

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

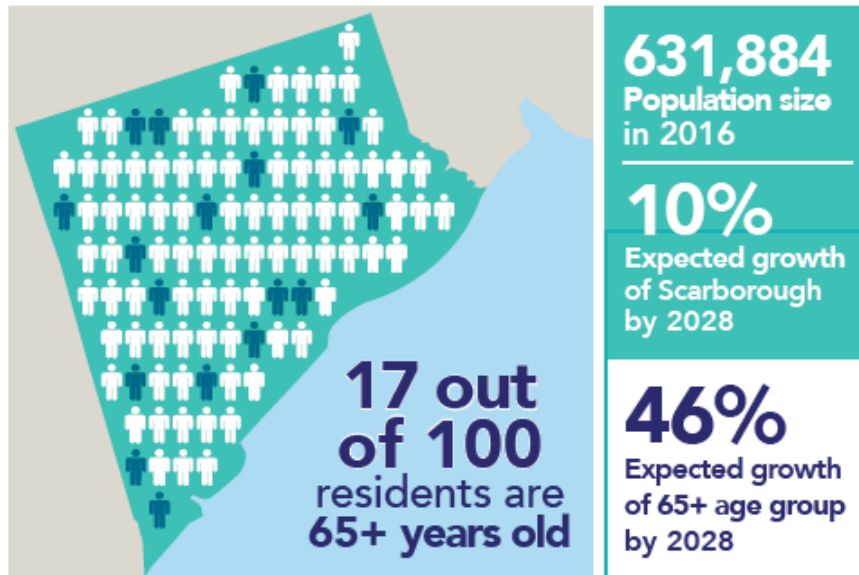
Charlotte Anderson, MSc PT, PhD, OHT Fellow
March 3, 2023

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

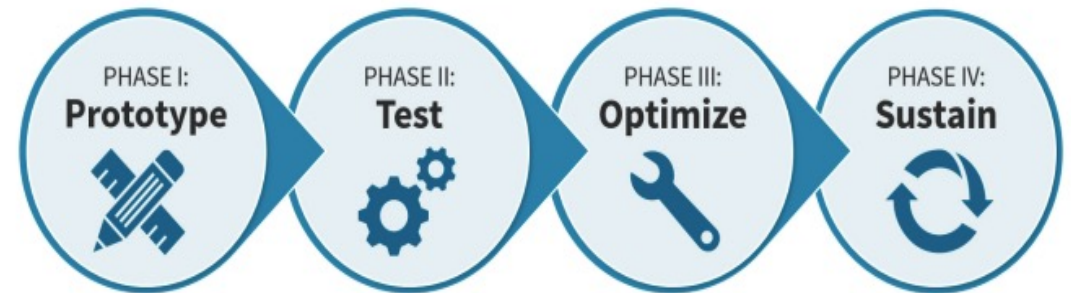


- Vision: People will have optimal health and positive experiences through an accessible, equitable and integrated team, system of care, services and supports.
- Goal: implement program of care for seniors requiring Mental Health and Addictions Services
- Why?
 - Attributed population: 898,831
 - Average 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

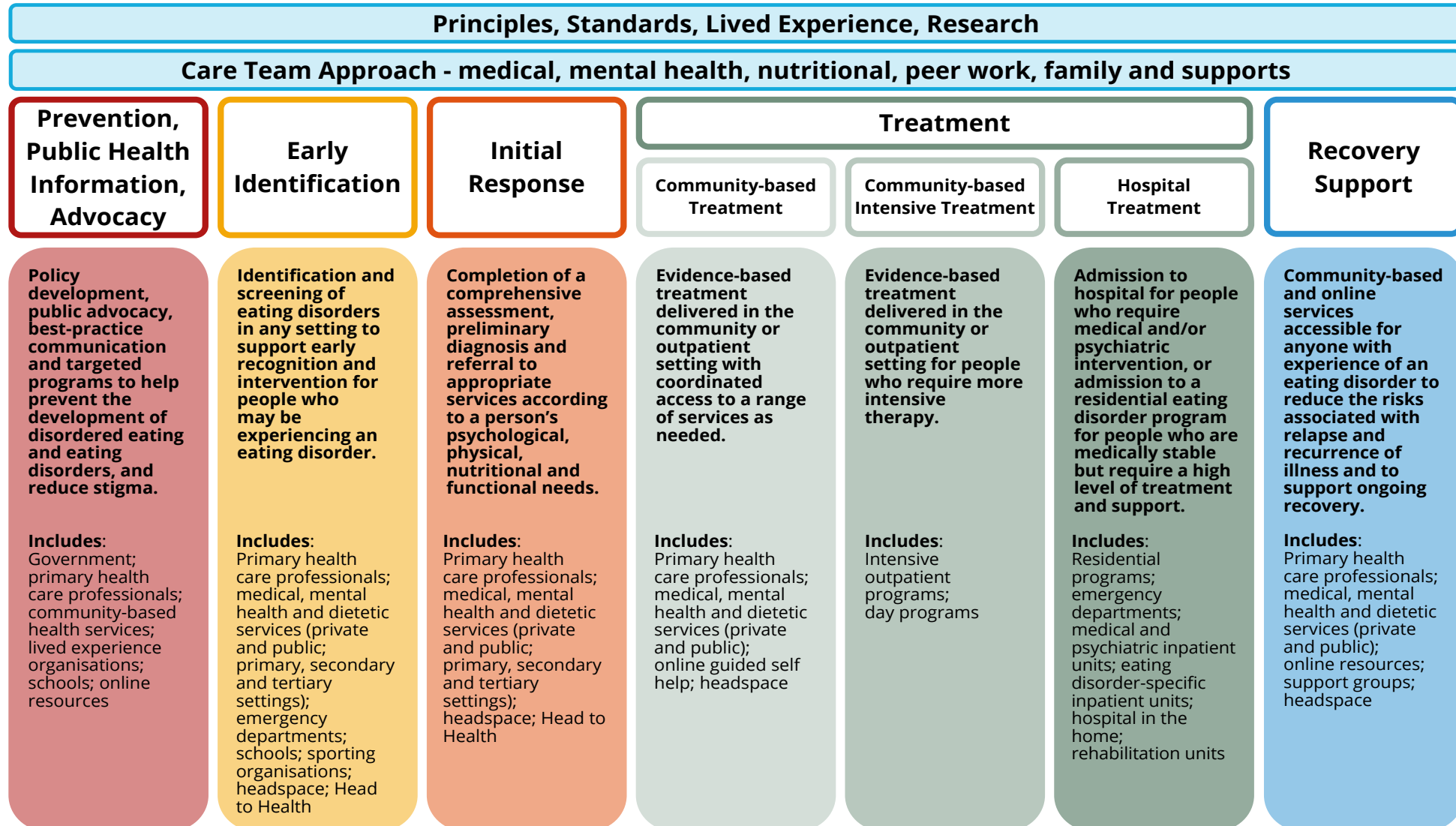
Program of Care

- 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

Exhibit: Complex Care Program Development Framework



Stepped System of Care for Eating Disorders



- 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

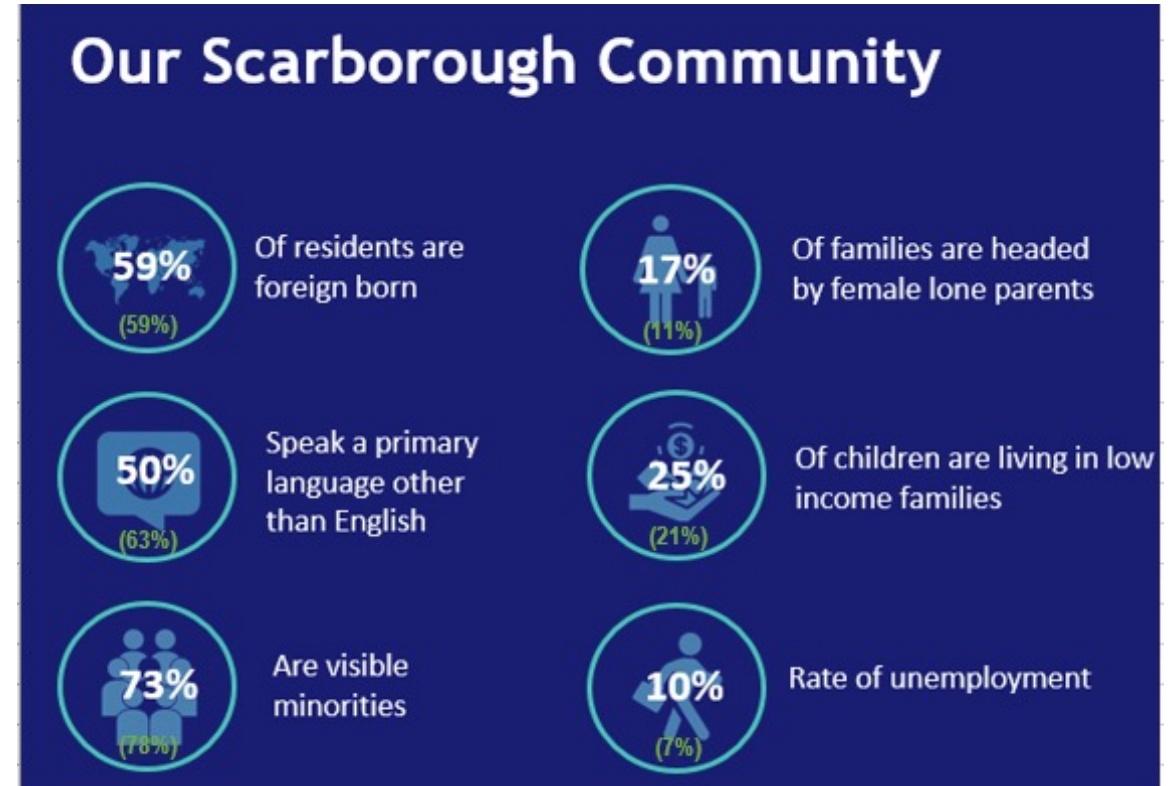
- Central West OHT – home based integrated care model for older adults with frailty
- Middlesex London OHT – program of care for people with COPD and CHF
- MWT OHT – program of care for people with substance use concerns "In your corner"
- NTOHT – seniors requiring mental health and addictions services

Case study: Scarborough OHT (est. 2020)

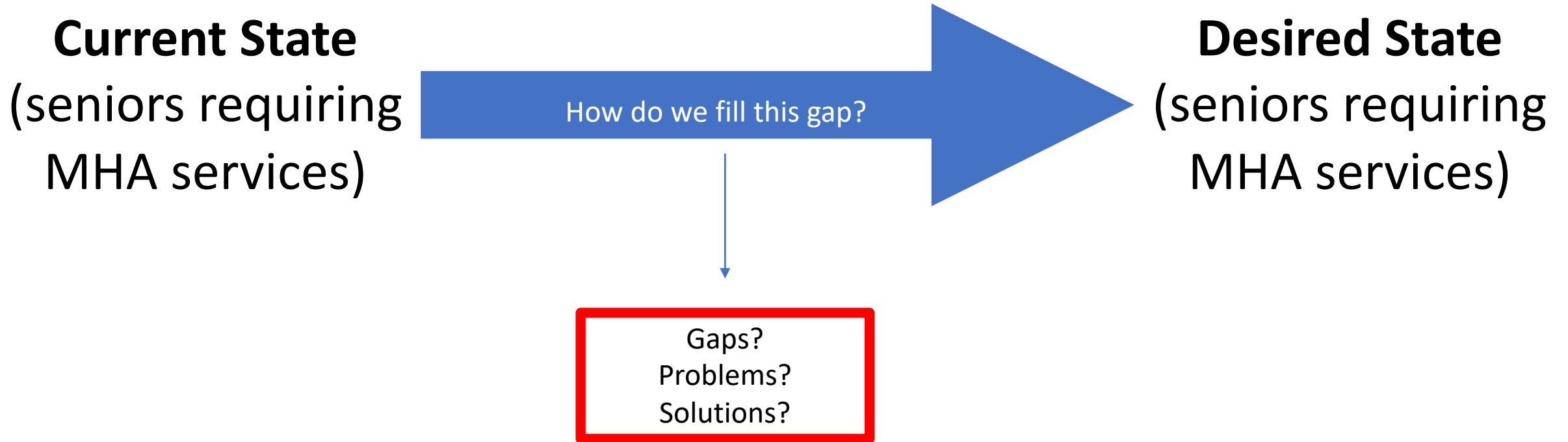
How does the SOHT implement a
program of care for seniors
requiring mental health and
addictions services?

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**



In Scarborough: Gap Analysis



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?

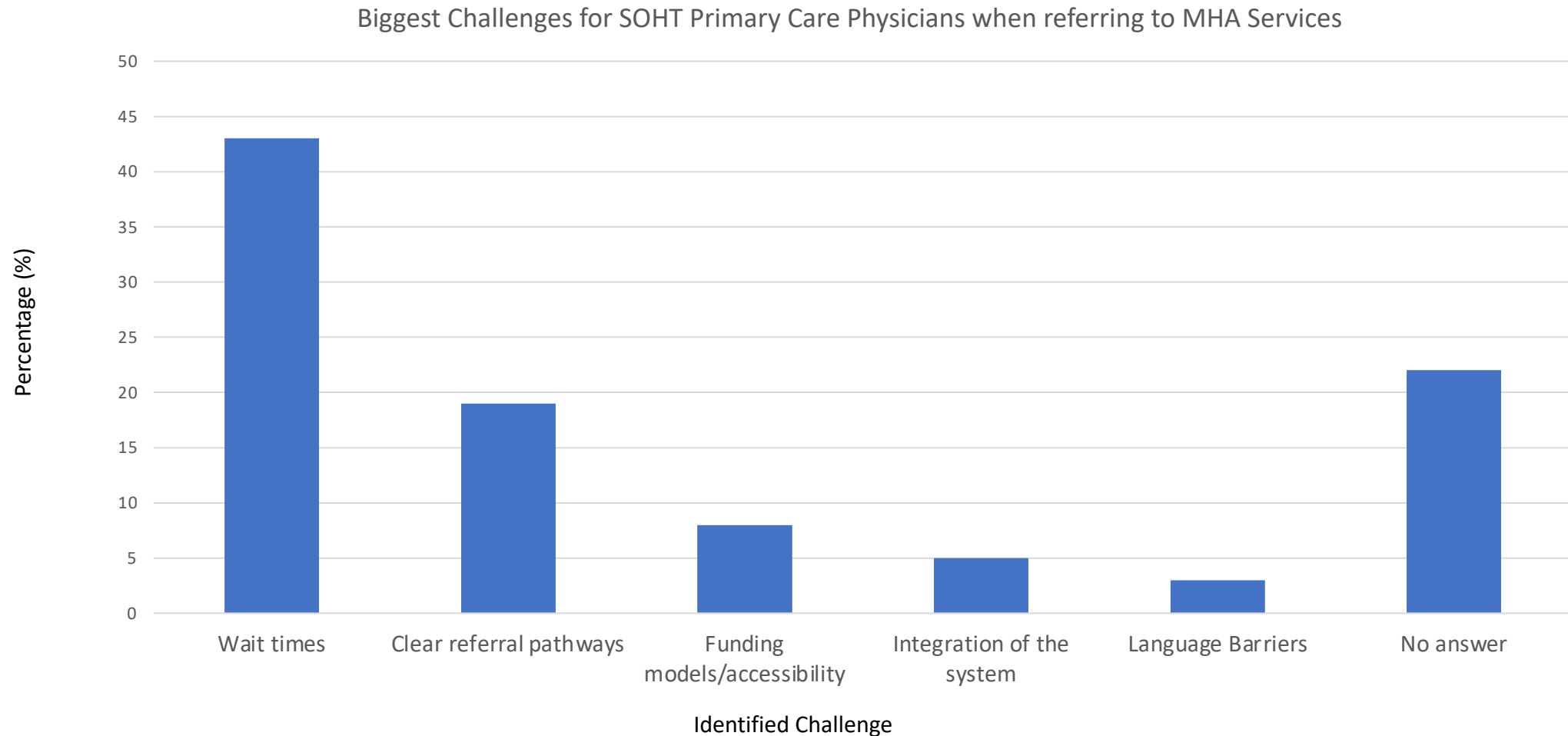
Current State – SOHT Partners (n=36+affiliates)

- 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
<i>If yes, do you feel supported by your primary care doctor to find Mental Health and Addiction services?</i>	0	100

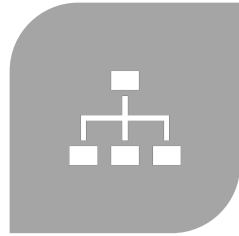
Current State – Primary Care Physicians



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

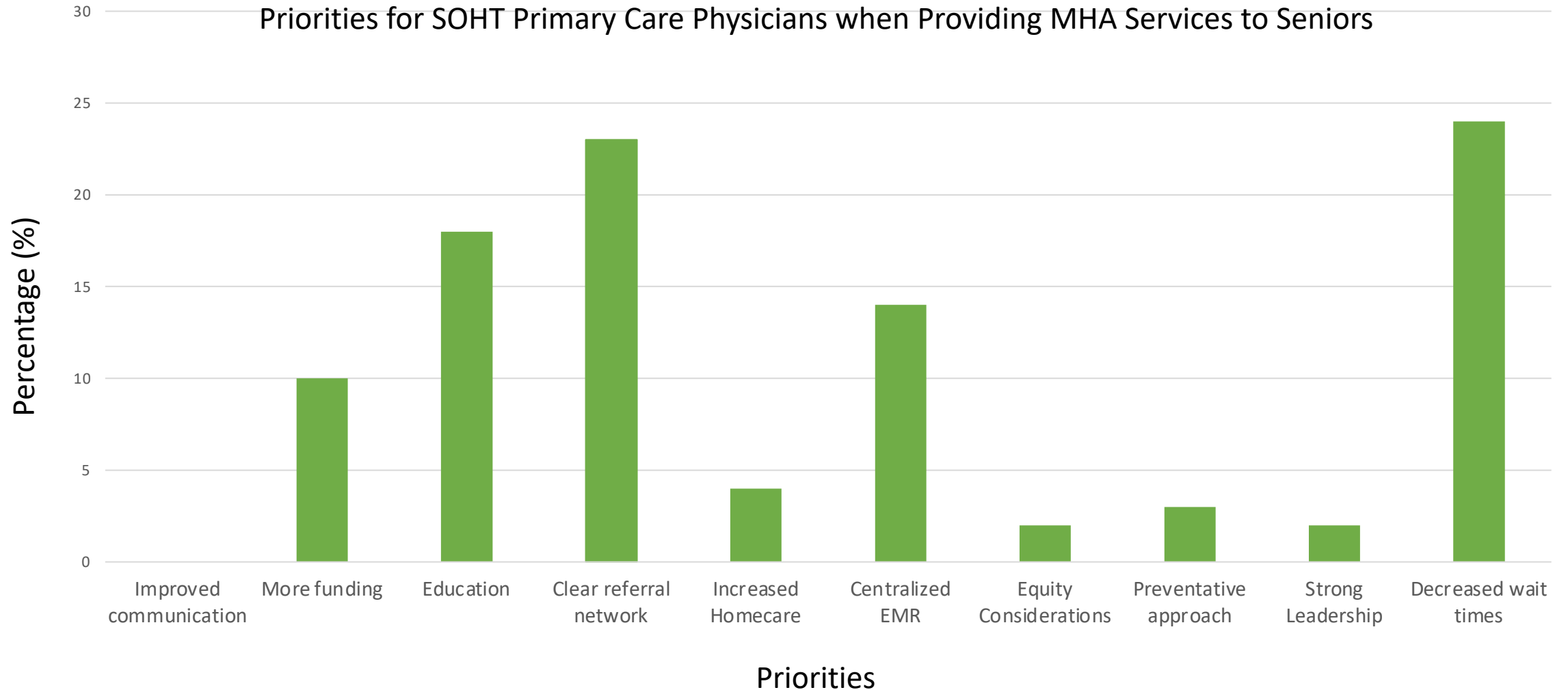


ACCESS TO PRIMARY CARE PHYSICIAN



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

Desired State – Primary Care Physicians



Pulling it all together...

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Gaps Identified

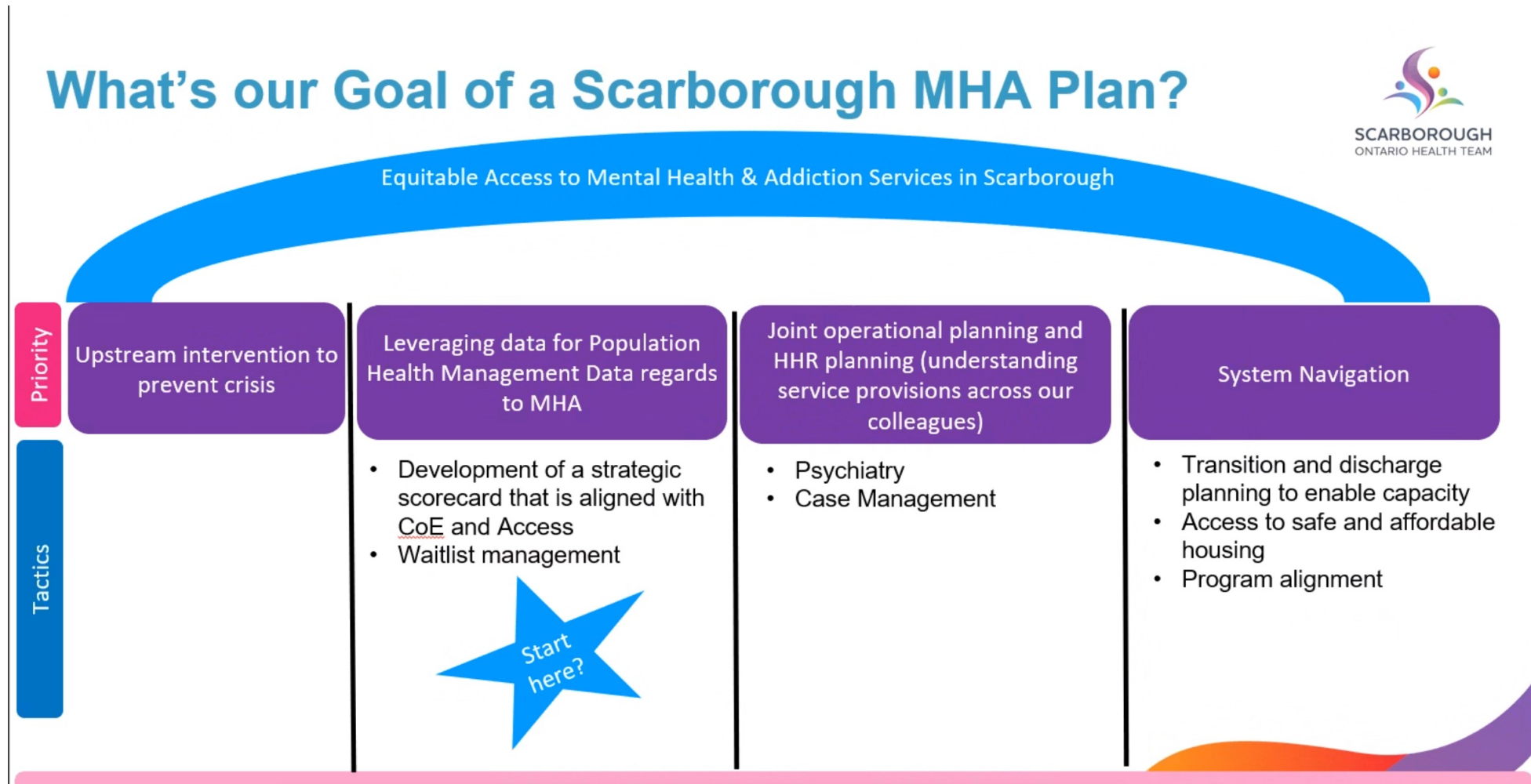


1. An incomplete list of SOHT partner organizations
2. Lack of a centralized navigation system for patients and providers
3. Education to patients and providers about services that exist and are available to seniors requiring MHA services
4. Absence of a clear and consistent referral pathways for providers
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?



Limitations



Timeline

Engagement

Sample Size

Accountability without authority

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

Contact:

charlotte.anderson@utoronto.ca