Mental Health & Addictions…an OTN Overview

October 30, 2012
Top 5 Therapeutic Areas of Care (YTD)
<table>
<thead>
<tr>
<th></th>
<th>OTN Clinical</th>
<th>MH&amp;A 2011-12</th>
<th>%</th>
<th>MH&amp;A 2010-11</th>
<th># Diff</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>140,819</td>
<td>91,539</td>
<td>65</td>
<td>43,708</td>
<td>47,831</td>
<td>109</td>
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<tr>
<td>Indirect</td>
<td>60,686</td>
<td>43,269</td>
<td>71</td>
<td>33,019</td>
<td>10,250</td>
<td>31</td>
</tr>
<tr>
<td>Patients served</td>
<td>201,505</td>
<td>134,808</td>
<td>67</td>
<td></td>
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</tbody>
</table>

- MH&A accounted for 67% of OTN total patients served in 2011-12 vs 58% in 2010-11
- MH&A accounted for 65% of direct and 71% of indirect clinical in 2011-12 vs 51% direct and 61% indirect in 2010-11
- Currently, for 2012-2013, MH&A accounts for over 72% of total patients served
Mental Health & Addictions Organizations Using OTN

- ACTTs (29)
- Addictions (45)
- CAMH (9)
- CMHA (76)
- MCYS (53)
- Psychiatric hospitals (4)
- Sched 1 Psychiatric Facilities (74)
- Other community mental health providers (57)
- Community Network of Specialized Care (93)

Total: 433+
Specialized services – allied health professionals

- Psychology
- Social work
- Behavioural
- OT
- PT
- Speech therapy
- Nursing
- Pharmacy
- Mobility/wheel chair services
### Active Sites/Systems

<table>
<thead>
<tr>
<th>SITE_TYPE</th>
<th>#Sites</th>
<th>#Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCAC</td>
<td>67</td>
<td>102</td>
</tr>
<tr>
<td>Clinic</td>
<td>67</td>
<td>77</td>
</tr>
<tr>
<td>Clinician Office</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Community Health Centre</td>
<td>88</td>
<td>127</td>
</tr>
<tr>
<td>Community Support Services</td>
<td>119</td>
<td>149</td>
</tr>
<tr>
<td>Educational Facility</td>
<td>26</td>
<td>75</td>
</tr>
<tr>
<td>FHT</td>
<td>126</td>
<td>137</td>
</tr>
<tr>
<td>Government</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Hospital - Academic/Teaching</td>
<td>51</td>
<td>420</td>
</tr>
<tr>
<td>Hospital - Community</td>
<td>121</td>
<td>464</td>
</tr>
<tr>
<td>Hospital - Small</td>
<td>66</td>
<td>188</td>
</tr>
<tr>
<td>Infection Control</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>LHIN Office</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td>LTC Facility</td>
<td>112</td>
<td>126</td>
</tr>
<tr>
<td><strong>Mental Health/Addictions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Station</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>OTHER Administration</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>OTHER Community</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OTHER Education</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>OTHER Healthcare</td>
<td>51</td>
<td>65</td>
</tr>
<tr>
<td>OTN Office</td>
<td>21</td>
<td>77</td>
</tr>
<tr>
<td>Professional Organization</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Public Health</td>
<td>57</td>
<td>75</td>
</tr>
<tr>
<td>Rehab Facility</td>
<td>15</td>
<td>31</td>
</tr>
<tr>
<td>UNKNOWN</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,532</td>
<td>2,838</td>
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</table>
MH&A Growth FY07/08 to FY11/12

- MH&A has grown from 10,746 in FY2007-08 to 134,808 in FY2011-12 (over 1000%)
# of active MH&A sites by LHIN - 11/12

![Bar chart showing the number of MH&A sites by LHIN as of 11/12.](chart.png)
MH&A Utilization by LHIN for 11/12

The bar chart shows the number of events for each LHIN for the year 11/12. The LHINs are listed from 0 to 14 on the x-axis, and the number of events is shown on the y-axis. The total number of events across all LHINs is indicated by the bar labeled 'Total'.
**Top 5 Sites by LHIN (TTA)**

| DIRECT | 12 | Soldiers' Memorial Hospital |
| DIRECT | 12 | Georgian Bay Family Health Team |
| DIRECT | 12 | Muskoka Algonquin Healthcare - Bracebridge |
| DIRECT | 12 | Rajkhowa Medicine Professional Corporation |
| DIRECT | 12 | Muskoka Parry Sound Community Mental Health Service - Bracebridge |
| DIRECT | 13 | North Bay Regional Health Centre |
| DIRECT | 13 | North East Specialized Geriatric Services |
| DIRECT | 13 | Sault Area Hospital |
| DIRECT | 13 | NEOFACS - Timmins |
| DIRECT | 13 | Anson General Family Health Team |
| DIRECT | 14 | St. Joseph's Care Group - Victoriaville Site |
| DIRECT | 14 | Marathon Family Health Team |
| DIRECT | 14 | Riverside Health Care Facilities - Emo Health Site |
| DIRECT | 14 | Canadian Mental Health Association - Kenora |
| DIRECT | 14 | NorWest Community Health Centre - Longlac Site |
How is OTN Being Used for Mental Health & Addictions?

- Individual therapy
- Group therapy
- Addictions (incl. MMT)
- **Shared care**
- **Discharge planning**
- Adolescent mental health
- Eating disorders
- Fetal Alcohol Syndrome Spectrum Disorders
- Concurrent Disorders Program
- Problem gambling
- Social work
- Psychology assessments
- **Collaboration with family/caregivers**
- Post traumatic assessment and treatment
- Psychogeriatric assessments
- Psychogeriatric Resource Consultant Program
- Case conferencing
- Emergency psychiatry
- Forensic assessments
- Seniors Psychiatry and Dementia Care Programs
- Dual Diagnosis Program
- **Form 1**
- Continuing professional development
- And more……
Form 1 – Legal Opinion

Opinion:

Accordingly, we are of the view that there is nothing in the Act or the jurisprudence that precludes an appropriate examination of a person via telemedicine for the purposes of a Form 1 assessment. A Form 1 can also be cancelled using telemedicine.

• **Translation:** Form 1-ing can be done over OTN
• Full text is available on request

Benefits of Form-ing over OTN:
• Reduces inappropriate transfers/admissions
• Reduces costs
• Reduces ALC
Current initiatives...
Helping Ontarians Overcome Prescription Narcotic Addiction
McGuinty Government Strengthening Addiction Programs Across the Province
October 17, 2012
Ontario is increasing access to treatment for people addicted to opioids, including pregnant women and mothers. The McGuinty government is making new investments in prescription narcotic addiction programs, including:
Opioid treatment programs as well as addiction treatment programs for pregnant women and mothers.
Community wellness development teams for Aboriginal communities, which are located within First Nations organizations and link First Nations communities to health care service providers in response to misuse of prescription drugs.
Expansion of monitoring in emergency rooms and public health units to help with early detection, ensuring better coordination of addiction and community mental health services.
Public education on the risks of opioids and available services.

These investments respond to recommendations made by the Expert Working Group on Narcotic Addiction, which released its final report today, and build on supports put in place earlier this year, including:
The narcotics monitoring system.
130 new units of telemedicine equipment like videoconferencing that can be used for addiction treatment and counselling services in remote and rural areas. This allows clients to access services close to home instead of travelling long distances.
More overdose prevention kits.
Advice for health care providers on how to identify and treat opioid addiction.
Mental Health Initiatives
Some examples….
CMHA Telemedicine Activities

- Windsor Essex
  - Completes OCAN Assessments to clients in remote communities to determine the needs of a new client.
  - Education/Admin
- Toronto Branch
  - Sharing Psychiatry Resources between sites.
  - Education/Admin.
- York Region
  - Education (both in house and hosted by other agencies through webcast) and administrative purposes.
  - Clinical case conferencing with a psychiatrist (only clinical staff without any patients)
  - Loan system/space to other agencies (MCSS)
- Peterborough
  - Hosts patients on-site for consultations.
  - Hosting patients for a group therapy program this fall
- Niagara/St.Catharines
  - Admin/Education
  - Hosting patients for clinical consults
- Cochrane Timiskaming
  - Hosting patients for clinical consults
  - Non Clinical Examples
    - Support team meetings
    - Job Interviews
    - Directors meetings
    - IT team meetings
    - SLT meetings
    - Board of Directors meetings
    - Grand Rounds
    - Regional Advisory Committee meetings (Regional Eating Disorders & DDS group meetings)
Shared Care Model

**Situation:** Rural area underserviced by psychiatrists and family physicians

**Solution:** Telemedicine program developed by Middlesex Hospital Alliance and the Chatham Kent Health Alliance
- Nurse Practitioner (Newbury site) is the primary provider
- Doctor meets weekly with NP by video to: review cases, make medical recommendations, support NP’s care plan

**Outcome:** Patients with severe and persistent mental illness receive more timely care and treatment closer to home
Virtual Psychiatric Emergency Room

**Situation:** A non-psychiatric facility, holding unstable patients

**Solution:** Develop partnership between Chatham-Kent Health Alliance and Leamington District Memorial Hospital
- Assess unstable patients via telemedicine

**Outcome:**
- Need to hold unstable mental health patients in a non-psychiatric facility has been reduced by 100%
- Leamington wait time for ER acute crisis reduced from 48 hrs to 2 hours
- Patients receive timely care, continuity of care all closer to home
**Multidisciplinary Case Conferencing**

- **Situation**: A multi-disciplinary team located at several offices needs to meet regularly to discuss cases and treatment plans for people with serious mental illness.

- **Solution**: Using telemedicine, the complete Clinton Assertive Community Treatment Team (ACTT) is able to case conference daily about their entire case load (approximately 80).

- **Outcome**:
  - Enhanced patient care and in a timely manner.
  - Costs are a fraction of face-to-face meetings.
  - Timely access to remote psychiatrists when needed.
Child/youth Virtual Emergency Room

- **Situation:** Requirement to improve timely access to mental health consultation for children and youth in CE LHIN

- **Solution:** Partnership between Lakeridge Health Corporation, Ross Memorial Hospital, Peterborough Regional Health Centre, Ontario Shores.

- Use telemedicine to provide support, assessment and treatment within their home communities

- **Outcome** (Interim Results):
  - Patients being seen within 72 hours
  - Reduced travel for doctors and patients
  - Fewer missed school days for children
  - Fewer missed work days for parents/guardians
Telecorrections

- **Situation:** In-custody patient population have many of the same needs as the general population
  - Alcohol and substance abuse (*85% of the in-custody population*)
  - Other mental health issues (*10 –15% have severe and persistent mental illness*)
- **Solution:** OTN enables virtual consultations between prisons and provider offices
- **Outcomes:**
  - Reduces community risk and transportation costs
  - Facilitates consent and capacity assessments
  - Timely forensic assessments into prisons and detention centres
Green Benefits of OTN

- Travel avoidance resulting from the use of OTN over the last seven years fiscal year equates to:
  - more than 245M kilometres
  - driving around the equator 6121 times
  - travelling to the moon and back 319 times!
How OTN can be leveraged...

- Break down silos and increase/encourage collaboration among:
  - Providers
  - Multidisciplinary teams
  - Agencies
  - Ministries
  - Satellite sites
- Provide core services to areas of the province where it would otherwise not be feasible/practical
  - Think outside the geographical box
- Provide enhanced access to MH&A services
- Reduce travel, costs and lost productivity for patients, caregivers, families, providers, learners, educators and administrators
Thank you

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Questions?