Mental Health and Addiction QI Collaborative Webinar Series

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June 13, 2019

Outline

- Context of OHTs and mandate of QI

- AFHTO QI programs and initiatives

- E-QIP overview, accomplishments and resources

- Discussion and Q&A

Ontario Health Teams

Ontario Health Teams

Ontario Health Teams are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.

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Ontario Health Teams

2019 Budget Commitment:

With the Province's support and guidance, these Ontario Health Teams will organize care delivery according to the needs of their local communities, thereby allowing groups of health care providers, such as hospitals, physicians, mental health professionals, and home and community care providers, to coordinate the care requirements in their area as a single team of providers.

Early adopters will be announced in summer 2019, and provincewide implementation is expected in 2020.

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Ontario Health Teams

- Providers will organize and deliver care locally

- Treated in legislation similarly to health service providers

- Must include at least 3 types of services:
    - Hospital (*priority)
    - Primary care (*priority)
    - Mental health and addictions
    - Home and community care (*priority)
    - Long-term care
    - Palliative care
    - Others (including non-health services) that may be specified in regulation

- 30-50 at full roll-out, each serving 50K-500K patients

- Mostly geographically-based, some for specialized patients

Ontario Health Teams

- Must offer digital tools (virtual care, patient portals)

- Hospital, primary care and home/community care key

- Ministry will provide supports + resources to OHTs

- Will have outcomes-based funding with risk/reward sharing

- Early adopters with continuous additions through full roll-out

- Ministry working with potential adopters – want to leverage groups already doing similar work

- Ministry wants "creative" solutions, including integration of non-HSPs that support care delivery

(not just Ministry funded entities)

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Ontario Health Teams

What do we not know?

- Legislation only provides a broad framework – the model will be defined through regulation + policy/program/funding decisions

- What changes will occur as LHIN care coordinators move to OHTs

- Whether all HSPs will eventually have to join OHTs

- How OHTs will be governed and make funding decisions

- How "blended funding" will work

- If HSPs that are not part of OHTs will have any funding or accountability relationships with them

- Whether OHTs will be dominated by hospitals

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Ontario Health Teams

- 150+ applications were received by May 15th

- Self-assessment applications are currently being reviewed by the Ministry

- The Ministry will connect with all applicants in June to provide an update on the status of their application

- Applicants identified to be in the best position to move forward in becoming an Ontario Health Team Candidate will be asked to complete a full application and will be provided with additional information that will assist in planning

- The Ministry will continue to work with all interested individuals and teams to help them on their journey towards becoming an Ontario Health Team

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Ontario Health Teams & Quality Improvement

- Along with the development of the Ontario Health Teams, the government is undergoing substantial health system transformation with the creation of Ontario Health

- New agency tasked with organization and delivery of care

- Absorbs some LHIN functions, assets and employees; likely some Ministry functions as well

- Replaces several agencies:
  - All 14 LHINs – not all functions
  - Cancer Care Ontario
  - eHealth Ontario
  - HealthForceOntario Marketing and Recruitment Agency
  - Health Quality Ontario
  - Trillium Gift of Life Network
  - Health Share Services Ontario

- Will provide procurement and supply chain management

Ontario Health Teams & Quality Improvement

- With HQO folding into the new Ontario Health and Ontario Health Teams still in the early stages, it is actually not known what indicators will be looked on with regards to QI

- But the guidance document is clear:
  - *Integrated funding and accountability will create the optimal conditions for Ontario Health Teams to innovate, be more aware of their own performance to drive quality improvement, and be fully accountable for the health care dollars they spend.*

- The actual criteria for the creation of the OHTs speaks to 8 domains to move from readiness to maturity:

  - Patient Care & Experience

  - Patient Partnership & Community Engagement

  - Defined Patient Population

  - In-Scope Services

  - Leadership, Accountability & Governance

  - **Performance Measurement, Quality Improvement & Continuous Learning**

  - Funding and Incentive Structure

  - Digital Health

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Ontario Health Teams & Quality Improvement

	Readiness Criteria for Ontario Health Team Candidates	Year 1 Expectations for Ontario Health Team Candidates	Ontario Health Teams at Maturity
Performance Measurement, Quality Improvement, & Continuous Learning	Demonstrated understanding of baseline performance on key integration measures and history of quality and performance improvement. Identified opportunities for reducing inappropriate variation and implementing clinical standards and best evidence. Commitment to collect data, pursue joint quality improvement activities, engage in continuous learning, and champion integrated care.	Integrated Quality Improvement Plan in place for following fiscal year. Progress made to reduce variation and implement clinical standards/best evidence. Complete and accurate reporting on required indicators. Participation in central learning collaborative.	Teams will provide care according to the best available evidence and clinical standards, with an ongoing focus on quality improvement. A standard set of indicators aligned with the Quadruple Aim will measure performance and evaluate the extent to which Teams are providing integrated care, and performance will be reported.

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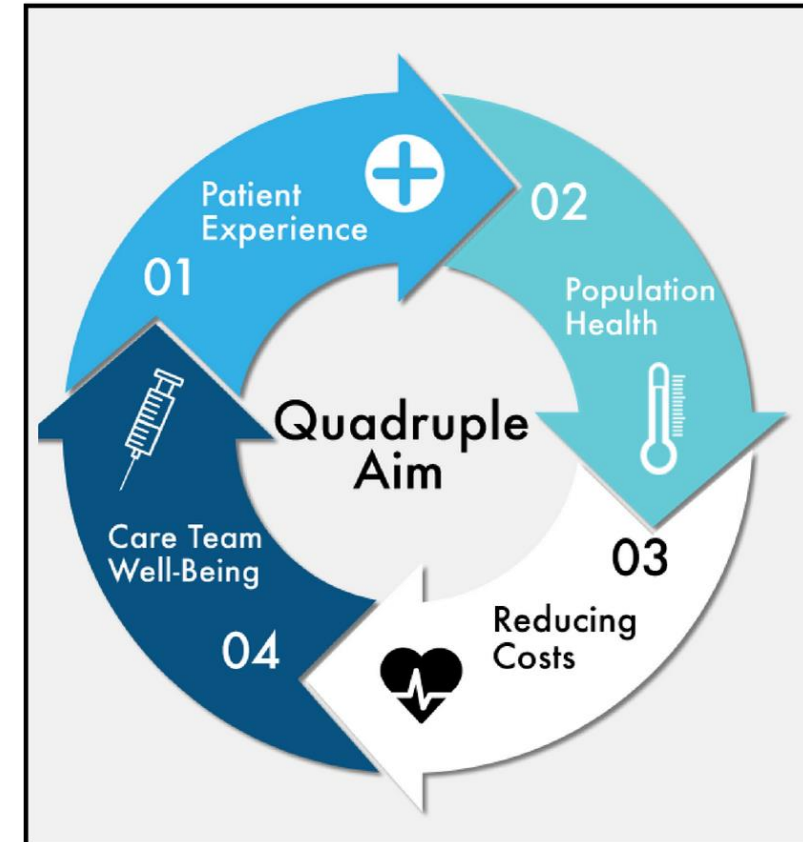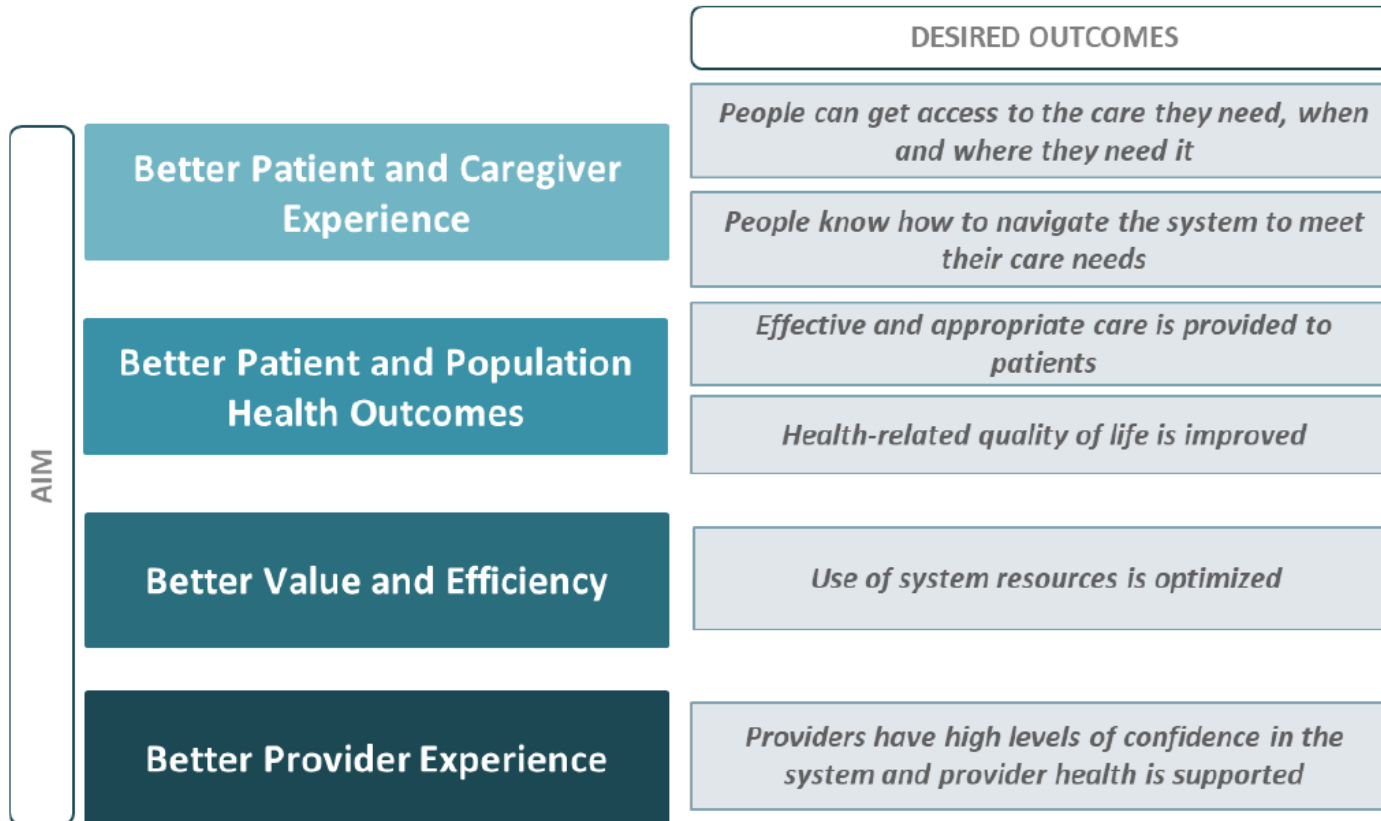
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Ontario Health Teams & Quality Improvement

- Focus is on the Quadruple Aim:
  - Improving the patient experience
  - Improving the health of the population
  - Reducing the capita cost of health care

  - And now the fourth aim – improving the satisfaction of the providers and team

Ontario Health Teams & Quality Improvement

DESIRED OUTCOMES

AIM

Better Patient and Caregiver Experience
- People can get access to the care they need, when and where they need it
- People know how to navigate the system to meet their care needs

Better Patient and Population Health Outcomes
- Effective and appropriate care is provided to patients
- Health-related quality of life is improved

Better Value and Efficiency
- Use of system resources is optimized

Better Provider Experience
- Providers have high levels of confidence in the system and provider health is supported

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Ontario Health Teams & Quality Improvement

- Provincial and local targets and benchmarks will be set to track progress and support OHTs on their path to maturity

- In the first phase, all OHTs will be required to collect and report data on key integration indicators, aligned with the principles of the Quadruple Aim

- The Ministry will develop pan-sectoral/multi-sector Patient Reported Experience Measures (PREMs), Patient Reported Outcome Measures (PROMs), and provider experience surveys. These tools will be valuable mechanisms for monitoring Ontarians' perceptions of care, access, and transitions, as well as provider experiences and satisfaction

- So QI is going to be integral in the development of OHTs – it will include integrated measures built on the patient experience and will require sectors – hospital, primary care, mental health and addictions, home care – to work collaboratively together as they will be measured and evaluated on the extent to which they are providing integrated care

Stay connected with Connected Care Updates at:

https://mailchi.mp/ontario/connectedcareupdates

AFHTO QI Programs and Initiatives

QI Programs/Initiatives - AFHTO
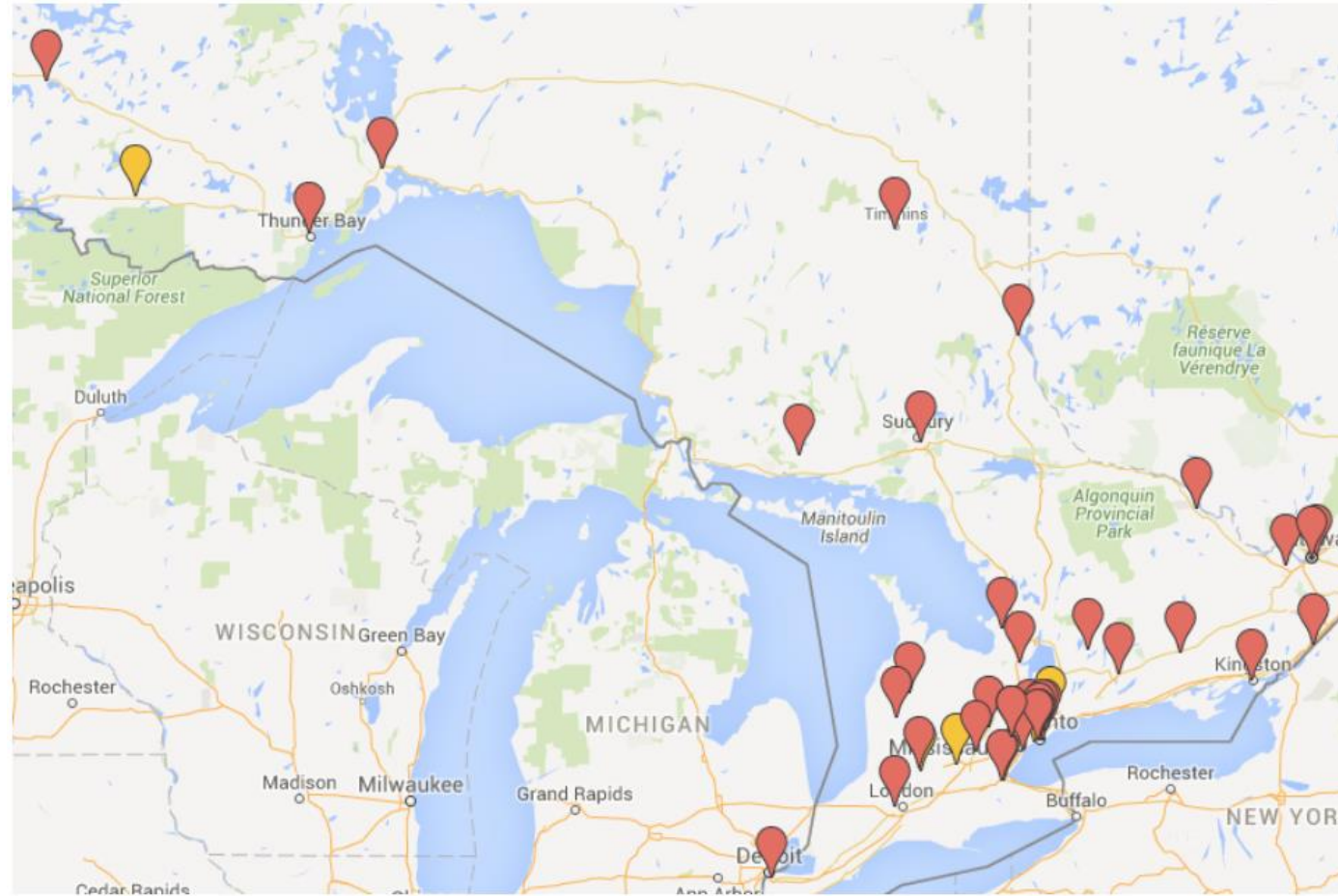
Primary care teams supported by:

- Quality Improvement Decision Support Specialists (QIDSS),
- QIDSS-like (data analysts, QI coordinators, IT/admin assistants, program planners, etc.)
- Quality Improvement Information Management Specialists (QIIMS) within teams

- Quality Improvement in Primary Care (QI in PC) Community of Practice (CoP)

- QI in Action eBulletin

- KTE workshops
  - Managing Medication as a Team
  - Focus on Follow-up
  - Opioid De-implementation in Primary Care
  - Building together: How to become a high performing team

- KTE webinars

QI in Primary Care Community of Practice

- 80+ members working in QI
  - QIDSS, Quality Improvement & Information Management Specialists, QIDSS-like, RDDS, QI and Data Coaches
- Support from AFHTO KTE Specialist & QI in Primary Care Council
  - 5 appointed QIDSS and QIDSS-like on the QI in PC council
- Monthly virtual CoP calls
  - Updates/presentations from quality workers in the field
  - Collective projects/priorities
  - Presentations from external stakeholders
  - Upcoming events
- Email listerv to connect with peers across Ontario

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Location of QIDSS & QIIMS

MH&A QI Projects in Primary Care

Access

- A System Overhaul: How We Reduced Our Mental Health Wait Times From 12 Months To 2 Months – *Connexion FHT*

- Reducing ED Visits With Mental Health And Addictions Response Team – *Welland McMaster FHT*

- Optimizing capacity of the Mental Health team, triaging the patient: who is the right provider? – *McMaster FHT*

- Improving Access Without Increasing Resources – *Women's College Hospital FHT*

- Keep Your Friends Close And Your FHOs Even Closer: Expanding Mental Health Services to Three FHOs In Kitchener-Waterloo – *Centre for Family Medicine*

MH&A QI Projects in Primary Care

Quality of Care

- Improving On "Best Practices": Lessons From a FHT-Based Client-Centered E-Mental Health Project – *Huron Community FHT*

- The DAVINCI Project - Using Patient Tablets To Support A Data-Driven, Sustainable Shared Care Group Approach To Mental Health – *Hamilton FHT*

- Providing New Services For Individuals Who Suffer From Addiction and their Family Members, as a Pilot Program in a Large, Urban, Academic Family Health Team – *North York FHT*

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MH&A QI Projects in Primary Care

Quality of Care cont.

- The HARMS program – *Marathon FHT*

- Mind the Gap: Creating a Successful Mindfulness Program- *Peterborough FHT*

- Responding to the Needs of Patients with Anxiety-Developing a Comprehensive Group Program at a FHT – *McMaster FHT*

MH&A QI Projects in Primary Care

Transitions/Integrations/Partnerships

- Scaling-Up The Eating Disorders Bridge Program: The FHT Model At Its Best – *Markham FHT*

- Act As One Service: Integrating Addictions And Mental Health Into Primary Care In Guelph – *Guelph FHT*

- Building Strong Collaboration Between Primary Care and Children's Mental Health Services, Families First Model – *Caroline FHT, Reach Out Centre for Kids*

- Taking Collaboration To The Next Level…Dealing With The Social Determinants Of Health – *Superior FHT*

Health Quality Ontario - Quality Improvement Plans (QIPs)

2018/19 QIP areas of improvement:

- Improve **access** to mental health services
- Ensure **equity** of services
- Improve mental health **screening**
- **Integration** with community mental health and addiction services

Planned Change Ideas 2018/19

- Improve access to mental health services for FHO patients

- Implement suicide screening for new clients

- Provide brief intervention therapy where appropriate

- Evaluate new advanced access referral process

- Implement psychology services

- Balance supply and demand of MH services

Previous Change Ideas

- **Work closely with our community partners** to provide mental health and addiction support and services. Collaborative services provide access to these services that would otherwise not be available throughout our entire catchment area
  - Developed community engagement sessions to inform the community about mental health and addictions services that are offered at or in collaboration with our team

Previous Change Ideas

- Increase **program efficiency** by improving the **match between referrals received** and **program criteria**
  - By clarifying program criteria, less time was spent redirecting patients to other community based services when our team's programs did not meet needs of the patient (i.e. crisis, addiction).

- **Streamline** mental health **intake and treatment processes**
  - Hire additional social workers. All referrals to SW are sent through the central intake system where the receptionist contacts the patient within 24 hours and books an appointment with the provider who has the shortest wait time. This system has proved to be effective to date.

Previous Change Ideas

- **Increase capacity**
  - Clearing the waitlist by providing transition planning for clients with 8+ visits
  - Increase evening appointments & urgent slots

- Improve **service coordination**
  - New referral form reminding providers to explore other resources if patient has access to them (i.e. private counselling if covered)

- Improve **booking processes**
  - EMR referral forms with inclusion/exclusion criteria, pathways to alternative MH providers and booking procedure handout for patient

Contact Information

- Laura Belsito, Clinical Knowledge Translation & Exchange Specialist, AFHTO – improve@afhto.ca

- QI in Primary Care Council – qiprimarycouncil@emaildodo.com
  - Abigail Scott, QI and Data Analyst, Queen's FHT
  - Charles Bruntz, QIDSS, West Carlton FHT
  - Brice Wong, QIDSS, Windsor FHT
  - Cameron Berry, QIDSS, Kawartha North FHT
  - Sandeep Gill, QIDSS, Queen's Square FHT

Agenda

- E-QIP – What has the community mental health and addiction sector been up to?

- Accomplishments

- *Resources*

- Questions

Why Focus on Quality?

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act | Plan
Study | Do

Domains of Quality

Equitable

Safe

Timely

Effective

Client Centered

Integrated

Efficient

Quadruple Aim

Better Health for the Population | Better Care for Individuals

Lower Cost Through Improvement | Improved Provider Satisfaction

Guiding Principles: *Joyful, Person- Centered, Ethical, Transparent, Informed, Innovative, Unceasing*

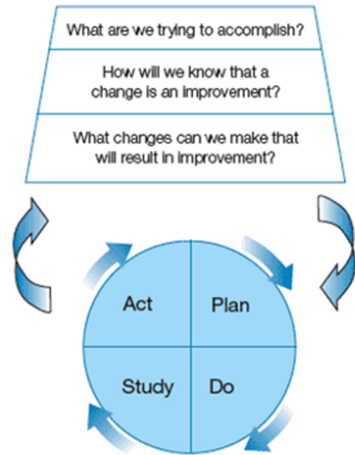Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario
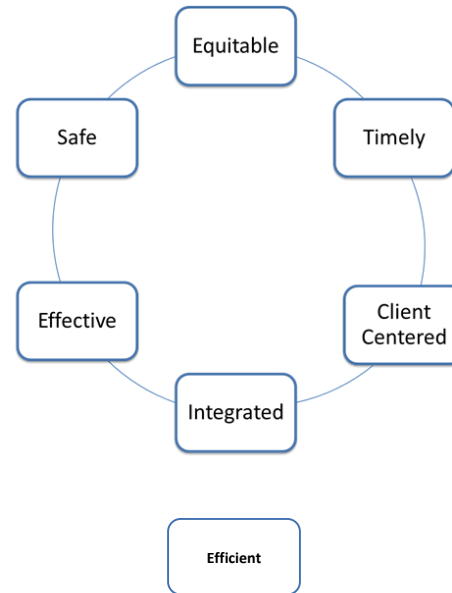
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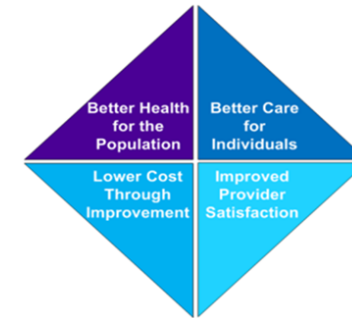Canadian Mental Health Association Ontario *Mental health for all*

What is Quality Improvement (QI) in health care?

Quality Improvement is a systematic approach to making changes that lead to better client outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, clients and their families, researchers, planners and educators — to make better and sustained improvements.

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Source:
Health Quality Ontario - Quality Improvement page
Paul Batalden and Frank Davidoff. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care. 2007 Feb; 16(1): 2–3. (PubMed)
IDEAS Glossary: http://online.ideasontario.ca/terms/quality-improvement/

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A Structured Approach

The Model for Improvement

What are we trying to accomplish? → **Specify and set the aim**

How will we know that a change is an improvement? → **Establish measures**

What changes can we make that will result in improvement? → **Change concepts & change ideas**

PDSA Cycle
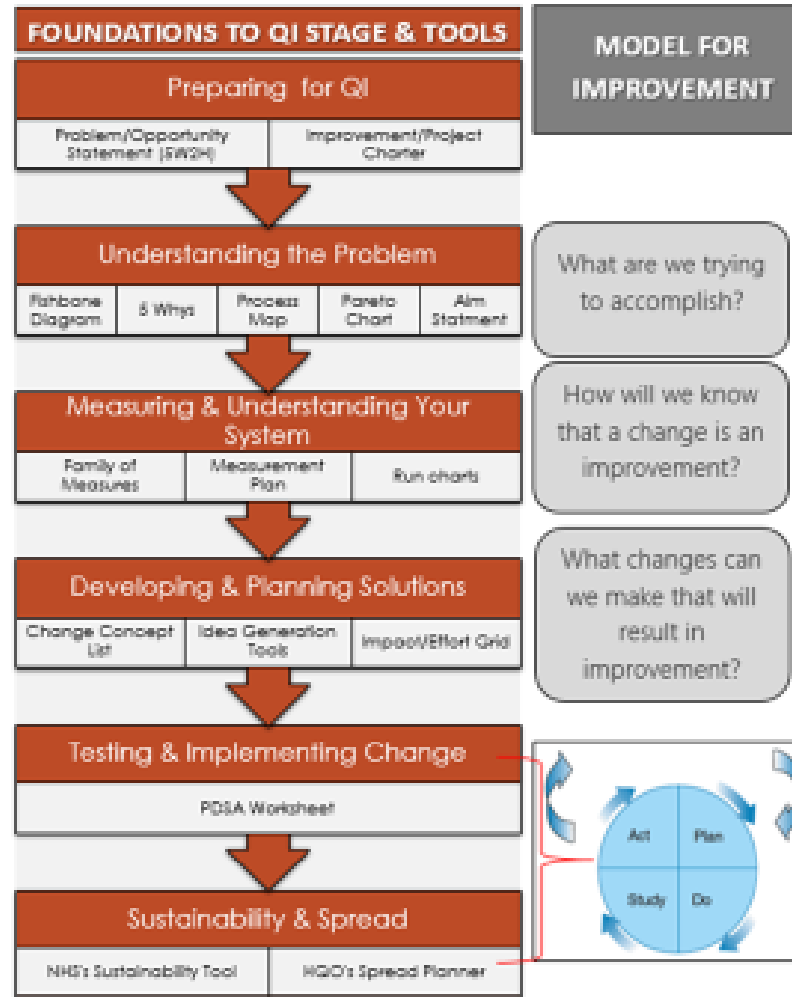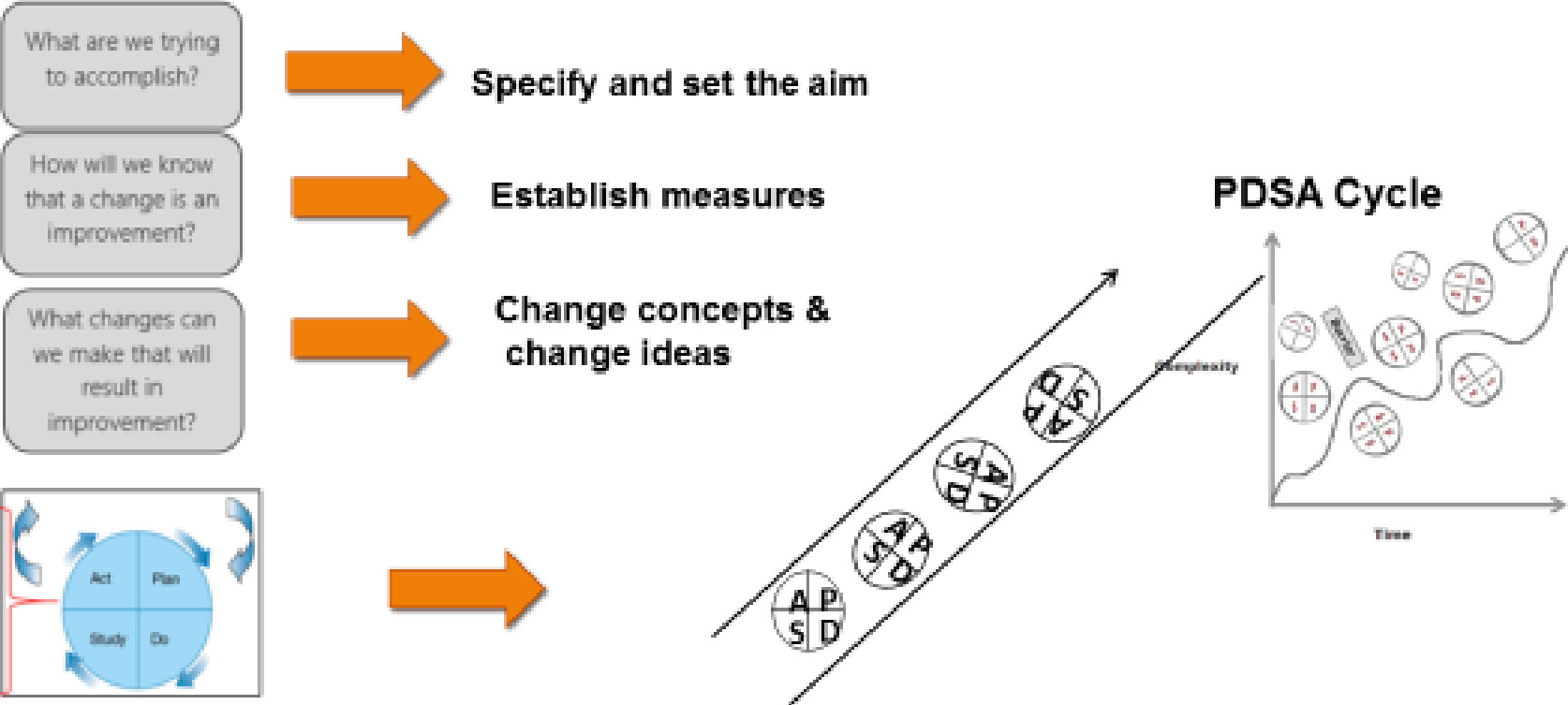
Langley, Nolan, Nolan, Norman, Provost; The Improvement Guide, 1996.

E-QIP'ing the Sector

Excellence through Quality Improvement Project (E-QIP)

- **Partnership** between Addictions & Mental Health Ontario, Canadian Mental Health Association, Ontario & Health Quality Ontario

- **Intention** to promote and support *quality improvement* (QI) in the *community mental health and addiction sector*

- **Working from** the sectors existing commitment to providing high quality, person-centered care to individuals and families

- **Based on** the Model for Improvement

- **Working towards** achieving the Domains of Quality and the Quadruple Aim

- **E-QIP Aspiration** is for community mental health and addiction agencies to share a culture of QI and to be continuously involved in "meaningful for the client" QI projects
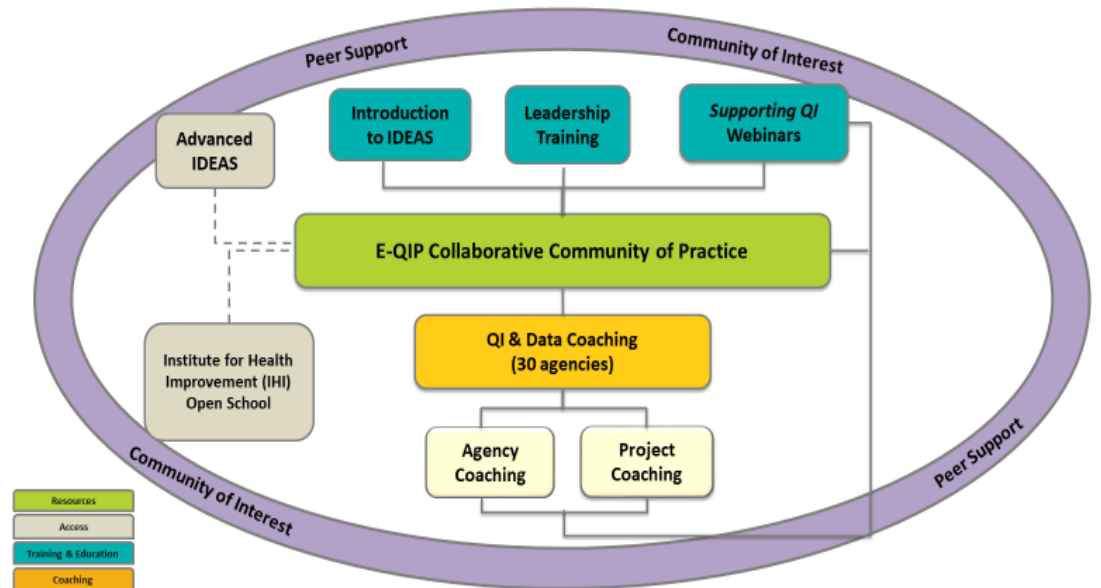
Beginning state of QI adoption across Ontario's community mental health and addiction sector
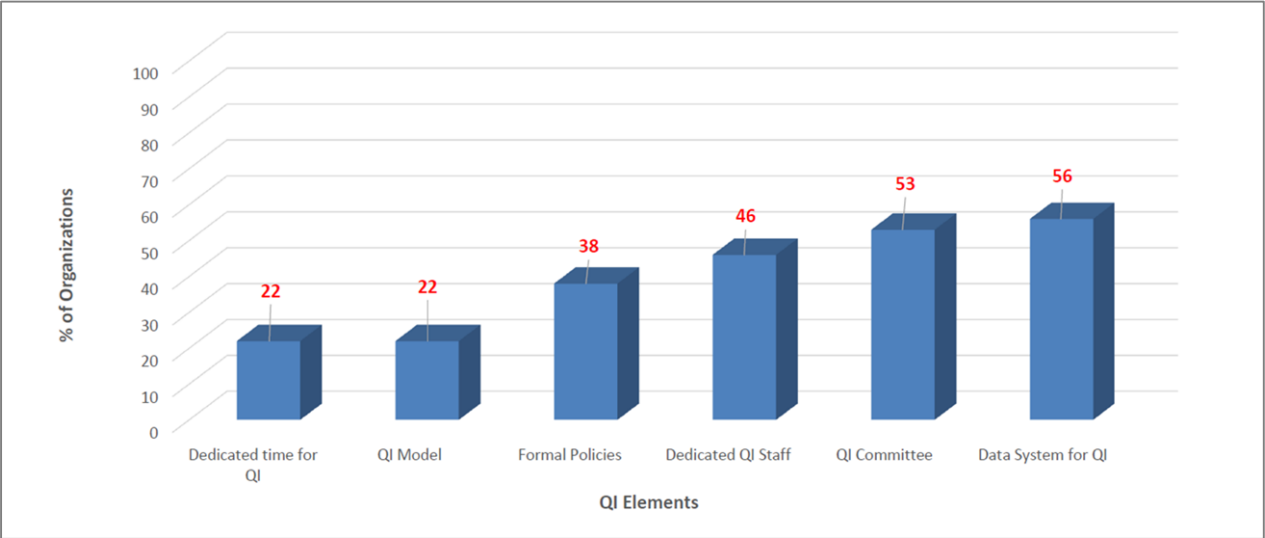
78% Of organizations don't have dedicated Quality Improvement time

44% Of organizations don't have Quality Improvement-friendly data systems

62% Of organizations don't have formal Quality Improvement policies

E-QIP Survey, 2016 N=76

Priority Areas for QI & Data Coaching Cohort 2/3

➢ *Projects that seek to align with HQO's major depression, schizophrenia or opioid treatment standards or take on the standards locally*

➢ *Projects that seek to improve timely access to services*

➢ *Projects that seek to understand and/or improve the client experience*

➢ *Projects that seek to increase the use of client goal plans and/ or improve client outcomes*

Accomplishments

Provincial Reach

Ontario is home to a highly diverse population categorized into 14 Local Health Integration Networks (LHINs). Through its many offerings to the MH&A sector, E-QIP has been successful in supporting service providers to varying degrees.

LHIN no.	LHIN Name	EQIP Offerings
1	Erie St. Claire	62
2	South West	164
3	Waterloo Wellington	109
4	HNHB	201
5	Central West	73
6	Missisauga Halton	87
7	Toronto Central	651
8	Central	128
9	Central East	91
10	South East	55
11	Champlain	183
12	North Simcoe Muskoka	85
13	North East	300
14	North West	233
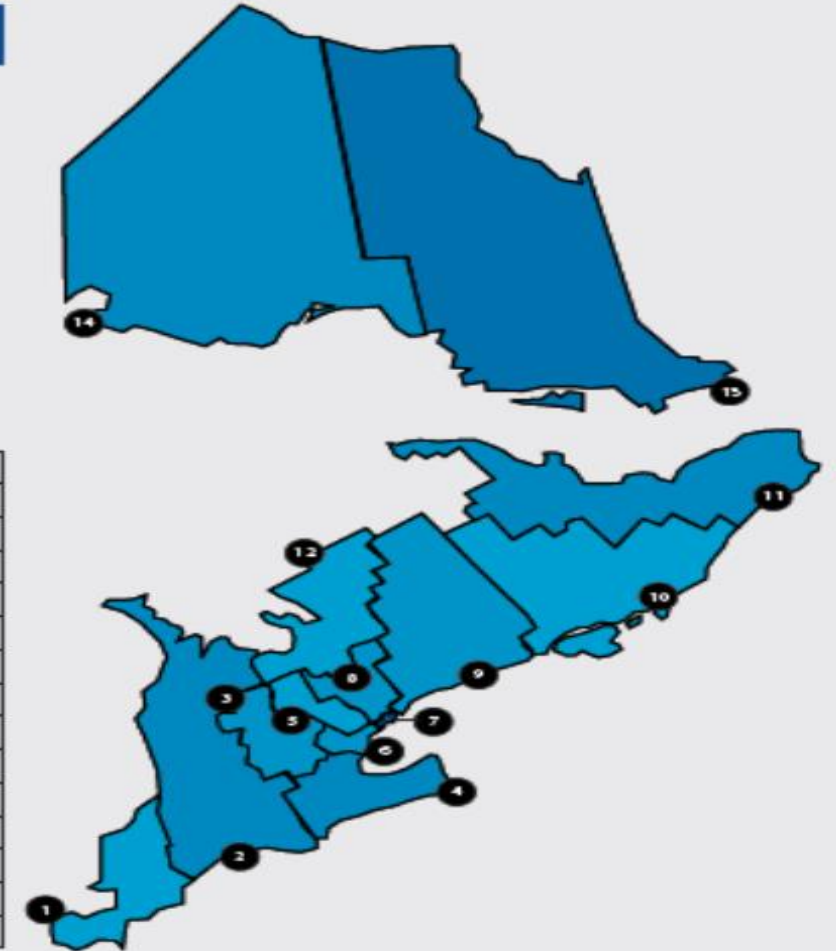
Towards Full QI Adoption

Exploration

- Commitment to QI
- Some familiarity with QI
- Little/no training in QI
- Lack of dedicated resources
- Little Board engagement
- Unable to use data
- No routine reporting
- Little/no familiarity with Ontario-specific quality language and acts

Instillation

- Highly committed to QI
- Focus on measurement or planning
- Informal QI training but interested in more training
- Boards engaged but opportunities to enhance
- Implementing data standards but barriers to full usage
- More familiarity with Ontario-specific quality language and acts

Implementation

- History with QI
- QI based on Accreditation and Provincial frameworks
- Updated QI training
- QI embedded in Board business - role not well-articulated
- Annual QI plans and ongoing projects
- Data regularly used but greater expertise needed
- QI and data resources but not secure
- Familiar Ontario-specific quality language and acts

Full Adoption

- Strong history with QI
- QI based on Accreditation and Provincial frameworks
- Updated QI training
- QI embedded in Board business – role well articulated
- Annual QI plans and ongoing projects
- Data regularly used and compared against benchmarks
- Dedicated and secured QI and data resources
- Regular use of Ontario-specific quality language and acts
- Sector leaders

Based on Baker et al. 2008

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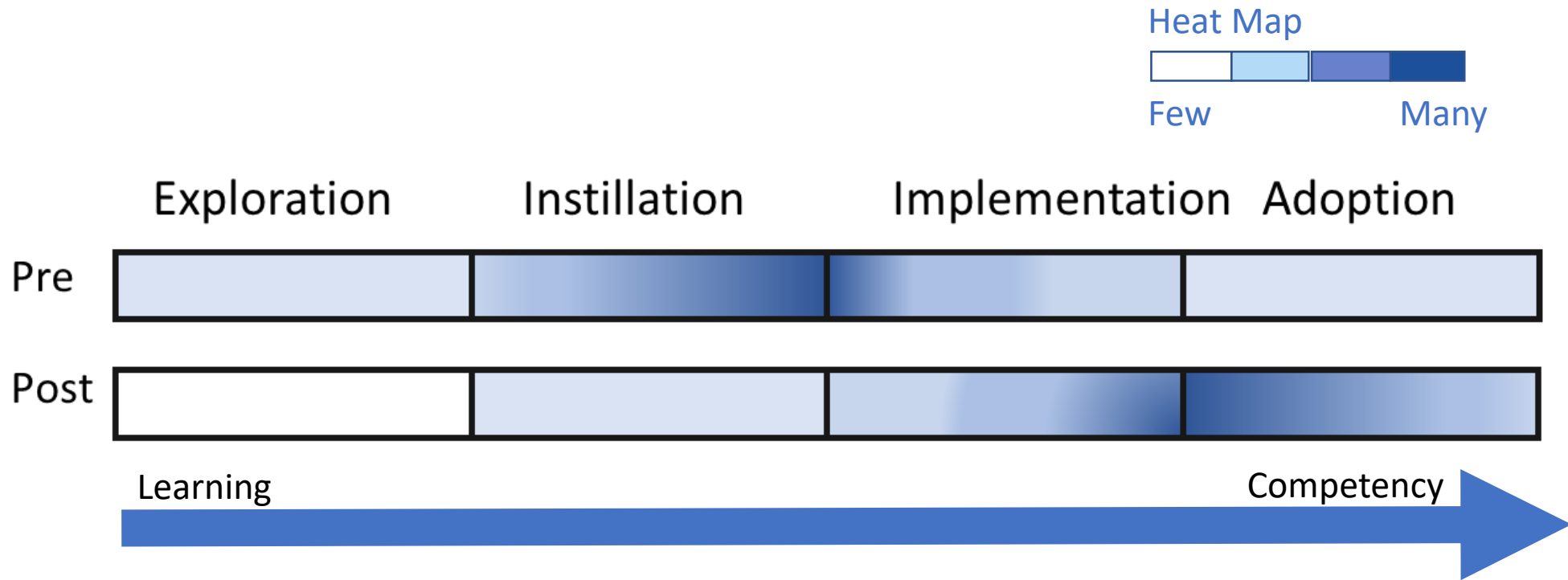Canadian Mental Health Association
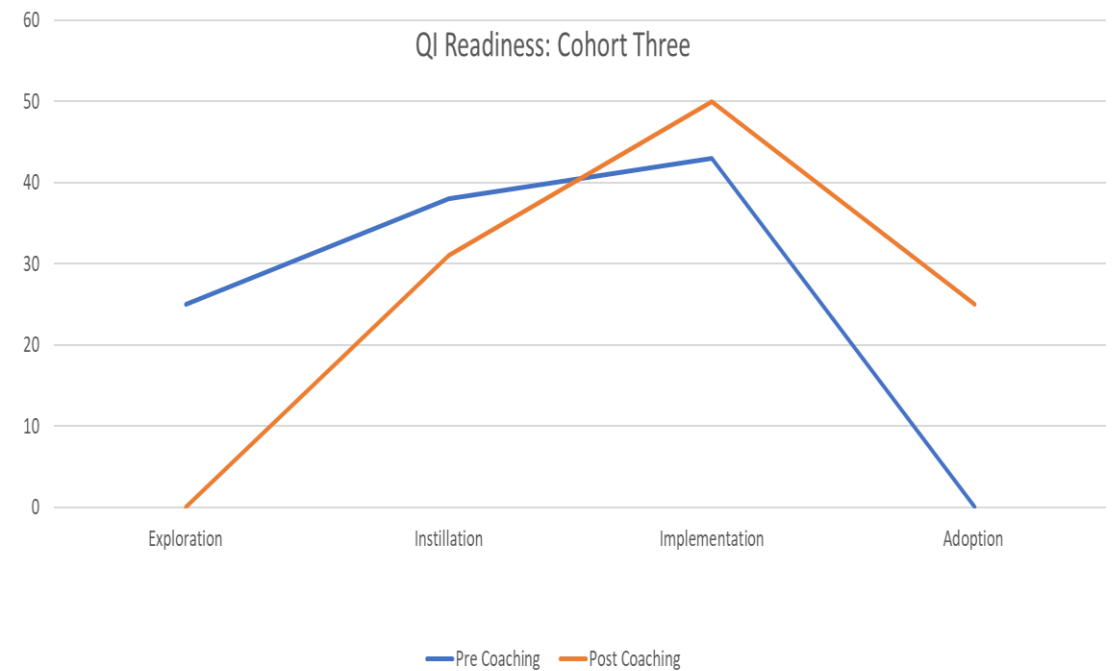Ontario
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Moving the 'QI Readiness' Bar: *for agencies*

Findings from E-QIP 1.0 and E-QIP 2.0 (cohort 2) projects (n= 38)

Moving the bar on QI Readiness

Organizational QI readiness (cohort 2) before and after coaching

Organizational QI readiness (cohort 3) before and after coaching

E-QIP Accomplishments (as of March 31, 2019)

- Significantly improved access to service and decreased wait times for clients of community MHA agencies
- Improved access to primary care for pregnant substance-using women
- Improved development of care plans for seniors identified with depression
- Streamlined transitions from hospital to community
- Improved achievement of client goals and recovery plans (using OCAN)
- Reduced occurrences of client drop-outs from programs
- Reduced incidents and "reintegration to program processes" for clients
- **Total number of projects supported across the province: 99**

Domains of Quality

Safety
Client Centeredness
Timeliness
Integration
Effectiveness

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Cohort 1 Participants

Reported

- 87.5 % experienced measurable results from their QI project

- 94% indicated that QI readiness had increased

- 88% indicated coaching helped them to develop QIP readiness

- 100% indicated it helped them get data/ information and use it for improvement

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Cohort 2 Participants

Reported

- 100% reported that E-QIP facilitated improvements to the culture of their organization

- 100% of agencies reported that QI coaching was helpful for implementing QI practices within their organization

- 75% of participants reported that E-QIP helped them to identify and reduce waste within the organization

- 100% stated that E-QIP facilitated increased client satisfaction within their organization and 100% stated that E-QIP had a positive impact on clients served

- 92% also reported that E-QIP facilitated the utilization of data for QI purposes

- Key Informant Interviews, Cohort 2 (N=12), Fall 2018

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CMHA Middlesex Branch

Project Problem Statement (2017): There is confusion around access to services, and data demonstrates an average of **186.4 days** wait times from assessment to service initiation with case management services in London. There is inequity in service access depending on point of 1st contact.

Project Aim Statement (2017): To decrease "avoidable" wait times to case management services in London from to service initiation (this includes referral to assessment and assessment to service initiation) to under **14 days**, by December 1, 2017.

Post-Project Support (2018): E-QIP currently working with the leadership team and board to provide QI education, define QI priorities and develop measures to populate a QIP.

Outcome: ✓ Achieved

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CMHA York South & Simcoe

Big Dot Problem Statement (2018): The BounceBack (Ontario) program is experiencing an overall 38% drop-out rate. Pre-and-Post program depression and anxiety scores suggest that participants who complete the BounceBack Program report an improvement in mood and anxiety, yet, at least 38% of participants who begin the program do not complete the 4-6 coaching sessions and provide post-program scores.

Project Level Problem Statement: 34% of participants referred to the BounceBack (Ontario) program drop-out (66% completing Session 2) before completing Session 2.

Big Dot Aim Statement (2018): To increase the number of BounceBack (Ontario) program participants who complete service (completion of coaching session 4-6, post-program scores provided).

Project Level Aim Statement: By March 31st,, 2019. 80% of referred participants will complete Session 2.

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CMHA Toronto

Project Problem Statement (2018): Since 2015 CMHA Toronto clients receiving ICM services have not experienced a significant reduction in unmet physical health needs.

Big Dot Aim Statement: To decrease the rate of unmet needs related to physical health among ICM clients.

Project Level Aim Statement: By September 30th, 2019 reduce unmet physical health needs and alcohol use needs among ICM clients by 20%..

Project using Quality Standard and OCAN

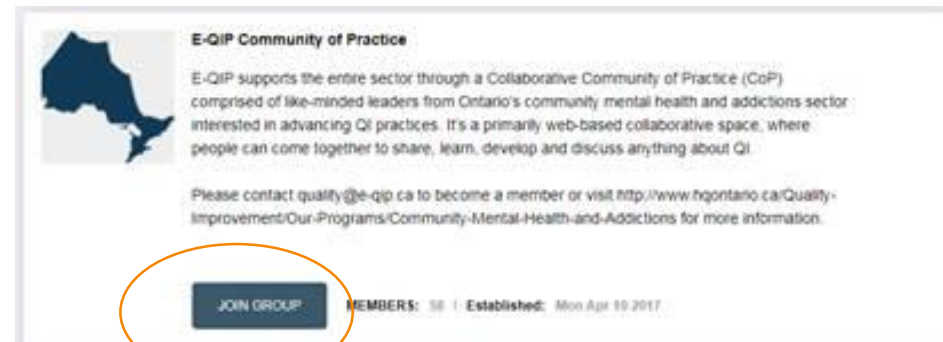Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario

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"Through E-QIP we were able to go step by step, get the root cause, having an aim. They taught us about outcomes, so we looked at not just balancing measures and process measures but our actual outcome and we were able to decrease our wait times from approximately 156 days down to around 20 days"
~ Chris, CMHA Middlesex

"Having the E-QIP Team as back up gave us structure and accountability going forward, because quality improvement is hard and it's a lot of hard work to keep going forward with it…and it really worked and they taught us a lot and they taught us how to sustain it (our work) and spread it (our work)…we increased our referrals 227% within the first year"
~ Cheryl, Mackay Manor

"There must be funded QI and data support to the MHA service providers which would ensure sustainability
~ Cohort 1 participant

QI Resources

E-QIP's CoP

- Lives on Quorum (HQO's online platform) for connecting health service providers interested in improving care across Ontario
- Contains QI resources including tools, templates, webinars, program newsletters and a discussion forum
- To join, sign up for "Quorum" at https://quorum.hqontario.ca/
- Click "Join Group" when you find the E-QIP CoP under the "Groups" page

E-QIP Webinar Series

Webinar 1: [Supporting a QI Culture](#)

Webinar 2: [The Use of OCAN in Quality Improvement](#)

Webinar 3: [Quality Improvement and the OPOC](#)

Webinar 4: [The Role of Data in the QI Process](#)

Webinar 5: [Change Management and Organizational Support](#)

Webinar 6: [Sustaining and Spreading Success](#)

Webinar 7: [Client and Family Member Engagement in QI (Part 1)](#)

Webinar 8: [Experience Based Design](#)

Webinar 9: [Primer on Governance and Leadership for QI](#)

Webinar 10: [QI Mythbusting Webinar](#)

Webinar 11: [PDSA Cycles and Data](#)

Webinar 12: [Client and Family Member Engagement in QI (Part 2)](#)

Webinar 13: [Trusting the Quality Improvement process](#)

Webinar 14: [Prioritizing Quality Improvement in community MH&A agencies](#)

Webinar 15: Encore Webinar: Primer on Governance and Leadership for QI

Webinar 16: [Enhancing Joy in work for professionals through healthcare improvement with Dr. Hayes](#)

Webinar 17: [Sustaining your gains: Challenges of sustaining QI success & preventing the risks of short-lived improvements](#)

E-QIP Newsletter

E-QIP NEWS

Excellence through Quality Improvement Project

Message from Debbie and Michael

Summer is here and so is the third cohort of E-QIP coaching! Our team is excited to start receiving applications for the final round of funded QI project coaching which takes place September 2018 to March 2019. This is an excellent opportunity to build QI capacity within your organization and make improvements in an area that is important to you and your clients.

Applications are due July 15, 2018. The complete application package can be found here. We are also always available to respond to questions and/or assist with your application. There will be a webinar on July 4, 2018 from 11 a.m. to 12 p.m. where we will provide an overview of what we are looking for from agencies through the application and answer questions. You can register for the webinar here.

Michael Dunn, Director of QI, CMHA Ontario delivering the Foundations to QI program to CMHA Durham staff.

While we gear-up for cohort 3, the dedicated teams in cohort 2 continue to work with their E-QIP coaches to tackle QI projects that include: decreasing wait times for service, improving the experience of using the OCAN tool and improving transitions between hospital and community services. Each project is unique and all have the shared goal of improving the quality of mental health and addiction services in the community. A list of cohort 2 projects can be found here.

With the support of Health Quality Ontario and Paula Blackstien-Hirsch from the University of Toronto's Institute for Health Policy, Management and Evaluation, the E-QIP team planned and delivered a full-day training session entitled "Effective Governance and Senior Leadership for Quality." The session focuses on the role of senior leaders and boards in facilitating quality

Join our mailing list to stay informed of future webinars and training events:

http://eepurl.com/b1A5EX

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afhto association of family health teams of ontario

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