The "Collaborative Care" Model: Educational Opportunities in Psychiatry for Family Physicians

Jon Davine
Associate Professor, Department of Psychiatry, McMaster University
AFHTO 2012 Conference
Toronto, Ontario
October 16, 2012.

Introduction

- 15 – 50% of all patients in family medicine have significant psychological dysfunction
- 21% receive care from mental health specialists
- 54% receive care from primary care only
- “De Facto Mental Health System” (D.Regier)

Introduction

- 1000 people
- 250 have psychiatric morbidity (GHQ)
- 230 seen by family doctor
- 140 picked up by family doctor
- 17 seen by MH specialist
- 6 seen in inpatient psychiatry
- (D. Goldberg)

“Collaborative Care” Model

- Supports the role of primary care practitioners as primary deliverers of mental health care

- Uses psychiatry as readily available consultants, not primary caregivers

Hamilton FHT

- “Collaborative Care” model, where psychiatrists and counsellors work directly in the family doctor’s office
- Psychiatrist does ½ day once per week or two based on practice size
- Counsellors also are based in the family doctor’s office. Time spent is based on practice size
- Central Committee helps organize
- 80 practices; 148 family doctors; 340,000 patients

Role of the Psychiatrist

- Direct Patient Care
  - consultation 2 - 3/half day
  - patient follow-up 1 - 6/half day
- Indirect Patient Care 3 - 6/half day
  - Family Physicians
  - Counsellors
- Educational small group sessions
- Telephone back-up/ email
- EDUCATION!!

CONSULTS

- Brief preamble from primary caregiver, leads to briefer consult.
- Consult is to the point, problem based; personal history may be shortened.
- Dealt with at an earlier stage, in a comfortable setting for patient.
- Time efficient

The Psychiatrist: A TYPICAL HALF DAY

- Speak to the Family Physician before the patient is seen and before they leave—EDUCATION!!
- Consultations is often more focused / shorter
- Assist with referrals into the mental health system

ADVANTAGES

- Easily arrangeable consults
- Immediate feedback
- Can facilitate psychiatric system referrals
- Larger number of cases that psychiatrist is involved with

PSYCHIATRIC FOLLOW-UP

- Will be returning in one or two weeks
- Can be discussion only
- Can be seen again usually in 3-4 months

The Psychiatrist: Case Discussions

Formal or "corridor"

- Cases who may need to be seen
- Cases who don't need to be seen
- Opportunity to develop an initial plan and reassess
- Follow-up of someone previously seen – recent or past
- Community Resources
- EDUCATION!!

HELPFUL HINTS

- **FLEXIBILITY:** Ready to see anything and everything. All age groups, couples, families, etc.

  Flexible approaches

  Flexible format

  “in the hall”, “on the phone”

THOUGHT

- By working directly in the family doctor's office, the psychiatrists can get to know specific family doctors/nurses/counsellors better, which helps service delivery.

- You can gear your back up more effectively when you know each other. Some need a little, some need as lot.

CHARTING

- Hand written (scanned in) or straight into EMR
- Part of the family physician's record
- Impression and Plan most crucial
- Can be written with details about diagnosis and step by step treatment plans
- EDUCATION!!

EDUCATIONAL OPPORTUNITIES

- **<u>Small Group Practice</u>**
  - not formal
  - 1:1 consult based

- **<u>Large Group Practice</u>**
  - 1:1 consult based
  - small group teaching sessions

Adult Learning Principles

- Case based, problem based.
- Seen in one's work setting
- Practicing techniques
- Ongoing support from an acknowledged "expert"
- Transfer of knowledge
- Voila!

Psychiatry in Primary Care
A concise Canadian pocket guide

- Edited by
- David S. Goldbloom, MD, FRCPC
- Jon Davine MD, CCFP, FRCPC

- Publisher:
  - CAMH, 2011.

Psychiatry in Primary Care

- Brief, clinically relevant chapters. Geared for primary care practitioners
- Covers major psychiatric topics
- Quick diagnostic tips
- Practical treatment points for primary care practitioners
- What is expected of primary care/When to refer
- Community and Online resources
- EDUCATION!!

Info

- Telephone: 1-800-661-1111
- 1-416-595-6059

- Email: publications@camh.net

- jdavine@cogeco.ca