

CASE STUDY: *The Rapid Access to Psychiatry initiative*

Prepared by MNP for the Shared Care Committee, a joint committee of the BC Medical Association and the Ministry of Health

The Problem

Mood disorders, such as anxiety, depression and bipolar disorder can have a variety of health, societal and economic impacts. According to the BC Ministry of Health, BC's share of the economic burden associated with mental illness is over \$6.6 billion each year and rapid access to psychiatric care (access in less than a few months) continues to be limited, especially for patients with mild mood disorders.¹

Nationally, the total cost of mental illness is about \$51 billion per year. BC's proportional share of this burden is more than \$6.6 billion each year.

Ministry of Health Services, November 1, 2010 News Release, *B.C. Plan Focuses on Healthy Minds, Healthy People*

A recent study by David Brawner, which measured the cost of mood disorders in BC, stated that the hospital costs in 2009/10 associated with depression, anxiety and neuroses amounted to \$90 million while MSP costs amounted to \$115 million.²

While there are options available for patients suffering from moderate to serious mood disorders across the Vancouver Coastal Health and Fraser Health regions, fewer treatment options exist for patients with mild mood disorders to obtain rapid access to a Psychiatrist for assessment and treatment. A recent survey of physicians suggests that the wait time from Family Physician referral to psychiatric treatment in BC exceeds 5 months.³ With many psychiatric patients facing wait times of over 5 months for a psychiatric consultation, an unmet need for rapid access to psychiatric treatment exists.



The Rapid Access to Psychiatry Solution

The Rapid Access to Psychiatry initiative began in March 2009 when Drs. Ron Remick and Chris Gorman, Psychiatrists practicing at the Mood Disorders Association of British Columbia (MDABC), established a part-time rapid access psychiatric assessment and treatment clinic at the MDABC premises (the MDABC Psychiatric Urgent Care Program). The MDABC is a non-profit organization dedicated to providing support and education for individuals living with mood disorders or other mental illnesses.

In 2010, the Shared Care Committee - a partnership of the BC Medical Association and the Ministry of Health - provided funds for expansion of the program. The program offers drop-in group medical visits (GMVs) to Family Physician-referred patients and is currently delivered by four Psychiatrists and one Medical Office Assistant. GMVs last about 1 hour and group sizes vary from eight to twelve patients. Groups include patients with a range of conditions including depression, anxiety and bipolar disorder, as well as patients with concurrent substance abuse issues and/or co-morbid psychiatric conditions. The key delivery components of the program are outlined below.

KEY PROGRAM COMPONENTS

1. Patients are referred to the Psychiatric Urgent Care Program at the MDABC Psychiatric Clinic by a Family Physician and are made 'MDABC members' – enabling them to use complementary services offered at the Clinic.
2. Referred patients have an individual 45-minute assessment with one of the consulting Psychiatrists.
3. After the assessment, a report or consultation outlining the psychiatric diagnosis and the recommended treatment option is dictated and the patient and his/her referring doctor receive a copy of the report within 1 week.
4. After receiving a report, the patient may pursue some of the recommended treatment options by working either with his/her Family Physician or one of the program Psychiatrists.
5. Patients who wish for follow-up and ongoing care at the Clinic are seen at group sessions taking place every Tuesday, Wednesday and Thursday.
6. Patients also have access to email communication with their Psychiatrist for answering post-appointment questions and medical management.

¹ Ministry of Health Services. *B.C. Plan Focuses on Healthy Minds, Healthy People*. News Release. November 1, 2010.

² Brawner, D. *Mood Disorders – Overview of Treatment Models and Initial Costing Analysis*. Presentation. September 21, 2011.

³ Goldner, E., Jones, W. & Fung, W. *Access to and Waiting Times for Psychiatric Services in a Canadian Urban Area: A Study in Real Time*. *Canadian Journal of Psychiatry* 2011; 56: 474-480.

Patients seeking psychiatric consultation, upon referral from a Family Physician, are able to schedule an appointment within 4 weeks or, in some cases, less than 10 days. While patients are encouraged to attend weekly GMVs to further their awareness, education and specific psychiatric treatment, the flexible nature of the program enables patients to choose the frequency with which they wish to access follow-up care through GMVs and email communication. Patients and their Family Physicians have continuous access to the program Psychiatrists.

KEY TENETS OF THE MODEL

1. Encourage/empower patients to become informed consumers.
2. Use group medical visits in lieu of individual follow-up visits.
3. Use email communication to increase patient access and in lieu of individual follow-up visits.
4. House the program in a milieu that offers support, provides advocacy and lessens stigma.

The program's group approach is different from a traditional model where patients see a Psychiatrist on a one-on-one basis every week, month or quarter as it enables Psychiatrists to assess patients with homogeneous chronic illnesses in a more efficient format.

Efficiency and Cost-Effectiveness

As of January 1, 2012, 3,150 new patients have been assessed and over 3,500 patients have participated in GMVs. The program currently averages 32 new assessments per week and 42 GMVs per week. As of January, 2012 this has amounted to 1,600 new patients assessed and over 2,000 GMVs per annum.

A cost comparison and economic analysis of the MDABC Psychiatric Urgent Care Program and traditional psychiatric outpatient care in British Columbia by Dr. David Brawner suggests that this service model has the potential to reduce cost to the health care system.⁴ Study highlights include the following:

- One full-time equivalent (FTE) Psychiatrist at the MDABC is able to assess 6.7 times as many new patients and conduct 553 more follow-up visits per annum than a traditional outpatient department Psychiatrist.
- The MDABC model of care is almost three times less costly, per annum, for moderate cases and more than four times less costly for severe cases than traditional outpatient department psychiatric care.

A content analysis of email consultations between one of the program Psychiatrists and his psychiatric patients also suggests that there is the potential for email

encounters to substitute for a percentage of traditional face-to-face follow-up visits.⁵

User Satisfaction with the Program

A recent program evaluation of the MDABC Clinic by Araki, Bruce and Lear assessed user satisfaction through surveys and interviews with selected stakeholders including patients, Clinic Psychiatrists, referring Family Physicians and MDABC staff.⁶ A summary of its main findings is presented below:

- Sixty-seven percent of patients surveyed reported that they attended the GMVs because of faster access to psychiatric care.
- Patients were very satisfied with the quality of medical information and consultations provided in GMVs.
- Patients were satisfied with the wait time for referrals.
- Patients reported enhanced self-management skills.
- Family Physicians indicated a high level of satisfaction with the prompt referrals into the Clinic.
- The drop-in GMVs increased Clinic Psychiatrists' productivity and reduced operational inefficiencies typically related to individual consultations.

PATIENT COMMENTS

"[The doctor] was very helpful, informative and listened well. Only one visit but I do feel a bit more optimistic as this went well compared to other experiences."

"No other Psychiatrists are taking new patients and I desperately needed help."

"Because the check-in is weekly I can get consistent treatment."

"Knowing I can drop in on Wednesday and see a doctor is a soothing feeling."

"I value the short time it took to be seen...I value the ongoing weekly support, info, and direction with my mental health."

From presentation by Dr. Ronald Remick and Evaluation Report by Yuriko Araki, Robin Bruce and Scott Lear.



⁵ Araki, Y., Bruce, R. & Lear, S. *Program Evaluation of the MDABC Psychiatric Clinic on Demand*. British Columbia Alliance on Telehealth Policy and Research. October 2011.

⁶ Ibid.

⁴ Brawner, D. *Mood Disorders – Overview of Treatment Models and Initial Costing Analysis*. Presentation. September 21, 2011.