ICES Research Forum
Mental Health and Addictions Centre of Excellence

Betty-Lou Kristy, Paul Kurdyak, Graham Woodward

MAY 11, 2023

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Betty-Lou Kristy

Disclosure Statement

I will be presenting in my role as Director of Support House's Centre for Innovation in Peer Support. Ideas, opinions, and comments described in these slides and during this presentation are my own and are not representative of nor affiliated with my current appointment as Chair of the Health Minister's Patient and Family Advisory Council.

~ Betty-Lou Kristy

A Mother and Her Amazing Son

Stigmatized and Irrevocably Harmed

This is my son Pete

He Died

Dec 23 2001

OXYCONTIN

Of an Accidental

Drug overdose

HE WAS ONLY 25 YEARS OLD

It has been incredibly hard to bear witness to the enormous COVID pandemic response while the opioid overdose epidemic continues unabated.
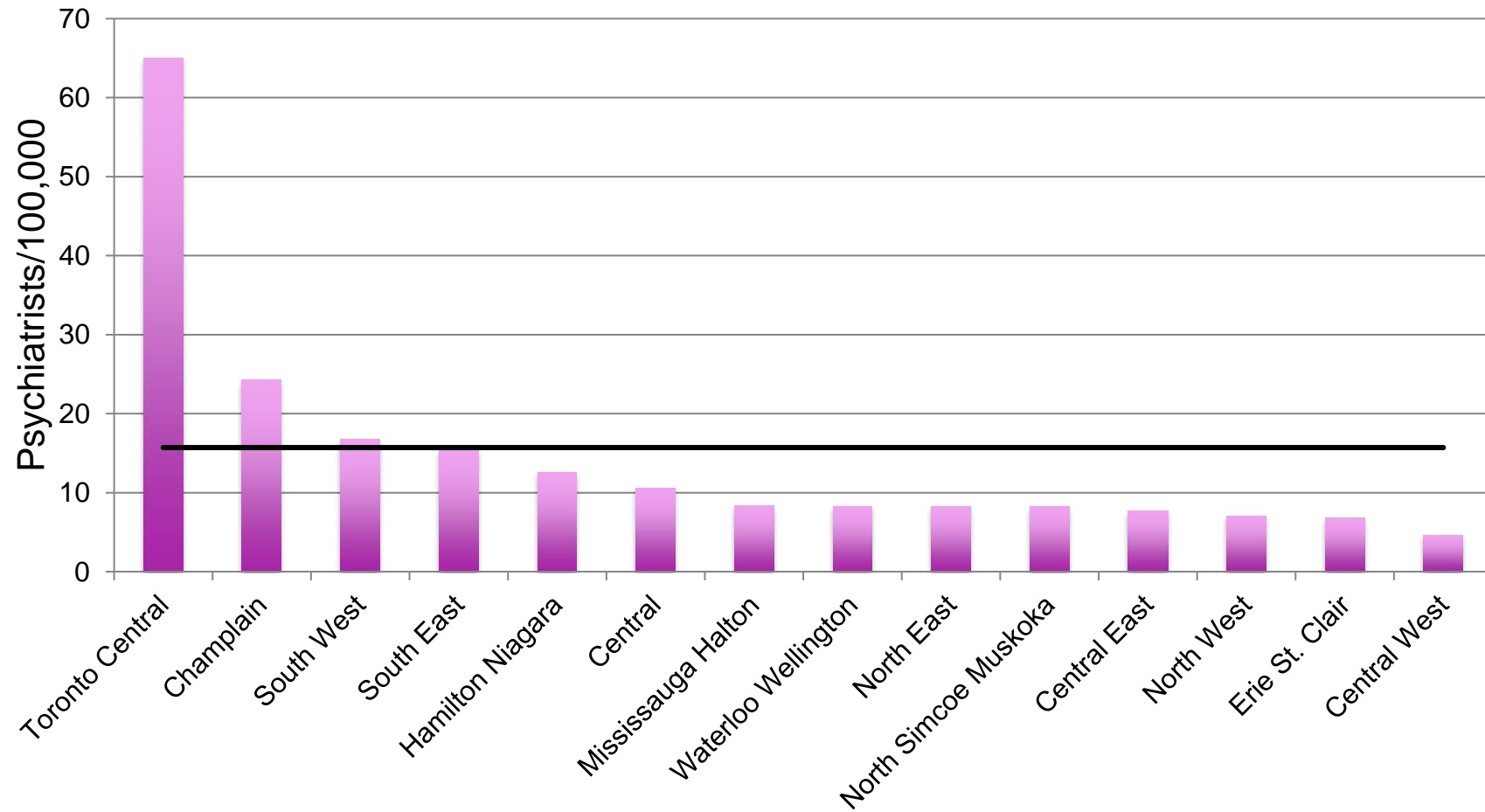
No matter how complex, we need to co-design and co-create a healthcare response that is inclusive and equitable.
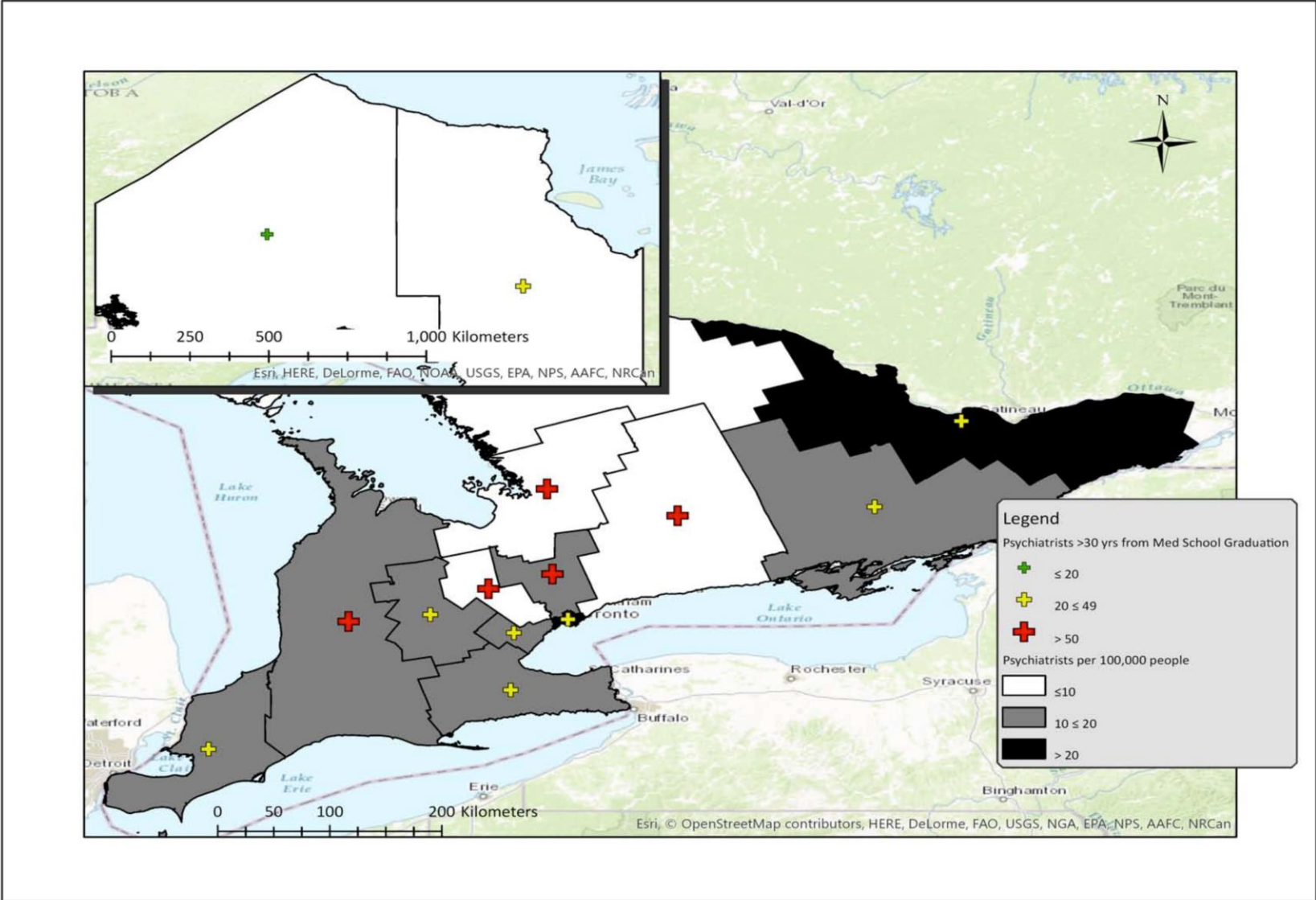
Paul Kurdyak

There is no mental health and addictions system

Ontario Regional Psychiatrist Supply

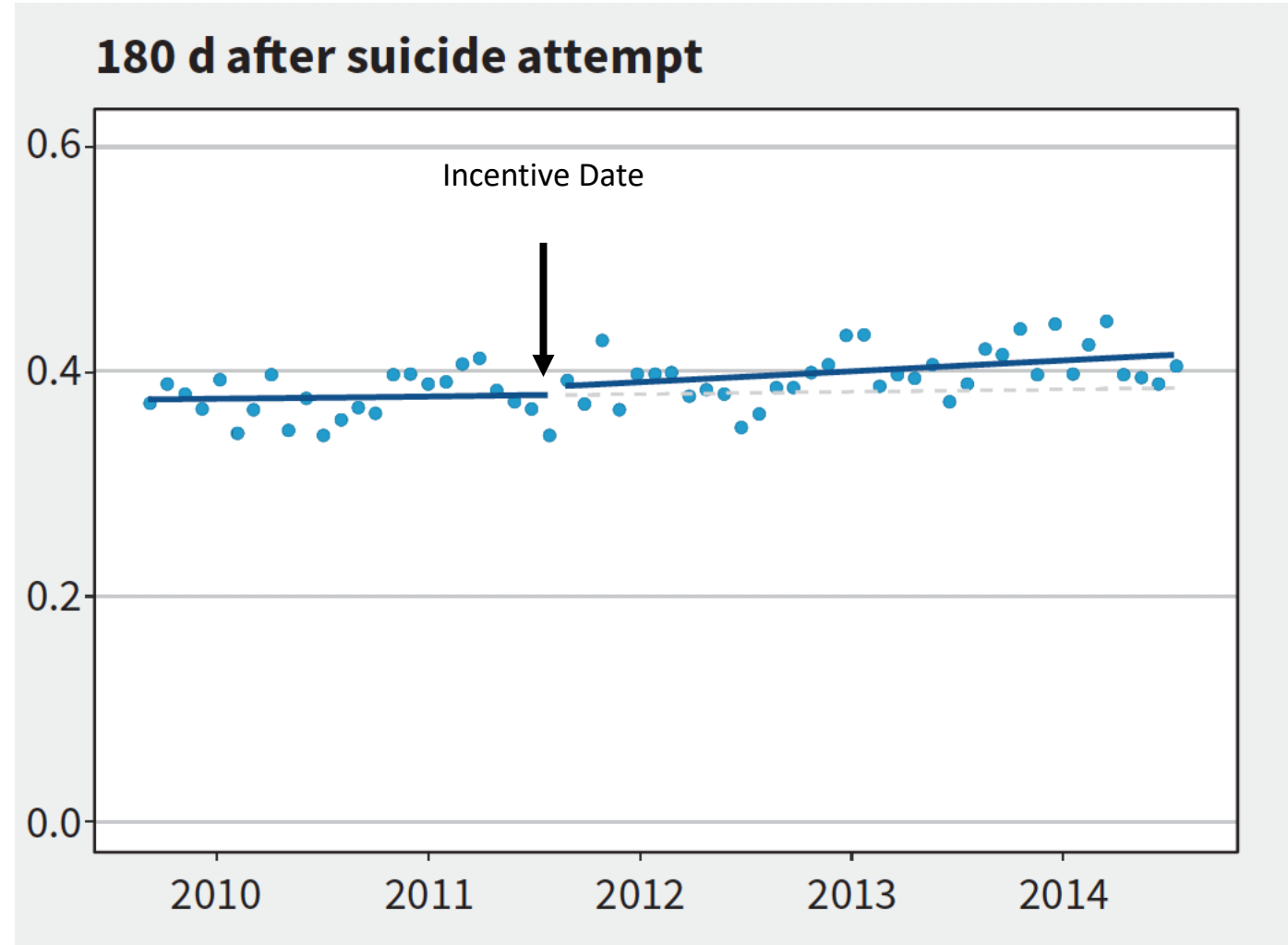# Supply, Psychiatrist Age and Region

Psychiatrist Visit 180 Days Post-Suicide Attempt
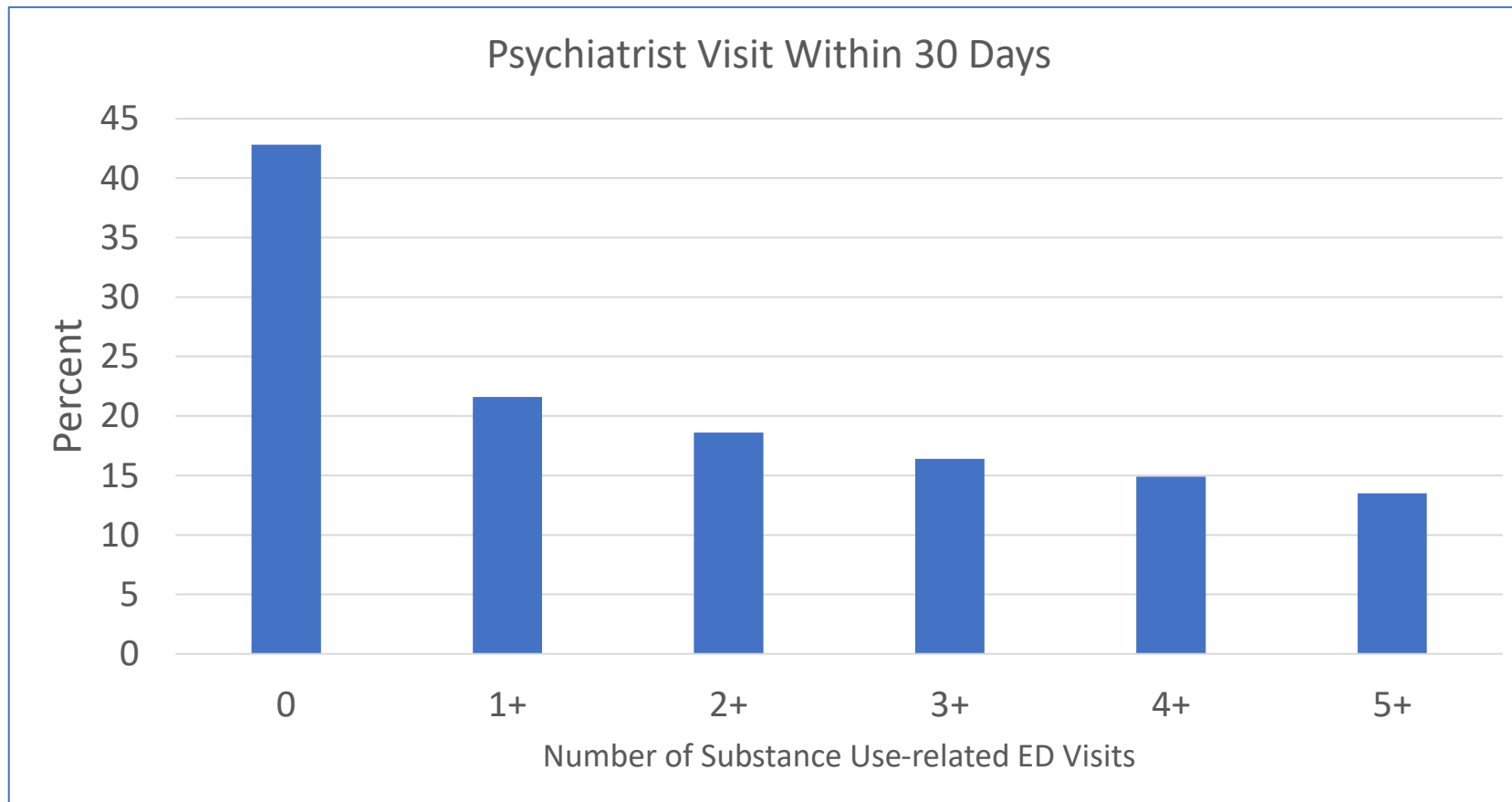
Payment incentives for community-based psychiatric care in Ontario, Canada

David Rudoler PhD, Claire de Oliveira PhD, Joyce Cheng MSc, Paul Kurdyak PhD MD

Impact of addiction diagnosis on psychiatric access

Psychiatrist Visit Within 30 Days

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

Graham Woodward

Creating a Provincial Program for Mental Health and Addictions

- Background: Successful Provincial Agencies

- Mandate

- Applying the Lessons Learned from Other Sectors

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Provincial Agencies

- Over the past 3 decades, crises led to calls for agencies that have created higher quality and more accountable systems
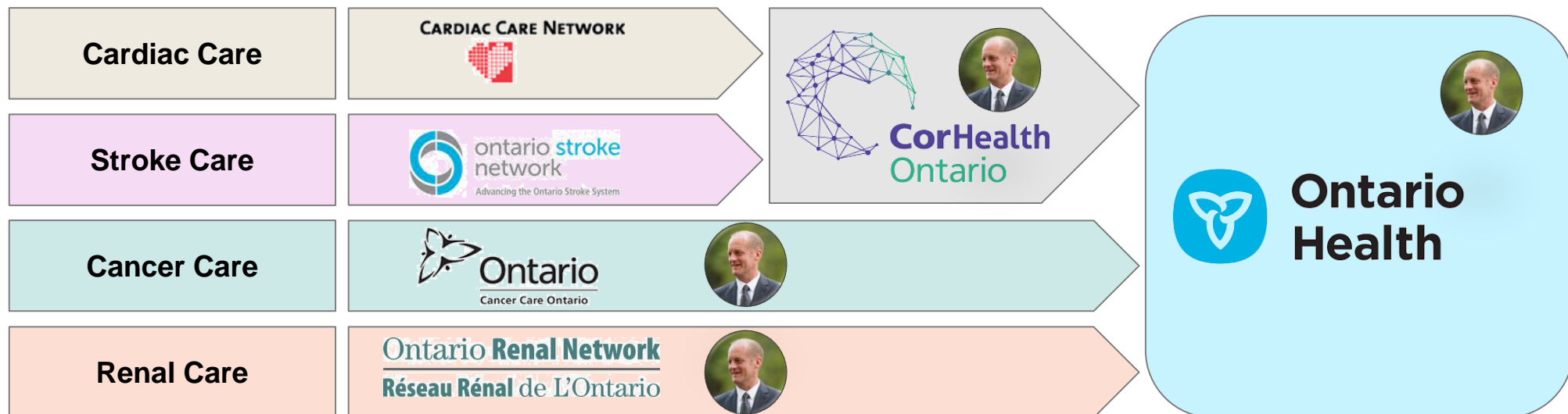
Provincial Agency Playbook

All successful clinical agencies follow a similar playbook with the same integrated components

Who's accountable?

Program & Performance Management

Establish a central point of accountability, funding and oversight for clinical services

What care?

Evidence-based Services

Standardize and monitor the quality and delivery of core evidence-based services and clinical care across the province to provide quality care and more consistent patient experience

How will we track progress?

Monitoring & System Performance

Create common performance indicators and shared infrastructure to disseminate evidence and set service expectations
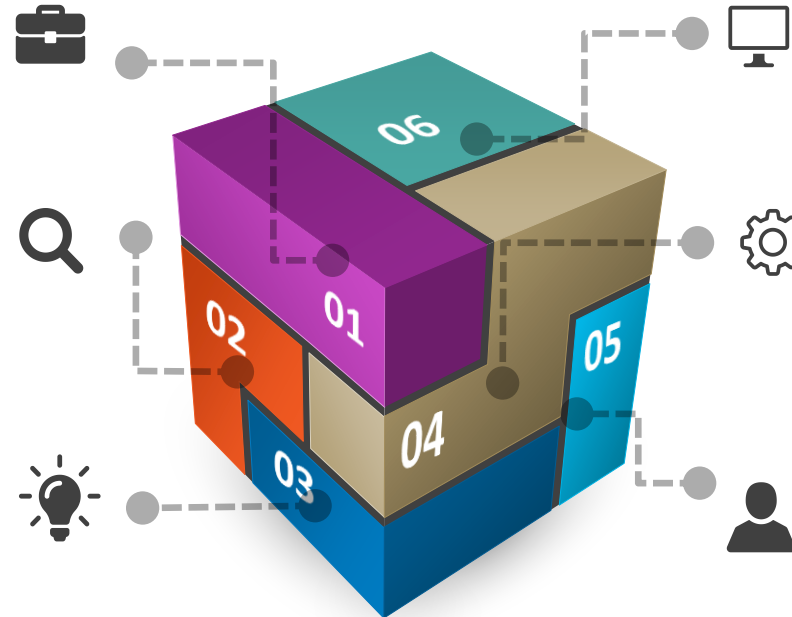
Who informs change?

Stakeholder Engagement

Collaborate with clinicians and other experts, and engaging with the public, clients and caregivers

What data are required?

Data & Digital Strategy

Implement an Information Management and Information Technology (IM/IT) platform for the primary purposes of collecting data for funding, measurement and planning

How do we link people to find care?

Access & System Navigation

Provide resources and support through provincial and regional leadership to Ontario Health Teams as they connect patients to the different types of care they need and help them navigate the complex system

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History Repeats Itself

April 2019

Connecting Care Act creates

Ontario Health

May 27, 2019

- MOHLTC introduces the *Mental Health and Additions Centre of Excellence Act, 2019*

February 19, 2020

- *Mental Health & Addictions Centre of Excellence Act* proclaimed

March 3, 2020

Roadmap to Wellness

Ontario Health Mental Health and Addictions Centre of Excellence

MHA CoE

- The MHA CoE supports Ontario in building **a comprehensive and connected mental health and addictions system**.

- It plays a critical role in **overseeing the delivery and quality** of mental health and addictions services and supports, including system management, supporting quality improvement, disseminating evidence, and setting service expectations.

- The MHA CoE will also help implement **key priorities within the Roadmap to Wellness**, the province's plan to build a comprehensive and connected mental health and addictions system.

- The MHA CoE will apply a **system improvement approach** like that of Cancer Care Ontario (now Ontario Health), and other successful provincial agencies

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MHA CoE Follows the Playbook

Applying the approach that has been successful for cancer, renal, cardiac and stroke

Program & Performance Management
Establish a central point of accountability, funding and oversight for mental health and addictions services

Evidence-based Services
Standardize and monitor the quality and delivery of considered-based services and clinical care across the province to provide quality care and more consistent patient experience

Monitoring & System Performance
Create common performance indicators and shared infrastructure to disseminate evidence and set clear expectations
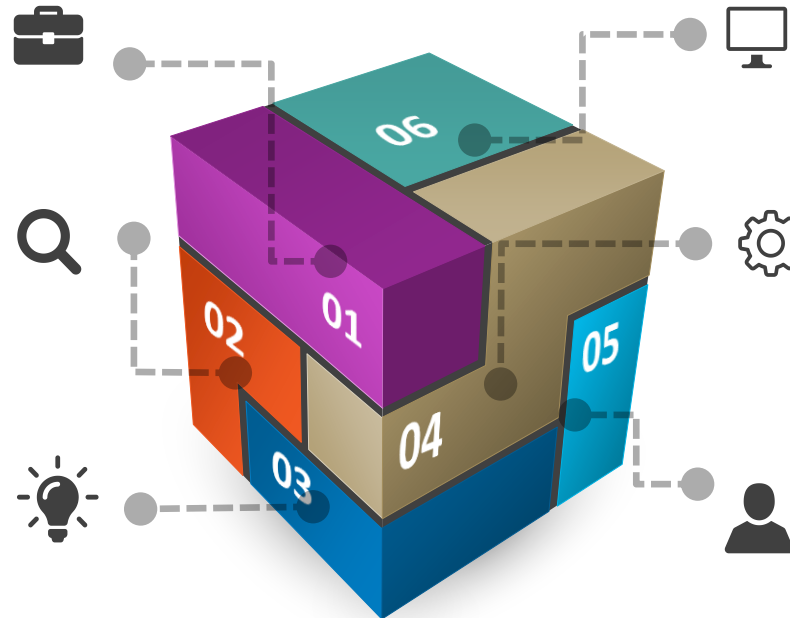
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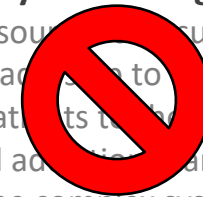
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What does this mean for MHA care?

- **Standardization and equity**

  – What care do people deserve regardless of where they seek care?

- **Data and measurement**

  – How do we know we are delivering the care people need?

- **Transparency and accountability**

  – How do we promote high quality care and outcomes?

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Evolution of a High Performing System

Quality is Actively Managed Provincially and Locally

- Clear **Leadership and Accountability** for Quality
- Strong Provincial-Regional/Local **Partnerships**
- Culture of **Improvement and Sharing** Lessons Learned
- **Consistent Integrated** Processes and Tools for Active Provincial and Regional Management

Quality is Monitored and Reported Provincially

- System-wide **collaboration** on quality standards and targets
- Scientific Evidence and Clinical Expert **Consensus**
- Strong Data and IT/IM **Backbone**

Quality is Self-Managed and Self-Monitored

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Stakeholder Engagement and Oversight

OH Senior Leadership and Ministry of Health

Advise on and monitor **evidence-based care, standard services, and performance reporting** across the lifespan

Advise on and monitor **system planning, resource allocation, coordination, and performance management** across the lifespan

Ontario MHA Oversight Table

Clinical Council

Ontario Health Regional Leadership Council

Planning and Performance Council

Clinical Priority Advisory Tables

Depression and Anxiety-Related Disorders

Eating Disorders

Substance Use Disorder

Schizophrenia and Psychosis

People with lived experience will be members of each group

OH Region MHA Advisory Committees

North East Region

North West Region

Central Region

Toronto Region

East Region

West Region

Supporting Task Groups, Provincial Project Groups, Integrated Principles and Activities (e.g equity)

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Data and Digital Current State

Siloed Data with No Central Repositories

Inability to Map the Client Journey

Inadequate Data Management and IT Capacity

Lack of Standardized Data

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Data and Digital – Current & Future

*"**Who** receives, what **services**, from **whom**, **when**, at what **cost**, and with what **effect**?"*

| POINT OF CARE (POC) SYSTEMS / DATA SOURCES | | PROVINCIAL MHA REPOSITORIES | ADVANCED ANALYTICS AND REPORTING |

Standardized Data

Adult Community Mental Health

Children and Youth MH*

Community Addictions

Additional Core Services

MHA Provincial Data Set (MHA PDS)

Other MHA

Ontario Health

Prescribed Entity

MHA Analytics & Reporting

hospitals

Primary care

other...

Prescribed Organization

Clinical Data Repository

other...

aggregate

MHA-PDS

Planning
"Where are clients living while accessing MHA services?"
"Which client populations are underserved?"

Funding
"What are the outcomes of services and how are investments impacting clients?"
"Which combination of services are most effective for clients?"

Monitoring
"What are the wait times for clients?"
"Who is using services and for how long?"

COORDINATED CARE

Client Care
"What services has my client accessed?"
"How is my client responding to treatment?"

In-Progress

Future State

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Evidence-Based Services
Depression and Anxiety-Related Disorders
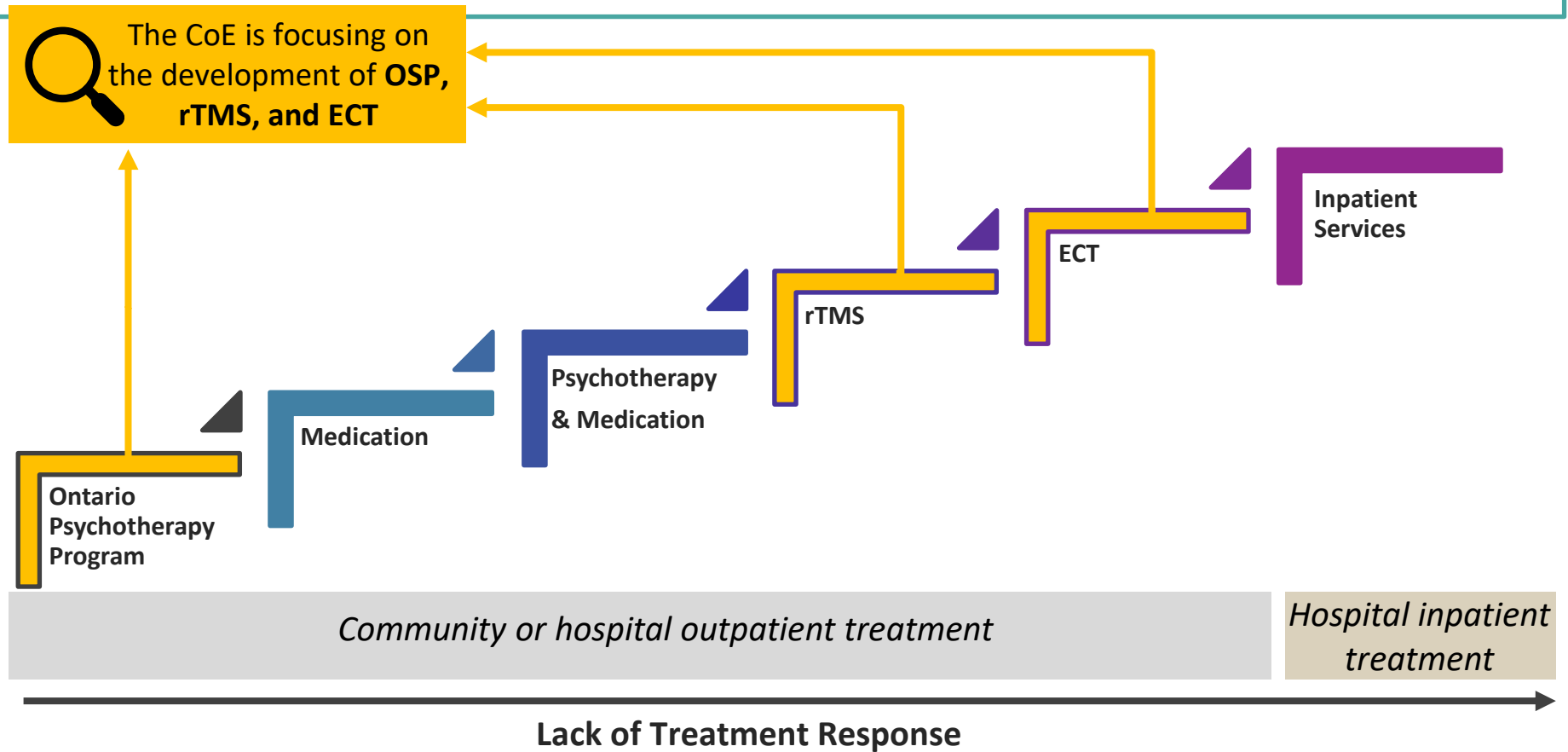

TREATMENT

Individuals receive treatment through community and hospital outpatient care, or hospital inpatient care. Level of care ranges from low intensity, high intensity.

The CoE is focusing on the development of **OSP, rTMS, and ECT**

Ontario Psychotherapy Program

Medication

Psychotherapy & Medication

rTMS

ECT

Inpatient Services

Community or hospital outpatient treatment

Hospital inpatient treatment

Lack of Treatment Response

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Program and Performance Management
OSP Hub and Spoke Networks across Ontario

- **St. Joseph's Care Group**
- **Health Sciences North**

NORTH
NE 9 SDS*
NW 8 SDS*

EAST
49 SDS*

CENTRAL
24 SDS*

- **OSP West Partnership:**
St. Joseph's Hamilton and St. Joseph's London

WEST
8 SDS*

TORONTO
8 SDS*

- **Ontario Shores**
- **Royal**

- **CMHA YRSS**
- **CarePoint**
- **Waypoint**

- **CAMH**
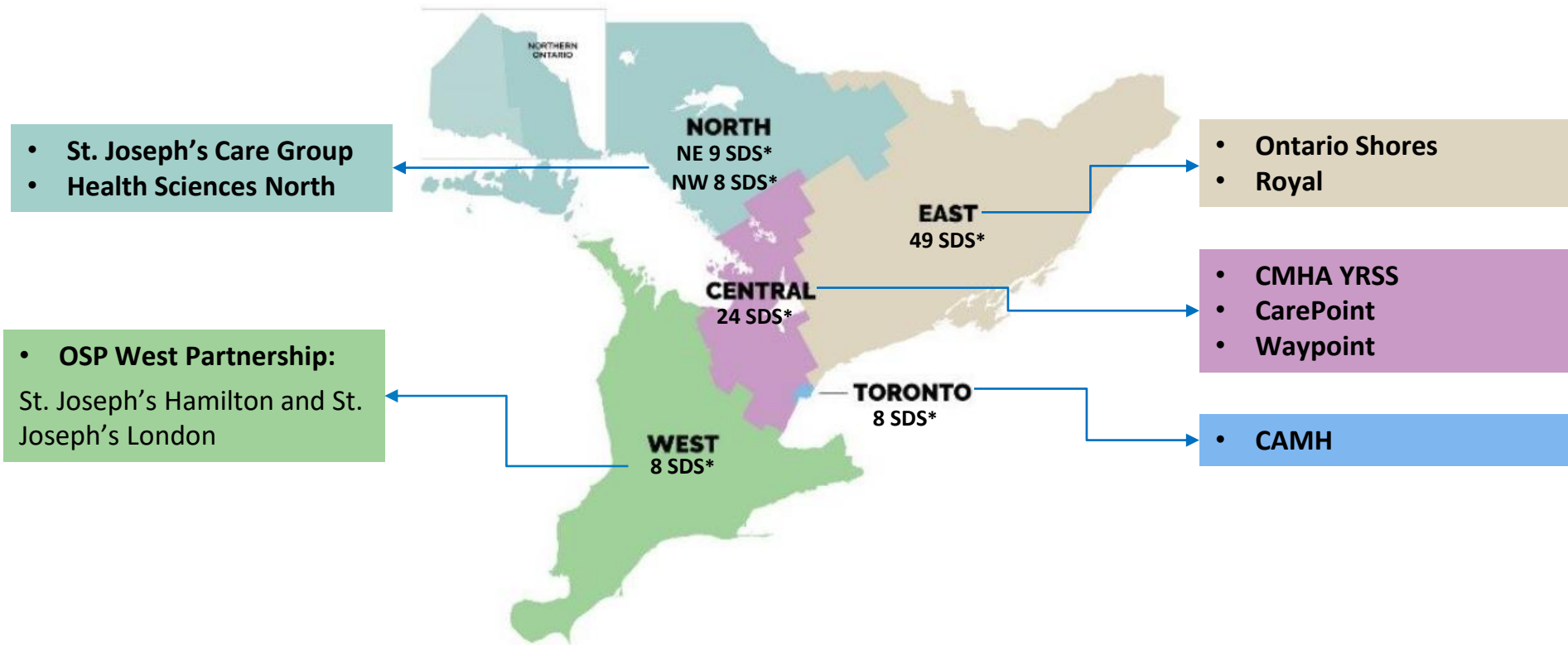
Through a hub and spoke model, the OSP program expanded coverage across Ontario from 4 to 10 Network Lead Organizations (NLO) and approximately 100 Service Delivery Sites (SDS).

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*The number of SDSs are an approximation

Program and Performance Management

CoE

NLO

SDS

CoE agreements with NLOs to allocate funding and outline performance, data and reporting requirements.

Quarterly performance reviews with NLOs.

NLO-SDS agreements to allocate funds.

NLOs provide oversight of SDS performance, including the monitoring of volumes.

SDSs work with NLOs to provide direct treatment to clients.

SDS performance is managed directly by NLOs.

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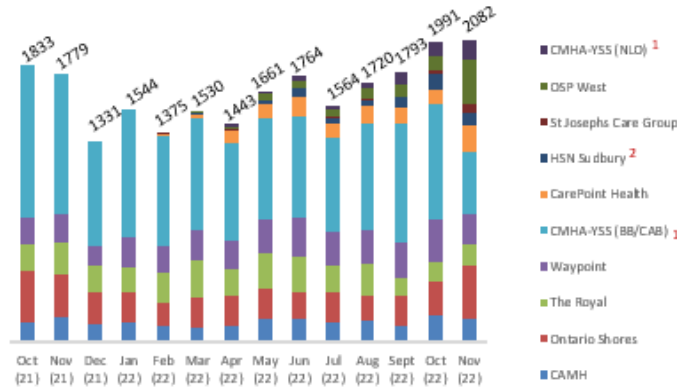Centre of Excellence

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SERVICE UTILIZATION

CLIENTS REFERRED

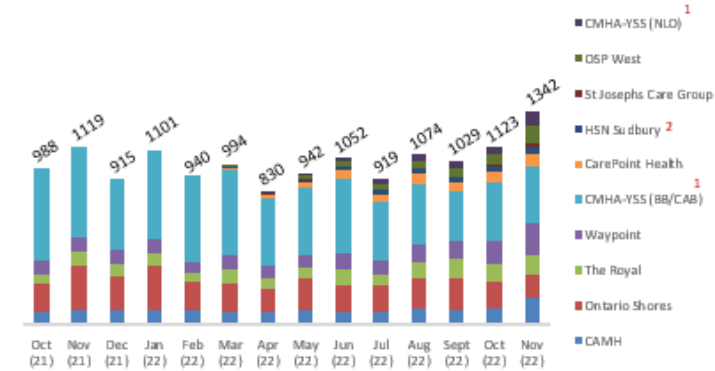# 14018

Notes: 1) CMHA-YSS split into NLO and BB/CAB clients.
2) HSN data missing ~80 records, will be included in next submission.

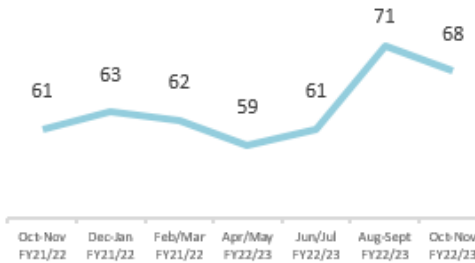Clients Referred chart values (Oct '21 – Nov '22): 1833, 1779, 1331, 1544, 1375, 1530, 1443, 1661, 1764, 1564, 1720, 1793, 1991, 2082

Legend:
- CMHA-YSS (NLO) [1]
- OSP West
- St Josephs Care Group
- HSN Sudbury [2]
- CarePoint Health
- CMHA-YSS (BB/CAB) [1]
- Waypoint
- The Royal
- Ontario Shores
- CAMH

CLIENTS ENROLLED

8315

Clients Enrolled chart values (Oct '21 – Nov '22): 988, 1119, 915, 1101, 940, 994, 830, 942, 1052, 919, 1074, 1029, 1123, 1342

WAIT TIMES [3]

OVERALL WAIT
Referral Received to First Treatment/Coaching Session

65
DAYS

Overall Wait trend (Oct-Nov FY21/22 – Oct-Nov FY22/23): 61, 63, 62, 59, 61, 71, 68

| Oct-Nov FY21/22 | Dec-Jan FY21/22 | Feb/Mar FY21/22 | Apr/May FY22/23 | Jun/Jul FY22/23 | Aug-Sept FY22/23 | Oct-Nov FY22/23 |

WAIT 0
Referral received to Referral Completed

0

WAIT 1
Referral Completed to Screening

4

WAIT 2
Screening to CITA/Assessment

18

WAIT 3
CITA/Assessment to First Treatment/Coaching Session

28

Median Number of Days Waited

Notes: 3) At this time, wait time calculations exclude clients who have been triaged to a different NLO for treatment. Exploration and resolution of data quality issues underway.

CLINICAL OUTCOMES

MOVING TO RECOVERY (%)

ALL CLIENTS
36.5%
(n=873 of 2391)

Trend: 38.10%, 35.80%, 37.10%, 38.70%, 35.10%, 36.55%, 36.92%

CLIENTS WHO COMPLETED TREATMENT
44.1%
(n=658 of 1492)

Trend: 47.40%, 47.20%, 48.30%, 44.10%, 43.70%, 43.61%, 44.38%

| P4 FY21/22 | P5 FY21/22 | P6 FY21/22 | P1 FY22/23 | P2 FY22/23 | P3 FY22/23 | P4 FY22/23 |

RELIABLY IMPROVED (%)

ALL CLIENTS
47.4%
(n=1585 of 3347)

Trend: 44.70%, 43.40%, 45.70%, 48.80%, 49.60%, 48.32%, 47.54%

CLIENTS WHO COMPLETED TREATMENT
53.4%
(n=1124 of 2106)

Trend: 52.60%, 52.80%, 54.20%, 54.90%, 53.90%, 53.35%, 53.19%

| P4 FY21/22 | P5 FY21/22 | P6 FY21/22 | P1 FY22/23 | P2 FY22/23 | P3 FY22/23 | P4 FY22/23 |

Betty-Lou Kristy

The Game Changer:

Authentic Engagement & Co-Design

with Lived/Living Experience (Patient)

and Family/Caregivers.

Questions and Discussion