Implementing Programs of Care for Seniors Requiring Mental Health and Addictions Services within OHT's.

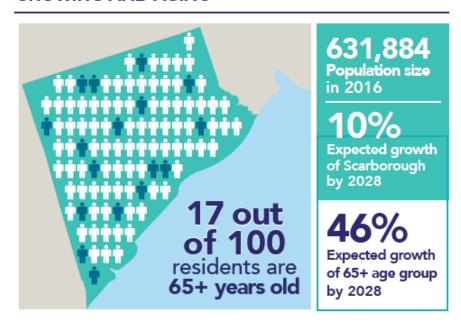
Using Gap Analysis to Inform the Design of Care Models for Seniors

Outline

- Case Study Scarborough OHT
 - Gap Analysis
 - Learnings
 - Next steps
- Programs of care
- Questions

Case study: Scarborough OHT (est. 2020)

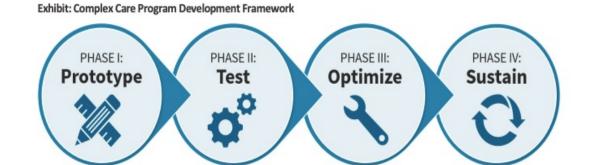
SCARBOROUGH'S POPULATION IS GROWING AND AGING



- Vision: People will have optimal health and positive experiences through an accessible, equitable and integrated team, system of care, services and supports.
- Goal: implement program of care for seniors requiring Mental Health and Addictions Services
- Why?
 - Attributed population: 898,831
 - Average age: 40.9 years
 - 16.1% are age 65+years
 - Seniors account for over 60% of healthcare costs
 - 'reducing health and social inequity to achieve population health

Program of Care

- a framework where organizations, professionals, and patients comply.
- patient-centered organization of a well described target group.
- integrate the activities between different disciplines, professionals, and departments.
- no formal development process for "care management" interventions.
- iterative development process to determine what "works best" in engaging and delivering services to their target population.
- "emerging field" of clinical practice



Stepped System of Care for Eating Disorders



Principles, Standards, Lived Experience, Research

Care Team Approach - medical, mental health, nutritional, peer work, family and supports

Prevention, Public Health Information, Advocacy

Early Identification Initial Response

Community-based Treatment

Community-based Intensive Treatment

Treatment

Hospital Treatment Recovery Support

Policy development, public advocacy, best-practice communication and targeted programs to help prevent the development of disordered eating and eating disorders, and reduce stigma.

Includes:

Government; primary health care professionals; community-based health services; lived experience organisations; schools; online resources Identification and screening of eating disorders in any setting to support early recognition and intervention for people who may be experiencing an eating disorder.

Includes:

Primary health care professionals; medical, mental health and dietetic services (private and public; primary, secondary and tertiary settings); emergency departments; schools; sporting organisations; headspace; Head to Health

Completion of a comprehensive assessment, preliminary diagnosis and referral to appropriate services according to a person's psychological, physical, nutritional and functional needs.

Includes:

Primary health

care professionals; medical, mental health and dietetic services (private and public; primary, secondary and tertiary settings); headspace; Head to Health Evidence-based treatment delivered in the community or outpatient setting with coordinated access to a range of services as needed.

Includes:

Primary health care professionals; medical, mental health and dietetic services (private and public); online guided self help; headspace Evidence-based treatment delivered in the community or outpatient setting for people who require more intensive therapy.

Includes:

Intensive outpatient programs; day programs Admission to hospital for people who require medical and/or psychiatric intervention, or admission to a residential eating disorder program for people who are medically stable but require a high level of treatment and support.

Includes:

Residential programs; emergency departments; medical and psychiatric inpatient units; eating disorder-specific inpatient units; hospital in the home; rehabilitation units

Community-based and online services accessible for anyone with experience of an eating disorder to reduce the risks associated with relapse and recurrence of illness and to support ongoing recovery.

Includes:

Primary health care professionals; medical, mental health and dietetic services (private and public); online resources; support groups; headspace

- Geriatric team consultation in nursing homes
- Patient and Caregiver Support Groups
- Care coordination programs home telemonitoring for a chronic condition

 Discharge to assess model early discharge from hospital with community-based



- · Referral pathways for GPs
- · Community emergency medical units
- Embedding CGA in ED An emergency frailty medical assessment unit
- · Merging acute and outpatient referrals
- Community Team Acute assessment at home
- · Geriatrician Hotline
- Admission Directly to Active Care for the Elderly geriatric ward
- Proactive Geriatric Service for Surgical Patients

Examples of Programs of Care in OHT's

- Central West OHT home based integrated care model for older adults with frailty
- Middlesex London OHT program of care for people with COPD and CHF
- MWT OHT program of care for people with substance use concerns "In your corner"
- NTOHT seniors requiring mental health and addictions services

Case study: Scarborough OHT (est. 2020)

How does the SOHT implement a program of care for seniors requiring mental health and addictions services?

Overview of process

- Goal of project:
 - to collect information from patients, caregivers, primary care physicians and partner organizations in Scarborough.
 - data about seniors (65+ years of age) requiring mental health and addictions services.
- How?
 - Gap Analysis

Our Scarborough Community Of residents are Of families are headed foreign born by female lone parents Speak a primary Of children are living in low language other income families than English Are visible Rate of unemployment minorities

In Scarborough: Gap Analysis

Current State (seniors requiring MHA services)

How do we fill this gap?

(seniors requiring MHA services)

Gaps?
Problems?
Solutions?

Where to start?

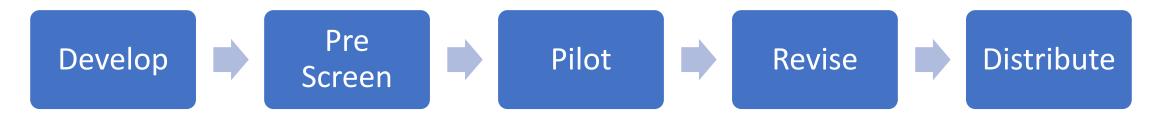


Methods Objective?

- Survey and Interview Development
- Cross sectional survey (online)
 - SOHT partner organizations
 - Primary care physicians
 - Caregivers and patients
- Modified Dillman Tailored Design Method
- Data Analysis
 - Descriptive statistics, thematic analysis

Survey and Interview Development

- Electronic survey



- December 2021– Feb. 2022
- Structured interviews
 - Patients and caregivers
 - Partner organizations

What did we ask?



Where do you go to find healthcare services for mental health and/or addiction?

If you were in a mental health crisis, where would you go?

Do you find it easy to find services for mental health and addiction support?

Do you have a primary care/family care doctor located in Scarborough?

Do you feel supported by your primary care doctor to find MHA services?

Which of the following would you use to find the support and services you require (in a perfect world scenario)?

Which services have you used?

What did we ask?



What is the referral pathway/process you follow?

What is the biggest challenge?

What would improve the care you are able to provide?

What would you identify as the top 3 system gaps in Scarborough for seniors requiring mental health and addiction services?

What are your top three goals?

Where would you like to be in the next 5 years, using the following headings as areas of focus?

What did we ask?



What are the top 3 strengths of your organization as it relates to MHA services for seniors? List three areas of improvement for your organization, as it pertains to services for seniors. What are your organizations top three goals for the next 5 years?

Where would your organization like to be in the next 5 years, using the following headings as areas of focus?

What do you see as the biggest challenge between your target goal and your current state? What projects is your organization currently working on to bridge the gap/challenge identified above?

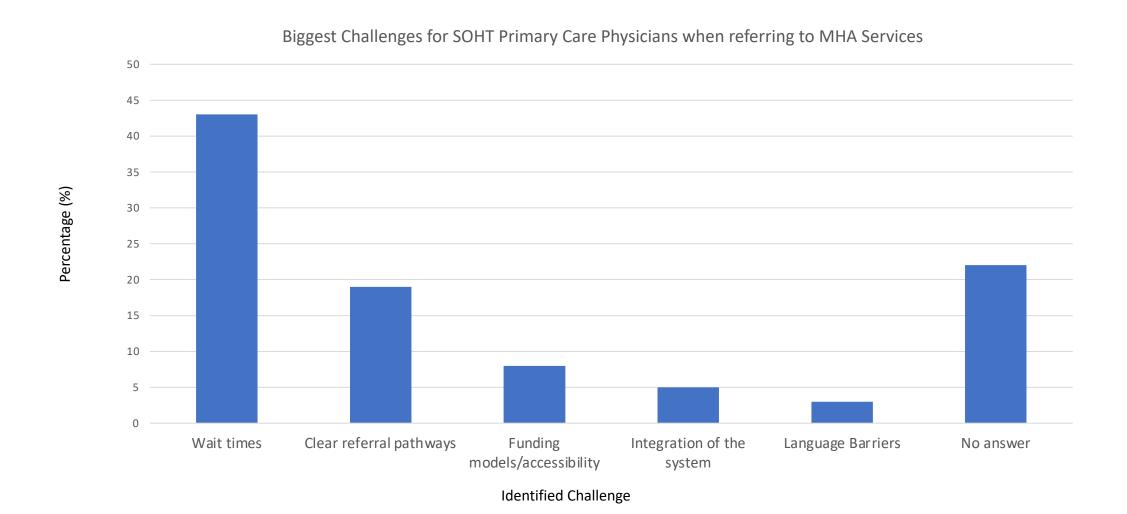
Current State – SOHT Partners (n=36+affiliates)

- 74% offer health services for the frail elderly population
- 57% offer services for patients requiring MHA support
- 3 organizations offer services in French
- 5 organizations reported providing culturally sensitive services to Indigenous clients
- 48% do not use a healthcare directory

Current State – Patients/ Caregivers (n=7)

Question	Yes (%)	No (%)
Do you/have you require(d) mental health and/or addiction healthcare services?	100	0
Do you feel you are currently receiving the health support you require to manage and/or treat your condition?	25	75
Do you find it easy to find services for mental health and addiction support?	50	50
Do you have a primary care/family care doctor located in Scarborough?	50	50
If yes, do you feel supported by your primary care doctor to find Mental Health and Addiction services?	0	100

Current State – Primary Care Physicians



Desired State – SOHT Partners



IMPROVED COMMUNICATION
AND ACCOUNTABILITY
BETWEEN SERVICE PROVIDERS
AND DIRECTORIES



CENTRALIZED SYSTEM/NAVIGATION TOOL



FUNDING FOR HOMECARE SERVICES



CONSISTENCY IN SYSTEMS, TRANSFERS, PROTOCOLS



INCLUSION OF ORGANIZATIONS

Desired State – Patients/Caregivers







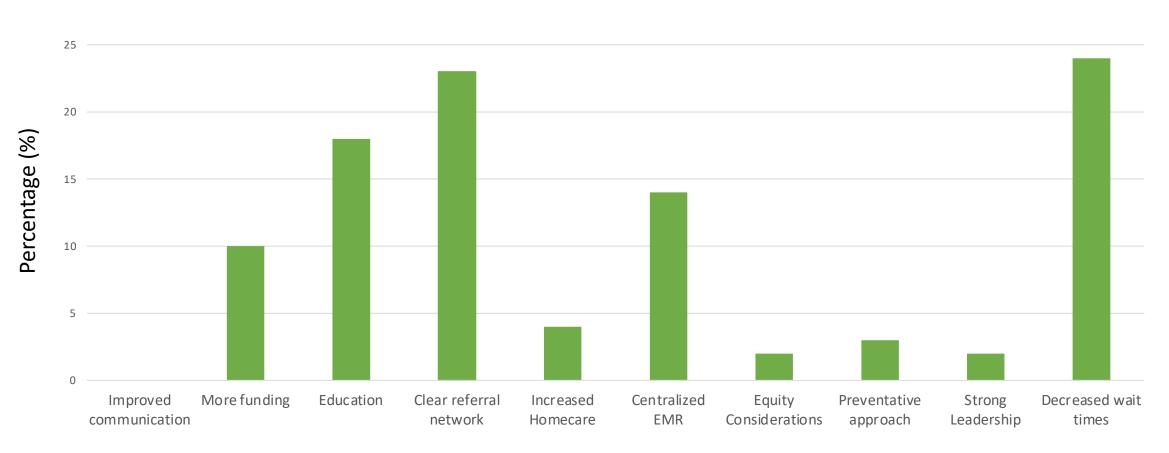
IMPROVED COMMUNITY SUPPORT

ACCESS TO PRIMARY CARE PHYSICIAN

A CENTRAL PHONE SERVICE FOR REFERRALS TO PROGRAMS/SPECIALISTS ETC. FOR MHA SUPPORT

Desired State – Primary Care Physicians

Priorities for SOHT Primary Care Physicians when Providing MHA Services to Seniors



Pulling it all together...

Gaps Identified

- 1. An incomplete list of SOHT partner organizations
- 2. Lack of a centralized navigation system for patients and providers
- 3. Education to patients and providers about services that exist and are available to seniors requiring MHA services
- 4. Absence of a clear and consistent referral pathways for providers
- 5. Scarcity of the "patient voice" in the SOHT and the system
- 6. A deficit in building the SOHT culture

What next?

- Gap → Proposed Solution → Implementation
- Prioritize
 - Environmental Scan
 - Centralized Navigation System
- Stakeholder engagement
 - Accountability
 - Evaluation

March 2023?

What's our Goal of a Scarborough MHA Plan?



Equitable Access to Mental Health & Addiction Services in Scarborough

Upstream intervention to prevent crisis

tics

Leveraging data for Population Health Management Data regards to MHA

- Development of a strategic scorecard that is aligned with CoE and Access
- Waitlist management



Joint operational planning and HHR planning (understanding service provisions across our colleagues)

- Psychiatry
- Case Management

System Navigation

- Transition and discharge planning to enable capacity
- Access to safe and affordable housing
- Program alignment

Limitations



Key learnings

Gap Analysis

- Clear definitions and communication
- Cater method of delivery
- Survey development
- Adequate time for response
- Analysis

Programs of care in OHT's

- Patient centered approach
 - Power of the patient voice
- Continuum of care knowledge and effective linkages within the OHT
- Specificity and Clear Definitions
- Deliberate Communication
- Pilot projects

To enable Programs of Care in OHT's:

Self management support	reduce system cost, increasing patient confidence and advocacy
Well developed processes and incentives for making change in the care delivery system	practitioner "buy in", consistency, allocation of resources
Processes that meet the needs of the patient population	directed care, patient outcome, provider satisfaction, budget/resources
Evidence based guidelines	measurement/evaluation, support for programs, increased interaction between those involved in system
Enhanced information systems	evaluation, feedback, development/communication, knowledge translation
Collaboration across sectors	addresses complexity of problems, include broad base of coordinated support

What else do we need to do in OHT's to support programs of care?



- Meet standards of:
 - Equity
 - Diversity
 - Financial responsibility
- Boots on the ground
- Share findings, together we are all stronger
- Finite vs. Infinite

Thanks to...

- Scarborough OHT
 - James Schembri
 - Tiffany Wu
- U of T IHPME
- Ontario Health









Thank you for attending!

Questions?

Upcoming webinars

March 9th, 12-1.00 pm

- Presenter: Shinjini Mondal
- **Title**: Making Collaborative Governance Sustainable: A Developmental Life-Cycle Approach

March 24th 12:00-1:30pm

- Presenter: Natalie Montgomery
- Title: Engaging primary care from the inside out

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