AN INTEGRATED COMMUNITY-BASED MENTAL HEALTH & PRIMARY CARE MODEL

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CFPC Conflict of Interest

DISCLOSURE OF COMMERCIAL SUPPORT

Presenter Disclosure

Presenter: Brenda Robichaud and Sarah Logan

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- Other: None
SESSION LEARNING OBJECTIVES

- Brief Overview
- Flexible Access to Services
- Exceptional Partnerships
- The Multidisciplinary Team
- Operational Infrastructure
- Quality Improvement Processes
- Commitment to Intersectoral Communication
- Patient Experience

Canadian Mental Health Association Durham
Helping people move forward
Canadian Mental Health Association Durham provides community-based mental health and Nurse Practitioner-led primary care services for clients of all ages. Our model is the only one of its kind in Ontario, integrating services to screen, prevent, diagnose and treat all chronic conditions and mental illness by creatively using technology and optimizing the roles of all members of the multidisciplinary team.
NPLC CURRENT STATE

• Unique hub model offering primary care and specialized mental health care
• >1800 patients
• Provides a full range of primary care services to clients and their families
• >150 potential clients wait-listed past 3 months
• Complex patient population
• Funded 50% less staff compared with other NPLCs
• Expansion Proposal idle since Jun 2013
• Poised to respond to community needs
CMHA DURHAM HUB MODEL

Identification
Self-Referral
Health Care
Connect
Education System
Legal System
Crisis Services
Other
Health/Service Providers

Intake/Assessment
Prompt Response
Walk-In Support
First Point of Contact
Triage

Priority Services
Primary Health Care
Short-Term Support
System Navigation
Mental Health Diagnosis & Treatment
Prenatal Care
Housing
Forensic Case Management

Care Plan Modification
Advocacy
Communication
Home Visits

Reassessment
Multidisciplinary Collaboration

Service Coordination
CMHA Programs & Services
Integrated Care Plan
Specialist Referrals
Prevention & Maintenance

CMHA Durham

Secondary/Tertiary Care
Crisis
Emergency Care
Inpatient Admission

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BRIEF OVERVIEW OF CMHA DURHAM PROGRAMS

- Community Treatment Order (CTO)
- Assertive Community Treatment Team (ACTT)
- Transitional Rehabilitation Housing Program (TRHP)
- Community Access Services (first point of care)
- Community Wellness Services (CWS)
- Housing Case Management (HCM)
- Corporate
- Nurse Practitioner Led Clinic (NPLC)
NPLC SERVICES

• Annual physical exams
• OTN – Ontario Telemedicine
• Screening
• Health promotion
• Managing episodic and Chronic illnesses
• Illness prevention
• Chronic disease prevention (diabetes, cardiovascular etc.)
• Foot care
• Light therapy
• Education

• Medication monitoring
• Lab services
• Immunizations
• Cancer screening
• Infectious disease testing
• Depot injection clinic
• Clozapine
• ECG
• Well-baby
• Pre-natal and postpartum care
• Influenza vaccine clinic
TRIPLE AIM

Enhance the patient experience of care

Access
Quality
Reliability

Improve the health of the population
Reduce Health Care Costs

“They want a health care system that supports them when they need it, where they need it, and treats them with respect and dignity. The place where this all begins is in a person’s home and the community they live in.”

- Central East LHIN IHSP
FLEXIBLE ACCESS TO SERVICES

• Dedicated staff working to full potential
• Extended Hours
• Same Day Appointments
• Ontario Telemedicine Network (OTN)
• Multiple Services- One Location
  - Lab services, Primary Care Provider, ECG, Pharmacy
• No Cost for Required Forms, Letters, etc...
• Allied Health
• Outreach Program
ALLIED HEALTH

- Positive Care
- Tooth Fairy
- Acupuncture
- Foot care
- Metabolic
OUTREACH PROGRAM

Registered Nurse & Short-Term Case Manager

Aims to provide quality primary health care services and mental health support for clients who are unable to come to the clinic for either physical or psychosocial reasons

Some home visits conducted; complex needs identified requiring Nurse Practitioner involvement
WHY OUTREACH?

- No OHIP/healthcard
- Finances
- Criminal Justice Issues
- Lack of Resources
- Young moms/children
- Cultural Barriers
- Homelessness

17.44%
12.79%
10.47%
10.47%
8.14%
4.65%
6.98%
2.33%
3.49%
8.14%
AGENCY-IDENTIFIED SERVICE GAPS
CLIENT IDENTIFIED SERVICE GAPS

- Testing for Sexual..: 17.37%
- Health Screening: 11.38%
- Immunizations/ Vacc..: 13.77%
- Chronic Disease Man..: 8.98%
- Older Adult Care: 2.99%
- Mental Health Care ..: 15.57%
- Prenatal & Parentin..: 19.76%
- Other: 10.18%
SERVICE LOCATIONS REQUESTED

[Bar chart showing service locations requested for Community Agency and Client.]

- In Home Only
- Address Other Than Home
- Mobile Clinic
- Other

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EXCEPTIONAL PARTNERSHIPS WITH STAKEHOLDERS

- Association of Ontario Health Centres (AOHC)
- University of Ottawa Heart Institute
- Durham Region Health Department
- Centre for Addiction & Mental Health
- Health Quality Ontario
- Consulting Physician (Ontario Shores)
- Clozapine/ Depot
- Psychiatry Team at Lakeridge Health Oshawa
- RNAO

...and many more!
MULTIDISCIPLINARY TEAM

- 2 Nurse Practitioners
- 2 Collaborating Physicians
- Registered Nurses
- Registered Practical Nurses
- Case Manager
- Administrative Assistant
- Clinic Administrator
- Pharmacy Team
STAFF PERFORMING TO FULL SCOPE

Well Child Visits/Prenatal Check Ups
Immunization Program
Cancer screening
Diagnostic Tests
Chronic Disease Management
Assessment and Treatment of Episodic Illness
• Referral to Specialists
IMPROVING POPULATION HEALTH

- Right Care, Right Time, Right Place
- Evidence-Informed Care (Best Practice Team)
- Mental Health screening, diagnosis, treatment and capacity building
- Vascular Health screening, diagnosis & chronic disease management
- Trusted Care in a supportive & sustainable environment
OPERATIONAL INFRASTRUCTURE

• Finance, Housing, Technical Support

• Annual operational plans across the agency:
  ▪ informed by stakeholders and research (Client Satisfaction Data, Community Needs Assessment, Client Complexity Research Project)
  ▪ overseen by Board of Directors

• LEAN Certified Staff conducting assessments and making recommendations for streamlined and simplified internal referral processes and communication processes
QUALITY IMPROVEMENT PROCESS

- NPLC Special Projects
- Accreditation
- Partnership with Health Quality Ontario
- LEAN Project
NPLC SPECIAL PROJECTS

• RNAO Best Practice Site for Smoking Cessation

• University of Ottawa Heart Institute- Ottawa Model for Smoking Cessation in Primary Care
  • Tobacco cessation attempts by over 100 clients in the past 6 months

• Research on Client Complexity in collaboration with University of Minnesota

• AOHC Annual Conference Presentation of our model

• Specialized Provincial Medication Monitoring Program
  • 161 psychiatric clients maintained via q1-4 weeks
ACCREDITATION 2016

Standards:

• Primary care setting
• Medication Management
• IPAC
• Community Based Mental Health
• Leadership
• Governance
• Ethics
• OTN
HEALTH QUALITY ONTARIO PARTNERSHIP

Supply Vs. Demand:

Solutions?

- Optimizing the care team
- Strong identification of roles
- Alternative delivery methods of care

Health Quality Ontario Advanced Access & Efficiency Workbook, 2011
LEAN PROJECT 2014

• LEAN: An Organizational Practice
• Analysis of NPLC client flow- June 2014
• Optimized scheduling practices
• Implemented automated reminder system
• Standardized use of Electronic Medical Record
• Improved Data Management Practices
• Environmental changes to facilitate efficiency
• Resulted in ~200 additional patients registered
COMMITMENT TO INTERSECTORAL COMMUNICATION

- Hospital to Home
- Health Links
HOSPITAL TO HOME

The Hospital to Home Program is a partnership between Lakeridge Health Oshawa, Pinewood Centre of Lakeridge Health, the Canadian Mental Health Association - Durham (CMHA), and Durham Mental Health Services (DMHS), to reduce avoidable admissions and the emergency department 30 day return rate.
HEALTH LINKS

CMHA Durham represents Central East LHIN’S Health Link by having representatives on the following teams:

1. Design Team
2. Coordinated Care Team
3. Transitional Team

NPLC has completed 7 Coordinated Care plans

http://www.peterboroughhealthlink.ca/
PATIENT EXPERIENCE

• History: 54 year old male, Acquired Brain Injury, General Mental Health Concerns, Visual Impairments, Memory Issues, Confusion/ Disorientation at times
• Mid 2010: Client diagnosed with Thyroid/Throat Cancer (treatment received at Princess Margaret Hospital in Toronto)
• NPLC case management provided all transportation as well as support at appointments
• NPLC collaborated with HCM & CWS to meet client’s unique needs while going through this tough time
• NPLC provided the following care:
  • Blood work
  • Tube feeding daily on site
  • Tube changes
  • Community support advocacy
  • Support with applications/ funding/ financial reimbursement
CLIENT SATISFACTION SURVEY

92% always/often have enough time with the primary care provider

90% report very good/excellent confidence in their NPLC health care provider(s)

92% are often/always involved in decisions about their care and treatment
HOW OFTEN DOES YOUR NURSE PRACTITIONER SPEND ENOUGH TIME WITH YOU?

- 36, 74%: Often
- 2, 4%: Sometimes
- 9, 18%: Rarely
- 1, 2%: Never
- 0, 0%: Not Applicable
- 0, 0%: No answer
- 0, 0%: Patient left blank
WOULD YOU RECOMMEND OUR SERVICES TO FRIENDS/FAMILY?

- Definitely WOULD: 41, 84%
- Probably WOULD: 5, 10%
- Might: 2, 4%
- Probably NOT: 0, 0%
- Definitely NOT: 0, 0%
- No answer: 1, 2%
- Patient left blank: 0, 0%
RATE THE OVERALL EXPERIENCE OF THE LAST VISIT YOU JUST HAD WITH US

- Excellent: 33.67%
- Very Good: 11.23%
- Good: 2.4%
- Fair: 0%
- Poor: 0%
- Patient left blank: 2.4%
- No answer: 0.0%

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CMHA DURHAM NPLC

• A skilled team practicing within a unique hub model

Providing:

• Comprehensive high quality primary care
• Specialized mental health care
• Access to integrated services both in and out of clinic setting

• Poised to respond to community needs!
QUESTIONS?