

Enhancing the eConsultation: Creating Mental Health Delivery Options in Northwestern Ontario

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Faculty/Presenter Disclosure

Faculty: John Haggarty, MD

Relationships with commercial interests:

- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: Employee of St. Joseph's Care Group

Mitigation Potential Bias

- **Opinions expressed are not that of St Joseph's Care Group**

Objectives

1. Gain an appreciation of the unique psychiatry planning challenges that confront Northern Ontario.
2. Appreciate how the unique challenges in Northwest Ontario lead to unique opportunities in service delivery.
3. Be inspired and imagine how breadth of 'eConsult' process may play a role in addressing service disparities.

Northern Ontario



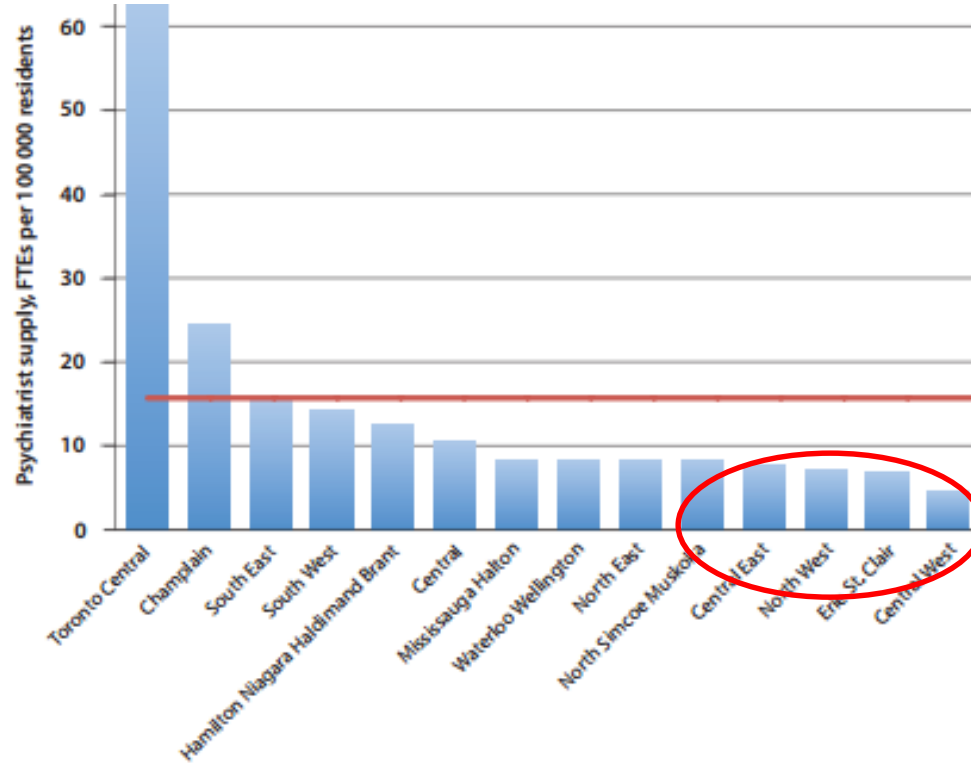


Figure 1
 Supply of psychiatrists in each Ontario Local Health Integration Network.
 FTEs = full-time equivalents.
 The red line indicates the mean per capita psychiatrist supply for the province.

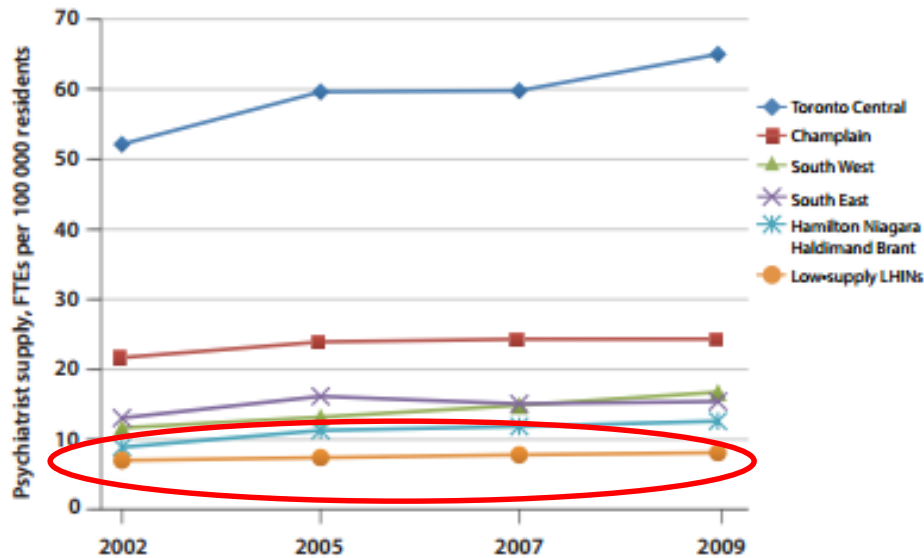


Figure 2
 Trends in psychiatrist supply in Ontario from 2002 to 2009.
 FTEs = full-time equivalents,
 LHINs = Local Health Integration Networks.

Health Equity Issues Experienced with the North

Presentation by: Dr. Stewart Kennedy
Executive Vice President, Medical & Academic Affairs
March 27, 2017

Current State of Affairs

TBRHSC

- 2458 ED Visits for MH (2.3%)
- 3268 ED Visits for Intoxication (3%)
- AMH 112% Capacity

SJCG

- Extensive wait times:
Rehab Unit & MH housing
- Balmoral Detox
 - 2654 clients (104%)
 - 20% increase in referrals per year

Present State

- **Our issues:**
 - Existing model x decades
 - Successes of same and limits to same
- **What's up now?**
 - Med school, residency, recruitment, Return of Service, service model sophistication, enhanced PCP
 - Funding here, and being active guides, SJCG, TBRHSC, LHIN, OPOP, and need to optimize this opportunity
 - Local Psychiatry Services Review progress on: Governance, Recruitment, Funding,
- **Building on past**
 - Models propose
 - LHIN efforts, hopes, incl. Pcare change

For N.W.O.

- 2% of Ont Population = 231,000
- Smallest population (2011 Census) of all Ontario LHINs – less than 2% of the Ontario population at approximately 231,000
- Tbay +Locum support @ 20 = 1 Psych/9-10,000

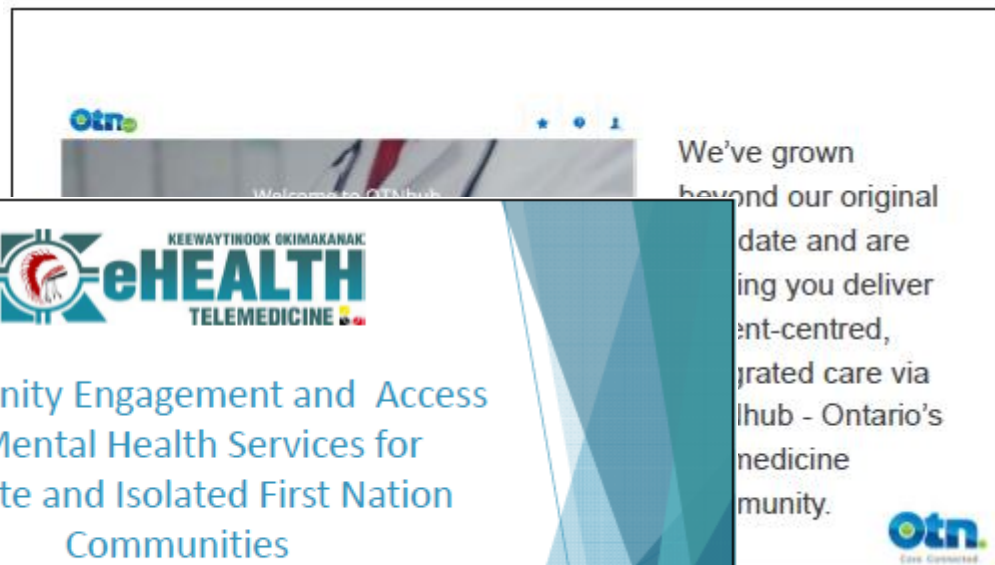
Consultative Psychiatry Model

1. Quick Curbside
2. Chart review with consultation note
3. Focused assessment by psychiatrist
4. Psychiatric psycho-pharm notes
5. Transition notes summarizing psychiatric stabilization

Indigenous Telemedicine in Ontario

Orpah McKenzie Northern Chiefs

Accessing Mental Health Services

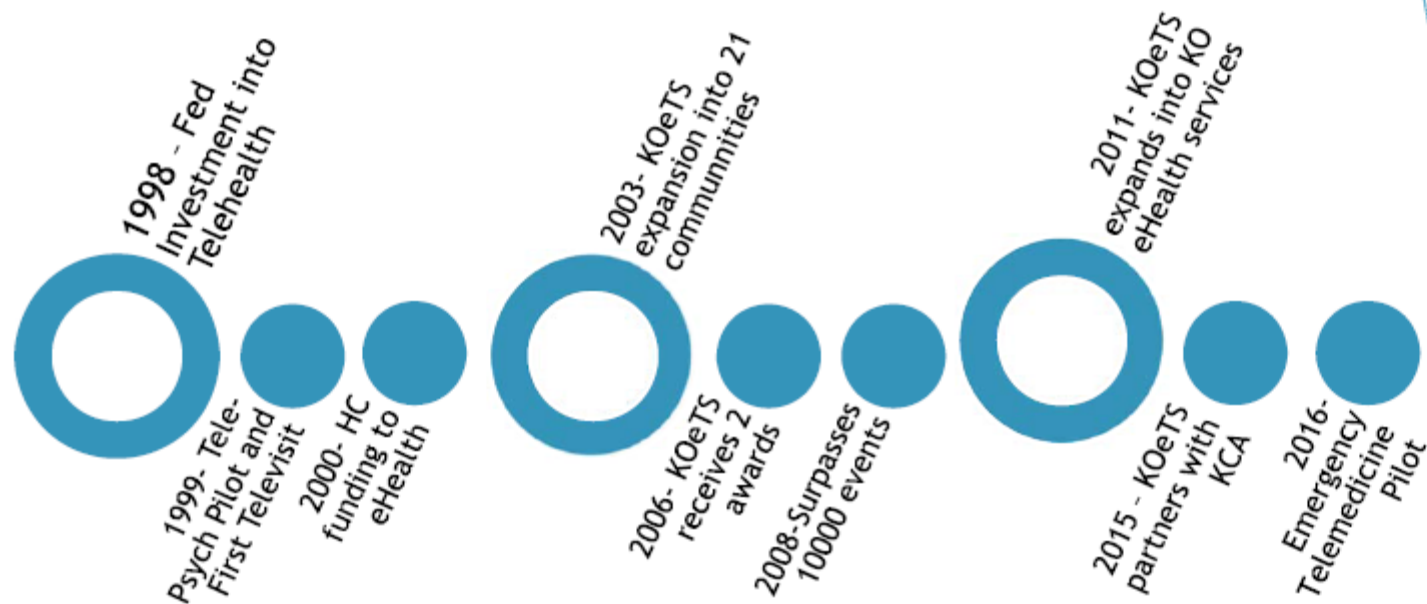


Community Engagement and Access to Mental Health Services for Remote and Isolated First Nation Communities

Orpah McKenzie, Director, K0eHealth Telemedicine Services
OHA Northwest Mental Health Conference
Monday, March 27, 2017



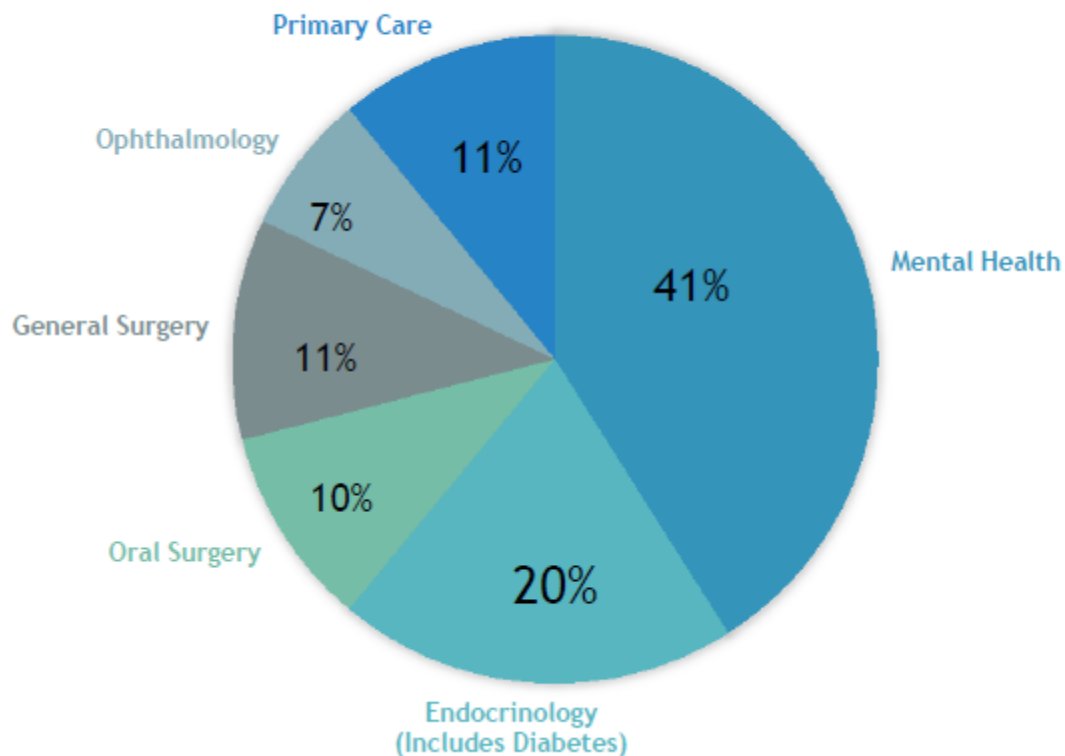
KOeTS – History Timeline



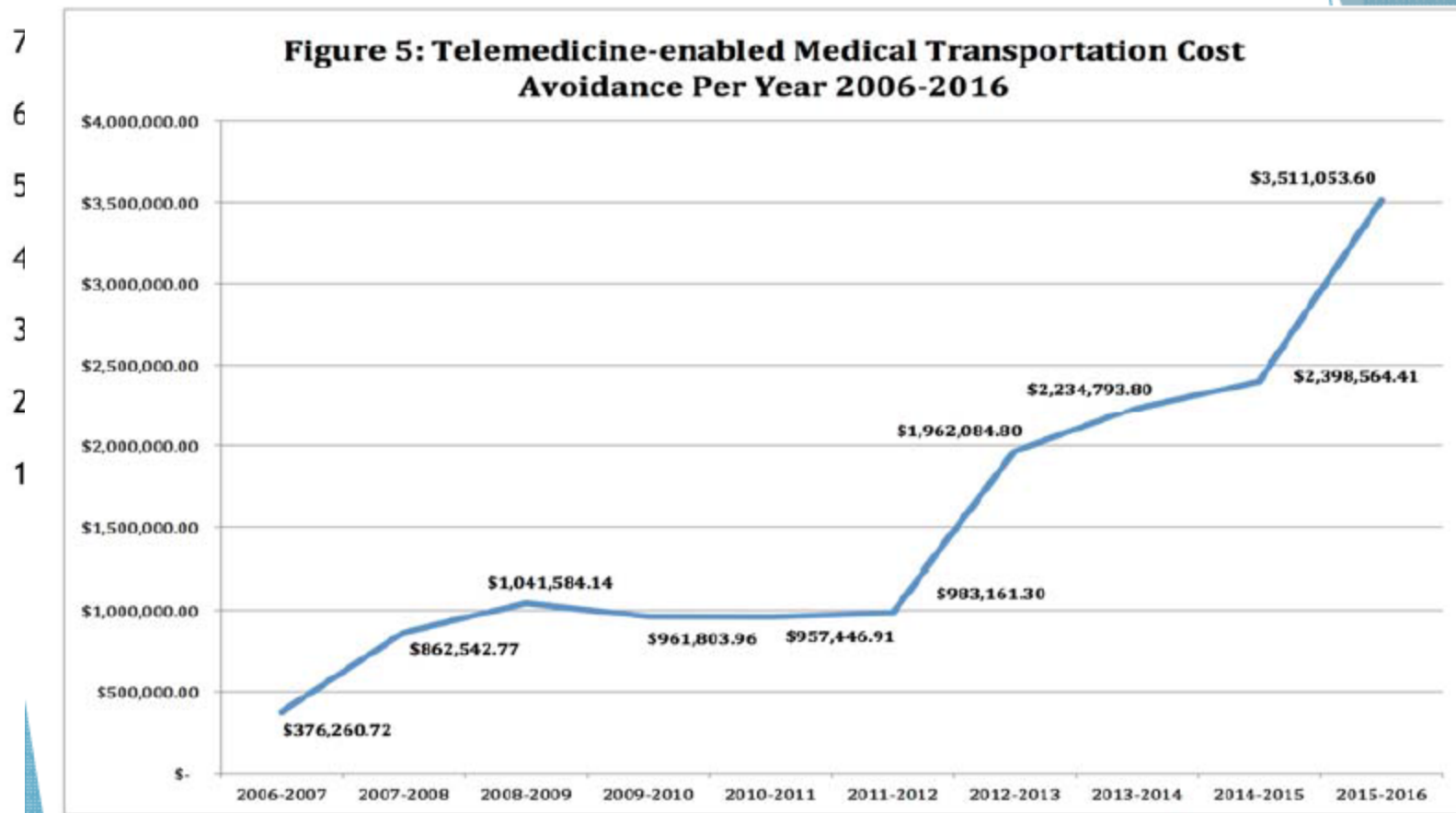
2015-2016: KOeTS completed more than 25 000 clinical events.



2015-2016 TOP 6 THERAPEUTIC AREAS OF CARE



Accessibility: Federal Administrative View



Stepped Care Model

Who is responsible for care?

What do they do?

Stepping UP!

Stepping Down!

Acute Wards	Risk to Life	Medication, in-patient care,
Mental health specialists	Treatment resistance and frequent recurrences	Medication, complex psychological interventions
PCMHW, GP, GPwSI, Counsellor, social worker, psychologist	Moderate or Severe Disorders	Medication, Brief psychological interventions, support groups
GP, Practice nurse, Practice counsellor	Mild Disorders	Active Review: Self Help, Computerised CBT, Exercise
Primary Care team	Recognition	Watchful waiting, assessment



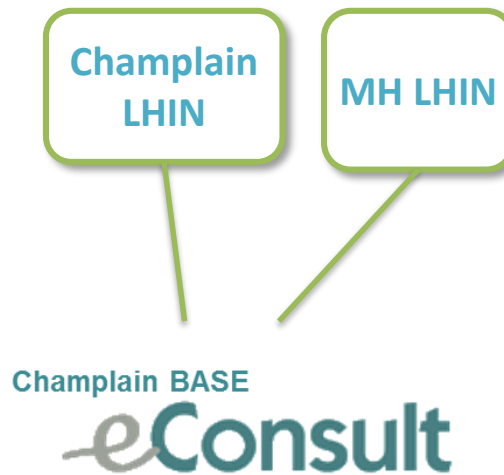
Provincial eConsult Initiative

Pilot Services and Regional Partners

The Provincial eConsult Initiative involves three regional services:



Implementation Year: 2014
Proof of Concept: 2015
Service Model: Direct-to-Specialist
and Managed Specialty
Included Specialties: 30+



Implementation Year: 2009
Proof of Concept: 2010
Service Model: Managed Specialty
Included Specialties: 85+



Implementation Year: 2010
Service Model: Direct-to-Specialist
Included Specialties: 1

BC Model of Rapid Access (RACE)

- <http://www.raceconnect.ca/>

raceconnect.ca/what-is-race/



**RAPID ACCESS TO
CONSULTATIVE EXPERTISE**

**Monday to Friday 0800-1700
Local Calls: 604-696-2131
Toll Free: 1-877-696-2131**



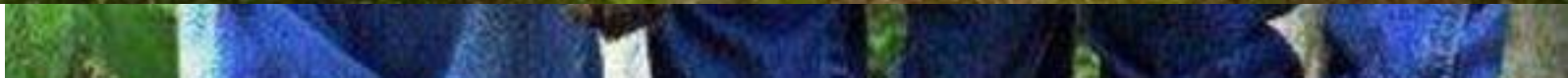
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RACE gave me a level of professional satisfaction, professional empowerment and improved patient care.

Family Physician, frequent user of RACE

Optimizing the Process: How much can an eConsult do for us?



Existing eConsult Page



Directory

Videoconference

eConsult

Schedule

Learn



Create Case

Draft Cases

Dr. John Haggarty

Draft case



Consults

Needs Attention

Waiting for More Info

Consult Provided

Consult Declined



Referred Cases

Needs Attention

Waiting for Response

Completed

Cancelled

Drafts



Reports



Referred Cases

Needs Attention

Waiting for Response

Completed

Cancelled

Drafts



Reports



Search

*Referrer Dr. John Haggarty, Psychiatry

*Specialist Search for Specialist or Specialty Group...

Patient

*First Name

Middle Name

*Last Name

*DOB

*Gender Male Female Other

*OHIP

OHIP number not available

Patient has given limited consent

*Title



Alarm for



High Priority

Save as Draft

Delete Draft

Send

Drag and drop files here

Psychiatric eConsult

Would you like a follow up phone call within 2-3 days to discuss: **Yes**

Call back number: **807-555-1234**

Would you like a review/discussion regarding this case at an upcoming monthly round: **No**

Name: **Olive Ole**

DOB: **December 1, 1997**

Age: **19**

Sex: **F**

HN: **1234567890 AA**

Question: **Is clonazepam warranted as a treatment for anxiety or can you suggest another treatment suggestion.**

Background: **1st year University student has been having anxiety attacks. Substantial weight loss has occurred living away from home. She has been having trouble concentrating and has become very emotional.**

Mental Health Risk Factors (harm to self or others): **No**

Current Rx: **Ventolin**
Clonazepam

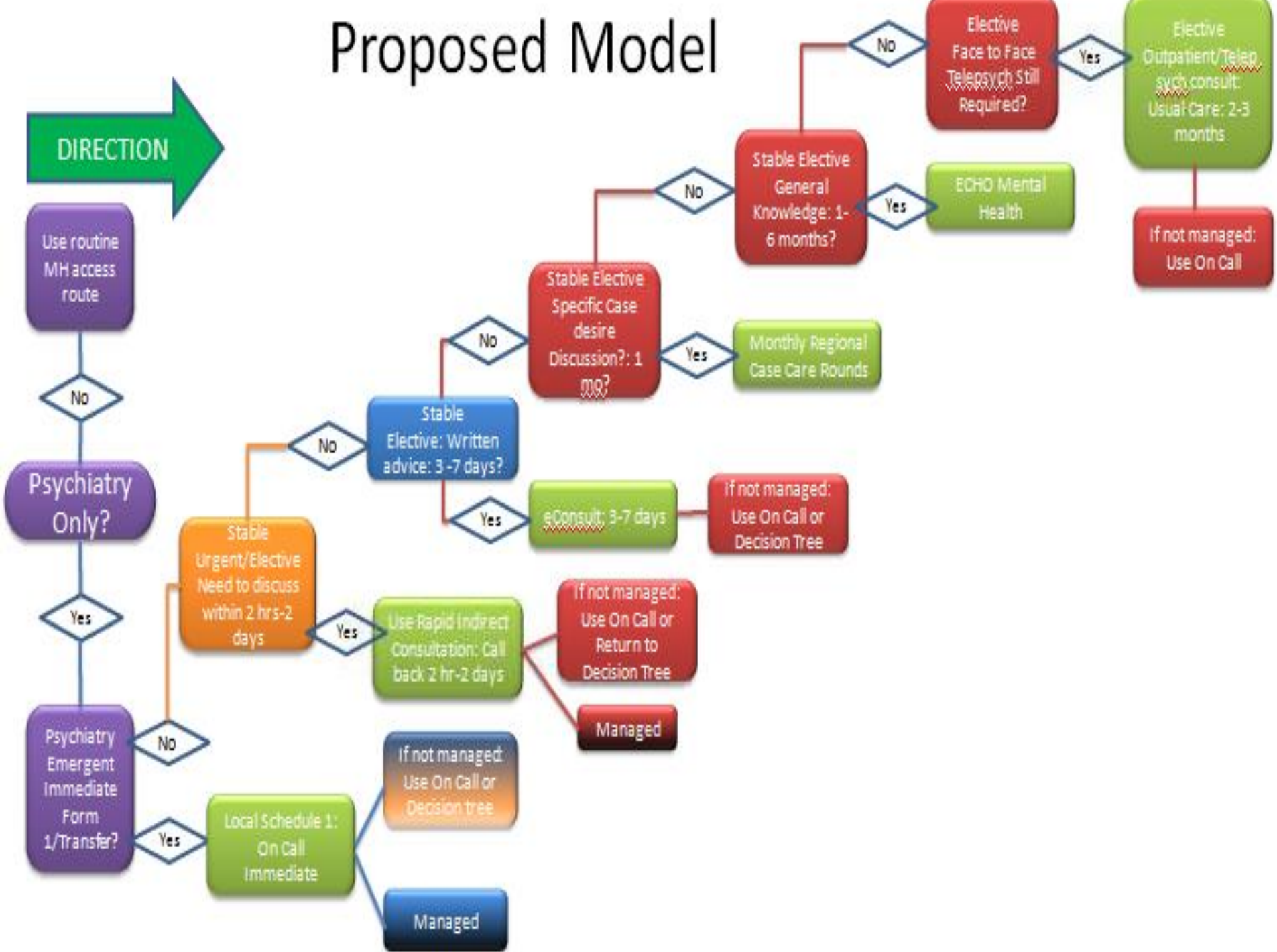
Problem List: **asthma**
Eczema
Anxiety

Risk Factors: **Mother bi-polar**

Current Labs: **lab test 1** **23**
Lab test 2 **.50**

NEW PROPOSED eConsult Request Form

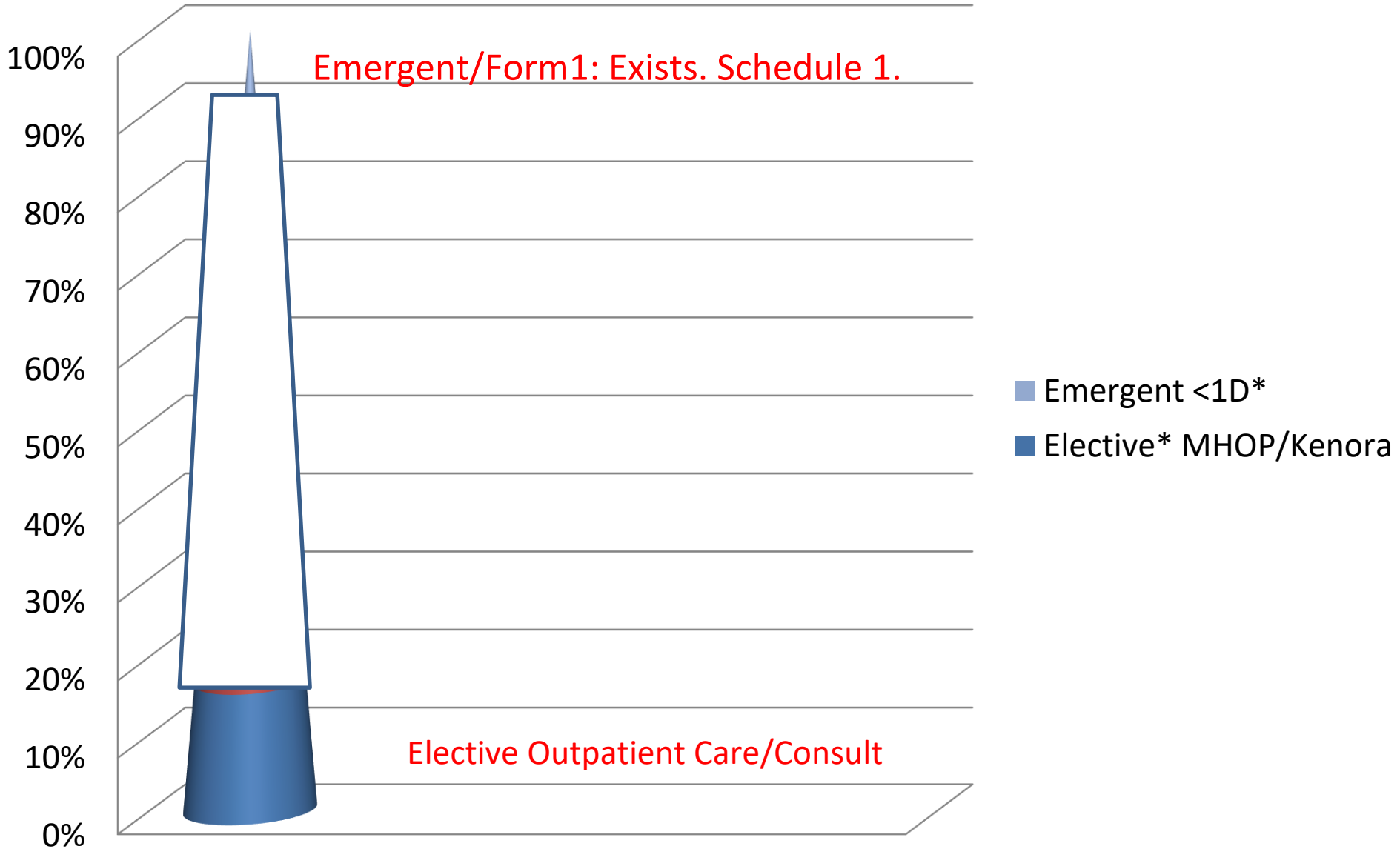
Proposed Model



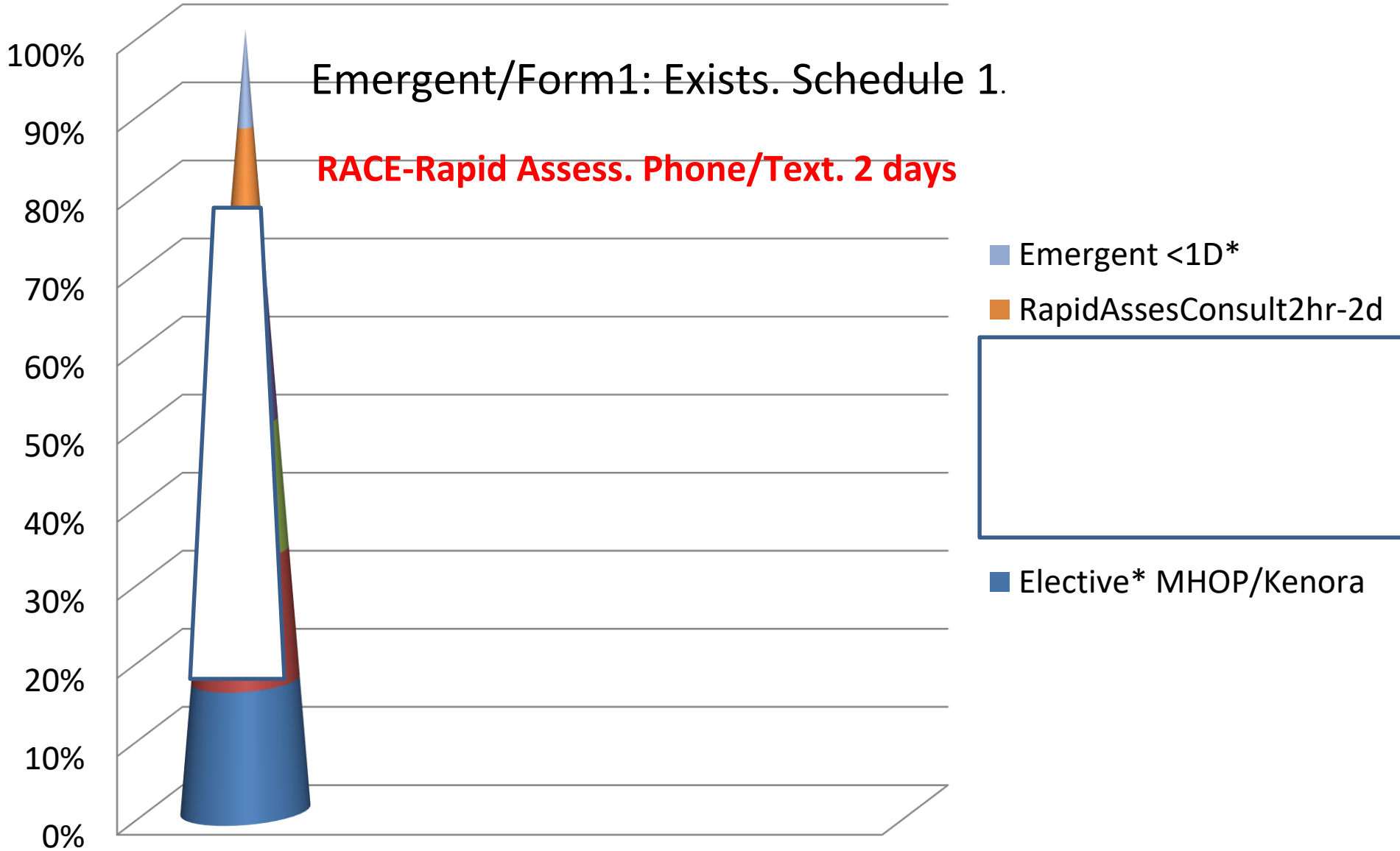
Proposed Model



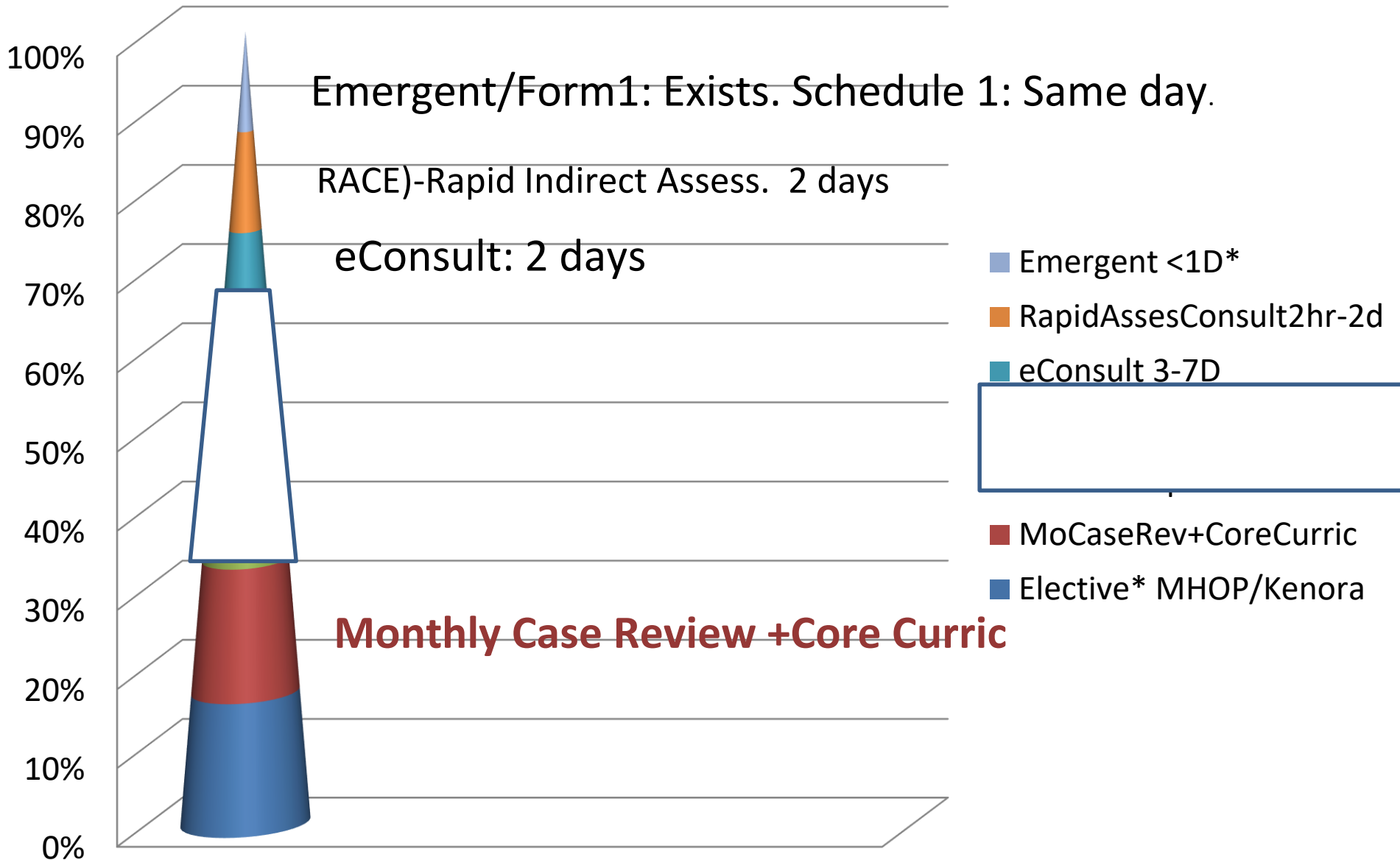
Service 'Cone'



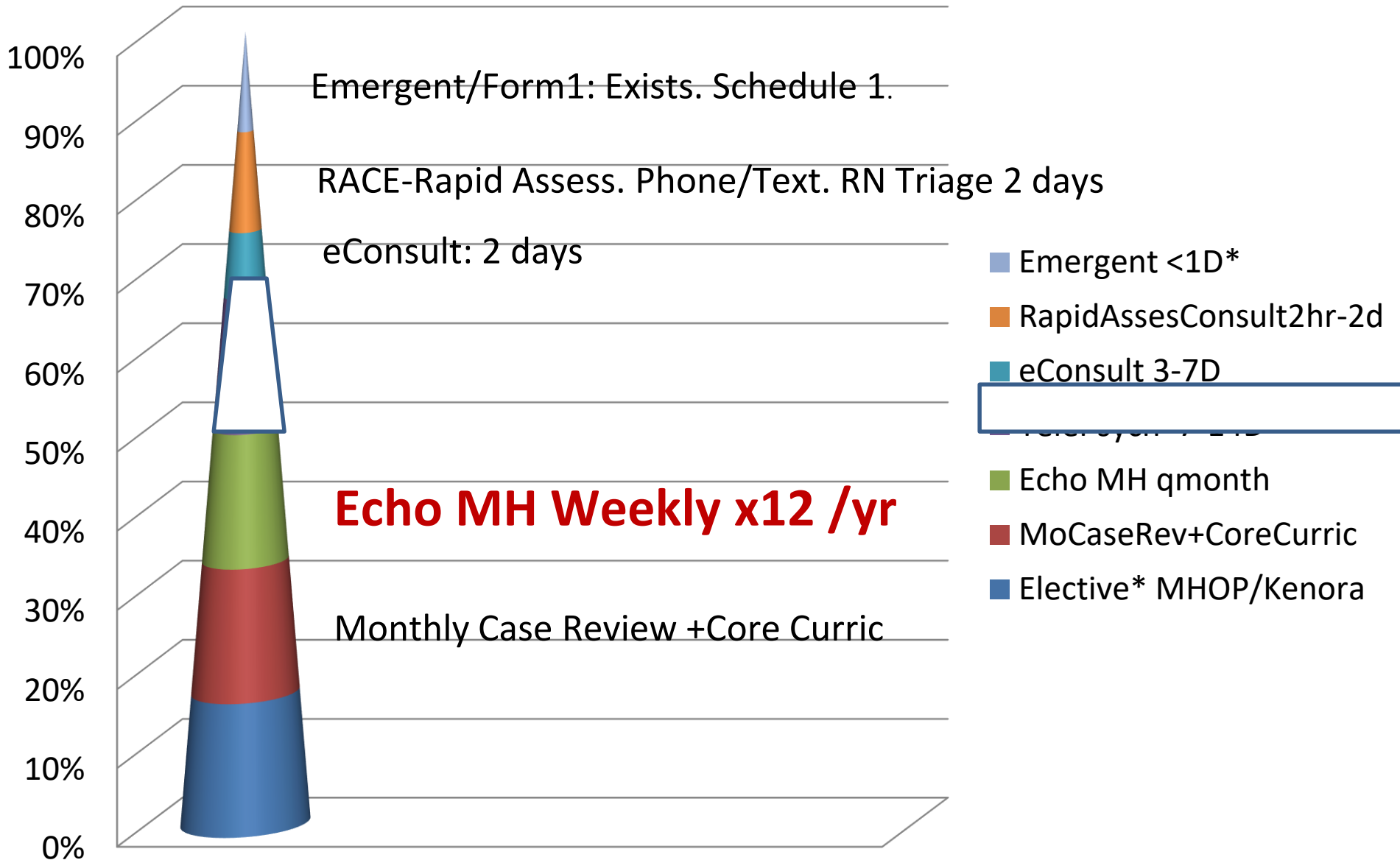
Service Cone



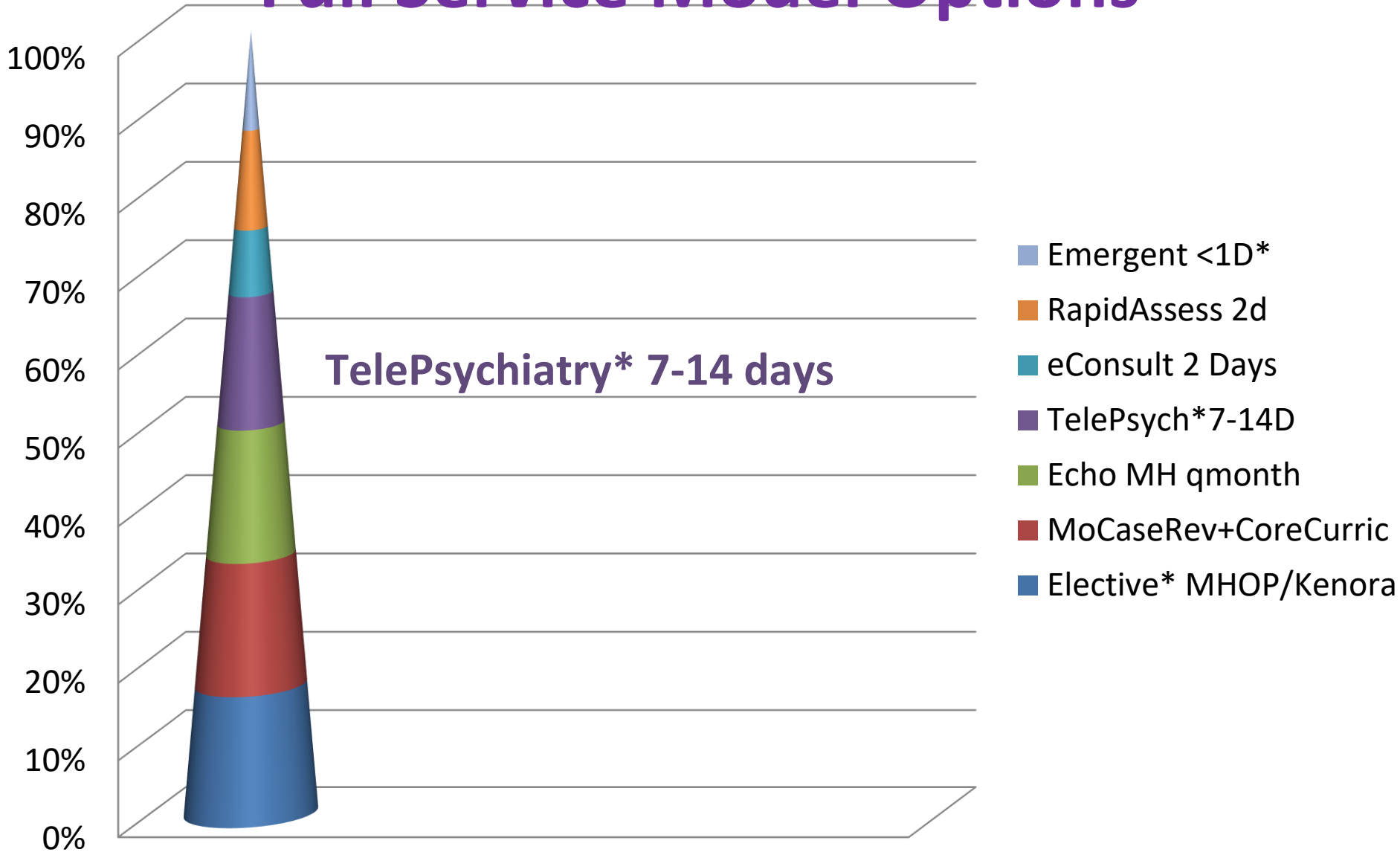
Service Cone



Service Cone



Full Service Model Options



Local Plan 5

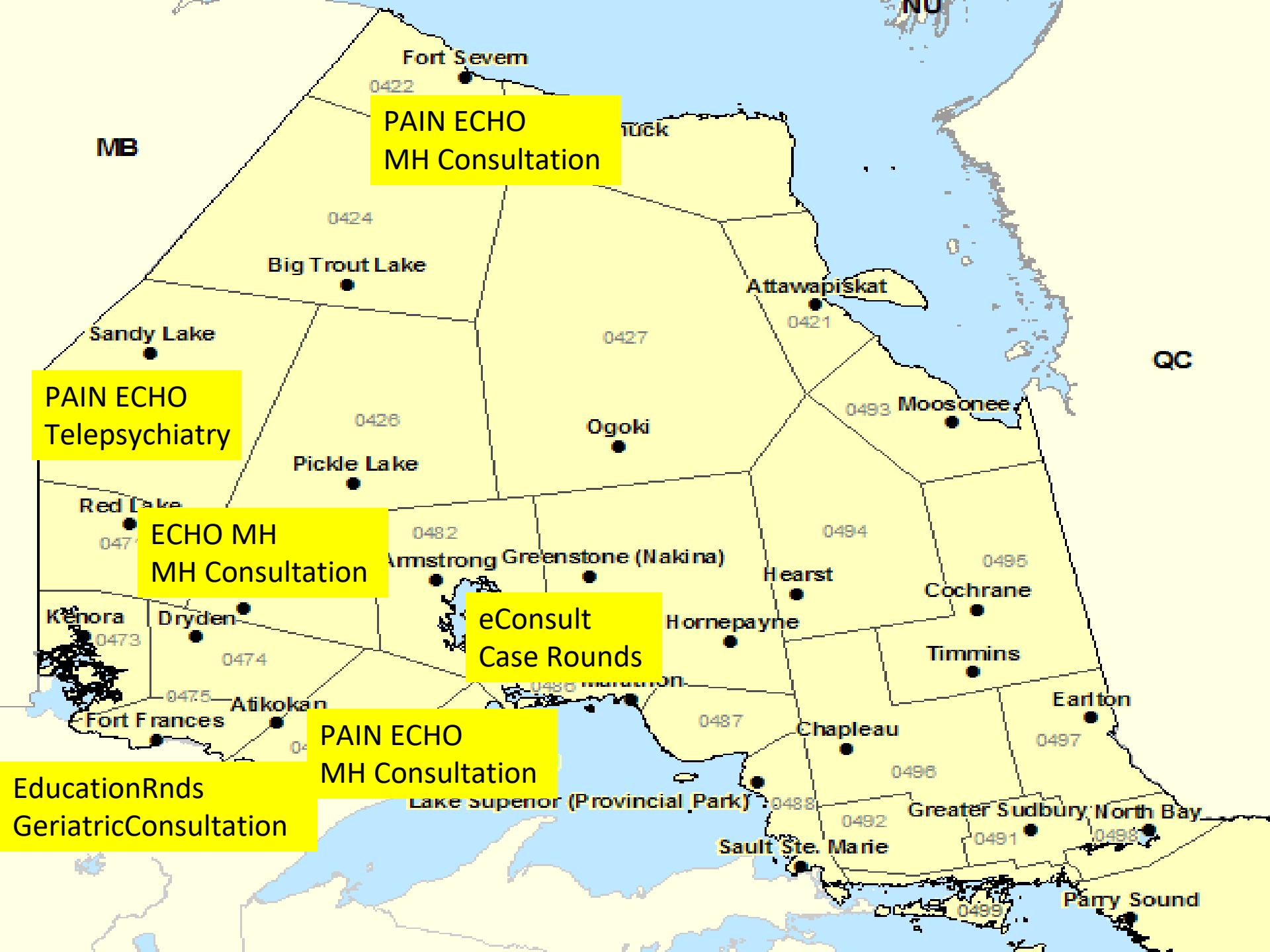


Community Choice of Options Example

Low Intensity

Higher Intensity Services

	Phone/ eConsult (3-5/hr)	Monthly Case/Educ Rounds (1 1/5hr ea.)	ECHO Pain/MH (2hr ea)	Telemedicine (1.5hr ea.)	All + quarterly site Visit 2 days/ea
Atikokan		X (3 hr/mo)			
Fort Frances Tribal Health Council		X	X		
Matawa (9 NAN Comm)	X	X	X	X	X
Manit/Marath NorthShore	X	X	X		
Dryden	X	X			
Time/FTE (est. Psychiatry other discipl)	Two ½ day/week	3 hr/session Combine 2-3 sites. 15 hr/ mo	2 hr + 2 hr prep. 12 hr/mo	Add to existing provider?	Add to existing provider?



0422
**PAIN ECHO
MH Consultation**

0424
**PAIN ECHO
Telepsychiatry**

0426
**ECHO MH
MH Consultation**

0427
**eConsult
Case Rounds**

0473
**EducationRnds
GeriatricConsultation**

0475
**PAIN ECHO
MH Consultation**

QC

MB

Lake Superior (Provincial Park)

Fort Severn

Big Trout Lake

Sandy Lake

Attawapiskat

Pickle Lake

Ogoki

0493 Moosonee

Red Lake

0471

0482 Armstrong Greenstone (Nakina)

0494

0495

Kenora

Dryden

0474

0486 Marathon

Hornepayne

Timmins

Fort Frances

0475 Atikokan

0487

Chapleau

Earlton

0488 Sault Ste. Marie

0492

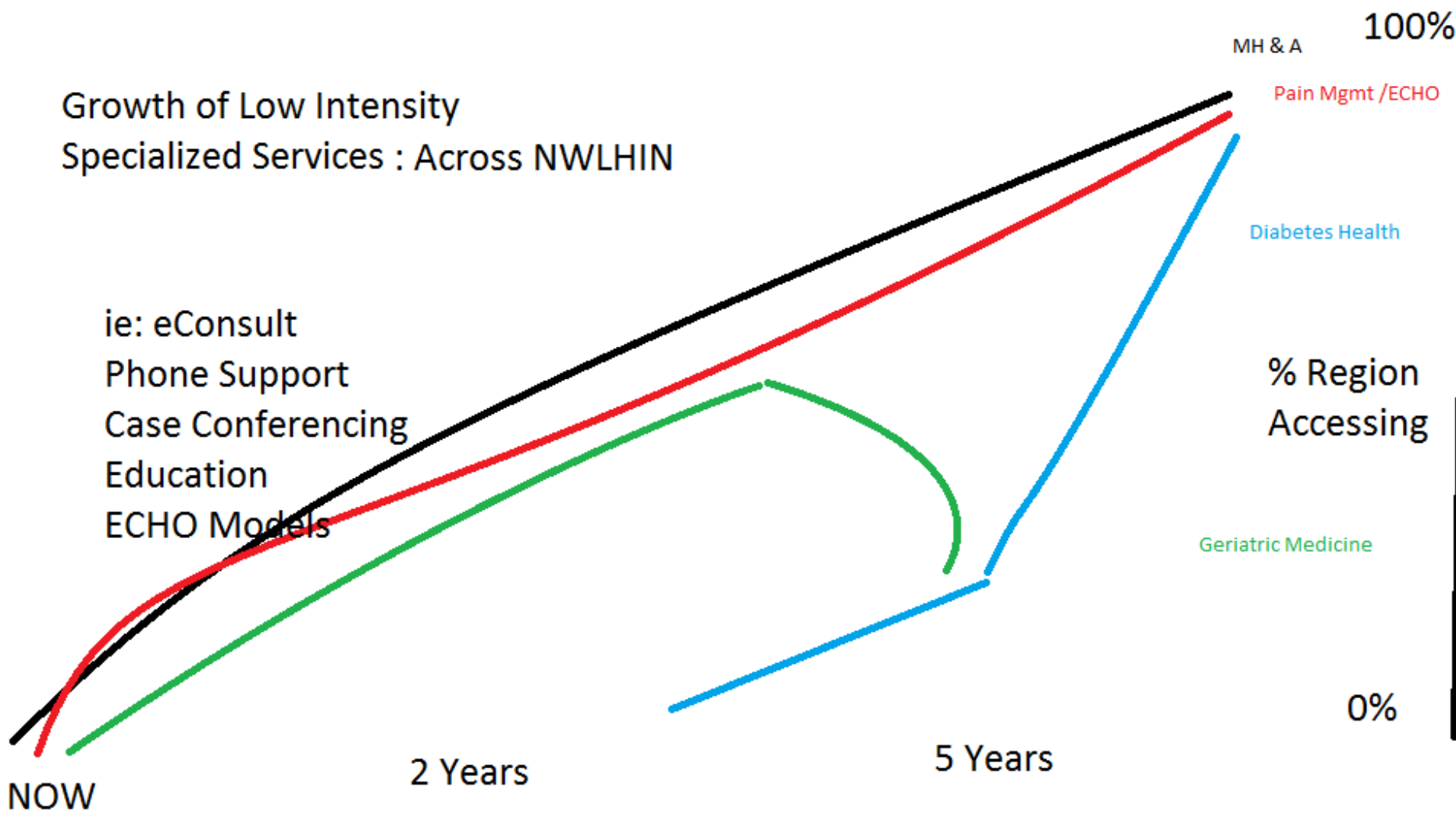
Greater Sudbury North Bay

0491

0499 Parry Sound

Growth of Low Intensity Specialized Services : Across NWLHIN

ie: eConsult
Phone Support
Case Conferencing
Education
ECHO Models



Metrics

Providers

- **Barriers**

- Low motivation to collaborate
- No funding
- No time to engage

- **Mitigation**

- Optimise engagement dialogue and communication

Administrative

- **Barriers**

- Lack of clear funding for users
- Willingness to extend staff time to new initiative

- **Mitigation**

- Obtain clear support upfront for staff time

Patient / User

- **Barriers**

- Doubt or resistance to have care
- Wants to 'see' specialist

- **Mitigation**

- Communication strategies to lessen anxiety

Metrics: Present and Planned (X)

4. Please indicate which of the following Improving the Health of the Population measures you are currently tracking for (if any):

Yes we are tracking this measure

# of avoided face-to-face visits	<input type="radio"/>	X
% of consults which avoided a referral	<input type="radio"/>	X
Total or monthly phone or eConsult volumes	<input type="radio"/>	X
Specialty-specific phone or eConsult volumes	<input checked="" type="radio"/>	
# of participating specialists and specialty areas	<input checked="" type="radio"/>	
# of participating primary care providers	<input type="radio"/>	X

5. Please indicate which of the following Reducing Per-Capita Costs measures you are currently tracking (if any):

We are tracking this measure

Annual administrative support costs	<input checked="" type="radio"/>	
Average cost of a phone or eConsult	<input type="radio"/>	X
Average avoided direct cost per phone or eConsult	<input type="radio"/>	X
Average avoided indirect cost per phone or eConsult	<input type="radio"/>	X
Total avoided direct costs	<input type="radio"/>	X

Metrics: Present and Planned

6. Please indicate which of the following **Improving the Experience of Care** measures you are currently tracking (if any):

We are tracking this measure

% of phone or eConsults resolved without referral

Median wait time for specialists by specialty (# of days between date of primary care provider referral to date patient is seen by specialist)

% of patients "satisfied" or "very satisfied"

% of patients who consider phone or eConsult an acceptable alternative to face-to-face consultation

Additional experience of care measures you are tracking, if applicable.

Hospital uses global measure (BASIS 18) pre/post. And perio

X

X

Metrics: Present and Planned

7. Please indicate which of the following Enhancing the Experience of Providing Care measures you are currently tracking (if any):

	We are tracking this measure	
% of specialists "satisfied" or "very satisfied"	<input type="radio"/>	X
% of primary care providers "satisfied" or "very satisfied"	<input type="radio"/>	X
% of primary care providers who would recommend phone or eConsult	<input type="radio"/>	X
% of specialist providers who would recommend phone or eConsult	<input type="radio"/>	X
Average specialist response time	<input checked="" type="checkbox"/>	
Perceived educational benefit to requesting physician	<input checked="" type="checkbox"/>	

Additional provider experience measures you are tracking, if applicable.

Did 10 years of pre/post PHQ 9, and WHODASII. No longer g

Metrics 5

Planned Administrative Data

The team has access to the Intellihealth Ontario database which includes OHIP data and data on Hospital services. The team will look for evidence at the end of the study that several system gains have been accomplished, including:

- Improved access to medical psychiatry resources for people in the communities served by the pilot sites (as evidenced by increased billings per capita of OHIP psychiatry billing fees and/or increased use of mental health diagnostic codes).
- Any changes to the rates of Hospitalization for mental health specific reasons.
- Changes to the number of visits and re-visits within 30 days to Emergency Departments by residents of the target population(s) for mental health related issues.
- Any other changes with respect to health care utilization related to the communities serviced by this pilot (decreased rates of injury, self-harm and other indicators of overall improved health in the population).

Care will be taken not to draw conclusions regarding causal links to any changes observed in the broad system data.

What can we do better in the North? How can we do it better?

- Phone Access (RACE) **and**
- Case Conference request **with**
- eConsult..... with **2 day response time**.
- Replicate those already Innovating:
 - Dr. Braunberger and CAPS (Sioux LookOut)
 - Chronic Pain Team ECHO Pain, Shared Care Models
- Bridge/link with eConsult and ECHO MH groupings?... Already in works w LHINs
- Integrate across province but have local focus?
- Model for other areas: Psychology, Develop Disabil/s, Geriatrics, Eating d/o, Addiction etc.

What can we do better in the North? How can we do it better?

- RACE with eConsult with Case Review options?
- Bridge/link with eConsult and ECHO MH groupings?...
Already in works w LHINs
- Integrate across province but have local focus?
- Model for other specialty areas: Internal medicine/surgery etc.

Issues

- Admin relationships with..
 - TBRH, SJCG, LHIN, Kenora , OPOP, OntarioMD, OTN
- Evaluation/Monitoring
 - SJCG and TBRHSC Research, NWLHIN
- Funding
 - Coordination of communication/MD assignment
 - NWLHIN
- Creating Early steps