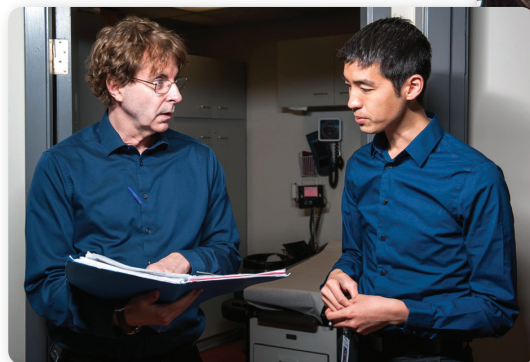


RICHMOND SHARED CARE PSYCHIATRY PROJECT

MAY 2015 - MARCH 2017: A LOOK BACK



OUR MISSION:
IMPROVING
PRIMARY CARE
ACCESS TO
PSYCHIATRY IN
RICHMOND.



INNOVATION | ALIGNMENTS | PARTNERSHIPS | SPREAD | SUSTAINABILITY

An Initiative Between the Richmond Division of Family Practice and VCH-Richmond Mental Health Services

REPORT FROM THE PHYSICIAN LEAD

I am pleased to report that this project has successfully met all of its intended goals and objectives.



What started as an ad hoc idea between one Richmond family physician and psychiatrist in 2013 has grown into a formalized 2-year project, culminating in a sustainable ongoing program serving the needs of Richmond physicians and their patients.

The achievements of this project have been a spotlight for the Richmond Division of Family Practice and Vancouver Coastal Health.

A heartfelt thank you to VCH-Richmond Mental Health Services for being the initial catalyst and willing partner. We extend our gratitude to the psychiatrists, family physicians and practice staff and finally the patients for enthusiastically embracing this innovative model of care.

Sincerely,

Dr. Robert McKenzie, Family Physician Chair, Richmond Shared Care Psychiatry Advisory Committee

BACKGROUND & APPROACH

THE PROBLEM:

With long wait times for Richmond Mental Health Services and no new private practice psychiatrists accepting new referrals, there was a need to improve access to psychiatry in Richmond.

THE GOAL:

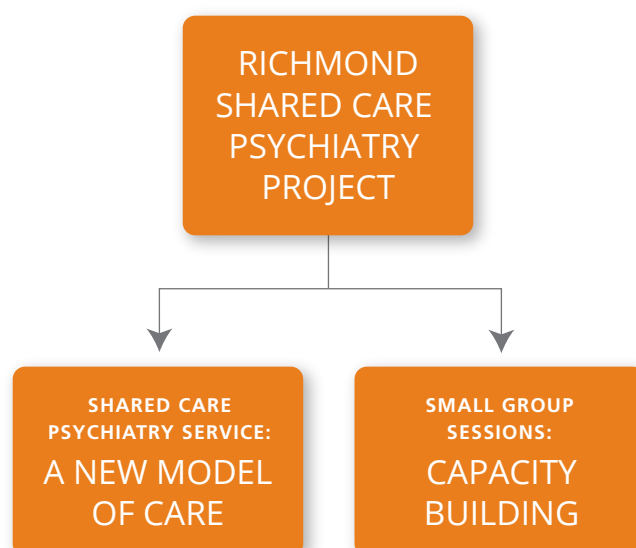
Improving primary care access to psychiatry

INTENDED OUTCOMES:

- > Improve patient health outcomes
- > Improve patient and provider experience
- > Improve cost efficiencies

APPROACH:

- > 2-pronged strategy:
 1. A new model of care: co-location of psychiatrists in GP offices
 2. Capacity building: providing knowledge and skill building sessions to GPs



“ALL THESE YEARS, I’VE JUST HAD TO MAKE DO, I DON’T REFER A PATIENT UNTIL IT GETS REALLY BAD.”

- GP, on difficulty accessing psychiatry

THE PSYCHIATRY SERVICE

THE SERVICE:

- > Community placement of psychiatrists in family physician offices
- > Pre-consultation face-to-face meeting between GP and psychiatrist
- > Psychiatrist provides one-time consultation (with a limited number of follow-ups)
- > Post-consultation face-to-face meeting between GP and psychiatrist to co-develop a plan of care
- > GP provides ongoing follow-up and care for patient

CHALLENGES:

- > Availability of psychiatry staffing and Asian language speaking psychiatrists to meet Richmond community demand
- > Service disruptions when changes to psychiatry staffing occur
- > Equitable and geographical roll-out tied closely to GP readiness and alignment of scheduling between the schedules of GPs and psychiatrists

THE SUCCESSES:

- > Built with sustainability and scalability from the start
- > No overhead costs
- > No additional facility costs (GPs offer in-kind office space)
- > Administrative support provided by MOAs to book appointments
- > IT workarounds for EMR access, data sharing and privacy - psychiatrists chart in PARIS, consultation reports sent to GPs, GPs document case conference in their EMR
- > VCH provided in-kind dictation and transcription services
- > One-time project management support to onboard psychiatrists and GPs
- > Repeatable and scalable across GP practice settings: soloists, multi-GP practices, blended practice models and full-time or part-time practice hours

“This has been an **INVALUABLE** service. My patients benefit from the quicker access.”
 - Participating GP



Patient with Dr. Robert McKenzie
 (family physician)

PRACTICE CLUSTERS

- SOLO PRACTICE
- MULTI-GP PRACTICE
- BLENDED PRACTICE

CAPACITY BUILDING SERIES

GOALS:

- > Foster Relationships
- > Enhance Capacity
- > Align Resources



Psychiatrists Drs. Raj Katta, Valerie Kaye, Kenneth Heng and Jennifer Slater



Psychiatrists Drs. Nauman Ahmad, Valerie Kaye, David Cohen, Sreedharan Nagendran

“There were a lot of new resources that I was not aware of before attending these sessions.”
- GP Participant

“What I found most valuable was getting to know the family physicians and addressing their needs.”
- Psychiatrist Presenter



Photo title: James Caspersen (St. Albans), Dr. Peter Gibson (psychiatrist), Morgan Meloche (Turning Point), Danny Taylor (RASS), Dr. Lawrence Hoeschen (internist), Dr. Kenneth Heng (psychiatrist), Dr. Sreedharan Nagendran (psychiatrist)

LEARNING SESSIONS:

- > Let's Talk Addictions
- > Psychiatry Pearls
- > Six Extreme Personalities
- > Psychiatry Pearls 2

GP SATISFACTION RATINGS

Very Satisfied

It was a good opportunity to gain access to specialists

4.76

The topics/content addressed were relevant issues

4.74

Attending these sessions was a good use of my time

4.73

I learned something new today that will help me in my practice

4.72

These sessions met my learning needs

4.70

1 2 3 4 5

11 PARTICIPATING SPECIALISTS

10 TOPICS DELIVERED

35 RESOURCES SHARED

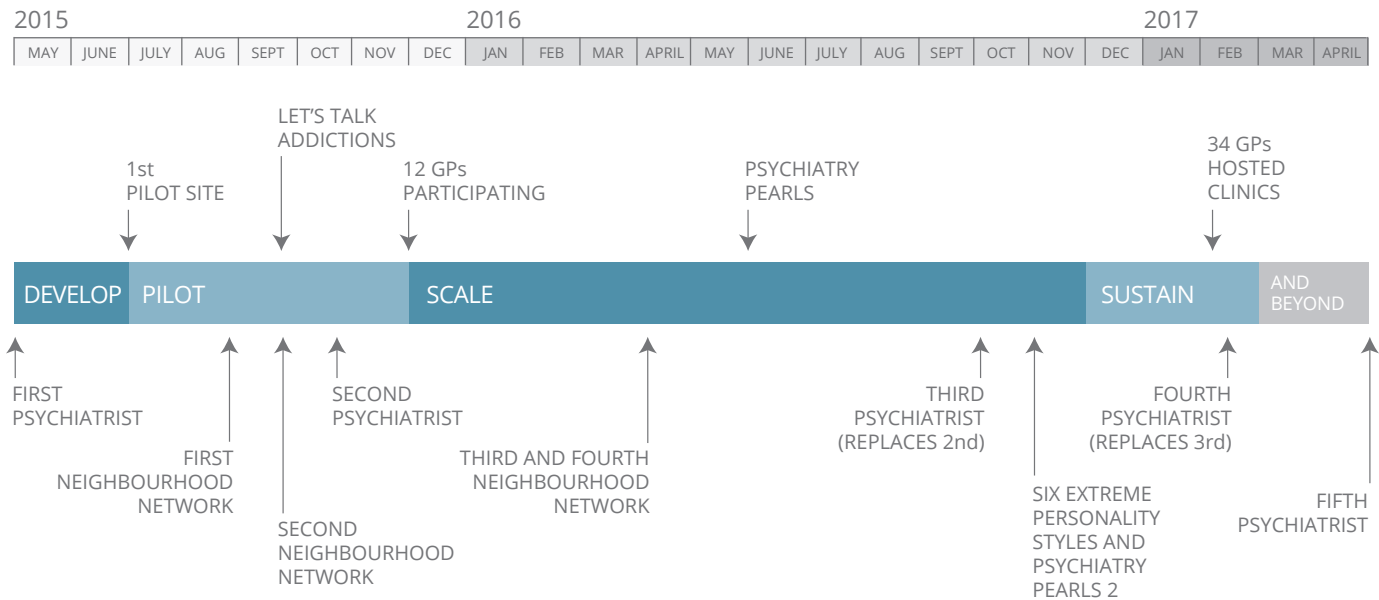
4 LEARNING SESSIONS

34 AVERAGE NUMBER OF PARTICIPANTS

64 UNIQUE PARTICIPANTS

156 TOTAL NUMBER OF PARTICIPANTS

PROJECT TIMELINE



INVESTMENTS & RESULTS

INPUTS

What We've Invested:

- > \$288,000 funding dollars spent
- > \$97,600 in-kind physician time
- > 2,430 total project support hours
- > 580 in-kind hours of GP office space
- > 15 total in-kind GP office spaces
- > 4 participating psychiatrists

OUTPUTS

Who We've Reached:

- > All members were engaged
- > 62 GPs expressed interest
- > 34 GPs received service
- > 64 unique participants attended learning sessions
- > 11 participating specialists at the learning sessions
- > 2 participating Neighbourhood Networks

OUTPUTS

What We've Done:

- > 462 face-to-face discussions between GPs and psychiatrists
- > 424 completed appointments
- > 303 total hours of psychiatry service per month
- > 245 unique patients seen
- > 4 capacity building sessions

OUTPUTS

What We've Created:

- > 85 metrics and indicators measured
- > 60 implementation and tracking processes, tools and resources
- > 27 evaluation questions developed
- > 1 phase one interim evaluation report
- > 1 poster presentation
- > 1 final evaluation report

OUTCOME

What We've Seen:

- > 424 appointments shifted from facility spaces to patients' medical homes
- > 67% improvement in access
- > 38% of patients, despite non-Richmond residency, were able to receive service
- > 2% no-show rate¹

PROJECT IMPACTS

IMPROVED PATIENT HEALTH OUTCOMES:

- > Improved access for hard-to-reach, difficult to engage and non-Richmond patients of Richmond GPs

IMPROVED PATIENT EXPERIENCE:

- > Better access for patients right in their medical home
- > Reduced stigma

IMPROVED PROVIDER EXPERIENCE:

- > Resurrected "corridor consults"
- > Improved GP capacity and support
- > Satisfaction with team-based care

IMPROVED COST EFFICIENCIES:

- > Reduced rate of missed appointments
- > No additional health authority facility usage
- > Leveraged existing unused space in the community
- > No additional staffing required
- > Efficient spread through Neighbourhood Networks
- > Service sustainably managed in the community
- > Ongoing maintenance requires only 5 hours/month of administrative support

INCREASED APPROPRIATE ACCESS TO SPECIALIST CONSULTATION AND SUPPORT

“ Yes, I could have patients come see me and never have to leave my office. But for me, the value is the INTERACTION with the GP and working as a TEAM. ”

- Participating Psychiatrist

Dr. Robert McKenzie
(family physician),
Dr. Kenneth Heng
(psychiatrist) and
psychiatry resident



LESSONS LEARNED

- > Rigorous GP outreach strategy
- > Reduce implementation barriers: low work, low risk, low barrier model
- > GP and psychiatrist readiness and fit
- > Standardizing operational requirements such as space and scheduling
- > Comprehensive onboarding process and service support
- > Efficiency of a psychiatrist supporting a network of GPs vs a solo office
- > The complexity and importance of active case finding by GPs
- > Quick response to emerging issues to limit risks to interprofessional care



Phase One Advisory Committee: Bethina Abrahams (Shared Care Committee), Denise Ralph (Executive Director, RDFFP), Dr. Peter Gibson (VCH-Richmond Medical Director Mental Health & Addictions), Dr. Ki-Sun Kim (Family Physician), Dr. Robert McKenzie (Family Physician), Carrie Locke (Project Lead, RDFFP), Dr. Valerie Kaye (Psychiatrist), Marla Steinberg (Evaluation Consultant), Dr. Kenneth Heng (Psychiatrist)

LOOKING AHEAD

SUSTAINABILITY:

- > Built with sustainability in mind, the service is now an ongoing program supported by the Division and VCH-Richmond Mental Health Services. Direct service support is reduced by 75% once a shared clinic is up and running and ongoing maintenance requires only 5 hours of administrative support per month and minimal ongoing investment required by project partners.

SPREAD:

- > With widespread applications to more GP offices, other communities and other specialties, the Division is poised as a catalyst to spread this model. There are plans to continue to scale the service with additional psychiatrists and a plan for a shared care geriatrician service is scheduled for June 2017.

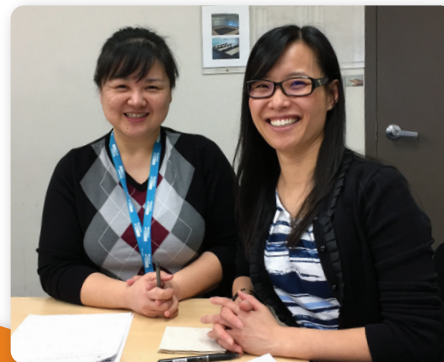
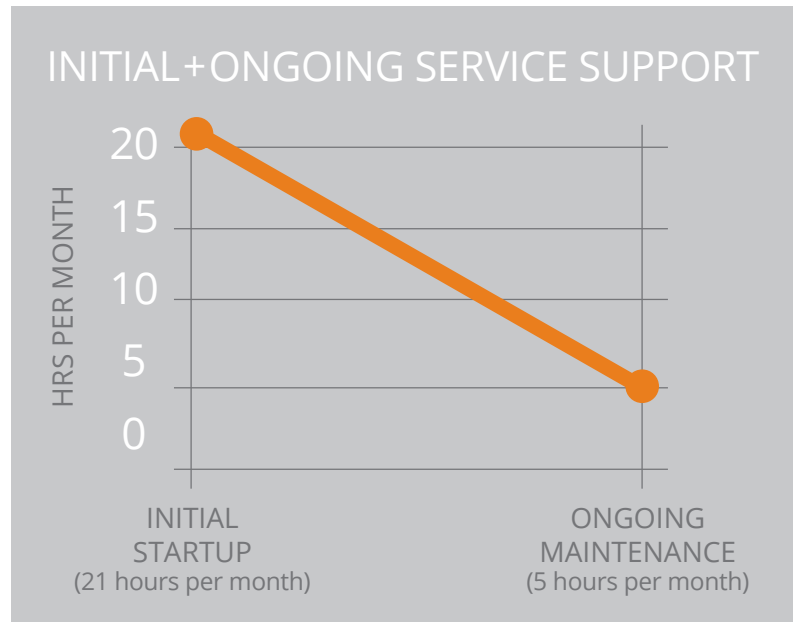
PRIMARY CARE HOME AND PATIENT MEDICAL HOME:

- > The shared care psychiatry service model has laid insightful groundwork for the Division to plan and support the Senior's Primary Care Home Project and Patient Medical Homes in primary care practices in Richmond.

- Commitment
- PMH networks supporting communities
- Evaluation and quality improvement

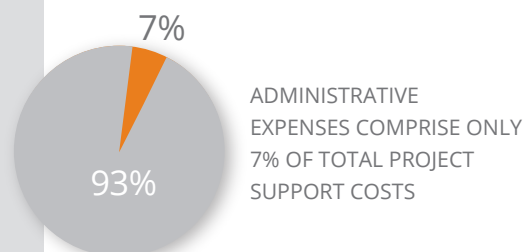
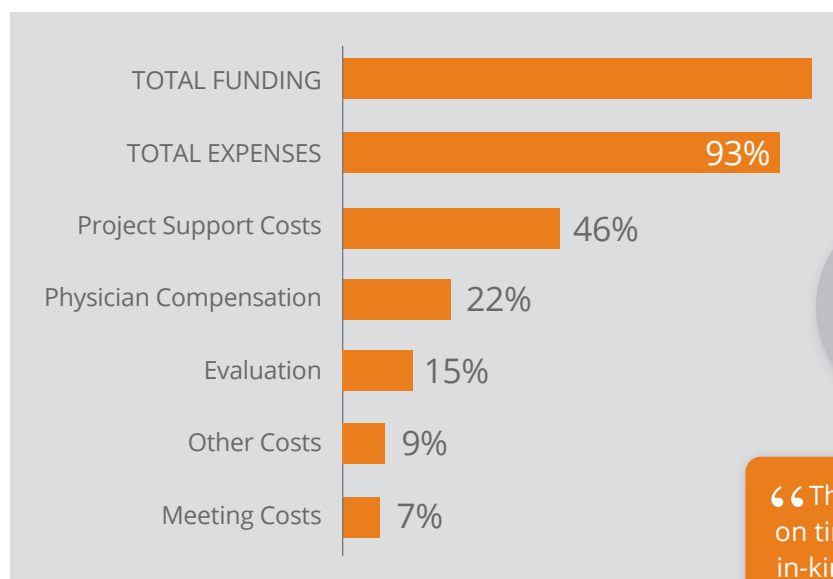
The psychiatry service model supports
9 of the 12
pillars of the Patient Medical Home

- Team based care
- Timely access
- Comprehensive care
- Coordination of care
- Continuity of care
- Education, training and research
- Internal and external supports
- FP networks supporting practice
- Information technology enabled



Dr. Maria Theresa Mariano (Psychiatrist) and Carrie Locke (Project Lead, RDGP)

FINANCIAL STATEMENT



ADMINISTRATIVE
EXPENSES COMPRISE ONLY
7% OF TOTAL PROJECT
SUPPORT COSTS

“This project has been delivered on time and on budget with many in-kind contributions and support from our partners.”

- Dr. Robert McKenzie

OUR TEAM



Phase Two Advisory Committee:
Dr. Michael Shabbits (Acting VCH-Richmond Medical Director Mental Health & Addictions), Denise Ralph (Executive Director, RDPF), Bethina Abrahams (Initiatives Lead, Shared Care Committee), Carrie Locke (Project Lead, RDPF), Dr. Kenneth Heng (Psychiatrist), Louise Corral (Meetings Administrator, RDPF), Dr. Maria Theresa Mariano (Psychiatrist), Dr. Ki-Sun Kim (Family Physician), Dr. Robert McKenzie (Physician Lead), Missing: Dr. Peter Gibson (Past Medical Director), Dr. Valerie Kaye (Psychiatrist), Dr. Raj Chawla (Psychiatrist)

ACKNOWLEDGEMENTS

The Richmond Division of Family Practice gratefully acknowledges the funding support of the Shared Care Committee to embark on this very valuable work. This project could not have happened without the immense support and strong partnership with Vancouver Coastal Health. And finally the Division deeply appreciates all of the physicians who participated early and throughout the project providing time, feedback and office space to make this important work happen.

To learn more, please contact: Denise Ralph, Executive Director, dralph@divisionsbc.ca