Pathways to Better Care

2016 to 2019 Workplan Overview

September 22, 2016,

AMNHC Meeting

Evolution of Pathways / New Mandate

- Late last year the LHIN renewed the mandate of Pathways to Better Care through 2019

- The funding letter mandates Pathways to undertake system wide quality improvement projects that support:

  - The Champlain LHIN's strategic priority to "integrate mental health and addictions services" as articulated in the Champlain LHIN Integrated Health Services Plan (IHSP) 2016-19 by:

    - Implementing projects that contribute to the outcomes defined in the Annual Operating plans of the Champlain LHIN

    - Supporting the adoption of best practice quality improvement practices amongst Champlain HSPs

    - Supporting best practice approaches to information gathering, reporting, analysis, knowledge exchange and decision support amongst Champlain HSPs

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Drivers Behind the New Mandate

- Growing recognition that lack of integration is key to many difficult problems within the MH&A sector

- Past Pathways success in gaining working level and lived experience input and momentum towards system improvement within Pathways project teams

- Past Pathways experience that once process improvements are identified they are sometimes not implemented by the organizations that chartered the work

Champlain LHIN IHSP 2016-2019

Areas of Focus for Mental Health and Addictions:

1. Review, re-define and realign mental health and addictions services to ensure that all clients experience an *integrated system of care* that addresses their needs across the continuum of care. (5 sub areas)
2. Implement *centralized and coordinated access* services for clients with mental health and addictions problems and health care professionals (2 sub areas)
3. Implement evidence based, client centred *screening and assessment tools* resulting in client centred treatment plans, better treatment matching, and improved client experience. (4 sub areas)
4. *Transitional Aged Youth* with mental health, addictions, and concurrent disorders will have access to services that improve their well-being. (3 sub areas)
5. Establish a regional program for *inpatient mental health and addiction services* (1 sub area)
6. Develop systems to reliably *monitor performance* of mental health and addiction services (3 sub areas)
7. Establish *primary care and mental health partnerships* to promote integrated care and management within sub-LHIN geographies (5 sub areas)

Key Provincial Initiatives

- Ontario Health Reporting Standards (OHRS) Data Quality Improvement
  - OHRS is the database where all MOH funded providers submit client volume, program spending and FTE data within functional centres that map to specific service areas
  - MOH leveraged CAMH Provincial Services to launch this project last year
  - Have conducted webinars and face-to-face training on proper reporting procedures
  - One of Pathway's projects in this plan is to deepen and broaden this training in the LHIN
  - Improved data quality will support most of the other projects covered here
- Patients First Bill C210
  - LHIN will complete consultations on sub-region boundaries by end of September
  - Bill must still pass through Parliament to become law
- Develop Core Basket of MH&A Services
  - Similar to that of MCYS
  - Using Provincial MH&A Advisory Council to lead

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Patients First Proposal Overview

Effective Integration of Services and Greater Equity

1. Identify **LHIN sub-regions** as the focal point for integrated service planning and delivery. LHINs would take on accountability for sub-region health service planning, integration and quality improvements.

Timely Access to, and Better Integration of, Primary Care

2. LHINs would take on responsibility for **primary care planning and performance improvement**, in partnership with local clinical leaders.

More Consistent and Accessible Home & Community Care

3. **Transfer responsibility** for service management and delivery of home and community care from Community Care Access Centres (CCACs) to the LHINs.

Stronger Links to Population & Public Health

4. **Linkages between LHINs and boards of health** would be formalized to integrate a population health approach into local planning and service delivery across the continuum of health care.

Inclusion of Indigenous Voices in Health Care Planning

5. The LHIN system will be more inclusive of Indigenous voices through **a stronger role in system planning** and service delivery that will enable culturally appropriate care and incorporating traditional approaches to healing and wellness.

MOH Objectives: Core Basket of Services

- **Propose draft "Core Services" -** Define core MHA services for Ontario and propose model.

- **Current State Analysis -** Complete a current state of existing services on the proposed list.

- **Consultation** - Validate the proposed core services list with consumers, service providers and based on best practices

- **Recommendation**s - Develop a focused recommendation outlining the services that all Ontarians should be able to access that includes an accountability structure.

- **Future Work –** Perform gap/impact analysis and develop service standards for core services.

Core Basket of Services : Proposed Definition and Framework

- Core services are mental health and addiction services that:
    - Are direct services provided to individuals that yield demonstrable MH&A outcomes,
    - Have dedicated funding support,
    - are available to all Ontarians, and
    - are accessible in all regions of the province.

- Key Terms
    - Available – capacity with low wait times for those who need them.
    - Accessible - provided locally, or having access to out of area services (e.g. residential addiction treatment; tertiary psychiatric inpatient services).

- Framework: The proposed basket of core services would be part of a broader MHA system that would include:
    - Early identification training and protocols
    - I&IT infrastructure that enables data collection, sharing, reporting, analysis
    - System navigation and coordination mechanisms that enable providers to collaborate and provide the right services to people effectively and efficiently

Core Basket of Services Framework
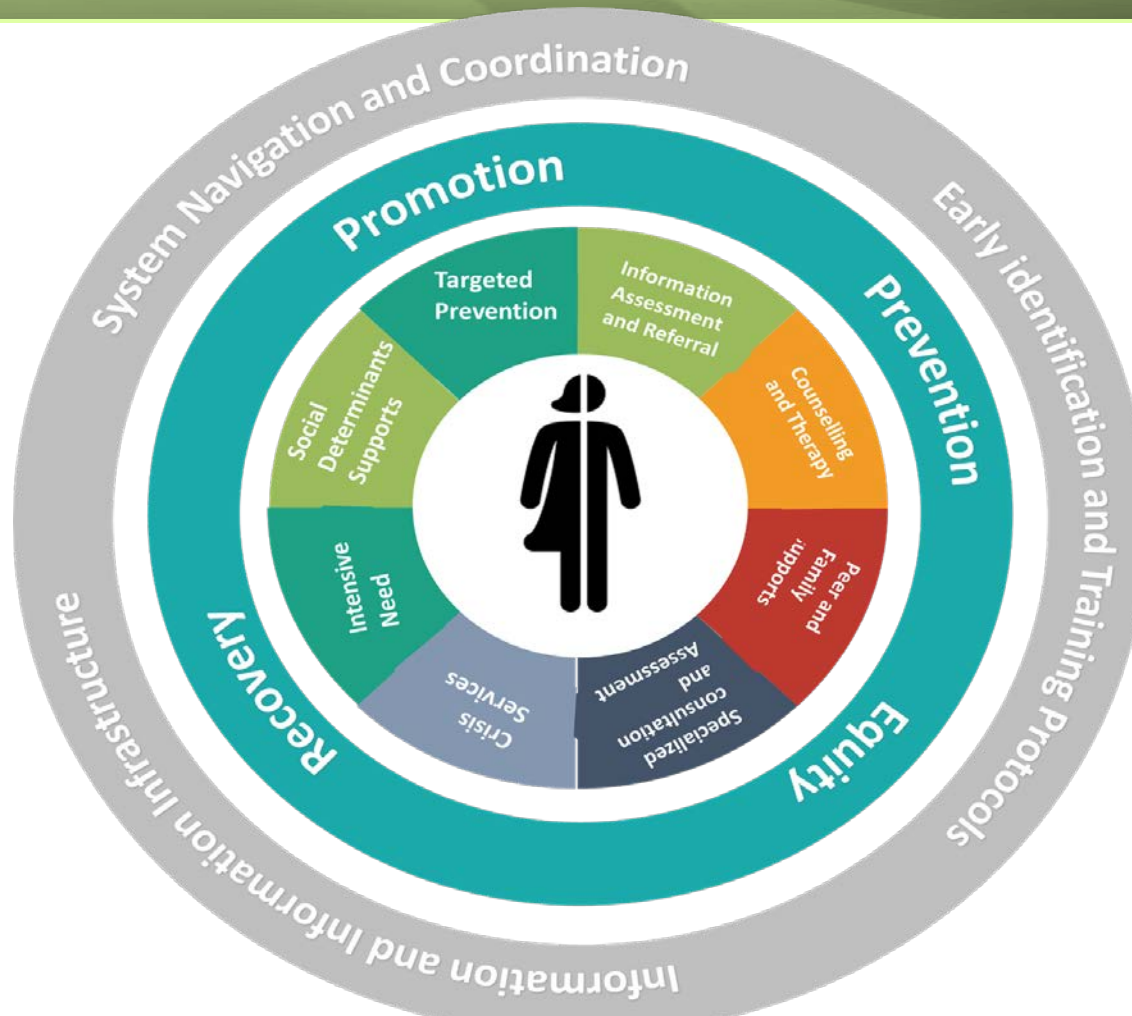
MOH recently added Universal Prevention services to Core Basket

Core Basket – Next Steps

- Finalized Basket & mapping of OHRS functional centres into them anticipated by end of 2016

- Indications are LHIN's will be asked to perform this mapping

- Champlain LHIN has indicated it will ask Pathways to do this mapping work
  - At some point, this mapping is likely to be driven down to the Patients First sub-region level

- Not clear who will be setting service standards

- Output: An inventory of service volumes, spending & FTEs within each of the Champlain core service areas

How will community MH&A agencies, patients & families perceive this project?

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Admission / Occupancy / Wait Time Data Gathering Project

- Understanding how current service volumes are dispersed across the Core Services is first step

- Also need to understand how accessible these services are:
  - Are there admission or discharge criteria that limit access?
    - i.e. mental health programs that won't admit individuals with substance issues (and visa versa)
  - Are the wait times for these core services a barrier?
  - Are there occupancy bottlenecks which restrict access?

- The LHIN has also asked Pathways to produce this analysis

- Output: A stand-alone document that would inform interpretation of the Core Basket data and system planning

Does AMHNC see value in this work? What suggestions do you have in terms of its success?

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Improvement through Collaboration

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Needs and Capacity Assessment v2.0

- The Core Basket & Admission Criteria / Occupancy / Wait Time projects set stage for a revision of the 2012 MH&A Needs and Capacity Assessment (NCA)

- The NCA was completed through a broad partnership to establish a common set of data that could be used by many in system planning
  - Developed population driven prevalence rates in Champlain for specific MH&A disorders
  - Estimated MH&A capacity across a continuum of care
  - Identified gaps
  - Examines special populations

- The NCA v2.0 update is intended for the same purpose utilizing a different methodology

Needs and Capacity Assessment v2.0 (Cont'd)

- Pathways is considering focusing actual health system utilization data to estimate prevalence

- The data from the Core Basket project will the basis of the system capacity section

- These will be compared and the Admission / Occupancy / Wait Time data leveraged to identify gaps

- Will attempt to drill down to the Patients First sub-region level

- Output: A view of prevalence vs. capacity and gaps that can be used to inform many of the IHSR initiatives

Do AMHNC Reps see value in establishing this common set of data to guide system planning? What concerns might there be?

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Collaborative Care Planning

- Project is focused on the development of a process / tools for care / treatment planning for individuals with MH&A disorders

- Focus will be a client-centred process which works toward the attainment of goals established by the client

- Health Links Care Coordination Tool / Process is an example of a such a patient-centred collaborative process

- Key components:
  - Development of specific MH&A centred care coordination document
  - A process for creating and constantly updating it
  - A solution for sharing the document with the client, family and circle of care in a manner that protects privacy

Collaborative Care Planning (cont'd)

- Project could focus on a specific population or transition point in the MH&A system as starting point
  - i.e. those with severe & persistent illnesses?
  - or those with concurrent disorders?
  - or transition from acute to community?
  - or those on wait lists?

Does AMHNC's have input on these questions?

Improvement through Collaboration

Primary Care Collaboration

- Key MH&A gaps in the eyes of primary care:
  - Screening and assessment for MH&A
  - Understanding of MH&A services available to their patients
  - Access to them
  - Case-based MH&A training that is accessible to them
  - Consults / eConsults with specialists
- Evidenced-based protocols exist around shared and collaborative care between primary care and MH&A professionals

Primary Care Collaboration (cont'd)

- Pathways met with LHIN Primary Care Working Group in August to begin consultations

- Project identification is just commencing

Does AMHNC's have thoughts / opinions on where partnerships with primary care could be created / strengthened?

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Community Adoption of CAPA / Clinical Skills Competency Building

- Two tightly linked initiatives in one projects:
  - Choice and Partnership Approach (CAPA) – a team based system of care that places client choice at the centre
  - Clinical Competency Building: supervised skill development of all team to maximize their ability to achieve client outcomes and contribute to flow

- These two initiatives must play out in parallel to ensure client outcomes and systemic improvement
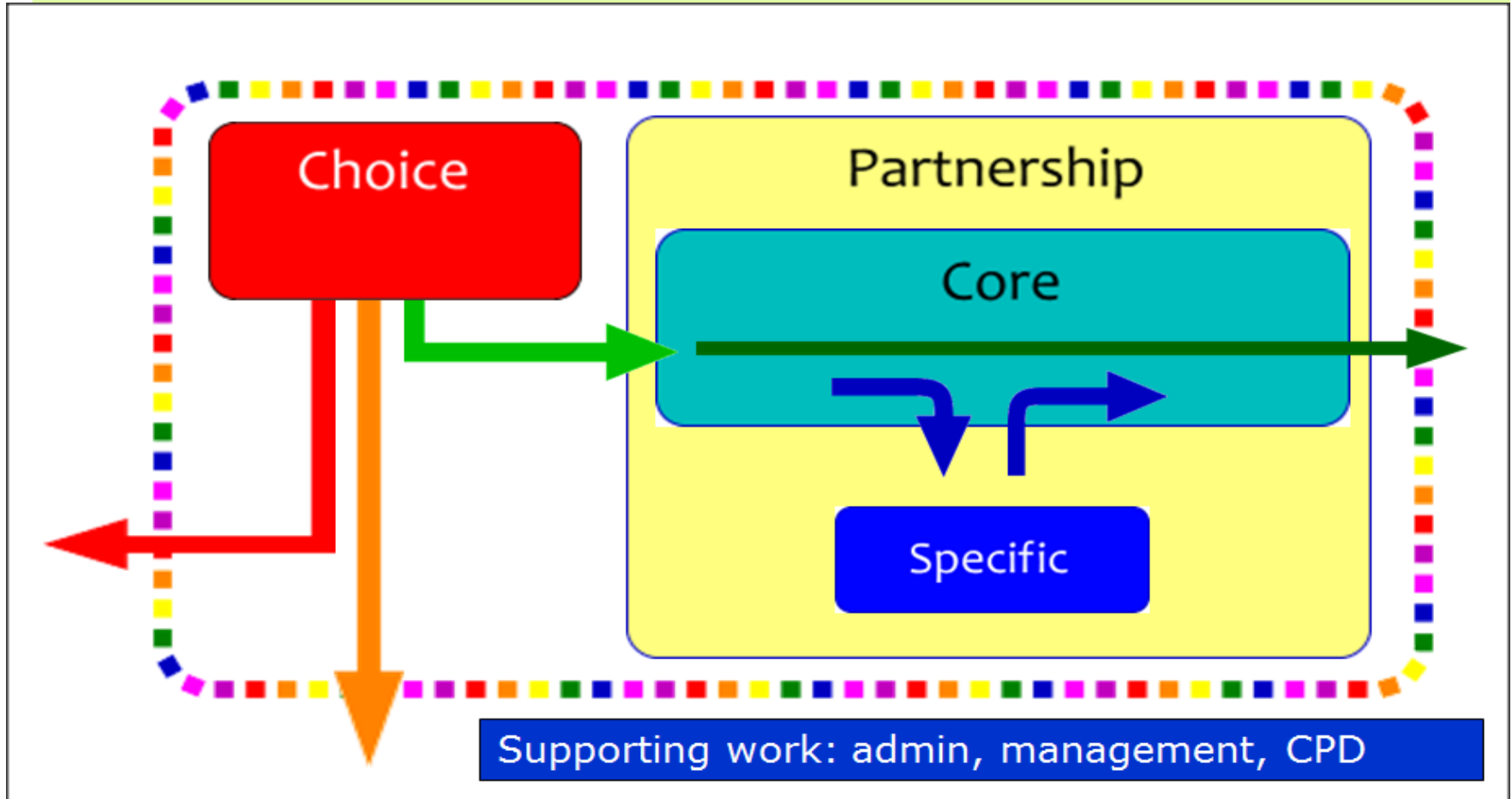
Deployment of CAPA

- System-wide in the UK

- Province-wide in Nova Scotia

- CHEO began CAPA deployment in 2015

- YSB is launching CAPA in October

- Royal Youth and Mood/Anxiety programs launched this year
  - Have completed Choice appointments with all on wait lists

The CAPA Model

CAPA Division of Labour

- Core CBT:
  - Core/basic work- explain model, structure sessions, behaviour activation using homework, reviewing homework
  - Any therapist can do Choice and Core work
  - Most clients are able to reach goals via Core appointments
- Specific CBT: All the above PLUS:
  - Socratic questioning/guided discovery
  - Automatic thoughts/assumptions/beliefs
  - 11 problem specific competencies (e.g. EMDR for PTSD)
  - Specific therapists focus more severe or specialized problem areas

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Keys to CAPA / Competency Development

- Shift in clinician stance to Facilitator with expertise rather than expert with power
- Defining different types of clinical work to maximize flow
  - Choice – initial goal focused appointment aimed at gathering data, offer choice regarding alternative treatment plans, therapists for following sessions, assigning homework
  - Core Partnership – extended CBT skills that address the majority of clients which lessens bottlenecks in to Specific areas
  - Specific Partnership – specialized skill set focused on specific illness areas (OCD, PTSD etc.)
- Skill levelling around five building block areas of practice
- Team approach – regular, short, concise case conferences so therapist can get input from disciplines, maximize flow
- Job capacity planning – a process and algorithms to optimize each clinician's calendar

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Community Adoption of CAPA

- Flow and outcomes are optimized when CAPA is deployed across a system
- All partners can do Choice appointments & can refer to each other for Core or Specific work:
  - to take advantage of skill sets
  - optimize capacity across the system
- All must be trained and competent
- Hand-offs must be very warm – receiving partner will pick up exactly where the sending partner left off
- CAPA / Competency development addresses multiple themes in the IHSP
- Next steps: community engagement, HSIP for CAPA training & competency development resources

Pathways In-flight Projects Continuing

- Optimizing Care for Complex Schizophrenia: Clozapine Pathways
  - Establish the foundation and a plan for a regional approach to schizophrenia and psychosis care in Champlain
  - by implementing and evaluating small tests of change (clozapine pilots), developing a proposal / plan for LHIN investment, and continuing to build / enhance relationships

- Ottawa Community Housing and Community Development
  - Pathways is working in collaboration with CAMH-Regional Office to work with partners to identify the role of mental health and addiction services within individuals living in high acuity buildings

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Conclusion

- Pathways workplan is heavily driven by IHSP

- Focused on foundational projects providing validated data for system planning purposes

- Along with specific projects supporting particular themes in the IHSP

- As is core to our mission – Pathways is interested in a deep, continuing collaboration with AMHNC around its workplan

What in this plan is most important to you from a patient, family or service provider perspective?