MEDICAL PSYCHIATRY ALLIANCE

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Couchiching Family Health Team

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AFHTO 2017 Conference

October 26th - Westin Harbour Castle Hotel

Collaborative Care Model for Youth with Medically Unexplained Symptoms and Co-Occurring Medical and Mental Health Disorders:

A SickKids/ Couchiching Family Health Team OTN Initiative

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Presenter Disclosure

- **Presenters:** Dr. Rose Geist; Ms. Norangie Carballo-Garcia

- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** Dr. Geist is credentialed and has privileges at Hospital for Sick Children, Trillium Health Partners, and Orillia Soldiers' Memorial Hospital

Disclosure of Commercial Support

- **This program has not received financial support.**
- **This program has not received in-kind support.**

- **<u>Potential for conflict(s) of interest</u>:**
  - None

Mitigating Potential Bias

- Not applicable

About the MPA

Together, we are dedicated to changing the delivery of healthcare services by integrating mental and physical healthcare.

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Centre for Addiction and Mental Health

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The Challenge

Within a system that tends to separate mental health from physical health, we are not effectively recognizing and treating the co-existing of both physical and mental health needs.

MPA Mission and Vision

- Improve quality of life and increase life expectancy for those with serious, simultaneous mental and physical illnesses, while reducing the burden of illness on families, the healthcare system and society
- Create a new model of clinical care to support patients with both mental and physical issues
- Teach current and future health professionals how to prevent, diagnose and treat mental and physical illness within a novel integrated care model
- Deepen our understanding of the interaction between body and brain regarding co-morbid mental and physical illnesses

The Collaborative/Integrated Care Model
Guiding Principles

- Most mental health disorders are managed in Primary Care
- Successful outcomes – have been demonstrated in several randomized controlled trials using collaborative/integrated care for Depression in Primary Care settings
- Practice patterns and role changes need to occur
- System redesign is necessary

The Collaborative/Integrated Care Model
Essential Elements

- Team Driven (Primary care, the Patient, Care Manager, Psychiatrist)
- Population Focused (systematic screening/registries/electronic data bases)
- Measurement Guided (measure outcomes) and revise intervention
- Evidence Based
- Accountability and Quality Improvement

Project Development

- Define collaborative care model and the team members
  - Most Responsible Physician (MRP), Patient and Family, Care Manager, Psychiatrist OTN
  - Specific patient population
  - Measurement based clinical intervention
  - Quality control
- Define Care Manager Role
  - MSW one day per week (8 hours); Caseload of 4-5 patients and families
  - Administer psychometric screening tools at set times
  - Identify and provide evidence based intervention - provide weekly goal-oriented planning and psychotherapy for Patient and Families (alternating intervention between patients and families, providing face-to-face, phone or OTN therapeutic encounters)
  - Liaise between MRP, Patient and Family, and Psychiatrist
  - Engage in systematic case review with the Psychiatrist twice per month
- Engage primary care with a lunch n' learn and letter of invitation to participate
- Develop specific referral form and care plan for MUS patients

Demonstration of the Project: MUS and Co-occurring Medial and Mental Health Disorders

- Evaluate the impact of the model on patients and families with MUS and co-occurring medical and psychiatric conditions
- Understand patients' and families' subjective experiences of MUS and co-occurring medical and mental health disorders
- Enhance the capacity of family physicians and pediatricians to manage patients and families with MUS and co-occurring medical and mental health disorders within a collaborative care model

Schedule for Psychometric Screeners

Weeks	1	2	3	4	5	6	7	8	9	10	11	12
PHQ9-C (Patient Health Questionnaire)		*					*					*
SCARED-C and P (Screen for Child Anxiety Related Disorders)		*			*			*			*	
WHO DAS 2-C and P (World Health Organization Disability Assessment Scale 2.0)		*				*				*		

Overview of Patients and Families

- MUS clinic has completed 4 cases from February 2017 to present
- Out of 6 referrals from 2 pediatricians and 1 family doctor

	Patient Description	Presenting Complaint	Prior Duration of Symptoms
A1	14 y/o female	Abdominal pain Crying / Outbursts Passive SI	8 months
A2	16 y/o female	Persistent abdominal pain	2 years
A3	17 y/o female	Hemoptysis Dark purplish blue marks on abdomen	4 months
A4	13 y/o female	Nausea / Headaches Abdominal Pain Syncopal Episodes Back Pain	1 year
A5	12 y/o female	Uncontrolled asthma	1 year

Data Summary (as of August 2017)

	PHQ9-C			SCARED-C			SCARED-P			WHODAS2-C			WHODAS2-P		
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3
A1	18	17	-	45	40		51	47		x	60		88	79	
A2	6	4		48	29		17	13*		x	47		41	37.5	
A3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A4	10			34			24			75			60		
A5	x	7		x	23		x	17		x	65		x	56	

Patient and Family Interview Guide Questions – Phone interview with RA

Q1. SYMPTOMS

a) If it's ok, can you tell me why you are here to see a doctor?

b) What was happening to you that made your (parent/carer/self) take you to the doctor?

c) Apart from these things do you have any other feelings or problems in your body?

Q2. EXPERIENCE

a) What's it like to have these symptoms?

b) How do these things affect your life?

c) How about the different tests or investigations to try and find out what's causing these? What was that like?

Patient and Family Interview Guide Questions – Phone interview with RA

Q3. UNDERSTANDING OF SYMPTOMS

a) What do you understand about the results of the tests?
b) Can you tell me what you think might be happening with your body?
c) Who have you spoken to about your symptoms?
d) What is it like talking to others about your symptoms?
e) Has anyone or anything else helped you try to work out what might be happening?

Q4. ANYTHING ELSE

a) Is there anything else that you think I should understand?
b) Do you have any suggestions for me about our interview?

Tracking Telephone Consultations with Primary Care Physicians

On a scale of 1 to 10, how comfortable are you treating children and youth with MUS and their families?

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, in your opinion, how convinced are the parents that you are referring that the symptoms are caused by organic factors?

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, in your opinion, how convinced is the patient that you are referring that the symptoms are caused by organic factors?

1 2 3 4 5 6 7 8 9 10

Outcomes For Discussion

- Lessons learned
  - 16-week model has been revised to 12-week model in order to meet busy schedules of patients and families
  - Reduced the number of screening assessments to be administered
    - Continue to use WHODAS2, PHQ9, and SCARED
    - No longer administering SCORE15 or KIDSCREEN
  - Improved tracking of impact of MUS clinic on primary care physicians via self-report and consultations with psychiatrist
  - Need to revise care plan documentation to make it more patient/family friendly and less time-consuming on Care Manager
- Discharge and psychometric barriers
- Expressed interest and engagement by partner agency/organization – at CFHT
- OTN being able to provide logistical/hands-on training/support via distance
- Continued communication is critical amongst different team members

Thank You