The Centre for Addiction and Mental Health Primary Care Knowledge Exchange Consultation Project: March, 2009

Overview of findings and recommendations

Overview

The report that follows details a series of consultations with primary care providers across Ontario carried out by Program Development staff from Policy Education and Health Promotion in collaboration with Provincial Services staff. The consultations, which occurred in March 2009, were focused on introducing primary care providers to the primary care site on the CAMH knowledgex portal and, through conducting a semi-structured focus group with participants, on determining how best CAMH can provide internet-based resources to primary care in order to help build system capacity.

Overall there is a strong endorsement of CAMH's involvement in creating mental health- and substance use-related resources for primary care providers. In addition, participants voiced strong approval of the current strategy of creating toolkits populated with resources that are meant to be applied in primary care settings. While CAMH may eventually want to provide more in-depth information on, for example, the biology of substance dependence, primary care providers want basic information about effective screening, assessment, treatment and referral.

A significant opportunity for CAMH in the role of capacity building in Ontario's evolving primary care

Primary care providers seem especially receptive to the resources CAMH plans to provide for two reasons. The first is that by working in interdisciplinary Family Health Teams and Community Health Centre settings, primary care providers feel supported enough to begin to ask hard questions about the mental health and substance use of their patients. That is, when people are identified as having issues that can be treated, the resource to actually provide treatment (especially time and expertise) are more available

than they have been in the recent past. Second, the chronic disease management mandate of the emerging Family Health Teams provides a necessary condition to begin to treat what are arguably more challenging and deeply rooted problems, rather than simply moving from acute problem to acute problem. While the inclusion of a social worker/"mental health worker" within the treatment team seems to be a crucial step in increasing treatment opportunities for patients, providing the whole team with basic information will be a helpful step in increasing the capacity of the primary care system.

Recommendations

A number of specific recommendations came out of the consultation process, either as explicit suggestions from participants or as responses to direct questions from CAMH staff. The following is a summary of significant recommendations which CAMH should consider acting on as it develops the knowledgex primary care site:

- CAMH should develop resources for primary care providers that reflect the full continuum of mental health and substance use problems, from less severe to severe. While in many cases access to specialized care would be ideal, in much of Ontario outside of Toronto, primary care clinicians are responsible for treatment no matter how severe the problem is.
- CAMH should develop a series of toolkits on screening, assessing and treating a full range of substance use and mental health disorders, including alcohol, smoking, opioids, anxiety and depression.
- CAMH should actively link to other reputable sites outside of the hospital. While primary care providers do not want knowledgex to be a clearing house of information, they want CAMH to organize and make available high-quality information and resources from wherever it can be located.
- Understanding the role of the electronic medical record, the challenges related to using EMRs and the basic differences between various platforms is an area that CAMH should investigate if CAMH is going to avoid replicating functions available through EMRs.
- CAMH public information brochures/booklets should be featured prominently in knowledgex and should be available as PDF files that can be saved locally.

- CAMH should create a parallel line of public information materials written for people with low levels of literacy or for people who are not yet proficient in English.
- Managed self-care resources should be a centerpiece of any toolkits CAMH creates. In general, a resource that empowers patients and extends the clinical visit beyond personal contact is seen as desirable by primary care providers.
- CAMH should develop a series of focused decision tools that cover important areas of practice that cannot be captured through either a substance specific approach or a diagnosis specific approach. Topics suggested include consent and capacity issues across the lifespan, crisis intervention and prioritizing interventions in concurrent disorders.
- CAMH should develop a simple overview of methadone maintenance treatment for primary care providers who are only providing medical care to patients in MMT. Such an overview could facilitate a team approach to treatment, address stigma and lead to better treatment outcomes.

Consultation background

Program Development is committed to innovating continuously on how we deliver mental health- and substance use-related information to clients, patients and professionals. As we develop content for the CAMH knowledgex portal we have an opportunity to help fulfill a strategic direction of the organization by meeting the information needs of primary care providers in Ontario and beyond.

To begin to meet the information needs of primary care providers, an addictions toolkit is currently being developed in partnership with St. Joseph's Health Centre (Toronto). While there is some confidence that a toolkit covering substance use related issues will be useful in primary care settings, it was nevertheless recommended that Program Development consult directly with primary care providers. The purpose of the consultation was to check assumptions about what website-based professional resources, if any, primary care providers would like to see from CAMH, to better understand how they use electronic information in the course of their work and to discover what specific information they would use in their practices. The process was also seen as an opportunity for CAMH to develop better relationships with primary care providers across Ontario.

Methodology

Working with CAMH community consultants (from Provincial Services?), a Program Development staff traveled throughout Ontario and met face-to-face with professionals working in Family Health Teams, Community Health Centres and the Nurse Practitioner Clinic in Sudbury.

Family Health Teams, Community Health Centres and the Nurse Practitioner Clinic were recruited because they typify the trend towards the formation of interdisciplinary teams in primary care medicine in Ontario.

The consultation meetings consisted of a short presentation about CAMH, the knowledgex project and the Addictions Toolkit. Following the presentation the Program Development staff conducted a semi-structured focus group with the primary care clinicians.

Participants

Hamilton Family Health Team (9 participants: 2 administrators, 2 mental health workers, 2 registered dieticians, 1 physician, 2 nurses)

Tilbury Family Health Team (8 participants: 1 registered practical nurse, 1 nurse practitioner student, 1 social workers, 1 registered dietician, 2 physicians, 2 nurses)

Chatham-Kent Family Health Team (Wallaceburg Community Medical Centre site) (11 participants: 2 physicians, 5 registered nurses, 1 nurse practitioner, 3 administrators)

West Lambton Community Health Centre (Sarnia) (8 participants: 2 physicians, 1 social worker, 2 nurses, 2 nurse practitioners, 1 nurse practitioner student)

City of Lakes Family Health Team (Sudbury) (6 participants: 2 physicians, 2 nurses, 1 nurse practitioner, 1 mental health worker)

Sudbury District Nurse Practitioner Clinic (5 nurse practitioners)

Maple Family Health Team (Kingston) (10 participants: 1 pharmacists, 1 clinical psychologist, 1 psychiatrist, 1 physician, 2 social workers, 1 nurse practitioner, 1 nurse, 2 senior administrators)

North Kingston Community Health Centre (7 participants: 1 physician, 2 nurse practitioners, 1 nurse, 1 administrator, 2 social workers).

Queen's Family Health Team (Kingston) (5 participants: 1 physician, 1 nurse practitioners, 2 social workers, 1 administrator).

Consultation summary

Awareness of CAMH

In six of nine sites there was some lack of awareness of the Centre for Addiction and Mental Health by at least one or more of the participants. While one physician (new to Ontario via Alberta) was clearly unaware of CAMH, there was a notable level of confusion about the difference between CAMH and CMHA. With this finding noted, overall there is good awareness of CAMH.

Where there is good awareness of CAMH there is also a positive attitude toward the organization and the organization's role in providing both public information and resources for professionals. A typical response was, "when

we see that it is from CAMH we know the information will be solid."

CAMH's involvement in primary care

Participants were universally positively responsive to CAMH's involvement in producing resources for primary care. To probe, participants were reminded that CAMH is a specialty hospital that treats people with severe mental health and substance use problems, which may not be the best "fit" for primary care clinicians. The consistent response was that primary care providers in Ontario, especially in areas outside of Toronto, need to understand the full continuum of mental health and substance use problems. Where resources are not available, where distances to specialty treatment are great or when referral wait times are long, primary care clinicians are responsible for treatment no matter how severe the problem is.

Development of toolkits covering substance use issues, anxiety and depression

The desire to see a range of Canadian toolkits was universal among participants. The reasons included the unique Canadian formulary, the role of provincial and national practice guidelines, unique Canadian values and the specific organization of the Ontario healthcare system.

One specific idea that was strongly endorsed by participants was, in the context of any information about pharmacotherapies, the inclusion of first line, second line and third line recommendations for medications, advice about switching medications, the approximate cost per day of specific drugs and whether or not they are covered by ODSP, Trillium or other public drug plans.

One group (Wallaceburg) repeatedly suggested that we include information on the use and abuse of benzodiazepines.

Another consistent request, triggered by demonstrating the scope of the addictions toolkit, was that we ensure that any opioids-related information include safe prescribing information, pain management information and tips for avoiding the illicit diversion of opioids.

Citations of evidence

How CAMH should cite evidence is an area where there is a divergent range of opinions. While a number of participants would like CAMH to provide extensive citation and information about the level and quality of evidence, others seem to have the attitude that they are asking experts for information and that if the experts assert that the information is correct/solid, that is all

that the clinician requires.

A number of the participants noted that even in circumstances where the evidence is strong, the controls and contexts related to the evidence in no way match the contexts they are working within. That is, if the evidence supporting a given intervention is based on studies carried out in urban settings with, say, strong exclusion criteria, the evidence provided is at best not persuasive and at worst deceptive because they cannot replicate the broader context in which the intervention was tested.

CAMH should aim to include citations when appropriate and available, and should note if a given piece of clinical information or recommendation reflects consensus (or some other slightly less rigorous level than randomized controlled trials). With that stated, CAMH should continue to make the citation of evidence a topic for ongoing evaluation.

Issues related to linking to 3rd party sites

As with previous consultations with mental health and addictions clinicians, primary care providers are not concerned about CAMH linking to 3rd party sites. In fact they welcome selective linking (versus a clearinghouse approach). The common theme was that there is a large amount of information available online and determining what information is reliable is difficult and unduly time consuming. The direction knowledgex seems to be taking, which is in effect recommending specific aspects of sites, is seen as welcome and appropriate.

While clinicians seem open to the inclusion of links to pharmaceutical company websites when a new drug is available (i.e., the introduction of buprenorphine by Schering-Plough), they do not want to see links to other information commonly made available by the pharmaceuticals (e.g., general information about depression or managed self-care information).

Internet as source of information

Participants are already looking to internet, often exclusively, for their professional information. One physician noted that since the electronic medical record was introduced into his practice he has not looked at a book for medical information. While this may be hyperbole, the overall finding was that professionals are very comfortable looking on the internet to find reliable information for professionals. What they are looking for, a finding which was replicated in all settings, is a “one stop shop” for reliable information. While it is difficult to gauge the importance of the “one stop shop” finding, it does

underline the fact that CAMH should take seriously any initiatives to work within a medical meta-framework as recently proposed by Jaimie Meuser and colleagues at the University of Toronto.

The need to understand the role of EMRs

Understanding the role of the EMR, the challenges related to using EMRs and the basic differences between various platforms is an area that should be investigated. Understanding what kinds of services they provide is particularly crucial if CAMH is going to avoid replicating functions that are available through EMRs. For example, if CAMH decides to invest in the creation of a drug interactions database, we need to be sure that we are not simply recreating function that is built into EMRs.

Strategies to move beyond a physician-centred concept of primary care

When asked about how CAMH should move beyond a traditional focus on the physician as the addressee of information/tools, participants were remarkably consistent in stating that CAMH does not need to create new approaches or consider posting other kinds of information. CAMH merely needs to change the mode of address from "physician" to "primary care provider" or an equivalent term. The rationale given was that everyone on the treatment team understands their scope of practice, but that the scope of practice does not limit the scope of information they need. That is, although many primary care providers do not prescribe medications, they need to have expert knowledge of medications, medication options, side effects and potential interactions. The reason is that patients will ask any provider they encounter for advice/information irregardless of their formal role within the treatment team.

Balancing a demanding schedule with the need to access information

The reality of being very short of time with patients was a theme that came through consistently. It underlines the need to ensure that the search function on the site is both accurate and forgiving. Ideally the search function will include a "did you mean?" prompt for misspellings or the use of a drop down menu that anticipates the key word as it is being typed, allowing the user to scroll down and hit "enter" on the correct word/spelling.

Awareness of CONNEX Ontario

Overall the level of awareness of CONNEX Ontario within primary care is poor. Our site should ensure that it is clear that we cannot and will not

provide referral information and that the best place to find that type of information is through CONNEX. While it will need to be reconfirmed over time, this finding seems to indicate that awareness about some basic tools and resources available to primary care providers may be low.

Another example of a possible lack of awareness of a service that would benefit physicians specifically is the Ontario College of Family Physician's Collaborative Mental Health Care mentorship program. Although the program is highly regarded by physicians who participate and provides them with an opportunity to earn MAINPRO-C credits, the program is under-utilized.

User-generated content

Throughout the interviews the creation of user-generated content was not rejected as a legitimate approach, but fewer than one-in-ten respondents said that they would be likely to become involved in creating "communities of practice", asking "ask an expert" questions, or reading or contributing to blogs.

Specific portal recommendations

CAMH PIMs as a prominent feature of the primary care portal

Participants made it clear that their knowledge of CAMH is highly correlated to their use of CAMH PIMs. CAMH PIMs should be available on the portal as PDF files that can in turn be saved locally. This would allow clinicians to develop their own virtual folders of CAMH public information. Overall there is a strong emphasis on the need to have public information available for patients. It is taken to be within the continuum of informed care and managed self-care.

CAMH PIMs: the need for a stream of basic/visual PIMs

The level of their patient's literacy was consistently identified as an issue for all of the primary care providers interviewed. While literacy issues have implications for the provision of managed self-care resources, even more crucial was the consistent support for the creation of a parallel line of CAMH PIMs that would be geared towards "basic" readers with low levels of literacy or who are simply not yet proficient in English.

Managed self-care

Any tools that CAMH can offer to extend care beyond the office would be welcomed by primary care providers. Specific examples of materials that primary care providers are looking for include a "mood diary" that could be

used in treating mood disorders, a focused section on managed-self care and tools and resources that are matched to mental health or substance use problems.

Managed self-care is an area where the integration of managed self-care tools/resources with the EMRs used in primary care may be crucial for the success of the initiative. Again, this is an area that needs to be investigated (see, "The need to understand the role of EMRs").

Looking forward, the area of managed self care is an where CAMH could consider linking to quality resources or partnering with organizations such as the Consortium for Organizational Mental Healthcare (COMH) which is part of the Faculty of Health Sciences, Simon Fraser University (http://www.comh.ca/). CAMH already has a developing relationship with Dr. Dan Bilsker, one of the main COHM collaborators, as he is a contributor to the Goldbloom and Davine *Psychiatry in Primary Care* pocket guide.

Drug interactions database

When asked whether or not CAMH should create a drug interactions database, the responses were quite mixed. Many participants were enthusiastic. Others noted that their EMR or a Palm application already cover interactions. When probed, respondents who were enthusiastic noted that often if the DIN (drug information number) was not already in the EMR then interactions would not be noted. The response underlines the fact that if CAMH is going to invest in a database reflecting the current understanding of interactions, serious and ongoing attention would need to be paid to keeping the database up-to-date, requiring the ongoing commitment of CAMH pharmacy, partners such as OCP or OPA, or perhaps the services of an academic pharmacist who is made responsible for the maintenance of the database on a independent contractor basis.

Continuing professional development

The nurse practitioner (NP) participants strongly supported the inclusion of e-learning opportunities on the portal, specifically in the area of counselling techniques such as CBT and motivational interviewing. When additional questions were asked, the NPs stated that their desire would be to participate in a formal training (versus, for example, a webinar) that would lead to the attainment of a certificate or other formal/institutional recognition.

Consent and capacity decision tool

Making challenging consent and capacity decisions was identified as an

ongoing yet problematic issue for primary care providers. It was suggested by one group, and confirmed by another that the development of a decision tool (e.g., a decision tree) would be welcomed and used. Any tool would (do you mean any such tool should cover…I'm a little unclear here.) cover both the lifespan of patients and reflect the range of relevant issues such as the maturity of children and adolescents, possible impairment of insight of people with acute mental health problems, and dementia.

Crisis management decision tool

One participant suggested that there is a need for a decision tree that addressed complex crisis situations. The example of a complex crisis situation given was of a family with small children where both parents have concurrent disorders and are seen to be nearing the point where they should be receiving inpatient treatment. Her questions then involve prioritizing treatment issues, children's aid issues, options of contacting the police or investigating whether one or both patients should, if necessary, be involuntarily brought into the hospital under a form.

Concurrent disorders decision tool

It was suggested that CAMH develop a decision tool covering concurrent disorders, specifically the clinically challenging task of understanding the complex clinical picture (i.e., determining whether the person has a primary mental disorder or if the disorder is substance induced, etc.).

Perhaps more important would be a decision tool that helps clinicians prioritize treatment options (i.e., whether to focus on stabilizing the substance use related problems or whether to concentrate on addressing the mental health problem).

Streaming video

One "blue sky" idea that seemed to resonate with participants was the suggestion that CAMH could create a youtube channel that would allow users to stream patient/family oriented videos. The example given was of a clinician preparing to talk to a parent and child about treatment options for ADHD. The primary care provider could show the patient a short video about ADHD in order to provide basic information and to prepare the patient for a more focused discussion of treatment options.

While it is unlikely that CAMH will actually set up a youtube channel, we can use the Onstream Media hosting/streaming server space we already share with Public Affairs and Problem Gambling The issue for CAMH will be with the

possible costs associated with storing large amounts of information, especially if this aspect of the site becomes popular (i.e., the more people stream, the greater the cost). The other issue is related to sourcing appropriate material and coming to licensing arrangements that the organization can support.

Methadone-related information for primary care providers *not* involved in MMT

It was suggested that CAMH develop a simple overview of methadone for primary care providers who are only providing medical care to patients in MMT. Such an overview could include useful tools and resources (e.g., a letter between physicians indicating that they want to coordinate treatment and to share health records) to facilitate a team approach to treatment, even if treatment is spanning more than one clinic.