

McMaster
University
HEALTH SCIENCES



Department of
Family Medicine

McMaster
Family Health Team

Mental Health Services

Team Based Collaborative Care

McMaster FHT

Kathy De Caire

Jill Berridge

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?

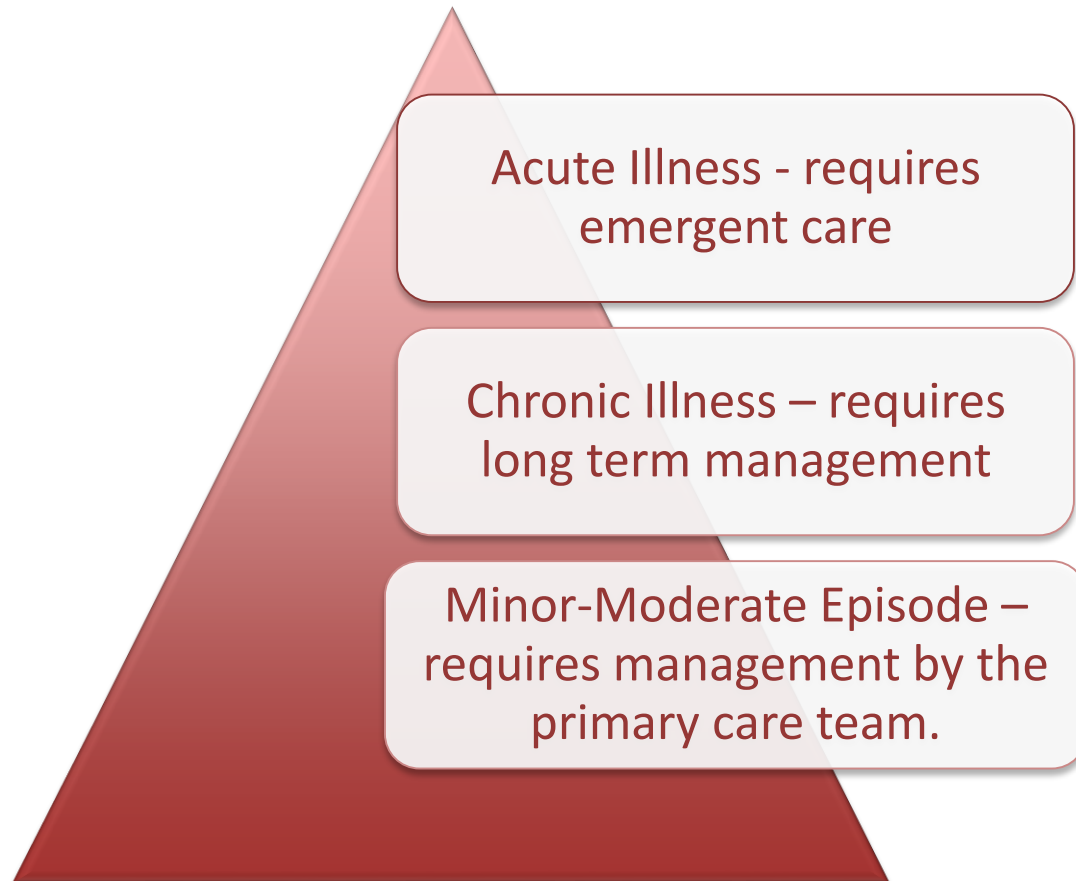
Vision of Mental Health services in Primary Care

- 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

McMaster
University
HEALTH SCIENCES



Department of
Family Medicine

McMaster
Family Health Team