

**ACTION**  
**A Call To IntegratiOn Now**  
*Working Together for Better Health Care*



Mental Health and Addictions

May 31, 2012



# Objectives

- To obtain the views and perspectives of health care providers on how to improve the system for the Mental Health and Addictions population.
- To consider the patient perspective which will be essential as we seek to transform our health care system and optimize patient-centred care.

***“We can't solve problems by using the same kind of thinking we used when we created them”***

Albert Einstein

***“We can add navigation to our broken system, or better yet we can fix our system so that transitions are seamless”***

Provider Working Group Member

Context

# Transformation of the Health Care System in Ontario

# Ontario's Action Plan: Better patient care through better value

Foundational efforts since 2003 have focused on:

- Better access
- Better quality
- Better value

Ontario's Action Plan 2012 focuses on:

- Keeping Ontario Healthy
- Faster access and a Stronger Link to Family Health Care
- Right Care, Right Time, Right Place

# The Drummond Report Delivered Sobering Messages

- Reform must shift the system from one built mainly for acute care to one built mainly for chronic care.
- Quality of care and efficiency are essential.
- A much more modest path for health care spending ahead (2.5% increase per year).
- Canada has one of the most costly health care systems in the world: a fact that escapes most people as the US is the most frequently cited comparator.
- Only 25% of the population's health outcomes can be attributed to the health care system.

# The Drummond Report Delivered Sobering Messages

- OECD estimates that if Canada became as efficient as the best performing countries we could save almost 30% on spending.
- The ideal health system would:
  - Emphasize the prevention of poor health
  - Be patient centric
  - Would provide coordination along the continuum of care
  - Primary care would be the main point of care
  - Less reliance on hospitals for the provision of care

# The Strategic Health System Plan for the HNHB LHIN

**A.C.T.I.O.N. – A Call To IntegratiOn Now  
Working Together for Better Health Care**

# Project Overview

# Strategic Health System Plan

- HNHB LHIN is pursuing an integrated health system that supports a person centred care delivery model.
- The LHIN is developing a 5-year Strategic Health System Plan with an overall objective to achieve, through integration, a local health system where individuals will experience care that is coordinated, of the highest quality and results in better outcomes for the population.
- The Plan will include:
  - identification of integration opportunities
  - an implementation plan
  - a communications and engagement strategy
  - an evaluation framework
  - the identification of risks and mitigation strategies
- The plan will inform the next iteration of the LHIN's Integrated Health Service Plan (IHSP).

# ACTION Project Overview

- PwC is working with the HNHB LHIN in the development of a Strategic Health System Plan.
- To develop the Current State, quantitative and qualitative analysis was conducted, and includes:
  - **Provider Survey**– An online survey of over 200 HNHB funded and non-LHIN funded providers was conducted to gain providers’ perspectives on priorities, values, trade-offs and strategies that should shape the future state design. A 72% response rate was achieved (155/216 respondents).
  - **Environmental Scan** – The Environmental Scan provides a detailed overview of the demographics, health status, health expenditures, health system utilization, and system performance in HNHB LHIN.
  - **Leading Practices Report** – Five high performing health care systems were reviewed across the following five dimensions: structure, access, priority populations, quality, and value for money. The jurisdictions researched include:
    - Henry Ford Health System, United States
    - Kaiser Permanente, United States
    - Veterans Affairs, United States
    - Australia
    - National Health Services, United Kingdom

# Why Focus on Mental Health & Addictions?

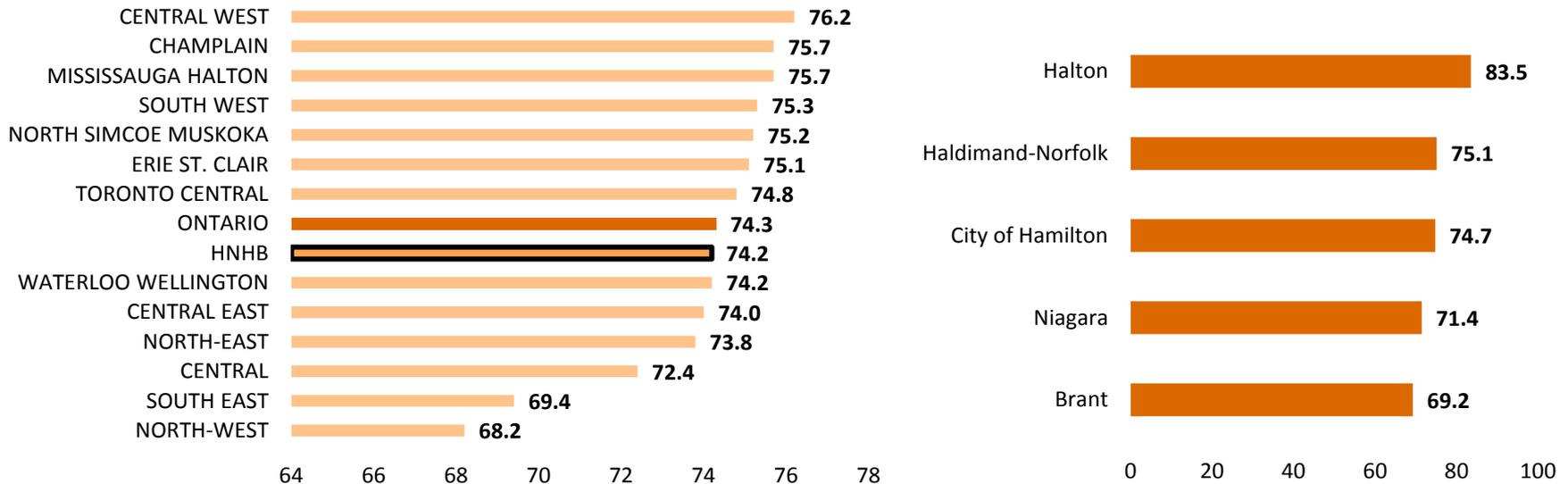
- *84% of survey respondents felt that health system transformation and care coordination efforts should focus on Mental Health and Addictions.*
- *The majority of respondents felt that funding for Mental Health and Addictions should be increased.*
- *The following slides outline the key characteristics of this population, and strategies used by other jurisdictions to optimize their care.*

# Provider Survey: Key Findings

- The following responses were provided by the majority of survey respondents:
  - System transformation should be guided by the following three values: person-centered care, seamless service provision, and equitable access to services.
  - Health system transformation, and care coordination efforts should focus on high risk seniors.
  - If LHIN funding was re-allocated by reducing funding to hospitals, the biggest increase should go to Community Mental Health and Addictions and Community Support Services.
  - When cost effective and safe, more health care services should be provided at home.
  - To optimize hospital to home transitions, home-based health services should be prioritized.

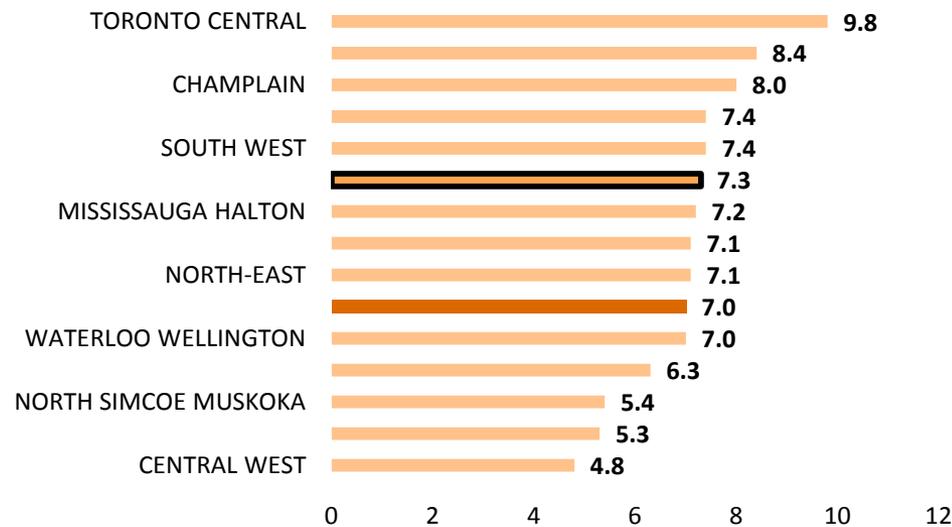
# Mental Health in HNHB LHIN

- 74.2% of the HNHB LHIN population described their mental health as “Very Good or Excellent,” which is not significantly different from the provincial rate of 74.3%.
- Sub-LHIN areas are similar, except for Halton Health Unit which performs better than all other Sub-LHIN areas as well as better than the Ontario average (\*Halton includes regions outside of the HNHB).



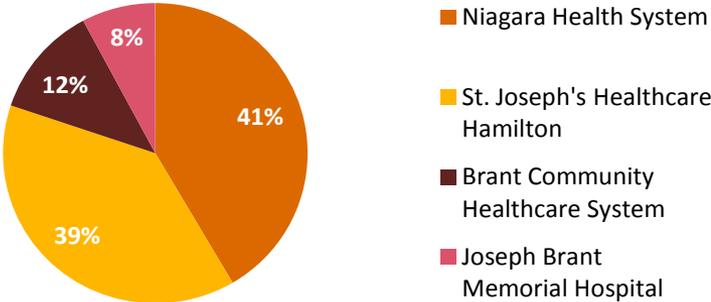
# Contact with Mental Health Professionals

- Rate of contact with a health professional about mental health (7.3%) is similar to the rate for residents of Ontario on average (7.0%).
- Considerable variation across Ontario, with a two-fold difference between the lowest reported contact (Central West, 4.8%) and the highest (Toronto Central, 9.8%).

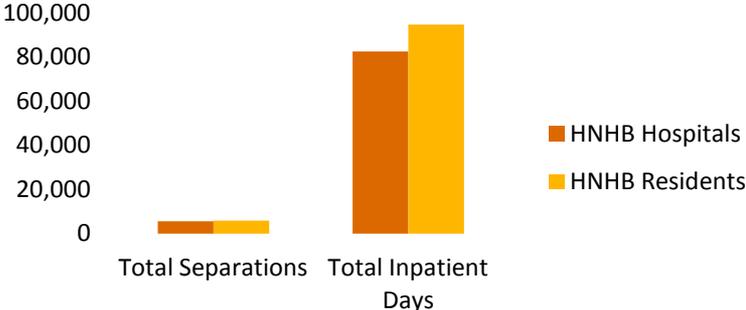


# Utilization of Services

**Mental Health Inpatient Separations by HNHB Hospital, 2010**



**Mental Health Inpatient Separations and Days for HNHB Hospitals and Residents, 2010**



- 4 hospital corporations with designated mental health beds.
- ALOS for mental health separations is lower than the provincial average; however, there is significant variation among HNHB hospitals.
- HNHB residents consumed 12,202 more inpatient mental health days than were provided by HNHB LHIN hospitals.
- Residents of Hamilton account for 38% of the LHIN population, 34% of the IP separations and 52.6% of total mental health days.

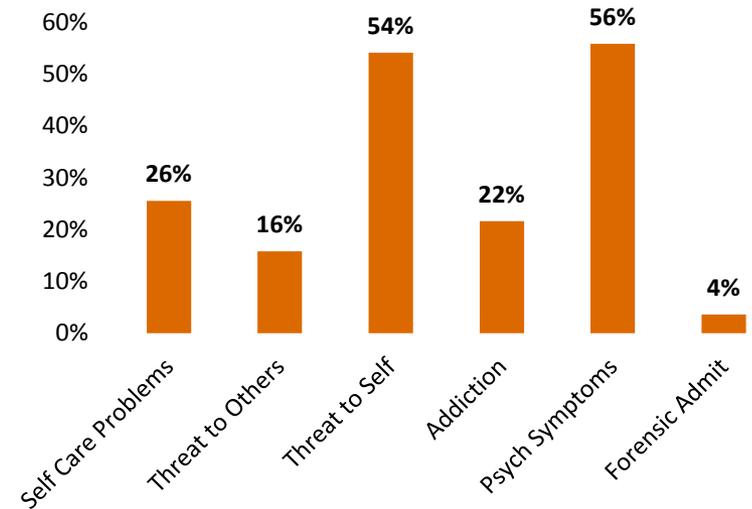
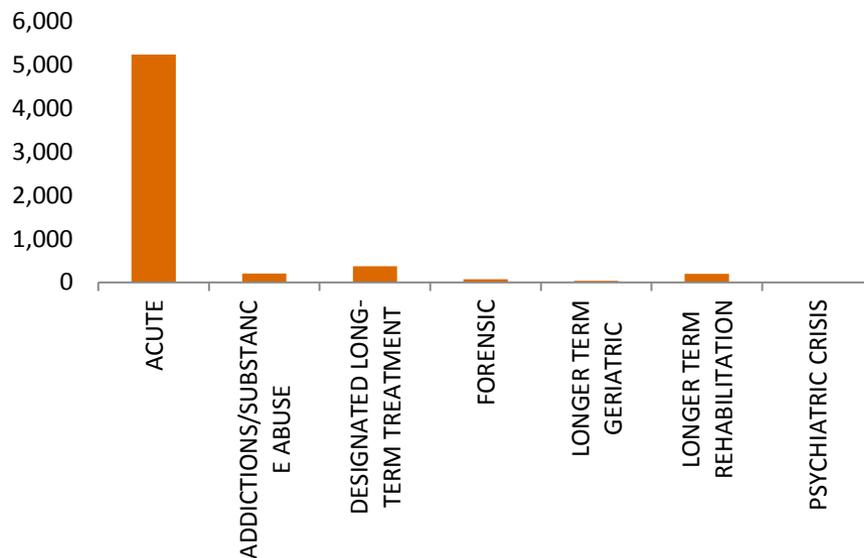
\* ALOS– Average Length of Stay

\* IP– Inpatient



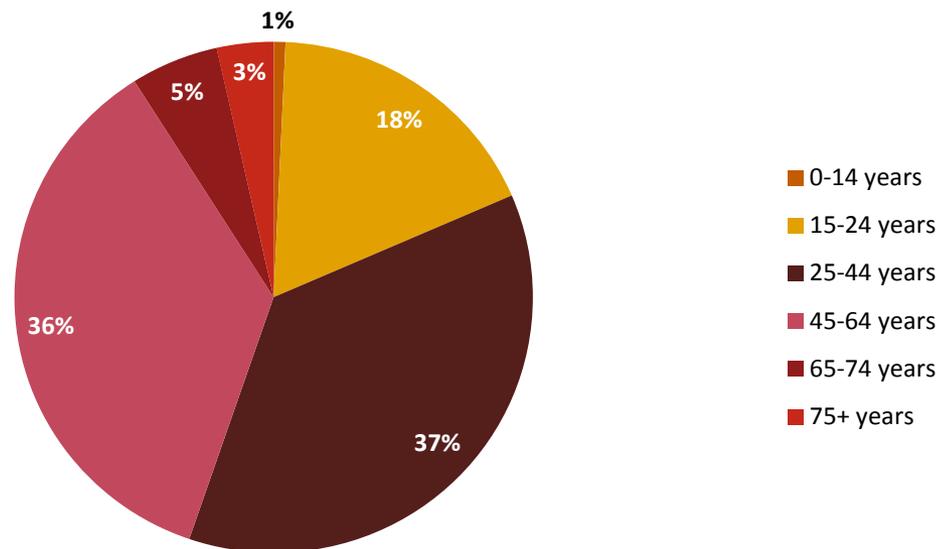
# Utilization of Services

- 85% of hospitalizations for mental health were in an acute unit.
- More than half of the cases represented a threat to self.
- The 2010/11 age-standardized rate for total mental health days for HNHB residents is 14.7% lower than the Ontario average.



# Demographics

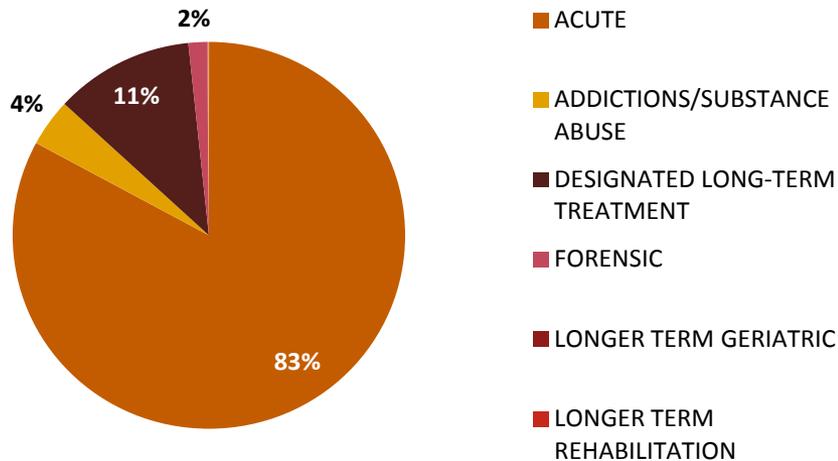
- Approximately three quarters of mental health cases are patients between ages of 25 and 64.
- The third largest age group is 15-24 years.
- As the HNHB population ages, there will be more demand for mental health services for seniors.



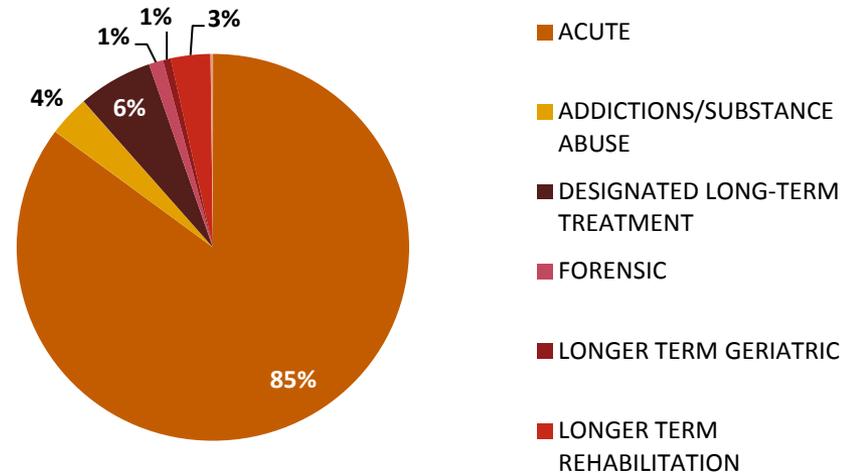
# Forecast to 2017

- Separations in mental health beds expected to increase by nearly 5% to 2017.
- Greater role for longer term geriatric and longer term rehabilitation.

Mental Health Separations, 2010



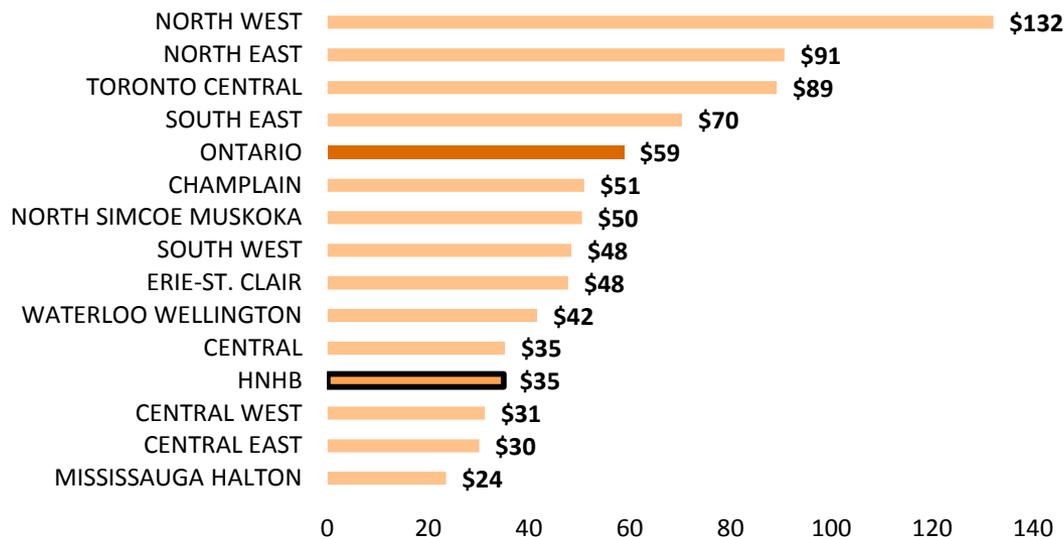
Mental Health Separations, 2017



# Community Mental Health & Addictions Services

- Community mental health and addictions services are provided to at least 55,946 clients by 34 LHIN-funded agencies. Together, these agencies reported at least 53,398 non-unique interactions in 2010/11.
- The HNHB LHIN ranks among the lowest in terms of per capita spending on Community Mental Health & Addictions.

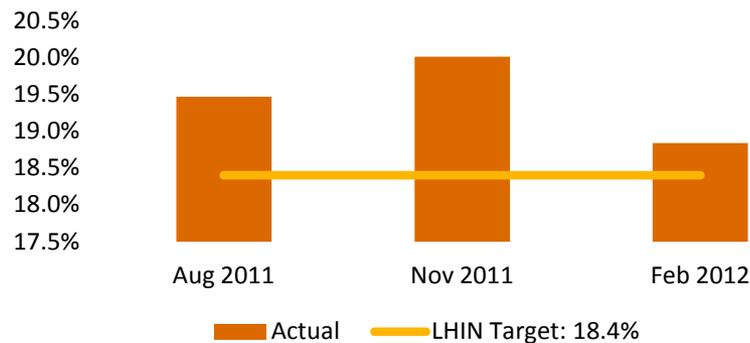
**Per Capita Spending on Community Mental Health and Addictions, 2011**



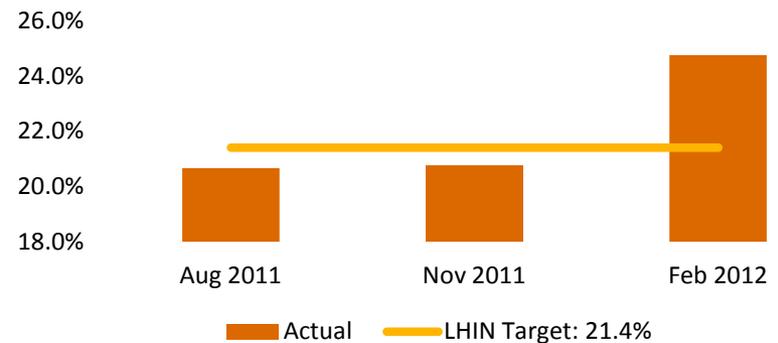
# HNHB Performance

- HNHB has 2 performance indicators related to Mental Health & Substance Abuse as set out in the Ministry LHIN Performance Agreement 2010-11.
- HNHB LHIN did not achieve the targets in the latest month (Feb 2012).

**Repeat Unscheduled Emergency Visits  
within 30 Days for Mental Health  
Conditions**



**Repeat Unscheduled Emergency Visits  
within 30 Days for Substance Abuse  
Conditions**



# Learnings from Other Jurisdictions

- All jurisdictions researched had programs and strategies for mental health and addictions. Highlights include:
  - **Partnerships**– Partnership with non-profit charitable organizations (e.g., Alzheimer’s Association )to improve dementia care (e.g., *Kaiser Permanente*).
  - **Timely Access to Services**- Drop-in group visits for suicide prevention, walk-in appointments in a primary care settings (where mental health services are indistinguishable from primary care) (e.g., *Henry Ford Health System, Veterans’ Affairs*).
  - **Patient-Centric Delivery** - Providing access to Mental Health and Addictions services in a broad range of settings: primary care, community-based clinics, mobile/outreach clinics, day programs, crisis assessment and outreach, telemental health, etc. (e.g., *Veterans’ Affairs, Australia*).
  - **National Strategy for Mental Health** – A national strategy to deinstitutionalize and mainstream mental health services with a focus on: severe and debilitating mental illness; primary mental health care; early intervention for children and youth; encouraging economic and social participation; and improving quality, accountability, and innovation (e.g., *Australia*).

# Discussion

# Discussion Questions

1. What are the key contributors to successful outcomes for this patient population?
2. What is preventing optimal outcomes from being achieved for this patient population?
3. What can we do to make the biggest impact on the patient experience?

# Brainstorming Prompts to Assist Workshop Participants

Consider the questions on the previous slide in terms of:

- High users (the 1%)
  - Avoidable ER/ Hospital/ Long-Term Care Utilization
- Access
- Transitions
- Quality
- Palliative/End of Life

# Optional - The Hot Spotters

- Currently, 1% of the population drives 34% of the costs and 10% of the population drives 80% of the costs (Ontario's Action Plan and the Drummond Report).
- The excellent Hot Spotter video (13 minutes) which speaks to this concept, can be viewed at: <http://www.pbs.org/wgbh/pages/frontline/doctor-hotspot/>.
- Other groups engaged through the development of the Strategic Health System Plan have viewed this video.

# Thank You

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