

Stepping Up Access to Care

Osler's Stepped Care Program

For Mood & Anxiety

Faiza Khalid-Khan, Director
Carol McCafferty, Clinical Services Manager
Albert Gyimah, Outpatient Physician Lead
November 08, 2019

Presentation Overview

Background Information on William Osler Health System

And on Osler's Mental Health and Addictions Program

IAPT Stepped Care Model in the UK

Osler's Stepped Care Model

Planning and Implementation

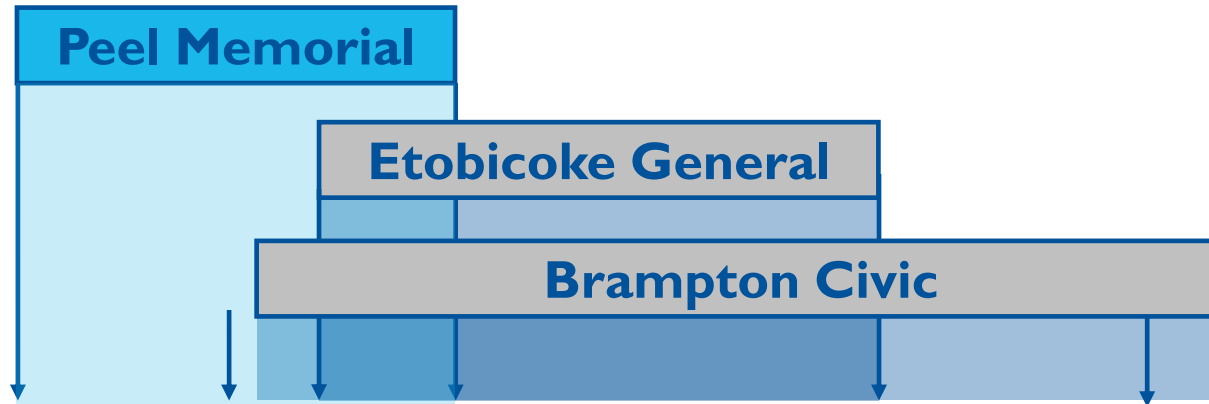
Preliminary Results

Stepped Care Expansion

Future Directions

Background Information

William Osler Health System: 3 sites serving the central west community of Toronto



← Continuum of Health Care Services →

PRIMARY CARE:

Promoting health and treating minor illness



TERTIARY CARE:

Treating very ill or injured patients



Quick Overview of Osler's Mental Health & Addictions Program

- One of the largest acute care programs in Ontario
- 98 acute inpatient beds across 2 sites (84 adult and 14 child)
- Day hospital and Section 23 classroom in the Child and Adolescent program for inpatient and step down patients
- 20 Withdrawal Management beds (satellite location in the community for non-medical withdrawal)
- Addiction Counselling Services
- Outpatient Mental Health Services (adult, child, adolescent, transitional aged youth, seniors)
- Community Treatment Orders, Medication Clinic and Case Management
- Crisis teams in EGH and BCH Emergency Departments



Mental Health Program by Numbers (across 3 sites)

- **81,300** outpatient visits in 2018/19
- MHA ED visits: **12,375** in 2017/18 (23 per day at BCH!)
- BCH is the one of busiest ED in the province for MHA.
- **1,400** outpatient referrals per month
- **200%** increase of addiction volumes since 2008
- **10-12 month** wait time for psychiatric consultation for external referrals
- **4-6 month** wait for outpatient mental health care
- **10% growth** in MH ED volumes each year.
- One of the fastest growing regions in Ontario—population will increase by 23% by 2021

Outpatient Program: Past State

- **Lack of a cohesive vision for the outpatient program across 3 sites** (collection of small or large clinics working in silos)
- **Gaps in service:** High intensity services only taking up most of the resources with limited options for patients.
- **High Volumes:** 1400 referrals per month
- **Long wait times:** up to 12 month wait for psychiatry
- **Limited access** for external referrals from primary care
- Patients waiting for long periods for an appointment come to the ED, exacerbating our problems.

Lack of Access

- Puyat *et al.* considered British Columbians with depression

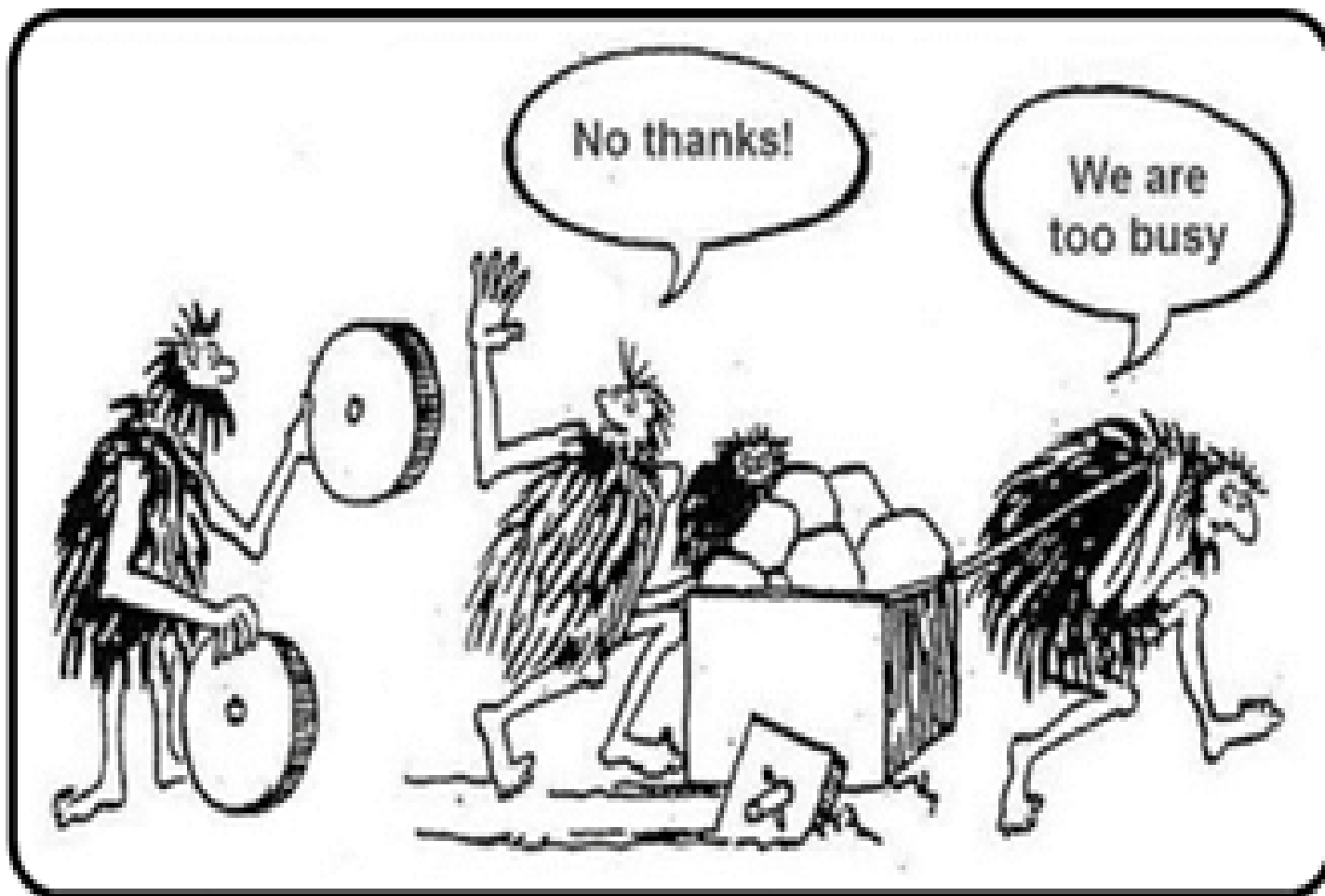
13%

Puyat JH, Kazanjian A, Goldner EM, Wong H. How Often Do Individuals with Major Depression Receive Minimally Adequate Treatment? A Population-Based, Data Linkage Study. *Can J Psychiatry*. 2016;61(7):394-404.



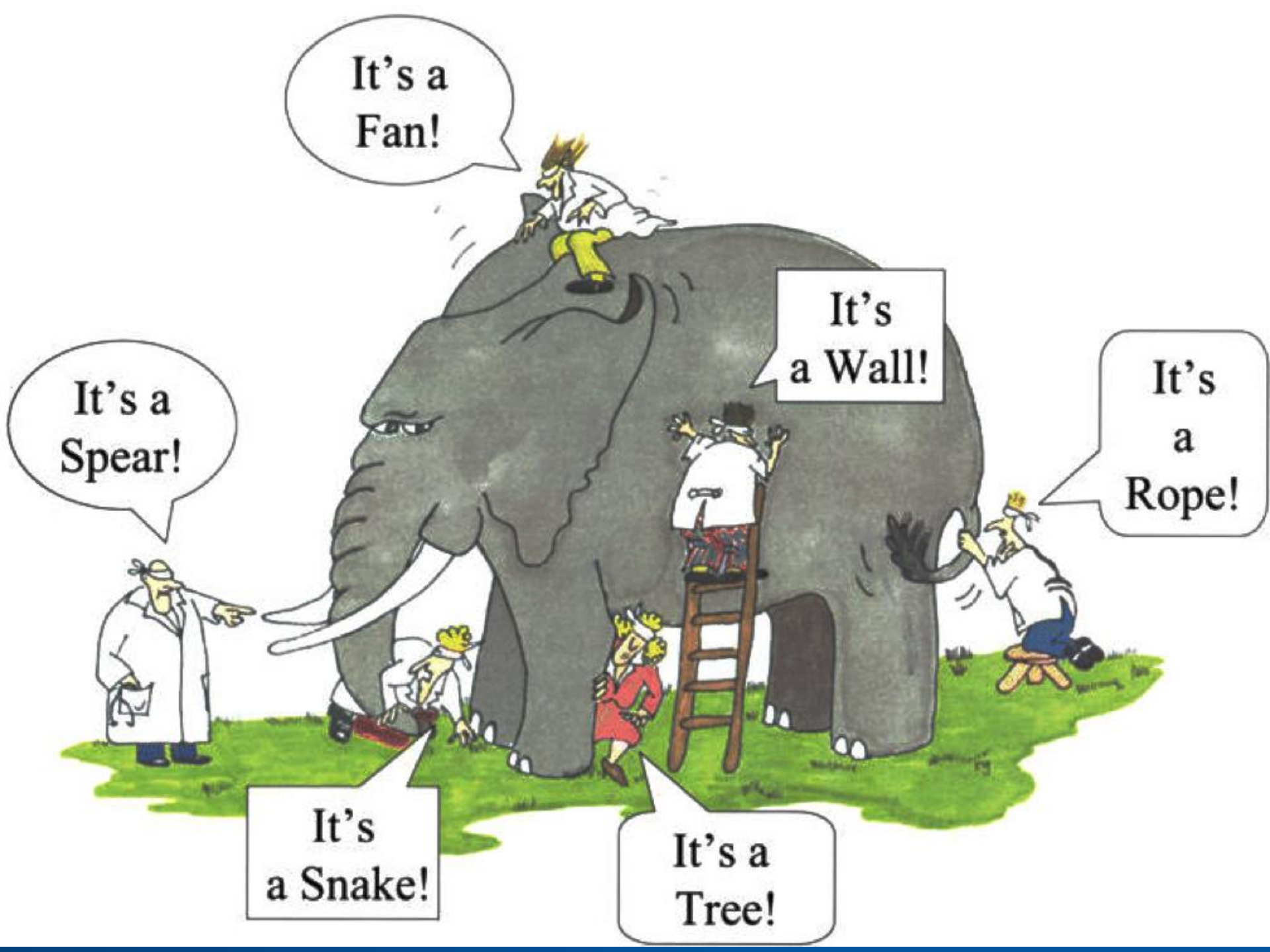
William Osler
Health System

Going Beyond



Future State:

- Provide more services (more options for patients) with no additional resources
- Provide care at the right time (reduce wait times)
- Expand and build capacity (serve more unique individuals)
- Improve quality (evidence-based interventions)
- Measure patient outcomes (clinical effectiveness)
- Minimize clinical variation (standard work)
- Remove Silos (integrate the 3 sites)
- Improve patient, staff, physician, and community partner satisfaction



It's a
Fan!

It's a
Spear!

It's
a Wall!

It's
a
Rope!

It's
a Snake!

It's a
Tree!

UK's IAPT Stepped Care Model

IAPT: The UK Model

- Increasing Access to Psychological Therapies
- NHS experiment: organized services in a 3 step model from low to high intensity.
 - Step 1: Primary Care Assessment/Watchful waiting
 - Step 2: Low intensity Computer Assisted Therapies (Guided Self-Help)
 - Step 3: High intensity Individual or Group CBT
- Was rolled out at a national level. (2008)
- In 2017—close to a million patients have access to talk therapies free at the point of care.
- Predicted that this would pay for itself due the number of people that would go back to work (projected 4% rate of return to work—Actual 5%)

IAPT Program

- Trained over 10,500 new therapists using standardized national curricula
- Unique session by session monitoring system using patient rated outcome measures
- Were able to capture 98.5% of patients with pre and post treatment measures
- Most recent data (Jan to March 2017) shows: around 50% of patients treated in the IAPT program recover and 66% show worthwhile benefits
- 5% as mentioned before, are able to return back to work which essentially pays for any investments made into this program.

IAPT Stepped Care Model

Step 3 High Intensity Service	Depression Mild, Moderate and Severe	CBT , IPT behavioural activation
	Depression Mild-Moderate	Counselling , couples therapy
	Panic Disorder	CBT
	Generalised anxiety disorder (GAD) mild- moderate	CBT
	Social Phobia	CBT ,
	Post Traumatic Stress Disorder (PTSD)	CBT , eye movement desensitisation and reprocessing (EMDR)
	Obsessive Compulsive Disorder (OCD	CBT
Step 2 : Low Intensity Service	Depression Mild-Moderate	cCBT , guided self-help , behavioural activation , exercise
	Panic Disorder Mild -Moderate	cCBT , guided self-help , pure self help ,
	Generalised anxiety disorder (GAD) mild- moderate	cCBT , guided self-help , pure self help , psychoeducation groups
	OCD mild - moderate	Guided Self-Help
Step 1 : Primary Care/ IAPT Service	Recognition of Problem	Assessment / Watchful Waiting

Osler's New Stepped Care Program

Proposed Stepped Care Model for Osler

- Provide more support to psychiatrists by working with staff and primary care
- Will not burden patient with more commitment to treatment than they need (match level of need to level of service)
- Flexible model in which patients can step up, step down or step out of services depending on standardized outcome measures

Stepped Care Principles:



Stepped care has two basic principles:

1. Treatment should always have the best chance of delivering positive outcomes while burdening the patient as little as possible.
2. Scheduled reviews, to detect and act on non-improvement, must be in place to enable stepping up to more intensive treatments, stepping down where a less intensive treatment becomes appropriate and stepping out when an alternative treatment or no treatment become appropriate

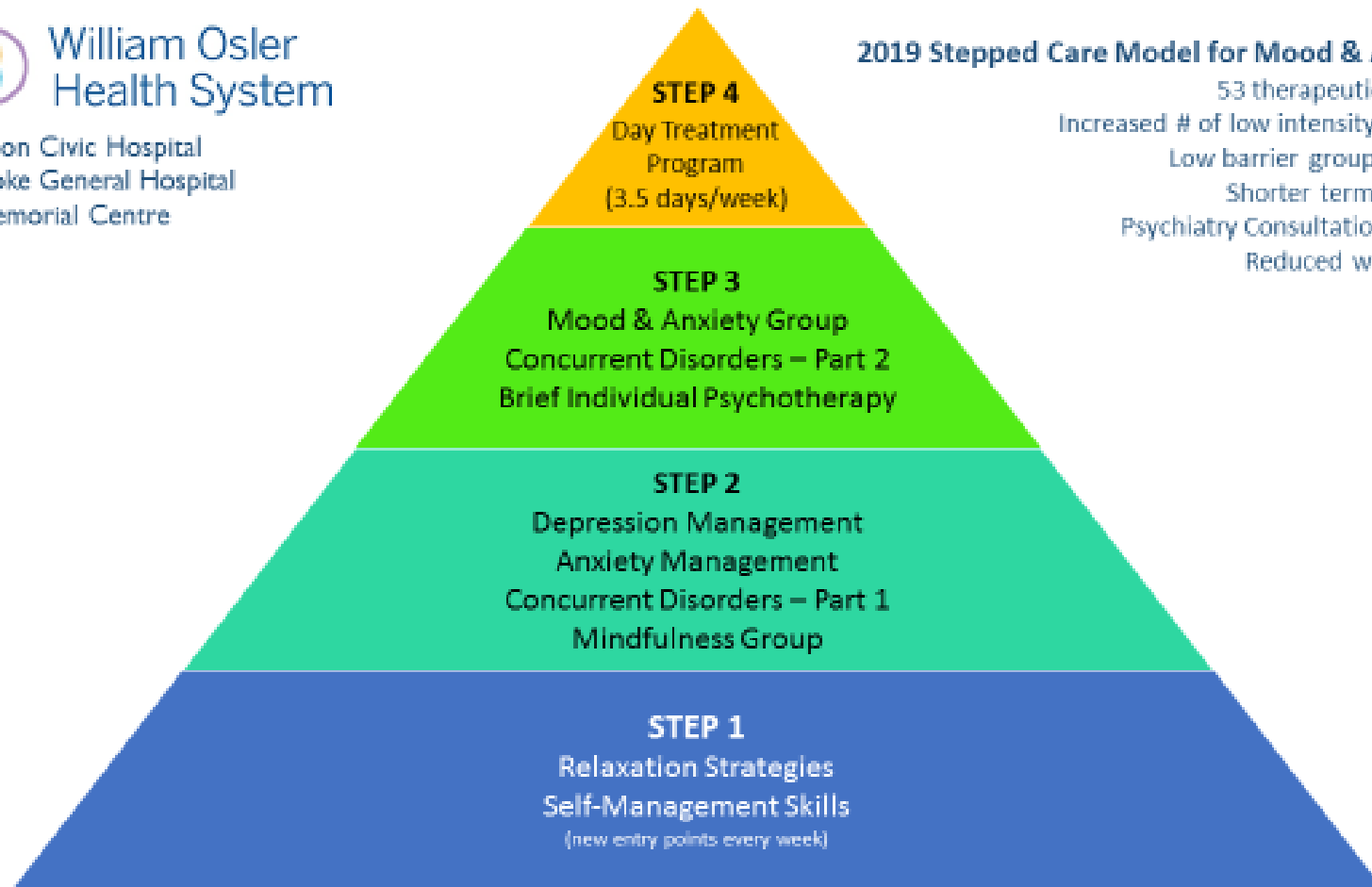


William Osler
Health System

Brampton Civic Hospital
Etobicoke General Hospital
Peel Memorial Centre

2019 Stepped Care Model for Mood & Anxiety

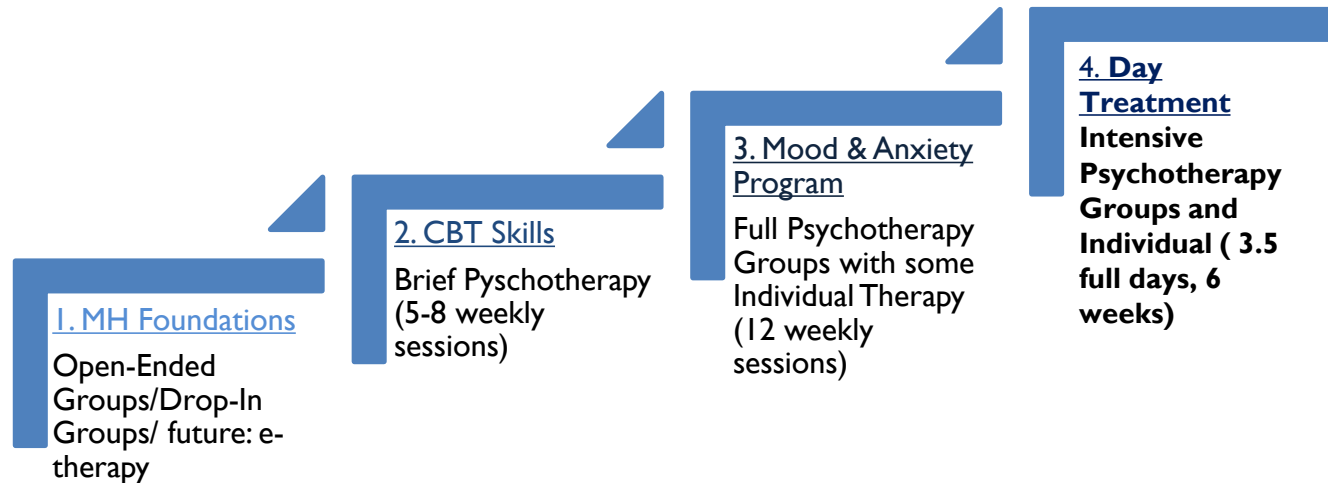
53 therapeutic groups
Increased # of low intensity services
Low barrier group therapy
Shorter term support
Psychiatry Consultation Model
Reduced wait times



William Osler
Health System

Stepped Care Program

Core Basket of Services



Stepped Care Model: Core Basket of Services

- **Step 1: Mental Health Foundations**
 - Open Groups (No waitlist)
 - Self Management (core service) , Stress Reduction, Relaxation, Mindfulness, psychoeducation workshops
- **Step 2: CBT Skills**
 - Brief Therapy 5-8 sessions
 - (Manualized) CBT for Anxiety and Depression as a core service for adults, geriatric, TAY and CHAD.
- **Step 3: Mood and Anxiety Program**
 - Full Psychotherapy (Manualized) 12-15 weekly sessions (CBT, DBT Skills, MBSR, MBCT) and Individual Therapy (IPT)
- **Step 4: Day Treatment**
 - 3.5.Full Days of Group and Individual

Stepped Care Program Quick Guide

Intensity of Services	Adult Mental Health PMC	Adult Mental Health BCH	Adult Mental Health EGH	Transitional Aged Youth Mental Health	Child & Adolescent Clinic	Addiction Counselling Services PMC
STEP 1	<p>Introduction to Relaxation & Mindfulness Fridays 11am-12pm Ongoing, open group</p> <p>Self-Management Group Thursdays 12:30-2pm 10 sessions, open group</p>	<p>Family Group for ADTP & MAG Wednesdays 6:30-8:30pm Open group</p>	<p>Self-Management Group Thursdays 10-11:30am 6 sessions, open group</p> <p>Addiction Drop-in Group Fridays 10-11:30am Open group</p>	<p>Life Skills Group Mondays 4-5:30pm 12 sessions Drop-in, open group</p> <p>E-CBT Informed Offered online Ongoing open group Coming May 2019</p>		<p>Education Day – One Friday per month Family Workshop – Every other month</p> <p>Addiction Drop-in Group</p> <ul style="list-style-type: none"> Thursdays 10-11:30am @ PMC Fridays 10-11:30am @ EGH <p>Auricular Acupuncture Drop-in</p> <ul style="list-style-type: none"> Tuesdays 6:30-7:30pm Wednesdays 10:30-11:30am <p>Bet-Less Living Group Wednesdays 6-7:30pm, 10 sessions</p>
STEP 2	<p>Anxiety Management Group Tuesdays 11am-1pm or Thursdays 5:30-7:30pm 6 sessions, closed group</p> <p>Depression Management Group Tuesdays 1-3pm or Wed. 5:30-7:30pm 5 sessions, closed group</p>	<p>Mindfulness Group Mondays 2-4pm 6 sessions, closed group</p> <p>Concurrent Disorders 1 Group Thursdays 2:15-4pm 8 sessions, closed group</p>	<p>Addiction Treatment Group Wed. 10-11:30am 8 sessions, closed group</p> <p>Anxiety Management Group Thursdays 3-4:30pm 6 sessions, closed group</p> <p>Depression Management Group Thursdays 12:30-2pm 5 sessions, closed group</p> <p>Health and Wellness Group Wednesdays 1:00-2:30pm 12 weeks, open group</p> <p>Mindfulness Group Thursday 5-6:30pm 6 sessions, closed group</p>	<p>Mood and Anxiety Group</p> <ul style="list-style-type: none"> 16-17 year olds: Tues. 4-5:30pm 18+ years old: Wed. 4-5:30pm <p>10 sessions, closed group</p>	<p>STEP 3: Anxiety Group</p> <ul style="list-style-type: none"> 8-10 year olds: Tuesdays 4-5pm 11-13 year olds: Thursdays 4-5pm 14-15 year olds: Wed. 4-5:30 <p>10 sessions, closed group</p> <p>Anxiety Group for Parents of:</p> <ul style="list-style-type: none"> 8-10 year olds: Tuesdays 5-5:30pm 10 sessions, closed 11-13 year olds: Thursdays 5-5:30pm 10 sessions, closed 14-15 year olds: Wed. 5:30-6:30pm 4 sessions, closed 	<p>Addiction Treatment Group</p> <ul style="list-style-type: none"> Wed. 10:00-11:30am @ EGH Thursdays 2:00-3:30pm @ PMC <p>8 sessions, closed group</p> <p>Family Support Group Tuesdays 6-7:30pm. 12 weeks</p> <p>Support Group</p> <ul style="list-style-type: none"> Problem Gambling: Tuesdays 6-7:30pm, 12 sessions Drug & Alcohol Aftercare Group: Wednesdays 6-7:30pm
STEP 3		<p>Mood & Anxiety Group Mon. 1-4pm/Wed 9am-12pm/Thurs. 1-4pm 8 sessions, closed group</p> <p>Aftercare Group ADTP Tues. 2:30-4pm, 8 sessions, open group</p> <p>Concurrent Disorders 2 Group Wed. 1:30-3pm, Open group</p> <p>Workshop - Mood & Anxiety 2 Mondays, 9am-12pm or 1-4pm</p>	<p>Aftercare Group ADTP Tuesdays 1:30-2:45pm Open group</p>	<p>Emotion Regulation Group</p> <ul style="list-style-type: none"> 16-17 year olds: Mon. 4-5:30pm 18+ years old: Thurs. 4-5:30pm <p>15 sessions, closed group</p>		<p>DA VINCI Group (Depression and Alcoholism – Validation of an Integrated Care Initiative) Wednesdays 5:30-7:30pm 17 sessions, closed group Held at Osler's Withdrawal Management Centre but open to outpatients</p>
STEP 4		<p>Adult Day Treatment Program</p> <ul style="list-style-type: none"> Stream B Tues-Thurs 9am-2pm, Fri 9am-12pm 8 weeks, open group 	<p>Adult Day Treatment Program</p> <ul style="list-style-type: none"> Stream B Monday-Thursday 10am-1:30pm 12 weeks, open group 			<p>Withdrawal Management Centre Open 24/7 3-5 days average length of stay. 135 McLaughlin Road South, Brampton. 905-456-3500</p>



Key principles for the Stepped Care Program

- Standardized across BCH, EGH, PCM
- Manualized, structured psychotherapy provided at each step
- Same core basket of services offered no matter where the patient enters our service.
- The core basket of services are offered multiple times with staggered dates so that patients do not have to wait more than 2-3 weeks for a group or workshop.

Planning and Implementation

Key enablers to implement Stepped Care:

Engaging staff and physicians using principles of LEAN methodology

Centralized Intake and Triage

Evidence-based Practice Committee

Patient Rated Outcome Measures

Consultation/Collaboration model for psychiatry

Engaging primary care physicians in the model

Engaging Staff in the planning:

- Two planning days (Rapid Improvement Events) using principles of LEAN Methodology
- Engaged staff and physicians to plan and implement
- 5 work groups created to work on “fleshing out” each step over a 4 month period
 - Status Update Meeting every 30, 60, 90 Days
 - Target Launch Date: **January 21, 2019**

Centralized Intake Hub

- Implemented a robust centralized intake and triage
- One referral form and one access point for all referrals across 3 sites
- Enhanced efficiency for processing referrals (from 16 weeks to 2 weeks)
- Intake Team triages all external (primary care) referrals and schedules consult with psychiatrist and/or Stepped Care
- Individual therapy only offered to select patients for whom it is necessary despite attending groups

Evidence-Based Practice Committee

- Established an evidence based practice committee to ensure that all patient programming was standardized and evidence based
- Representation from all sites, clinics and disciplines to ensure that there was buy-in and consensus
- First task of the committee was to select structured psychotherapy manuals for each step

Patient Rated Outcome measures

- Implemented standardized patient rated outcome scales (Depression, Anxiety, Stress Scale: DASS21)
- Patients completed these scales pre and post intervention as well as at midpoint
- Results presented to staff on a quarterly basis
- Next step is to make this a digital process

For Mood & Anxiety Patients:

- Psychiatrists to see patients for consultation only (or very brief follow up) for diagnostic clarification, medication adjustment and then refer to our Stepped Care Program for evidence-based psychotherapy for 8-12 weeks.
- When patient completes the Stepped Care Program—they are discharged back to the family doctor for maintenance care.

Engaging Primary Care Physicians

Letters mailed out to all primary care physicians in the area

Reached out to the top referral sources to speak with them directly

Presentations at Osler at primary care forums

Road shows to multiple family health teams in the area

Personal connections with psychiatrists

Peer Support and transitions to community/primary care

Peer support workers
(partnership with
CMHA) embedded in
the step 3 and 4 to help
transition from hospital
service to primary care
or to community
chronic care services

Preliminary Results

Poster Presentation at Canadian Psychiatric Association



Stepping-up Access to Outpatient Mental Health Care: Stepped Care Program

William Osler Health System, Brampton, Ontario, Canada

Faiza Khalid-Khan, Carol McCafferty, Dr. Albert Oyimah, Manjit Budwal, Kerry Dearborn, Dr. Robert Stevens, Alison Patenaude-Meek, Tina Smith-Krass

Introduction

- Osler's Mental Health program is one of the largest in Ontario with over 81,000 outpatient visits in FY 18/19 and up to 1,400 referrals per month.
- The outpatient program consisted of multiple small clinics that functioned in silos, each with their separate processes and no cohesive vision that created gaps in services and long wait times.
- We needed an efficient service delivery model with streamlined processes that maximized our resources and provides timely access to evidence-based care.
- Mood and anxiety disorders exist on a continuum, ranging from mild to extremely severe symptoms. To effectively match patient needs with treatment interventions, we needed to provide a similar continuum of evidence-based services.
- Inspired by IAPT's (Increasing Access to Psychological Therapies) model from the NHS in the UK, we launched Osler's Stepped Care Program in January 2019: a 4-step model which matches the intensity of service to patients' needs.



Objectives

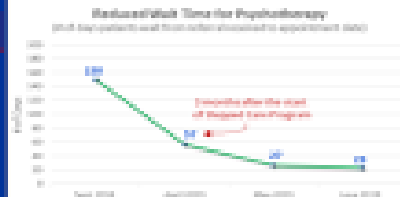
- To provide a continuum of services that meet the needs of mood and anxiety patients.
- To manage high volumes by providing care at the right intensity (reserving the highest intensity services for the most complex patients)
- To provide timely access to evidence-based care

Method

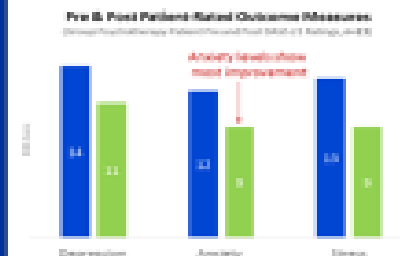
- Engaged staff and psychiatrists in the design and implementation using principles of LEAN methodology
- Created a robust centralized intake
- Implemented a Consultation Collaboration model for psychiatry in partnership with local family physicians
- Implemented structured psychotherapy at all steps
- Measure and monitor standardized patient-rated outcomes

Results

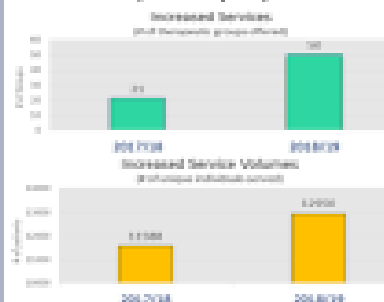
Reduced Patient Wait Times:



Improved Patient Outcomes:



Increased Outpatient Capacity:



Conclusions

- Increased programming by 138%
- Increased number of unique individuals served by 11%
- Reduced wait times for psychiatric consultation by 80% and psychotherapy by 85%

Future Directions

- Incorporate e-therapies at Step 1 of model to increase access and manage high volumes
- Expand Step 1 and 2 to Community with partnerships with FHTs and MH community agencies.
- Partnership with hospital cardiology, oncology, and women's programs.

References:
 (1) IAPT (2018) Realising the New Public Health of Evidence-based Psychological Therapies. The IAPT Program. Annual Review Clinical Psychology 2018, Vol 6, 1-24

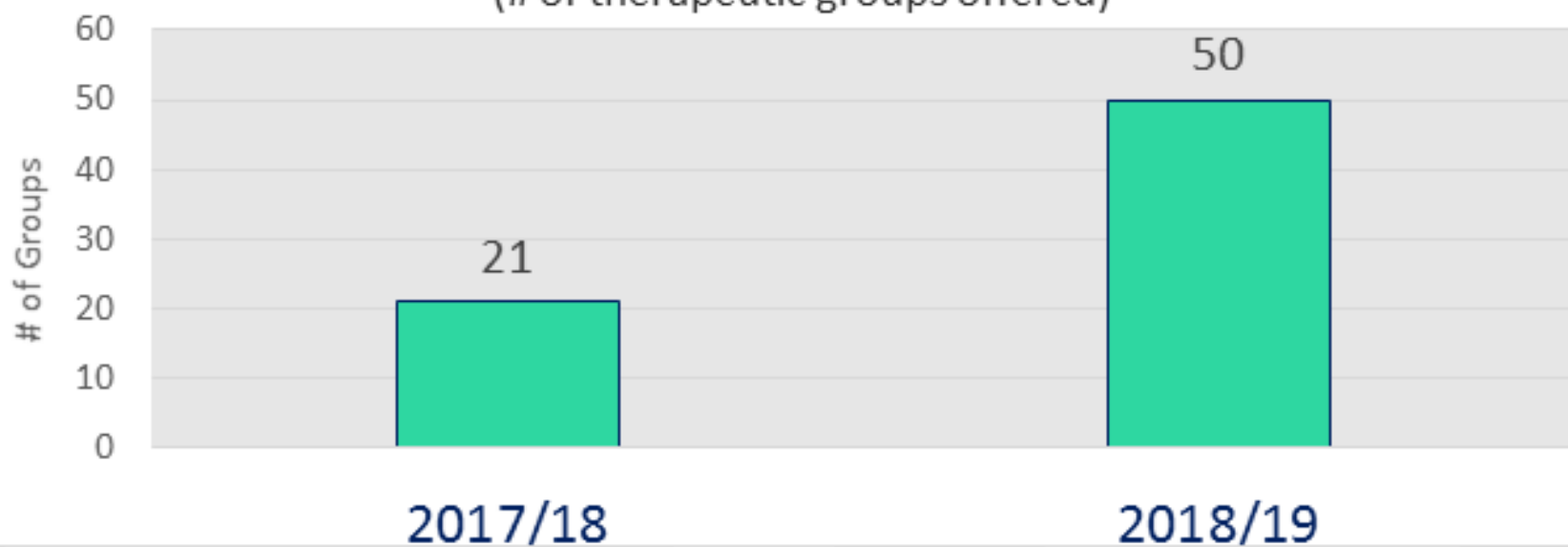


William Osler
Health System

Going Beyond

Increased Services

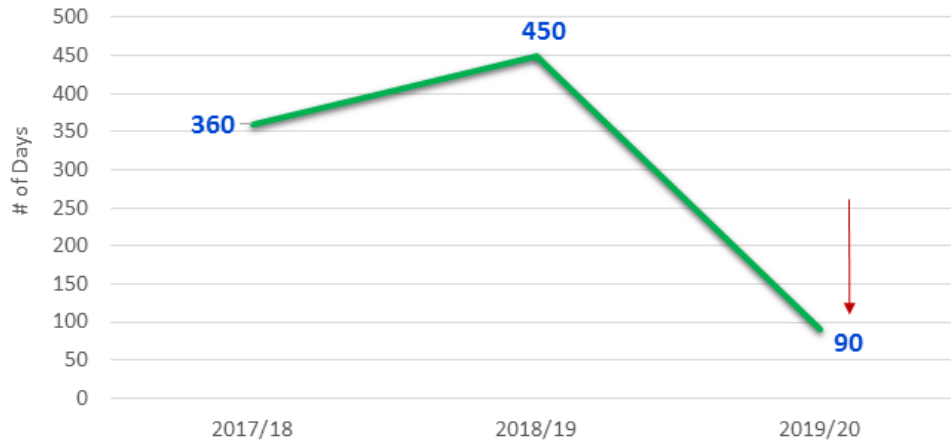
(# of therapeutic groups offered)



Reduction in Wait times

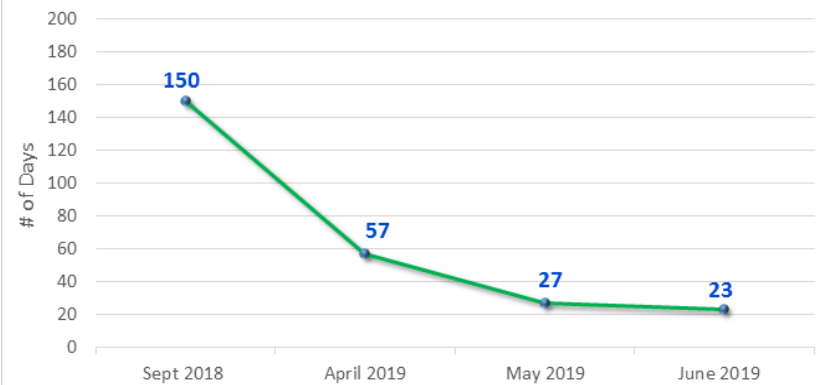
Reduced Wait Time for Psychiatric Consultation

(average # of days patients wait from referral received to appointment date)



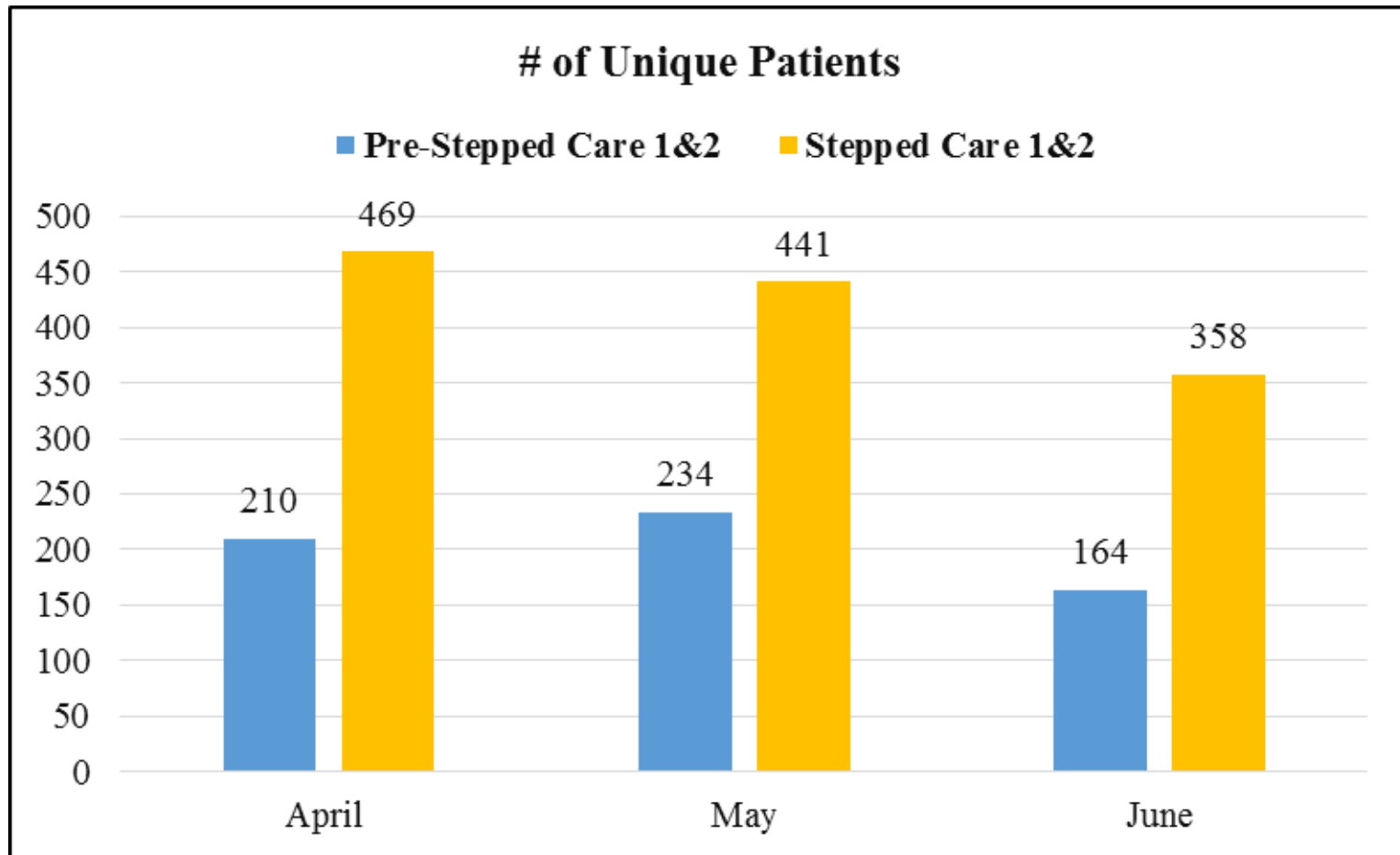
Reduced Wait Time for Psychotherapy

(# of days patients wait from referral received to appointment date)



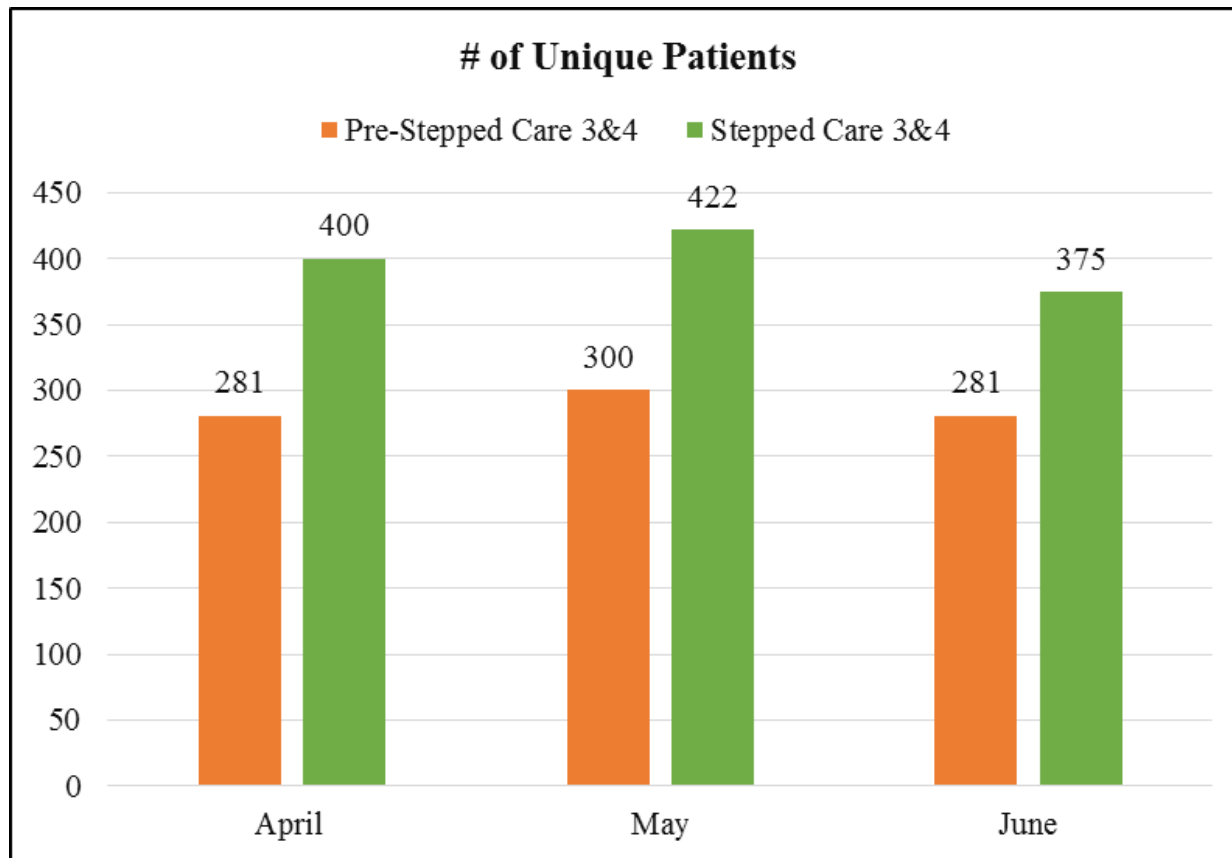
Number of unique patients served Steps I and 2

- Pre-Stepped Care: Q1 2018 Stepped Care: Q1 2019

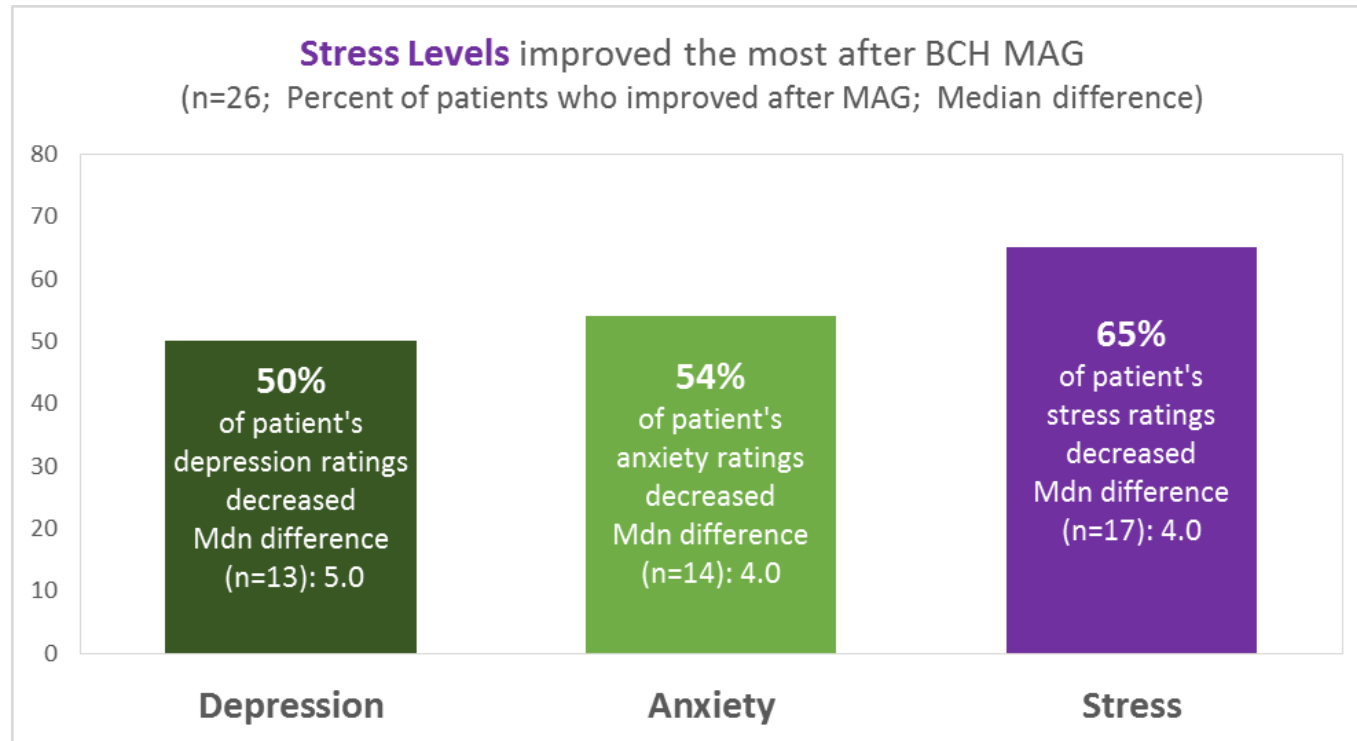


Number of unique individual served Steps 3 and 4

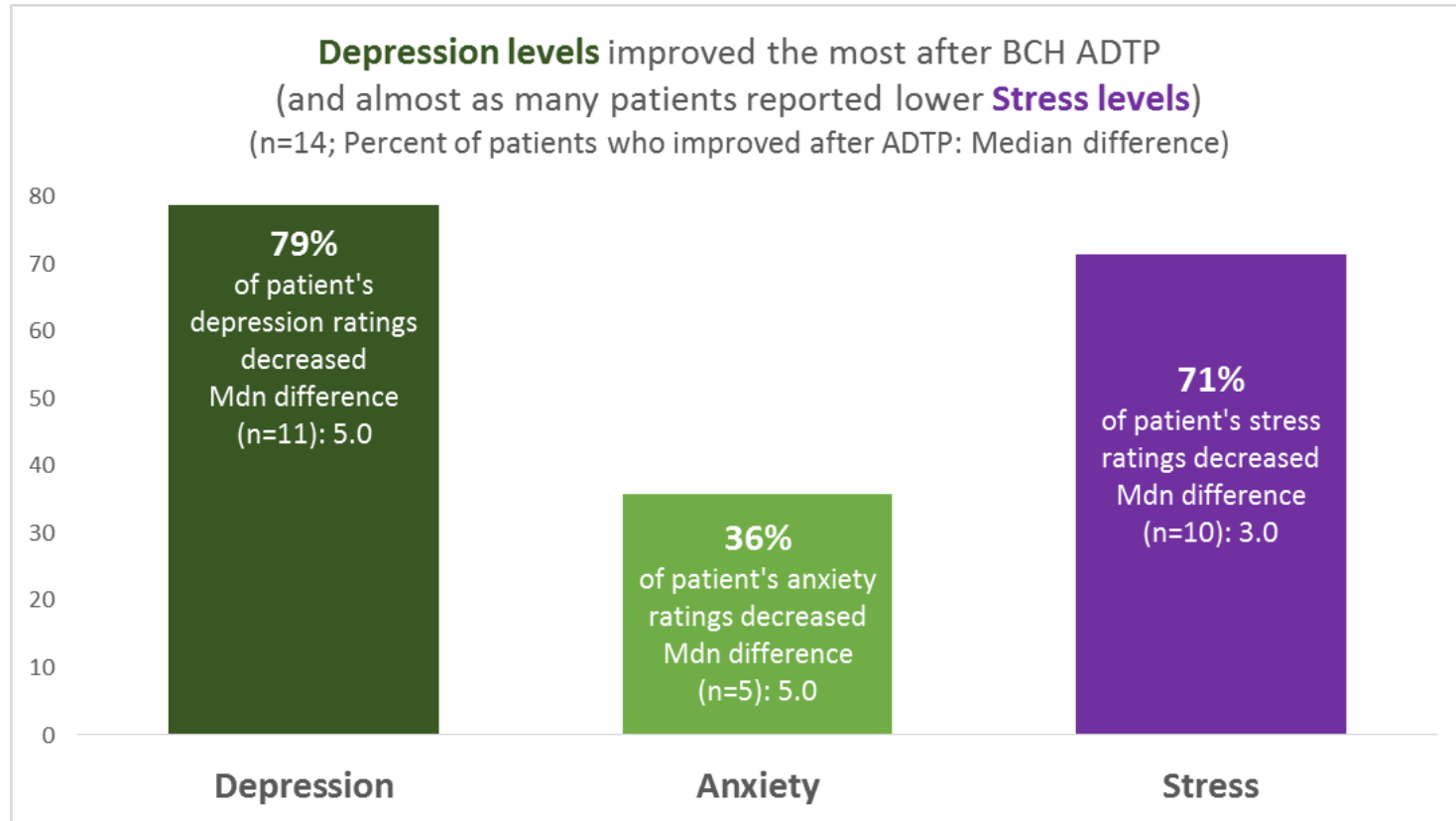
- Pre-Stepped Care: Q1 2018 Stepped Care: Q1 2019




Patient Rated Outcome Measures (Step 3)



Patient Rated Outcome Measures (Step 4)



Patient Survey Comments



"I learned about myself, my core beliefs, my behavioural patterns. I need to practice self-compassion. I need to communicate more directly and effectively".

"Having somewhere to start, a routine, changing and identifying/addressing core beliefs, Identifying emotions, identifying triggers, getting back to my employment."

"I've gotten back to my passions. I've joined some social groups, and now when my anxiety depression starts I'm able to acknowledge it, and work through it."

"I enjoyed hearing from others with similar problems. It was more comfortable than individual sessions because attention wasn't always on me."

Stepped Care Expansion

Evolving the Stepped Care Program

- Queen's Square Family Health Team (QSFHT): our first partner to expand Stepped Care to community
- QSFHT staff (social workers) educated and trained by Osler's Stepped Care Program to provide Step 2 groups in the community
- First cycle of QSFHT groups started on September 8th, 2019.
- All referrals come to Osler's MH centralized intake and triaged for Osler or QSFHT

Future Directions

- Continue to evolve the Stepped Care Program beyond the hospital (Step 1 with CMHA)
- Steps 1 and 2 with Family Health Teams
- Builds capacity in a very high volume, high growth region (10% growth rate each year)
- Allows hospital to concentrate on the high intensity patients
- Introduce e-therapy options at Step 1 and 2 and blended e-therapy and face to face at step 3 and 4.

Questions

A black and white photograph of a man lying in a hospital bed. He is smiling and giving a thumbs up with his left hand. His right leg is in a white cast and is raised towards the camera. Medical equipment, including an oxygen tank and monitors, are visible in the background.

OUR VISION

PATIENT-INSPIRED HEALTH CARE WITHOUT BOUNDARIES

OUR MISSION

INNOVATIVE HEALTH CARE DELIVERED WITH COMPASSION

OUR VALUES

RESPECT, EXCELLENCE, ACCOUNTABILITY, DIVERSITY, INNOVATION



William Osler
Health System