

Leveraging an established provincial programmatic approach to support the development of a mental health system in Ontario

Paul Kurdyak MD PhD
CHSPR Annual Health Policy Conference
March 9, 2023

camh



Positions and Conflicts of Interest

Psychiatrist and Clinician Scientist at CAMH

Professor and Chair, Addictions and Mental Health Policy, U of T

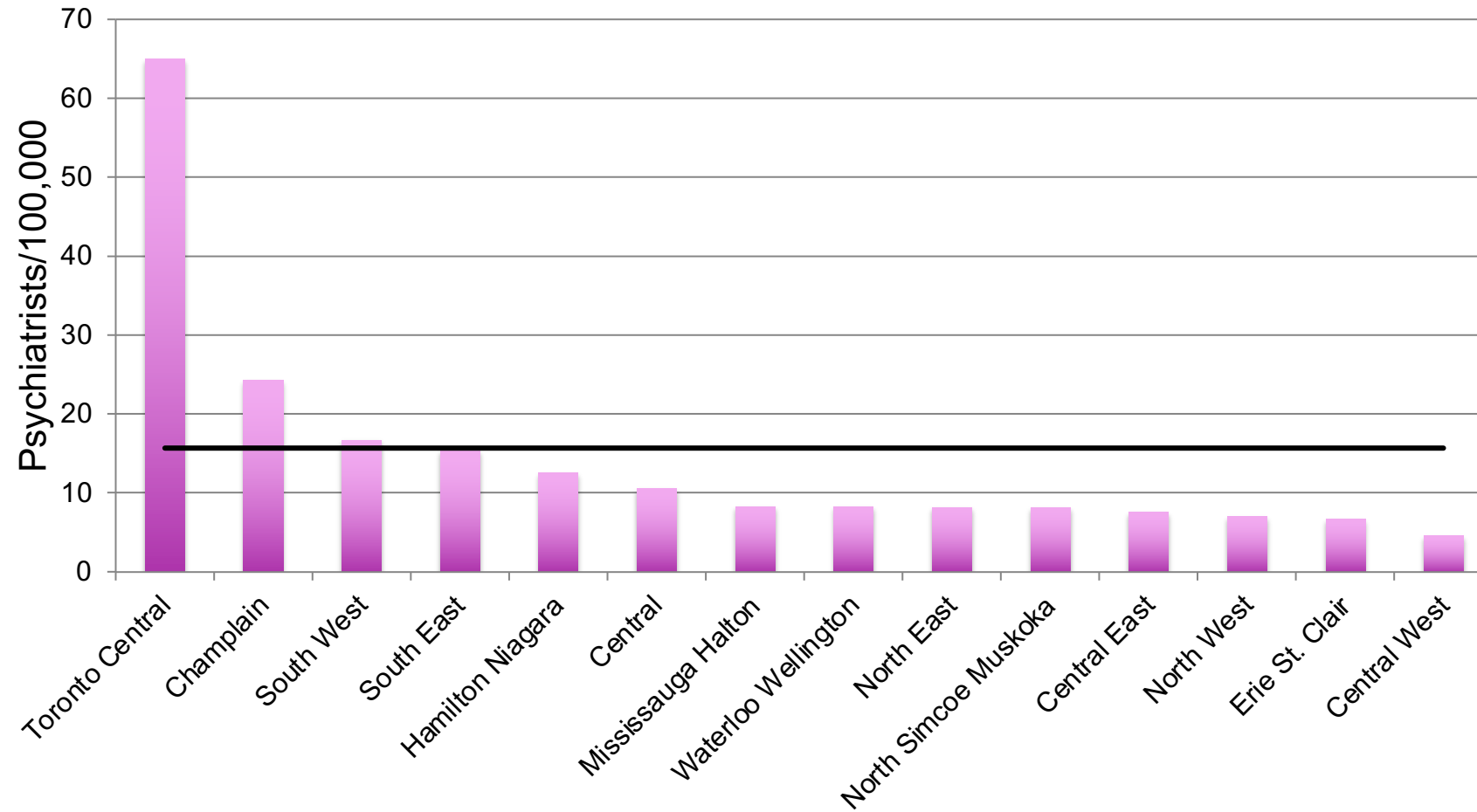
Lead of the ICES Mental Health and Addictions Research Program

Vice President, Clinical, Mental Health and Addictions Centre of Excellence, Ontario Health

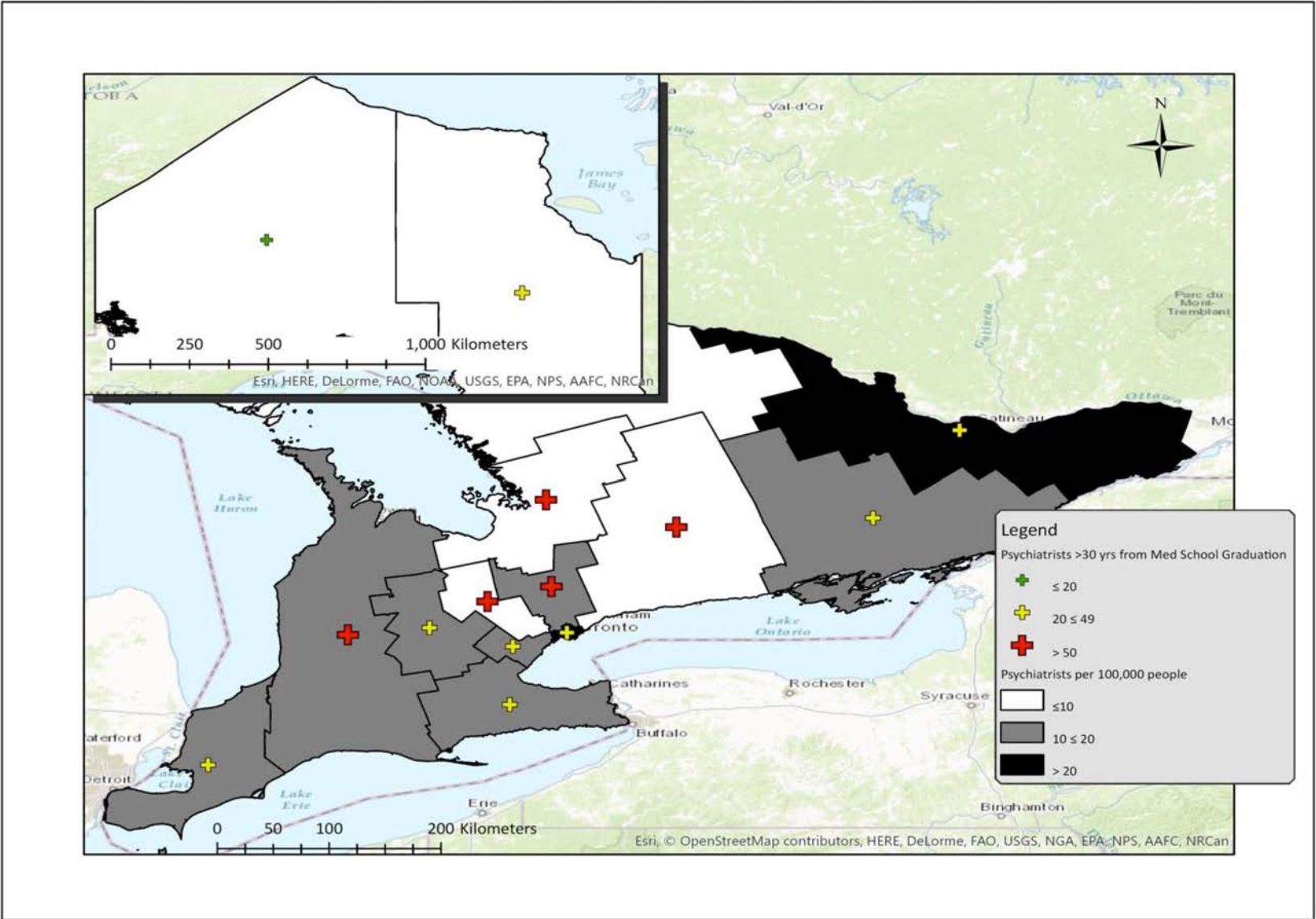
No conflicts to declare

**There is no mental
health system**

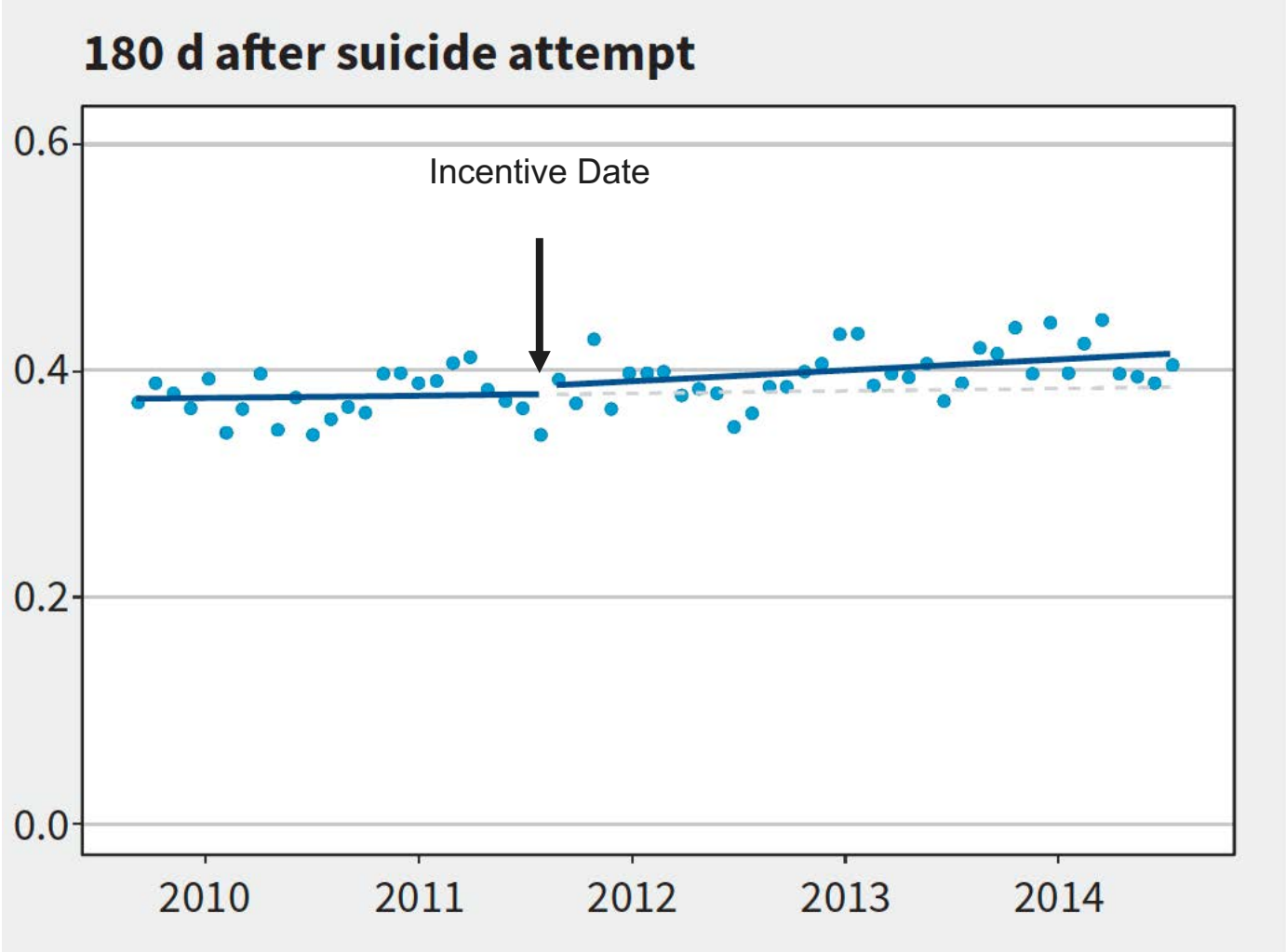
Ontario Regional Psychiatrist Supply



Supply, Psychiatrist Age and Region



Psychiatrist Visit 180 Days Post-Suicide Attempt



What DON'T we know?

1. Who is not accessing the system and who *should* getting care
2. Whether people get to where they need to go
3. How long people are waiting to get care (wait times)

4. Whether people are receiving care that adheres to best evidence and standards of care
5. Whether people respond to treatment
6. Whether people are “stepped up” to more intense treatment based on non-response to lower intensity treatment (or treatment is stopped once people have achieved remission/response)

ACCESS

QUALITY

Provincial Program Working Definition

A Provincial Program oversees and coordinates the management and continuous quality improvement for an identifiable disease/condition.

A Provincial Program aims to:

- Address an identifiable disease/condition that is common and/or burdensome for defined populations
- Provide oversight and coordination for disease/condition management to maximize population level benefits and minimize harms
- Bridge gaps between evidence and data, policy and clinical practice
- Provide supportive infrastructure, coordination and integration through funding, accountability, leadership, communications and stakeholder relations
- Have information technology and mechanisms to enable routine monitoring, evaluation and reporting on program and system-level impacts for continuous quality improvement

Longwoods Publishing Corporation. (2015). Stronger Together Cancer Care Ontario's focus on Quality, Performance and Partnership puts patients and the public at the centre. Healthcare Quarterly Vol 17 Special Issue. Retrieved from <https://www.longwoods.com/publications/healthcare-quarterly/23991>

Provincial Programs Advisory Panel. (2011). Provincial Programs Advisory Council Final Report - Draft. [Internal Document].



Bringing together the Government's strategy and COVID recovery planning to shape our clinical priorities and core functions

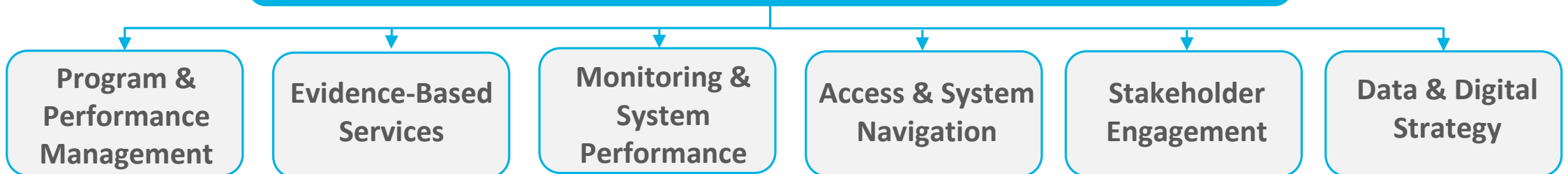
Roadmap to Wellness Four pillars

1. Improving quality
2. Expanding existing services
3. Implementing innovative solutions
4. Improving access

Clinical Areas of Focus

1. Depression and anxiety-related disorders
2. Schizophrenia and psychosis
3. Eating disorders
4. Substance use disorder

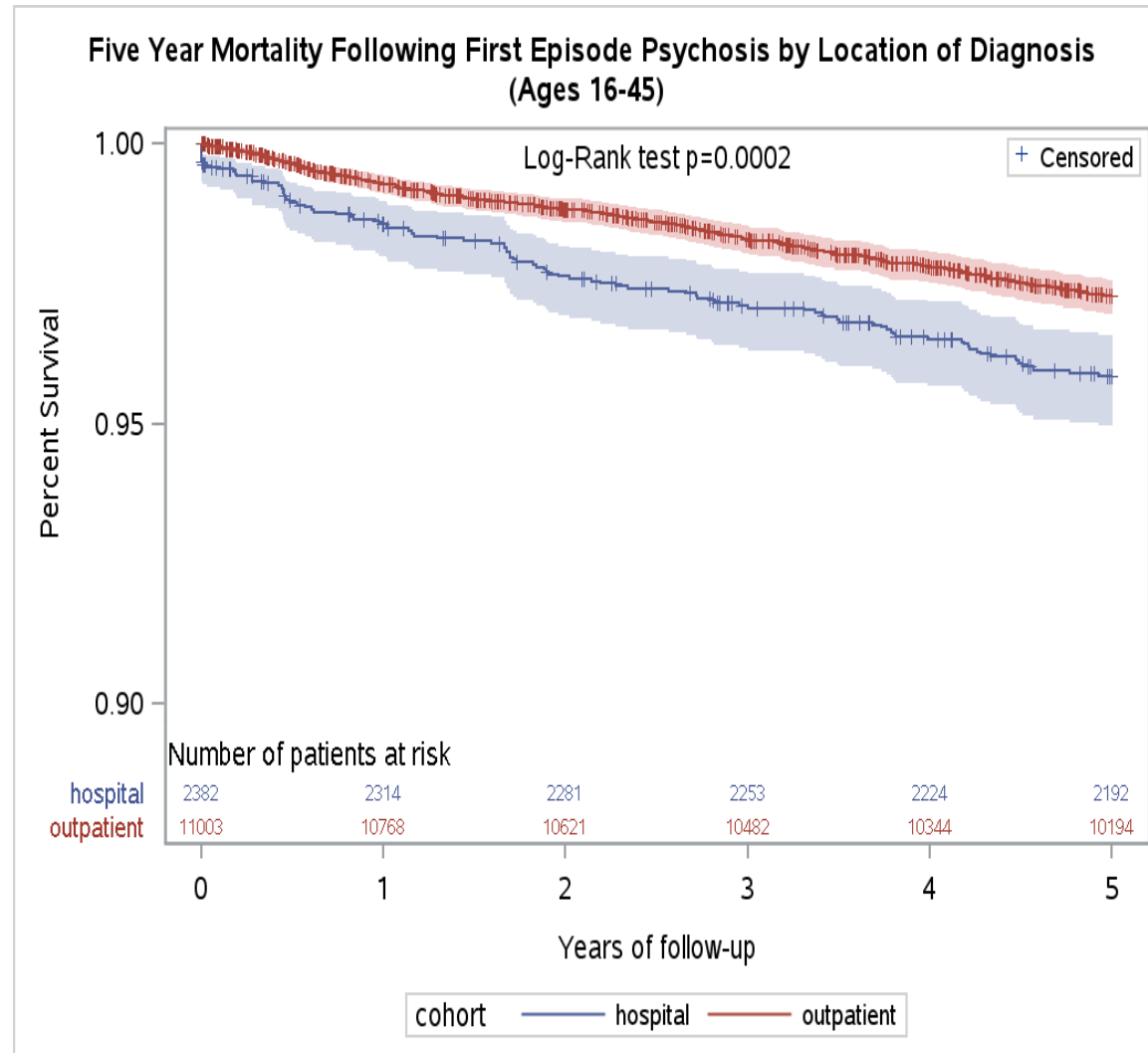
Mental Health and Addictions Centre of Excellence



Indigenous Health Equity is being embedded in all CoE clinical priorities and core functions

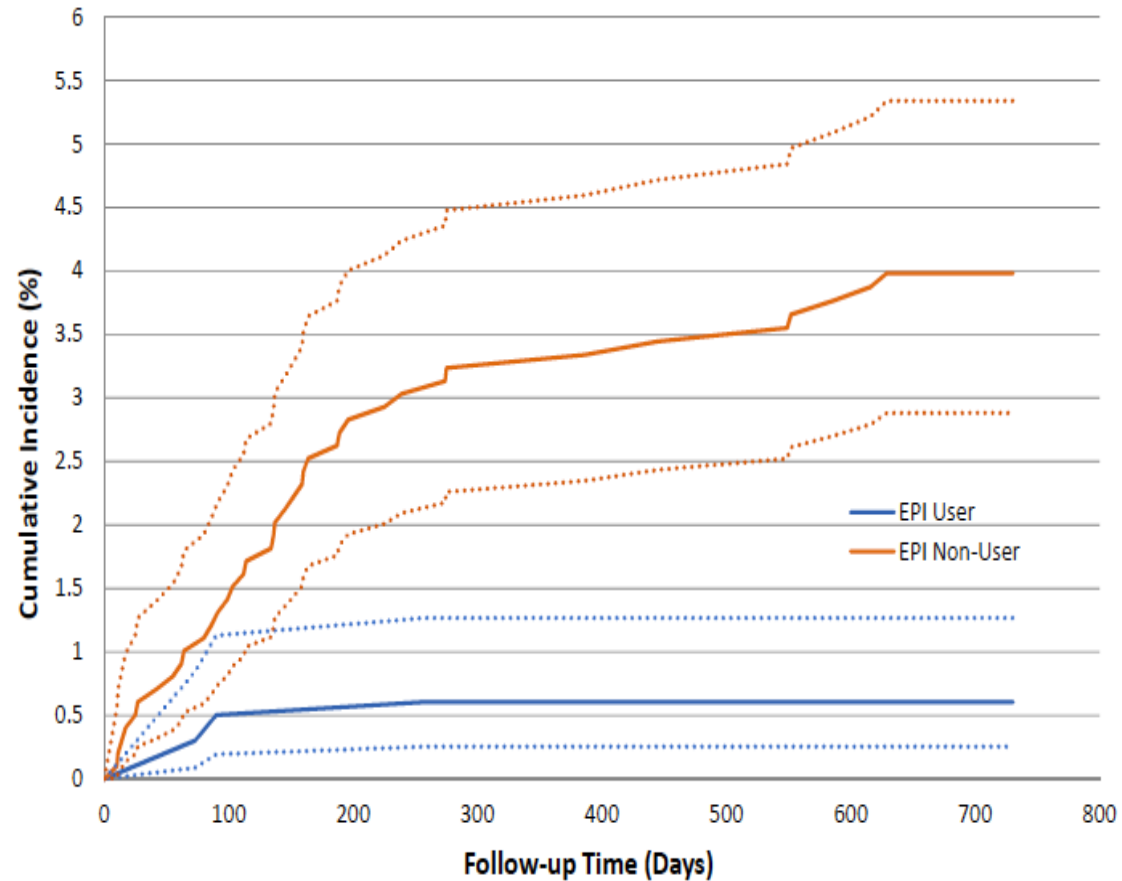


Early Psychosis – Risk of Mortality

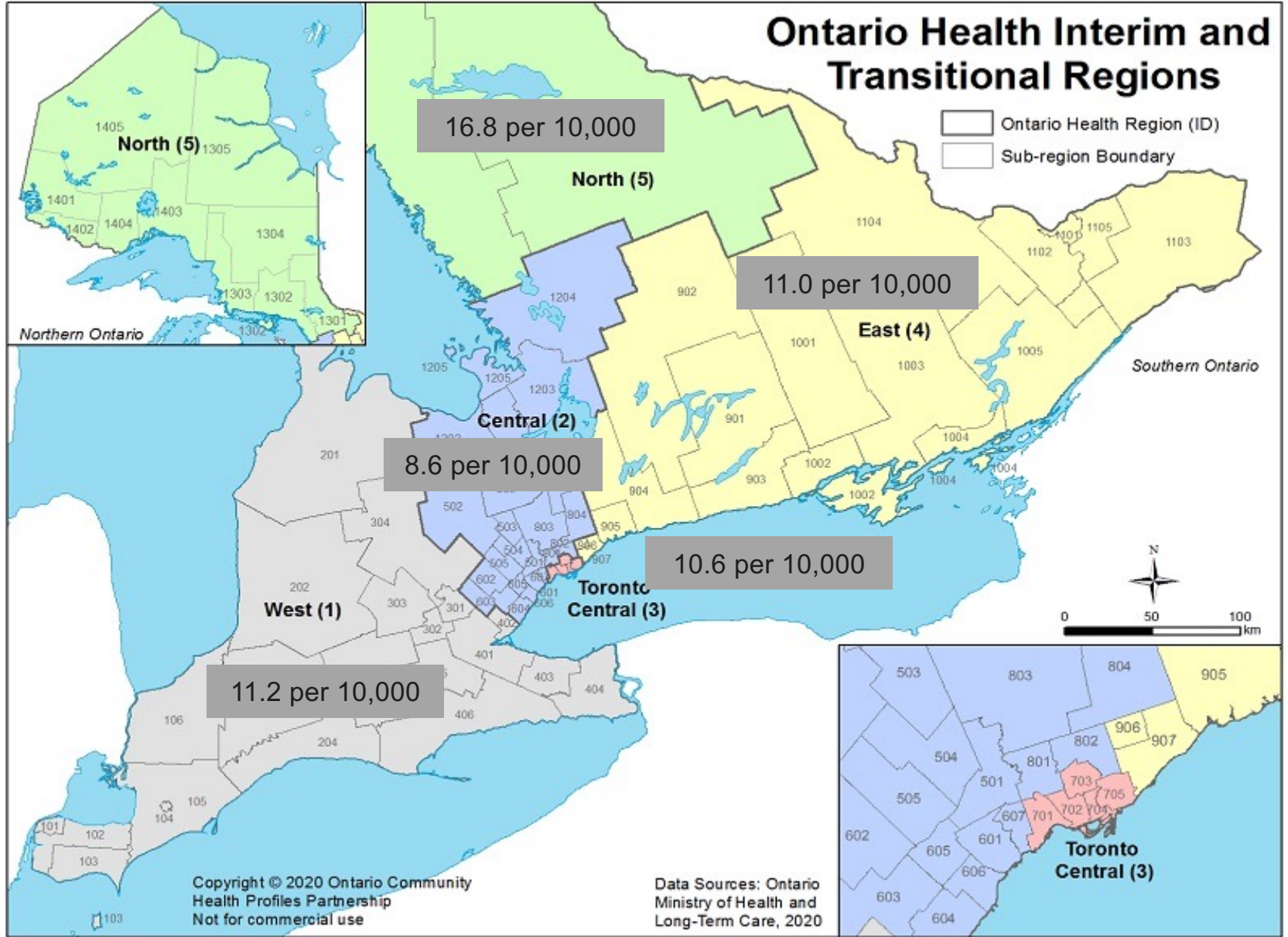


Early Intervention and Mortality

Anderson et al., Am J Psychiatry. 2018 May 1;175(5):443-452



Rates of incident psychosis (nonaffective) by OH Region



The Opportunity

EPI is well-positioned to be one of the first areas within the MHA sector to have a systematic and standardized model of care across Ontario that will increase access to high-quality of care for clients receiving treatment for early psychosis:

- ✓ Identifiable population
- ✓ Evidence-based treatment programs
- ✓ Infrastructure
- ✓ Provincial standards

While these foundational elements exist, there are gaps in the system:

- Access to EPI services and eligibility criteria is inconsistent across the province
- Fidelity to standards is variable and more current evidence exists
- It is unknown whether current service locations aligns with the regional population needs
- No mechanism to monitor outcomes



Closing the Gap: Provincial EPI Program Goals

The Mental Health and Addictions Centre of Excellence will work with people with lived experience, service providers (community and hospitals), and clinical experts to establish a provincial evidence-based EPI program that will:

- Serve a clearly defined client population along a coordinated and integrated client pathway
- Provide high-quality, standardized delivery of services across the province
- Ensure services meet the needs of communities across the province through robust needs-based capacity planning
- Measure and monitor outcomes and experiences of clients to support continuous quality improvement



Bringing together the Government's strategy and COVID recovery planning to shape our clinical priorities and core functions

Roadmap to Wellness Four pillars

1. Improving quality
2. Expanding existing services
3. Implementing innovative solutions
4. Improving access

Clinical Areas of Focus

1. Depression and anxiety-related disorders
2. Schizophrenia and psychosis
3. Eating disorders
4. Substance use disorder

Mental Health and Addictions Centre of Excellence

Program & Performance Management

Evidence-Based Services

Monitoring & System Performance

Access & System Navigation

Stakeholder Engagement

Data & Digital Strategy

Indigenous Health Equity is being embedded in all CoE clinical priorities and core functions



1. Evidence-Based Clinical Model of Care

Evidence-Based
Services

Access & System
Navigation

Stakeholder
Engagement

A standardized evidence-based clinical model of care will include:

- ✓ Defined **eligibility criteria**
- ✓ Coordinated and integrated **client pathway**, mapping the client journey from first episode psychosis and referral/intake through to post-treatment
 - The **provincial coordinated access** initiative will streamline screening and referral to EPI services
- ✓ **Evidence-based standards** which outline the minimum quality expectations for all EPI programs in Ontario. These standards will ensure that all Ontarians meeting the eligibility criteria will receive comprehensive, high quality, evidence-informed care, treatment and support
- This work will be designed by the Schizophrenia and Psychosis Advisory Committee and Task Group (chaired by the Provincial Clinical Lead) and will involve robust stakeholder engagement
 - Membership will include people with lived experience, service providers (community and hospitals), and clinical experts



2. System Planning and Delivery Model

- The system planning and delivery model will embed client-first principles such as integration, coordination and accessibility.
- The system planning and delivery model will:
 - ✓ Utilize **capacity planning** to understand the regional supply and demand for EPI services and ensure data-drive decisions to ensure necessary infrastructure for EPI care is in place across the province
 - ✓ Leverage a **hub and spoke model**, in which the hubs will be responsible for overseeing the quality of services offered at spoke sites
 - ✓ Ensure the **funding model** for EPI is tied more directly to high-quality care that is defined by the provincial clinical model of care

3. Performance Management & Accountability

Program &
Performance
Management

Data & Digital
Strategy

- **Key provincial indicators** to measure and monitor client outcomes and experiences to ensure the provincial EPI program continues to meet the needs of Ontarians with early psychosis and to drive continuous quality improvement
- Clear **accountability** and expectation for EPI service providers to adhere to clinical quality standards and commit to monitoring and responding to performance results for key provincial indicators
- The cornerstone of this work is the **MHA CoE's Data and Digital Initiative**
 - The MHA Provincial Dataset will collect client-level, standardized data elements that support direct service delivery and enable consistent and comparable reporting of service utilization, client outcomes & client characteristics.
- Once the provincial EPI program has been implemented, a **Community of Practice** will be established and offer a forum to share lessons learned, best practices, and foster a collaborative improvement culture among EPI service providers

Conclusion and Discussion

- We do not have a mental health system in Ontario
 - We have services that we fund annually
- We have examples of high quality health care delivery in other areas of the health care sector
- Can we apply the “playbook” that has resulted in success elsewhere to the mental health and addictions sector?