagner

- **No Relationships with commercial interests**

- This program has received no financial support
- This program has received no in-kind support

- **Potential for conflict(s) of interest:**

- Speakers have received no payment or funding.
- There are no products being discussed or supported in this program.

- **No Mitigating Potential Bias:**

AFHTO 2017 Commercial Support

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Guelph – Act as One Service *Partners*

- Guelph Family Health Team
- Canadian Mental Health Association WW
- Guelph Community Health Centre
- Stonehenge Therapeutic Centre
- Homewood Community Addiction Clinic
- University of Guelph – Student Health Services

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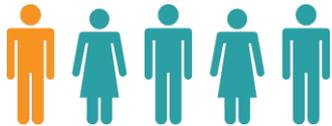
Presentation Outline

- The Need
- Foundational Principles
 - Medical Home Model
 - Tiered Model of Care
- The Patient Journey
- The Collaborative Care Model
- The Prototype
- Evaluation

Guelph – Act as One Service: *The Need*

The Need

There is a growing concern among health care stakeholders that residents of Guelph in need of mental health and/or addiction services are not able to access quality, timely care.



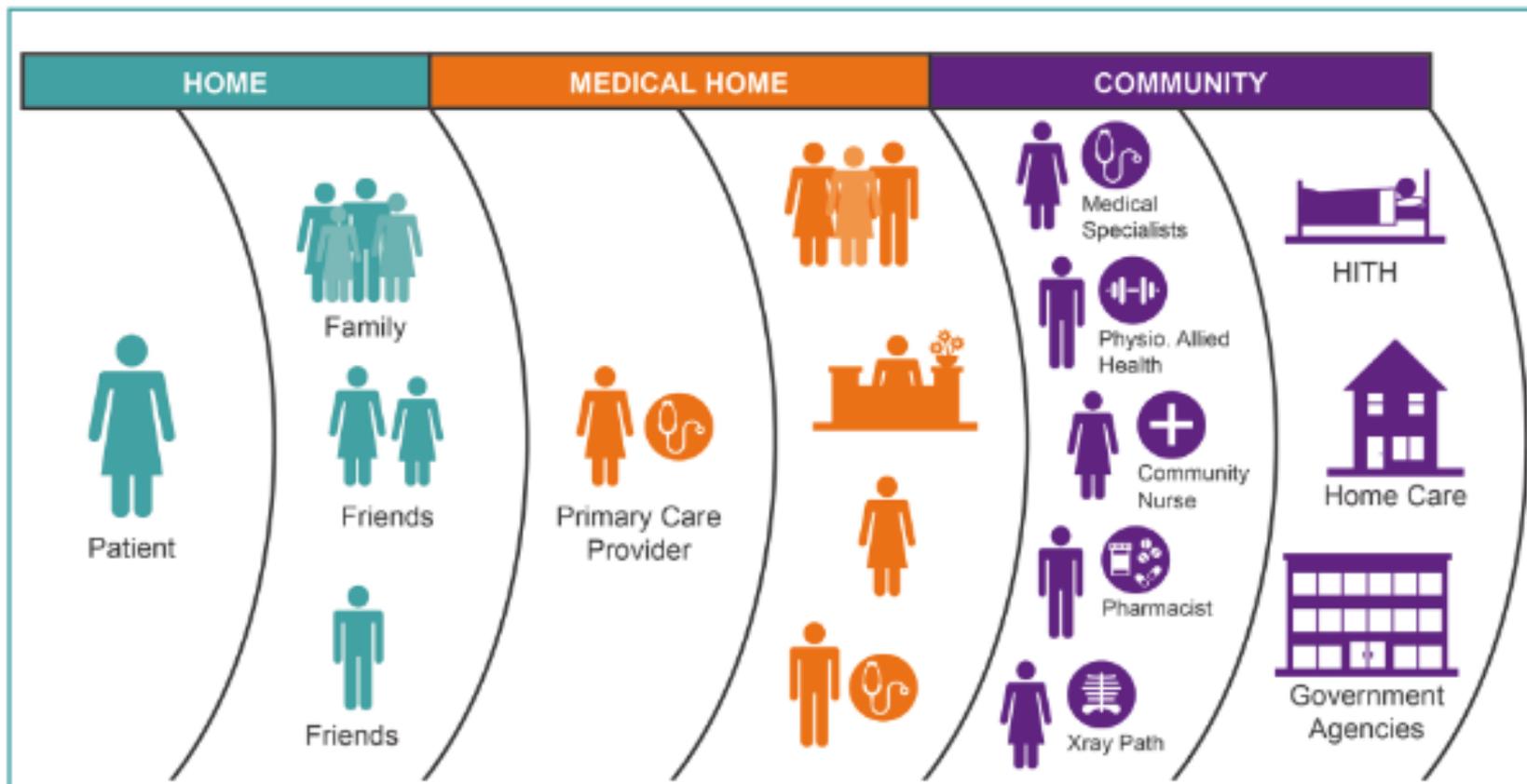
1 in 5 Canadians will experience a mental health crisis in their lifetime¹



60% of identified Health Links² patients have a mental health and/or substance use issue

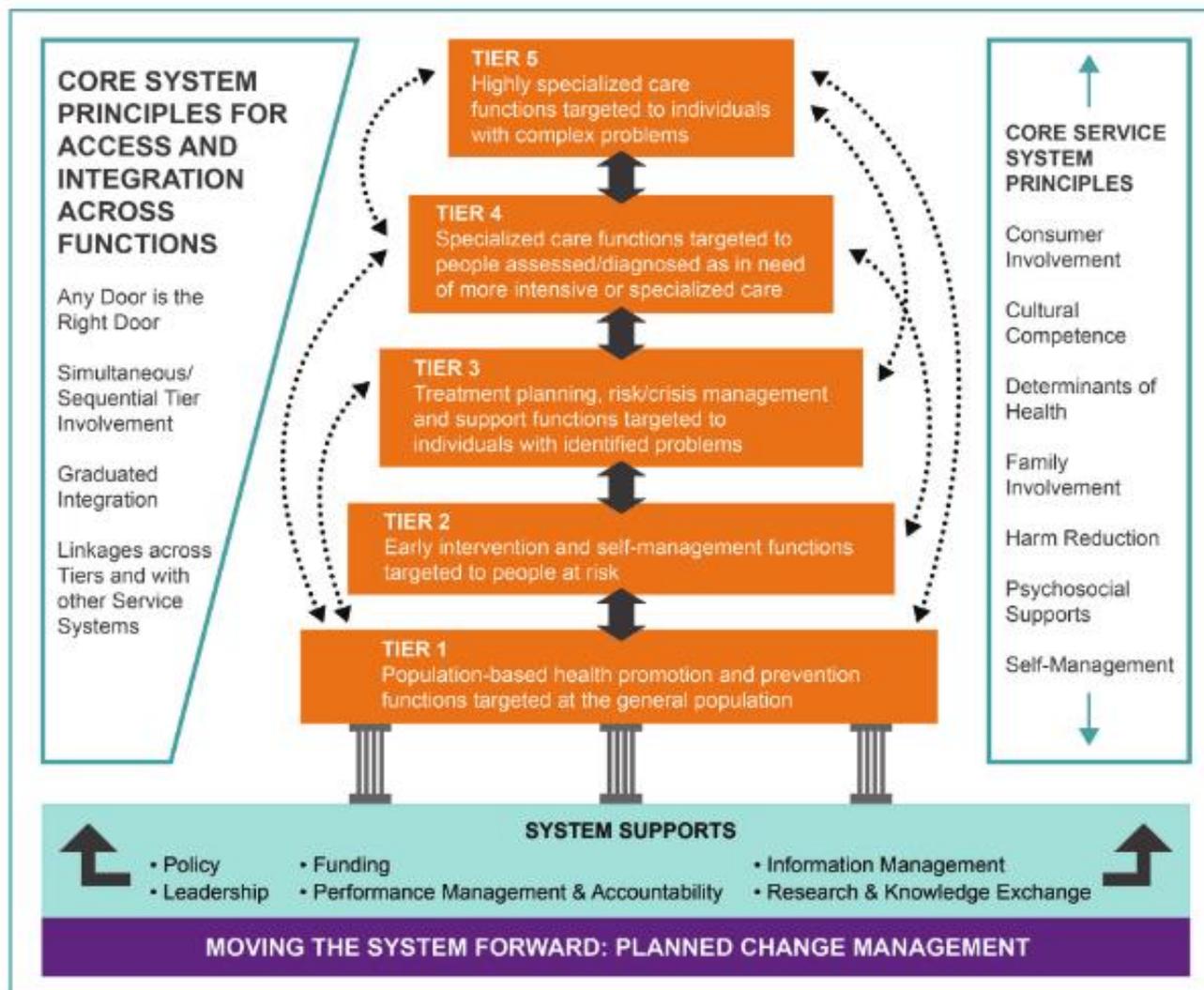
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Foundational Principles: Patient Medical Home Model



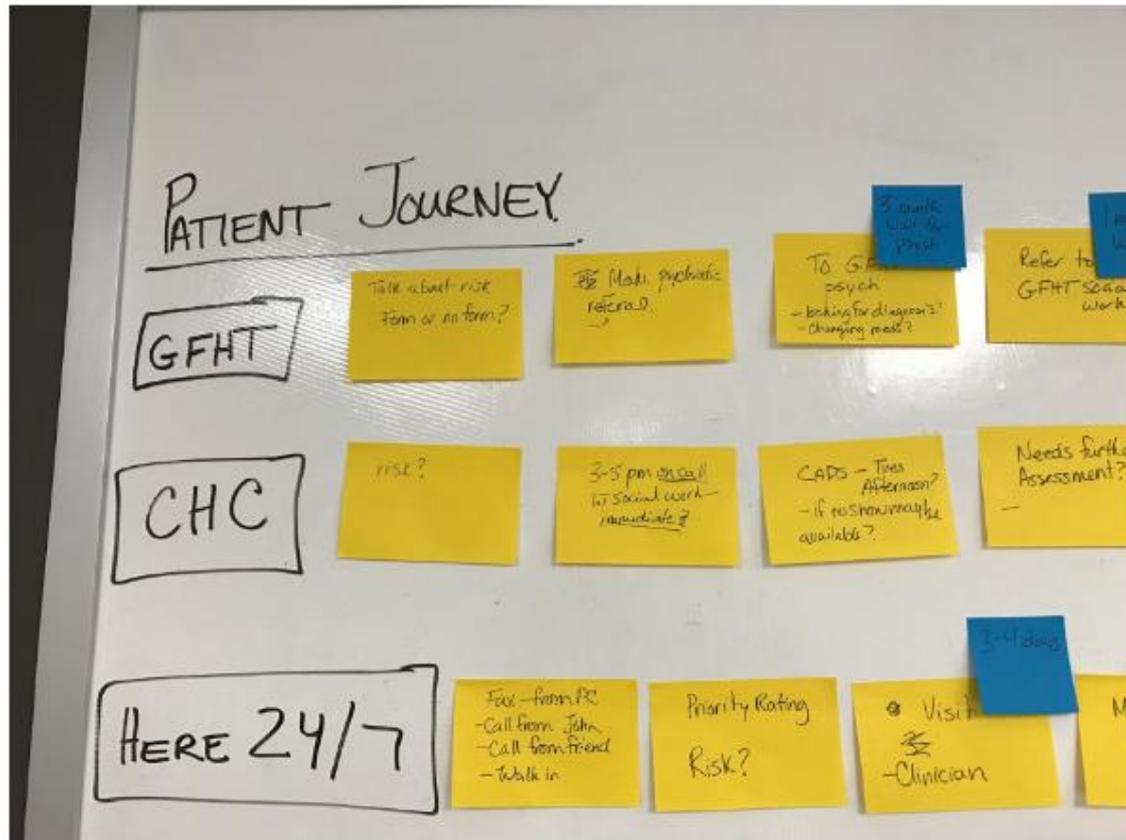
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Foundational Principles: Tiered Model of Care



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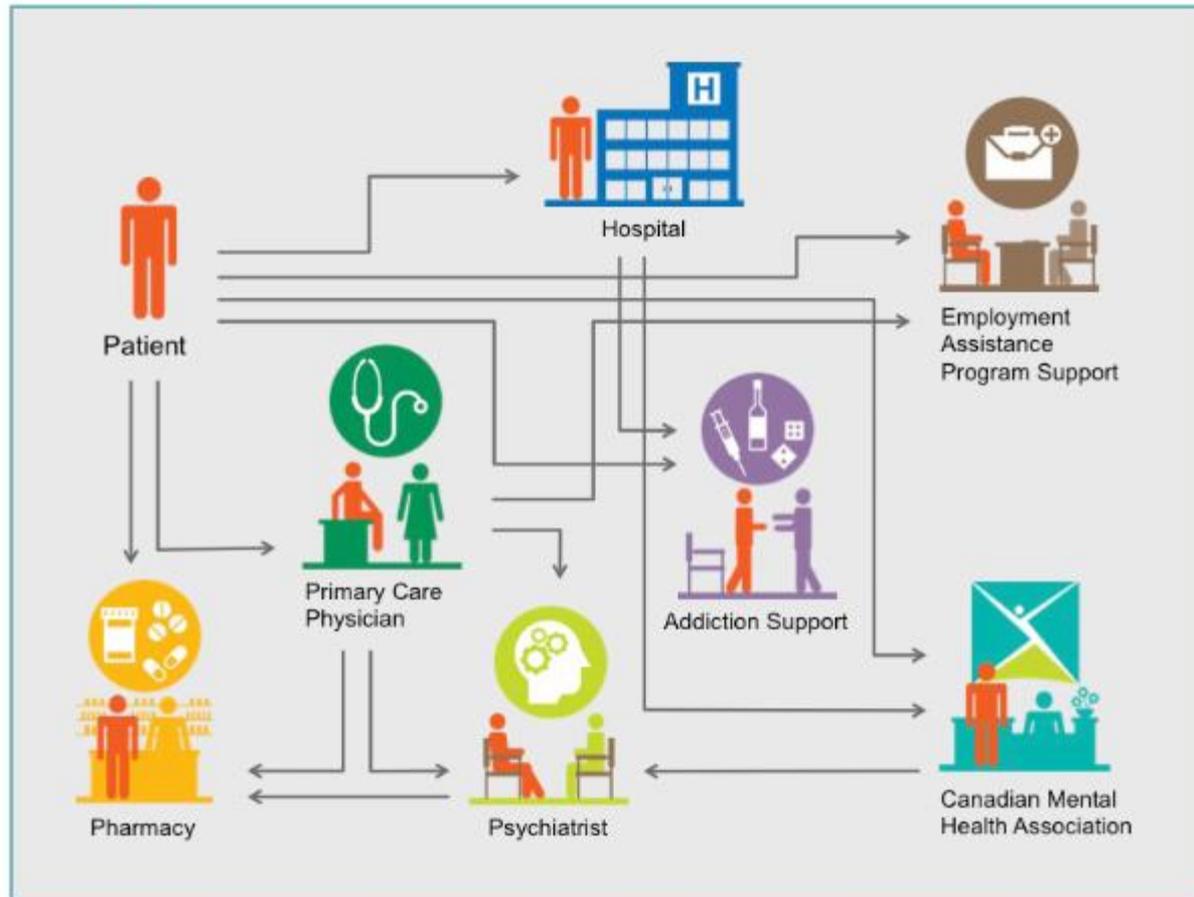
Mapping the Patient Journey



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The Compelling Need: the Patient Journey

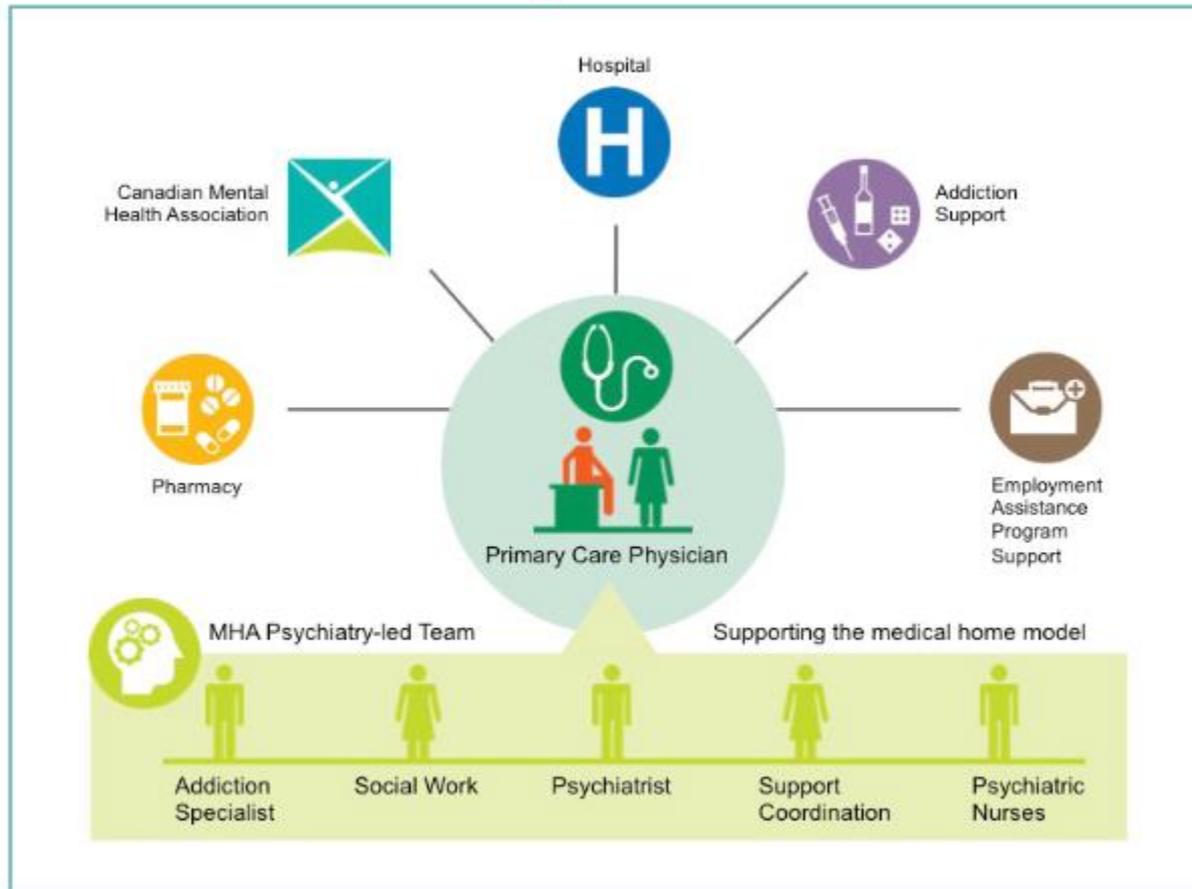
Today



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The Collaborative Care Model – the Prototype

Act as One Service Project



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The Collaborative Model – Team Composition

List of possible prototype team members:

Role	Organization
Psychiatrist	Guelph FHT
Clinic Coordinator/Social Worker	Guelph FHT
Dietician	Guelph FHT
Support Coordinator	CMHA WW
Nurse	CMHA WW
Health Guide	GCHC
Addiction Counsellor	TBD
Administration	TBD
Prototype Coordination	CMHA WW

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Defining the Roles

Role	Promotion and Prevention	Assessment	Diagnosis	Pharmacotherapy	Rehabilitation	Coordination of Care	Care Navigation	Counselling and Treatment	Provider Education/ Training
Psychiatrist									
RN									
Social Worker/ Addiction Counsellor									
Health Guide									
Support Coordinator									
Dietician									
Administrator									

Physician	Site	Roster Size	Prevalence of MHSU Patients
Dr. Doug Friars	Dawson Road Family Medical Centre, Guelph Family Health Team		
Dr. Joan Chan	Medical Office, Old Quebec Street, Guelph Family Health Team		
Dr. Risa Adams	Wyndham Street Clinic, Guelph Community Health Centre		
Dr. Dorothy Bakker	University of Guelph, Student Health Services		

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Evaluation planning

Indicator	Measurement	Quality Dimension	Relevant Issues
Patients who visit ED/inpatient within 30 days of discharge for MHA reasons	Repeat ED visits - MH/ Substance Abuse - LHIN dashboard	Effectiveness , timeliness	<ul style="list-style-type: none"> • quality discharge planning • visit to PC within 7 days post discharge • psychiatric consults
Rate of patient deaths by suicide	DAD, OMHRS	Effectiveness, safety	<ul style="list-style-type: none"> • effective use of tiered model of care • timely access to intensive services
Rate of patients who self-harm	DAD, OMHRS	Effectiveness, safety	<ul style="list-style-type: none"> • effective use of tiered model of care • timely access to intensive services
Percentage of patients who's first contact for their MHA is the ED	DAD, NACRS, OHIP claims history database, OMHRS	Effectiveness, timeliness	<ul style="list-style-type: none"> • effective assessment and management of MHA in primary care • attachment of MHA population to primary care
Percentage of people with MHA who show a decrease in their unmet needs over time	Patient survey	Patient centred care	<ul style="list-style-type: none"> • patient experience and satisfaction • qualitative quality interpretation
Same day/next day access to primary care and supports (excluding psychiatry)	Health Care Experience Survey (HCES)	Effectiveness, timeliness, patient centred care	<ul style="list-style-type: none"> • effective use of tiered model of care • timely access to services
Wait time for psychiatry	Site specific wait times, Here 24/7	Effectiveness, timeliness	<ul style="list-style-type: none"> • effective use of tiered model of care • timely access to intensive services • capacity building

Guelph – Act as One Service *Huddle Worksheet*

Act As One Service – Location of Huddle:

Date of Huddle:

Team Members Present:	
What went well since our last huddle?	
What did we learn? (Consider things that were exciting, surprising, frustrating, etc.)	
Where are our challenges? Where are we stuck?	Ideas to try to address challenges
What changes will we try next week?	
"Heads up" until our next huddle: (include visit times, special patient needs, contingency plans for staffing issues, other: such as language barriers, etc.)	

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What do we expect?

- Shorter wait times for psychiatry
- More appropriate use of services – no more “spray and pray”
- Increased capacity in mental health and addiction among primary care providers
- Increased understanding of primary care among community/hospital mental health and addiction.
- Better patient health outcomes!

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Early indicators

- Working group – has increased trust and empathy
- Increased “system” understanding
- Lower wait times for psychiatry

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