

McMaster
University
HEALTH SCIENCES



Department of
Family Medicine

McMaster
Family Health Team

Mental Health Services

Team Based Collaborative Care

McMaster FHT

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Presenters Disclosure

Kathy De Caire: No Conflict of Interest

Jill Berridge: No Conflict of Interest

Objectives

- Describe who we are
- Discuss our historical Mental Health Team referral processes
- Describe our vision and priorities for mental health care in the primary care setting
- Present our process changes and outcomes
- Review our greatest benefits and next steps

McMaster Family Health Team

- **Two sites:** McMaster Family Practice (MFP) & Stonechurch Family Health Centre (SFHC)
 - 32 Physicians
 - 80 Residents
 - 40 Allied Health Professionals
 - 30 IP Learners
 - > 33,000 patients
 - > 115,000 visits/year
- **Academic Family Health Team**
 - clinical teaching sites for the Department Family Medicine
- **Dual priority**
 - expert clinical care
 - excellence in family resident education

Mental Health Team

Membership at each site includes:

- Social Workers (Masters)
- System Navigator (social services)
- Occupational Therapist
- Psychologist
- Psychiatrist
- Administration staff and Leadership

Historical Referral Process

- Decision to refer to the Mental Health Team
- Consultation initiated
 - Consult form completed by the referrer with specific professional identified
 - SW, Psychiatry, Psychology, Occupational Therapy, System Navigator all receiving separate/duplicate referrals
- Patient contacted by reception about appointment date/time/location
 - Patient may receive numerous calls...or none...and waiting for service.
 - Wait times for different services vary greatly

Referral Process (pre)

2013-04-01 to 2014-03-31	SFHC	MFP	Average
MH No Show Rate	4.32%	5.47%	4.9%
MH Cancellation Rate	14.80%	9.79%	12.3%
Total			17.2%

- No show/cancellation rates 17.2 %

Mental Health Summit #1

- July 2014 – All mental health providers invited to a 3 hour summit
- Two main questions:
 1. What is our vision of mental health care in a primary care setting?
 2. What is our vision of shared care in our FHT?

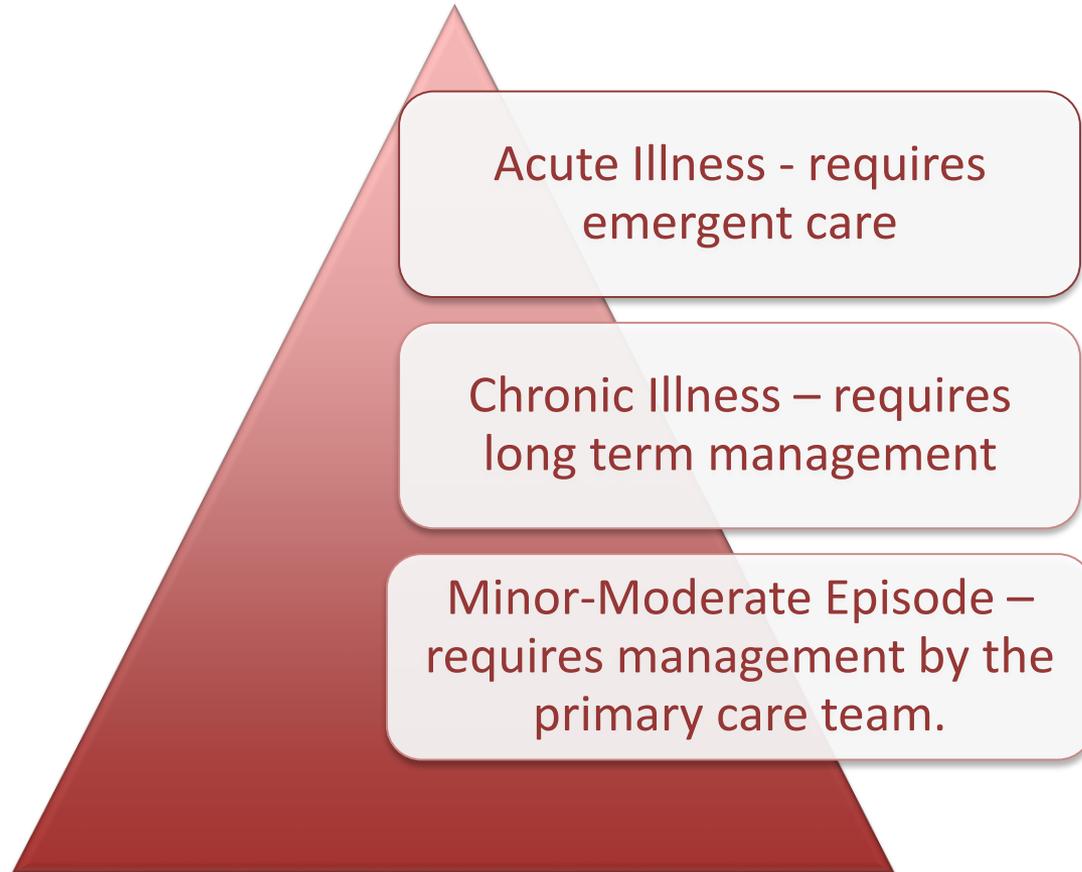
Vision of Mental Health services in Primary Care

- Generalized care
- Group therapy
- Capacity Building (internal/external – community)
- Collaboration with the entire team (SUPPORT THE PATIENT)
- Ensure that the patient & the team are supported until/during/after appropriate services available

Vision of Shared Care in our FHT

- Intake/triage = a general referral to the Mental Health team
- MH Team to triage referral and direct to the most appropriate provider
- Appointment with the patient within 2-3 weeks
- Link patient to outside resources quickly – EAP, Children Services
- Indirect care with Psychiatrist (case review/discussion)
- Better collaboration with the team (mental health & broader)

Mental Health Priorities



Mental Health Team Summit #2

- January 2015 - All mental health providers to a 3 hour follow-up summit
 - Referral/Intake Process: One referral form to all MH team members
 - Wait times: managed at weekly triage meeting
 - Determined outcomes metrics
 - Standardized process for managing cancellations and no-shows

Triage Meetings

- **Weekly triage meetings**
 - All Consult forms reviewed by the MH team and referred to most appropriate provider
- **Single referral form to ‘the Mental Health Team’**
 - Reason for consultation
 - History of illness
 - Goals of care (general)
 - Consensus on who takes the file
 - All decisions noted on the consult form & in the chart
 - Message to the referring clinician

No-Show Process

Administrative staff manage scheduling, book appointments and follow up

- Appointment booked & patient notified
- Patient does not show for appointment
 - Phone call and appointment rebooked
 - MRP/referrer notified (Oscar)
- Patient does not show for rebooked appointment
 - Phone call to patient
 - MRP/referrer notified (Oscar) that patient has missed 2 appointments
 - Letter to the patient
 - Re-referral required

Other Process Changes

- Reviewing the existing wait list and contacting all of the patients to
 - Confirm they still needed the appt (Admin)
 - Review schedules – ensure 1 new pt appt/day
 - Review length of time a patient is seen (# appts)
 - Triage meeting weekly, 1.5 hour, consult review only
 - Monthly data reporting (consult date/contact date, clinic appt)

Outcome Metrics

- # Consults received by the Mental Health team
- # Days between consult request received and first contact with patient
- # Days between consult request received and clinic appointment with MH Team members
- # No show/cancellations

GOAL – contact within 7 days, appointment within 21 days.

Wait Times – Mental Health Team

Jan 1-March 31, 2015

	# referrals	SW	SN	OT	Psychology
SFHC	# referrals	169	34	40	10
	Days to contact	9.5	7.5	9.3	8.7
	Days to seen	30	17.5	53	27

GOAL – contact within 7 days, appointment within 21 days.

Wait Times – Mental Health Team

April 1- June 30, 2015

	# referrals	SW	SN	OT	Psychology
SFHC	# referrals	172	53	60	20
	Days to contact	7	5.8	7.3	9.1
	Days to seen	27	24	33	23

GOAL – Contact within 7 days, appointment within 21 days.

Mental Health Team Summit # 3

- June 2015 - All mental health providers to a 3 hour follow-up summit
 - Clinical pathway: MH team services
 - Mental health referrals checklist
 - How to write a good referral
 - Initial intake assessment
 - Screening tools
 - Appointments: Initial and follow-up

Greatest Benefits

- Wait list has been reduced
- Standardized booking process
- Single referral option
- Reduced time in triage meetings
- Timely and relevant communication to referral source
- Accurate referral and wait time data

Next Steps

- Communication and role-out of our new mental health referrals checklist
- Develop standardized initial intake assessment
- Identify and increase use of standardized screening tools
- Mental health groups: Process and outcomes

Questions/Discussion

Thank You



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