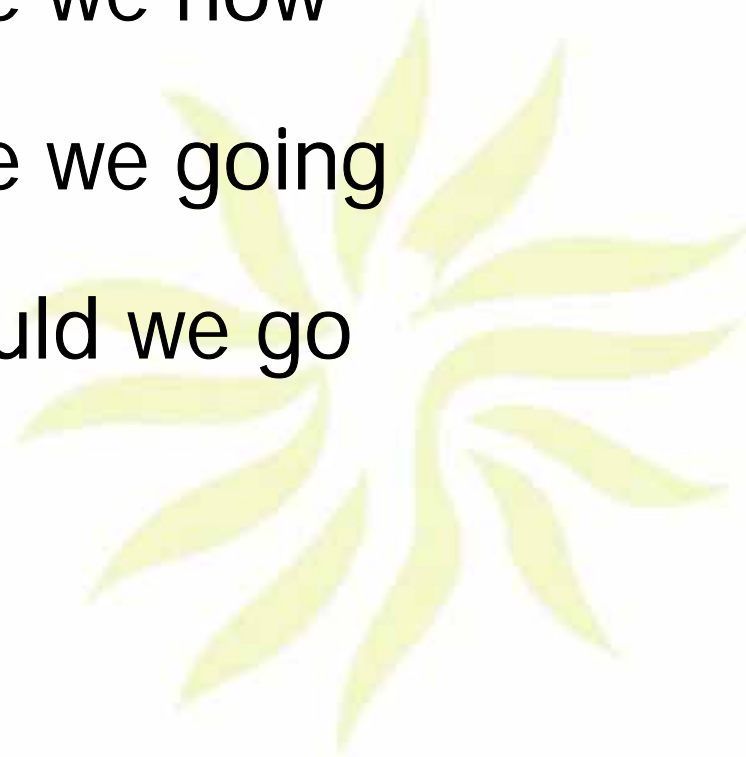


Plan

- Where are we now
- Where are we going
- Where could we go



Many things are in place

- 12 national organisations
- Consumers increasingly involved
- A charter that enshrines our commitment
- Interest on the part of funders / planners
- National network
- National conference
- Common principles / understanding
- Increasing credibility

Many things are in place

- Examples of successful projects
- Partnerships
- Know what to do – best practices
- Know how to do it – toolkits
- Links between addictions and primary care
- Evaluation tools

OUT OF THE SHADOWS AT LAST

The Standing Senate Committee on Social Affairs, Science and Technology

“ Collaborative care is the most promising strategy to improve both access to, and the quality of, treatment and services at the first-line level.

National picture

- Kirby Report
- Canadian Mental Health Commission
- CIHR – INMHA
- CCMHI
- Interest / credibility
- Links with Quebec



Provincial picture

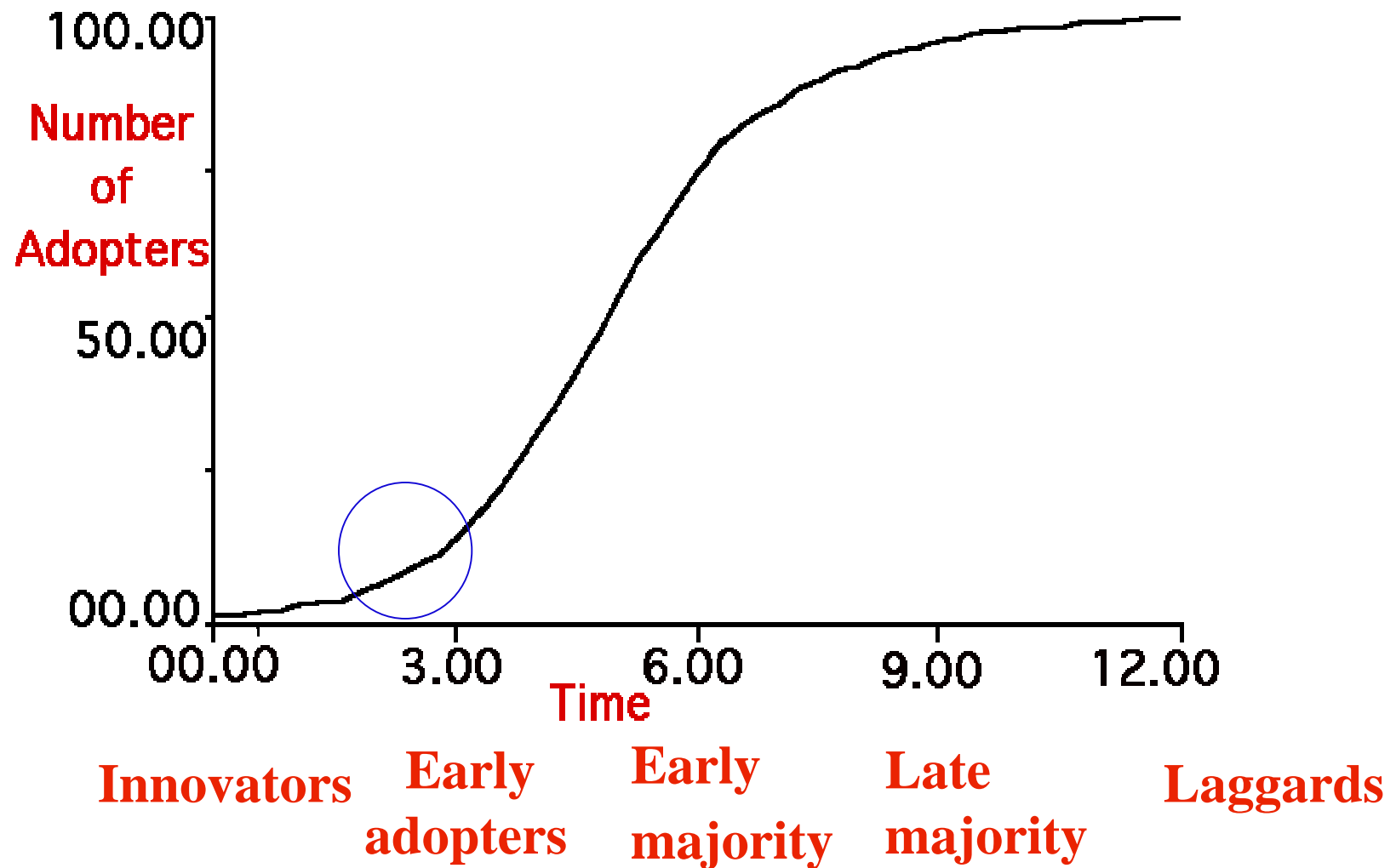
- Examples of integration
 - Family Health Teams
 - Primary Care Networks
 - Regional health authorities
- PHCTF projects
- Interest on the part of planners and funders



Much still to be done

- Small number of projects
- Great variation between provinces
- Not yet “mainstream”
- Hasn't completely taken root
- Not a lot of Canadian data
- Transition fund is ending

Rogers diffusion of innovation theory



Evolution of shared / collaborative care

- Shared care
- Broadened partnerships – collaborative care
- Transition Fund

Transition Fund

- Renewal of primary care
- Emphasised collaborative initiatives
- Resources to enable us to create the foundation for future collaborative care
- Created a focus for collaboration between organisations

What comes next

- Continuing evolution
- PHCTF was a means to an end, not an end
- Disseminate our findings
- Build on / expand our work
- Central / national tasks
- Local tasks

Central / National Tasks

- Dissemination of materials
 - Website
 - Listserve
 - At conferences
 - Publications
 - Updating documents
 - Working groups
- Communication / linkages
 - Between individuals
 - Between partner organisations
 - Between groups

Central / National Tasks

- Advocacy
 - Federal agencies
 - Mental Health Commission
 - Provincial representatives
- Make the case
 - Improves access
 - Ways of reducing waiting times
 - Improves resource availability

Central / National Tasks

- Overseeing progress with implementation of the charter
- Support
 - Working groups
 - Individuals
 - Funders and planners
 - Organisations

Central / National Tasks

- Clearinghouse
 - Resources
 - Projects
 - Individuals
- National research agenda
- National conference
- National focal point

- Multiple locations

Local / Regional tasks

- Dissemination
 - Working groups
 - Local resources / experts
 - Resource centres / visits
- Strengthen the partnerships
 - Smaller project collaborations
 - Still getting to know each other / capabilities
 - New partners

Local / Regional tasks : Staying connected

- Develop local networks
 - Community
 - Region
 - Province
- Opportunities to meet
- Share resources / expertise
- Initiate new projects
- Educational activities
- Provincial conferences

Local / Regional tasks

- Evaluation and research
 - Evaluate all projects
 - Canadian data
 - Cost analyses
 - Knowledge transfer
 - We can learn from what doesn't work

Local / Regional Tasks : Training

- Learners
 - Collaborative learning
 - Curriculum objectives
 - Common curricula materials
 - Education toolkit
 - Practical experiences
 - See collaboration modelled

Local / Regional Tasks : Training

- Providers
 - Visits
 - Local mentors
 - Ongoing support
 - Collaboratives
 - Teams



Local / Regional Tasks

- Implementing new projects
 - Partnerships
 - Use toolkits
 - Planning / monitoring group
 - Needs assessment
 - Goals
 - Preparation
 - Providers
 - Practices
 - consumers
 - Evaluate

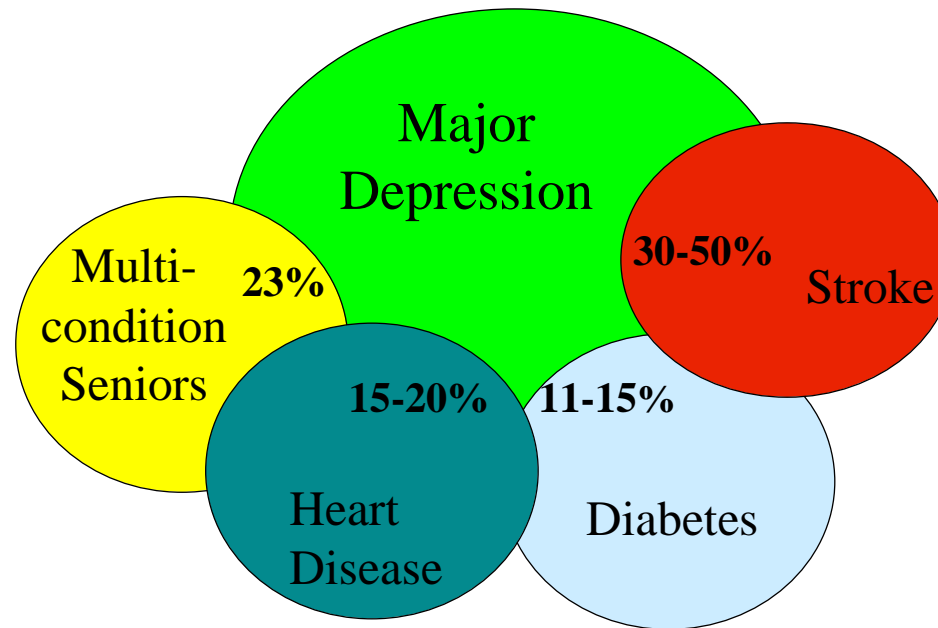
Local / Regional Tasks

- Extend the model
 - New locations
 - New populations



Integration with treatment of medical disorders

Common Medical Illnesses and Depression



3 particular challenges

- Think about systems of care as well as individuals
- Need to identify / manage / support / monitor individuals along the entire course of their problem / illness
- Need to really support self-management

Looking at our systems of care

- Focus is usually on acute rather than enduring problems
- Focus on content of interventions not processes of care (how we implement our interventions)
- Emphasis on quantity not quality of care
- Follow-up is often consumer-driven, not system-driven

Thought for the day



Systems of care : We need to

- Think about systems of care as well as individual projects / initiatives
- Think about populations as well as individuals
- Follow-up system driven not just consumer driven
- Recognise the importance of comprehensive / linked interventions
 - Provider education
 - Consumer education
 - Screening
 - Guidelines

Monitoring individuals over time

- Identify individuals at risk
- Intervene early
- Be able to monitor these individuals
- Monitor progress after completion of an episode of care
- Can incorporate treatment algorithms
 - Role of specialists in primary care

For example

- Routinely contact individuals after treatment (phone)
- Identify individuals not being seen / not receiving guideline-based care
- Monitor individuals identified as being at risk

Self-Management

Definition

“ Self-management is the task that individuals must undertake to live with one or more chronic conditions. These tasks include having the confidence to deal with medical management, role management and emotional management of their conditions.”

(Corbin and Strauss, 1988)

Self-Management

This definition incorporates three sets of tasks:

- **medical management** of the chronic condition i.e. medications, change of diet, self-monitoring;
- creation and maintenance of **new meaningful life roles** i.e. with family and friends and job; and
- **Handling the emotional sequelae** i.e. coping with anger, fear, frustration and sadness associated with the chronic illness(s)

Self-Management

- New partnership between providers and consumers
- Next (current) revolution in health care
- We're only beginning to understand what it means for a consumer to be a partner in care
- Much consumer education to date is a waste of time

Self-Management

- Consumer fully informed / aware of all aspects of their care
- Consumer fully informed / aware about the systems of care
- Consumer supported to take increasing responsibility for their own care
- Consumer able to hold providers to account
- Consumer toolkit

Self-Management

- Goal setting for every episode of care
- Consumer receives copies of letters / summaries / medications
- Personal health passport
- Routine reminders re future care
- New approach to education
 - Education centres in each practice
 - Opportunity to discuss what has been learnt / seen