Access to Psychotherapy in Ontario Family Health Teams: experiences from a Family Physician and a Psychologist

Jean Grenier, PhD 1,2,3
Marie-Hélène Chomienne, MD 1,2,3

1 Institut de recherche de l’Hôpital Montfort, Ottawa
2 CT Lamont Primary Care Research Centre
3 Department of Family Medicine, University of Ottawa
Part of our work....

• Since 2004
  – Primary Care Transition Fund demonstration project
    • Integration of psychologists in family medicine clinics
    • Visit to Australia – Department of Health and Aging
  – Survey of family physicians (FPs) (Grenier, Chomienne, et al. 2008)
    • FPs are willing to collaborate with psychologists
    • Out-of-pocket costs were the greatest reported barrier to referring to psychologists
A family physician’s perspective

- Common mental health problems (anxiety, depression, chronic insomnia) are common
- Burden in every day practice
  - 40-85% of cases seen involve a psychosocial component
A family physician’s perspective

• Burden in every day practice exacerbated by
  – Our lack of time…
    • Busy fast-paced practice
  – Pressure/expectations re physical health
    • More interest in addressing physical health
    • Pressure/expectation to treat physical/medical problems
  – Burden of chronic disease: co-occurrence
A family physician’s perspective

– Our training…
  • 2008 FP survey: most thought they had received insufficient information/training in medical school and residency
– The services we render..
  • Most FPs perceive their mental health interventions as emotional support/counselling
  • Usual care involves drug therapy and/or generic counseling
A family physician’s perspective

• When do I need to refer to psychology?
  – Often!
    • Psychological disorders without / with chronic diseases
    • Clarification of diagnosis or better understanding of patient

• Yet obstacles:
  – Financial
  – Location
  – Stigmatisation
  – Lack of knowledge (Patient/provider)
Family Practice and psychology

Demonstration project (Chomienne, Grenier, et al., 2006)

• Integration of 2 psychologists in 2 medical clinics for 12 months

• Overall:
  – Family physicians and psychologists seem to be *natural & complementary allies* in primary care: work well together
  – Family physicians learnt how structured a psychological treatment is
  – Collaborative process was extremely smooth
  – Improved provider/patient satisfaction
  – Improved quality / continuity of care
  – Improved access to psychological care and diagnosis
  – Freeing up of physician time
Patients’ perspective

- 75% considered psychologists to be better trained to deal with psychological problems
- 77% considered psychologist had more time to deal with psychological problems
Family Practice and psychology

Physicians’ perspective
- improved quality of life at work
- improved office atmosphere
- improvement in workload

Physician’s comments
“We have lost a vital resource; I am finding it hard to re-adjust”
“I wish we had a psychologist on staff permanently”
“Waiting times and case loads are beginning to increase again…”
Family Practice and psychology

Cost to OHIP (in our study)

- Monthly psychological billing for each physician were averaged over the 12 months before and during the intervention.
- Billing for mental health codes (clinics combined) significantly decreased during the intervention, (p=0.043).
- Median relative reduction (clinics combined) was 18%
- 2% relative reduction for the urban clinic
- 33% relative reduction for the rural clinic
Ongoing experience as psychologist

• Practicing for 15 years in various settings / activities
  – Private practice
  – Hospital
    • Health Psychology outpatient and inpatients
    • Research
  – Teaching
    • Residents in family medicine
    • Clinical supervision: PhD students clinical psychology
  – FHT clinical psychologist
    • 20 physicians.....multidisciplinary team..... 20,000 rostered patients
Decade of Primary Care (PC) Recommendations and Reform in all Provinces

- 2002 Romanow report
  - Increase access to diagnostics & evidence-based interventions
- 2004 Federal government/provinces
  - Ensuring 50% of Canadians access multidisciplinary teams by 2011
- 2006 Kirby report
  - Mental illness = same seriousness as physical illness
  - Policy decisions: made on basis of best evidence re treatments
- 2012 Mental Health Commission: National Strategy
  - Providing access to right services, Tx, supports, collaborative practices
  - Evidence-based treatments
  - Encourage resources from private sector to contribute to public sector
Ontario

- FHNs, FHGs, FHOs, FHTs
- Family Health Teams (FHTs) – Équipes de santé familiale
  - FPs, nurses, SW, psychologists, and others work collaboratively under same roof
- Represent 2100 family physicians
  - less than 20% of all family physicians
  - 1400 other health care professionals (MOHLTC, 2011)
- Each FHT: own business plan that best suits community’s needs
- 200 FHTs in Ontario
Ontario

• Proportion of psychologists in PC is limited…
  – **Ontario**: out of 3,378 psychologists… ≈ 21 work in FHTs  ≈ 0.01%
    • 1 or 2 are full time; remainder work between 1-3 days per week
  – **Québec**: out of 7,800 psychologists… ≈ 682 work in PC  ≈ 0.09%
  – **Alberta**: out of 2,215 psychologists… ≈ 23 work in PC models  ≈ 0.01%

A psychologist’s experience and observations on the front line of primary care

• Number of patients prefer/ask for non-pharmacological approaches
  – Patients with private insurance are referred in private sector
  – But…many prefer to come to the FHT for services

• Number of patients benefit from psychological interventions aimed at actually helping them become more flexible and appreciate, when indicated, benefits of a combined psychotherapy & medication
  – Perhaps more credibility coming from a non-prescribing professional
  – Timely interventions as to meaning for taking medication for patient
  – Discussion on evidence/scientific support for various options, alone & combination
A psychologist’s experience and observations on the front line of primary care

- Majority of mental health services in FHT’s provided by SW/counselors
- Majority of non-pharmacological mental health interventions involve
  - generic counseling, problem solving, educational groups, identification of & referral to, community resources
  - wait lists exist: patients may wait several months for services within clinic
- Majority of interventions in family medicine is
  - Medication and counseling/giving advice
  - Consistent with recent research (Talbot, Clark, et al., 2014) (Roberge et al., 2014)
A psychologist’s experience and observations on the front line of primary care

• Despite demand for non-pharmacological options
  – Difference between psychiatrists, psychologists, SW, and counselors not always clear
    • Even for other health professionals
  – Low awareness re notion of evidence-based psychological Tx for certain conditions
    • Discussing hierarchy of scientific evidence and Tx options collaboratively with patients is not the norm
    • Use of evidence-based guidelines is not the norm; consistent with studies (Roberge, et al., 2014)

• Difference between evidence-based psychological treatments/psychotherapies and generic counseling is too often unclear
  – Perception they are all «talk therapies»…
  – Residents: Surprised to learn that a psychological treatment involves a plan, active ingredients, often a sequence of steps, and a rationale for doing so, etc.
A psychologist’s experience and observations on the front line of primary care

- WHY so few psychologists integrated in Ontario FHTs?
  - Hypotheses and experiences
Psychologist’s experience and observations on the front line of primary care

• Lack of understanding of difference in training and scopes of practice between psychiatrists, psychologists, social workers, and counselors?
  – Advocacy being done to promote role of psychologists

• Lack of understanding of difference between evidence-based psychological treatments/psychotherapies and generic counseling?
  – Lingering perception they are all talk therapies…
  – « All they need is someone to talk to »
  – Lack of consideration re nature and complexity of cases and hierarchy of recommended interventions / guidelines
Psychologist’s experience and observations on the front line of primary care

- Belief: would be too costly to increase access to psychologists while other mental health professionals can provide similar service
  - Training mental health workers, use of treatment manuals
  - True: for certain conditions with a clear presentation
  - But what happens in complex co-morbid cases / multiple diagnoses
    - What do we treat first, and why?
    - When is it contra-indicated to start using intervention x? And why?
    - Readiness to alter content, course of Tx, pace of Tx, refer, etc.
    - Necessitates repertoire of knowledge and clinical judgment … and supervised training
Psychologist’s experience and observations on the front line of primary care

• Currently, competencies and full scopes of practice of mental health professionals may not be optimally distributed in FHTs
  – May not be accessing «the most appropriate provider» for their presenting problem(s) and level of complexity
  – Limitation: one type of mental health professional, independent of level of complexity

• Reality: in multidisciplinary PC setting, all of these mental health professionals are important
  – Not all patients need a psychologist or a psychiatrist
  – Some benefit more with the services of a counselor or social worker
  – Each professional has his/her set of skills and unique contribution to make
Psychologist’s experience and observations on the front line of primary care

• Could FHTs in Ontario benefit in adopting a stepped-care approach (similar to IAPT in UK) to mental health care
  – Psychologists: most appropriate for assessment / diagnosis / triage and complex, comorbid, chronic, or refractory problems
    • Roles as diagnosticians, educators, supervisors, program developers, program evaluators
  – Socials workers: broad expertise in social work interventions, education, low-medium intensity interventions, navigation within the system, linkages with the community
  – Counsellors /mental health workers: expertise in counselling, low-medium intensity interventions, behavioural counselling, emotional support

• Optimizing judicious use of resources and scopes of practice…not under, not over…

• Make use of clinical guidelines and best practices in mental health a priority
  – Educate general public and other health professionals
Key messages

• FPs and psychologists are natural/complementary allies
• Psychologists: integrate in FHTs as part of core team
• More judicious utilization of scopes of practices and levels of training – stepped-care approach
• When increasing access to psychotherapies
  – Clinical guidelines/evidence-based practice should be a priority
  – Patients’ right to be informed of best available clinical evidence
MERCI!

• Questions?
• Commentaries
• Clarifications
Contacts

- jgrenier@uottawa.ca
- mh.chomienne@uottawa.ca
References


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