Training Clinicians to Work in Integrated Care Models in College Health

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Disclosures

- This program received no commercial supports
- The presenters have no commercial supports or conflicts of interest to declare
Objectives

After this presentation, attendees will be able to:

◦ Understand what integrated care is in the context of mental health care and understand the benefits of integrated care

◦ Describe principles of training that may aid skill development in integrated care for care providers

◦ Apply principles of integrated care that can be taken back to their own care settings
Who Is Here?
Canadian Postsecondary Institutions

- About 2 million post-secondary students in Canada in 2016 (StatsCan, 2016)
- About 96 universities and 150 colleges in Canada
- 18-24 year olds: 9.2% of population (StatCan, 2016)
- Over 80% of youth are in PS school at some point
Number of Canadian students enrolled in postsecondary institutions in Canada from 2000 to 2016 (in millions)

1.8 million in 2016

1 million

In 2000

Note: Canada; 2000-2016

Further information regarding this statistic can be found on .

Source: StatCan; ID 447765
Youth MH ER Visits (Ontario)

Has hospital use for mental disorders changed?

- 66% Increase in ED visits
- 55% Increase in hospitalizations
- -22% Decrease in hospitalizations for other conditions

Studies show that the prevalence of mental disorders among children and youth is unchanged over time.

Notes

Infographic - Canadian Institute for Health Information. Child and youth mental health in Canada cihi.ca, Ottawa: CIHI; 2018.
Ontario Outpatient Physician MHA Visits

MHASEF Research Team. *The Mental Health of Children and Youth in Ontario: 2017 Scorecard*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2017; Gill study

**EXHIBIT 1** Number of outpatient physician visits related to mental health and addictions per 100 crude population aged 0 to 24 years, by age group and physician specialty, in Ontario, three-year average for 2012 to 2014

- 55 visits/100 youth 22-24 yrs
- 46 visits/100 youth 18-21 yrs
Peace of mind: universities see spike in students seeking mental-health help

There is a dramatic increase in students seeking help for mental-health issues.
Unique Campus Context

- Study Skills
- Academic Motivation
- External Support
- Social Engagement
- Institutional Factors

Academic Difficulties

Common determinants of academic and MHSA difficulties (e.g., income, social support ACE's)

Mental Health & Substance Use Difficulties

Determinants of MH Severity
- Comorbidity
- Functional Impairment (cognitive impairment)
- Access to Treatment
What is Integrated Care?

- Different terms used:
  - Shared care
  - Integrated care
  - Collaborative care
What is Integrated Care?

“Collaborative care is care that is delivered by providers from different specialties, disciplines, or sectors working together to offer complementary services and mutual support.

As in any effective partnership, common goals, clear and equitable decision making, and open and regular communication are key.”

- CPA/CFPC Position Paper, 2010
Problems in Mental Health Care

- Lack of resources
- Long waitlists
- No access to specialists
- Lack of FP/NP/RN training
- No therapy available
- Inability to collaborate due to different settings
- Unhelpful specialist consults
Integrated Care
Alicia

- 19 years old
- 2nd year arts student
- Struggling with mood for 3 months
Student Health Clinic

- Alicia presents to the clinic
- Seen by RN
  - Mental health screen completed
- Referred to family doctor
  - Further mental health workup done, student diagnosed with likely moderate severity of depression
  - Referred to counselling services and medication started
One Month Later

- Alicia has improved
  - Has seen family doctor twice, medication has been optimized, depression starting to improve
  - Has had 2 sessions of counselling and feels has good connection
Winter Hits

- Alicia starts to struggle more academically and her mood drops again
  - Counsellor, who has been seeing her regularly, messages family doctor through secure messaging system and asks her to see
  - Family doctor sees again, increases medication
  - No response seen 4 weeks later and student is starting to experiences thoughts of suicide
Next Steps

- Family doctor needs help to help Alicia manage
  - Messages psychiatrist through messaging system, asks for help on medications and other steps
  - Recommendations received next day
  - Referral to psychiatry also recommended
  - Family doctor makes changes and awaits referral for more help
Psychiatry Consult

- Psychiatrist sees Alicia
  - Confirms diagnosis of depression
  - Recommends medication changes
  - Speaks to counsellor about case and messages back family doctor
  - New medication added by family doctor at next appointment
  - Psychiatrist arranges follow-up in 1 month
Why Better Collaboration Needed

Collaborative care

- Improved efficiency of process and tracking
  - Improved screening/diagnosis
    - Increased proportion of population screened and diagnosed
  - Improved depression care
    - Concordance
    - Collaboration
    - Case management
    - Self-care
      - Increased satisfaction with care
      - Improvement in depression symptoms
      - Increased response
      - Increased remission
      - Increased recovery
      - Improved quality of life and functional status
  - Increased adherence to treatment

Providers

- Enhanced collaboration among providers
  - Improved support for client/patient involvement
Campus Health/Counselling Integration

- Diversity of structure and administrative models
- Psychiatry affiliated with medical services, or counselling, or both
- Services historically have been separate administratively, culturally and functionally, EVEN if co-located
- We need to think beyond an organizational chart
- CULTURE eats STRUCTURE for lunch
- Concern for student outcomes, differences in practice & discipline standards, protectedness, change resistance can all co-exist
Campus Health/Counselling Integration

- The power of SHARED VALUES
- Holistic philosophy – caring for whole student
- Interprofessional education: training, care and service models
- Mutual respect among disciplines/providers/staff
- Shared commitment to protection of privacy
- One-door; common pathway to services
- Focus on student’s needs > provider preference
## Stepped Care Model: U of T

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Old Pathway

Student Self-Refers → Medical Centre → Medical Treatment

Student Self-Refers → Counselling Centre → Mental Health Treatment
New Pathway

Single Point of Access & Triage @ Medical Centre → Referral from GP → Medical Treatment

- Nurse Psychoed Counselling
- Mental Health Intake/Assessment
- Counselling/Psychotherapy Services
- Psychiatric Consultation & Treatment

Direct Referral Pathways still in place
Framework for Interdisciplinary Care

How can they work together if they don’t learn together?

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Interprofessional Education/Practice

- **Interprofessional Education**: When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. It is necessary step to prepare “collaborative practice-ready” health workforce better prepared to respond to local health needs.

- **Interprofessional Collaborative Practice (IPCP)**: Interprofessional collaborative practice occurs when multiple health workers from different professional backgrounds come together to provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.

(World Health Organization, 2010, p.5 &13)
Principles of Integration

- Effective communication
- Consultation (direct and indirect)
- Coordination of care plans (between providers and with patients)
- Co-location
IMHC Best Practices

- Effective Communication
- Direct and Indirect Consultation
- Care Coordination
- Co-location
- Integration
Interdisciplinary Educational Initiatives

- Shared Care Case Conferencing
  - Daily from 1-1.30pm in Shared Care office
Interdisciplinary Educational Initiatives

- Day Team Rounds
  - Monthly, based on days of week you work
Interdisciplinary Educational Initiatives

- Monthly Lunch n Learns
  - Eating Disorders
  - ADHD
  - Privacy

![Diagram showing prevention methods and treatment options for eating disorders and ADHD]
Interdisciplinary Educational Initiatives

- Yearly Staff Retreat
  - Every May, focusing on different topic
Training of Health Professional Learners

- Variety of interdisciplinary learners in our context
  - Medical students
  - Nursing students
  - Psychiatry residents
  - Psychology residents/interns
  - Family practice residents
Training Psychiatry Residents

- Mandatory rotation for PGY-5 residents

  Integrated, longitudinal, one day per week experience

  Situated in PGY-5

  In-class curriculum

  Assignment focused on assessment of local model of care
Clinical Experience

• One day per week for entire PGY-5 year
• Situated with one of 40 community sites
  ◦ Situated as expert care provider
• Direct and indirect clinical care
• Teaching of other care providers
Classroom Teaching

Major themes:
- Models of Integrated Care
- Communication
- Medicolegal issues
- Population based approaches to care
- Improving on models of care
- Leadership in Integrated Care
- Careers in Integrated Care
A Day In The Life

9am
• New consult

10.30am
• Follow-up

11.30am
• Follow-up

12.00pm
• Day Team meeting

1.00pm
• Shared Care

1.30pm
• New consult

3pm
• Supervision with psychiatrist

4pm
• Admin
Our Integrated Care Residents
Other Learners

- Year long senior psychiatric electives
- Half-day junior psychiatry electives
- Year long psychiatric fellowships
- Year-long psychology residency
- Clinical Nursing rotations
- Medical Student rotation in family practice
Takeaways

- There are a variety of different sizes and care models in post-secondary institutions across Ontario.
- Integrated care is one model that works well and can be implemented in various ways in different contexts.
- It can increase provider collaboration, satisfaction, and student care quality.
- This is the way many care providers, including psychiatrists, are being trained for the future.
Recruitment and Retention

- Supervision and mentorship
- Longitudinal observation and assessment of “fit”
- Development of post-residency fellowship specifically for clinical fellows wishing to dedicate training in the emerging adult/youth in transition cohort
- Exposure to unique richness of campus setting for all learners in health
- Collaborative integrated care with interdisciplinary connection is a PLUS factor in recruitment
Questions and Discussion
References


