



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Establishing Equity in Access to Physician Services for Mental Health in Northern Ontario

Vicky PKH Nguyen MD, PhD
(NOSM PGY5 Psychiatry)

Conflict of Interest

PsychotherapyMatters.com
(no financial interests)

Learning Objectives

1. Appraise current trends in MH service provision for Ontarians including access via:
 - a) Telepsychiatry/Distant psychotherapy or counselling
 - b) Shared Care/Collaborative Care
 - c) GP/Pediatrician/Psychiatrist-Provided Mental Health Care
2. Discuss merits of strategies for closing gaps in access, reducing service redundancy, and optimizing prudent use of limited resources in creating equitable access
3. Critique study results of access trends derived from large sets of administrative from Institute for Clinical Evaluative Sciences (ICES)

Gold (1998)

Measuring Access

- Delivery System
- Mediators of Service Use
- Determinants of Continuity of Service Use
- Clinical Outcomes
- Policy Outcomes (Impact of resource allocation)

Kottke and Isham (2010)

Indicators of Access

- Health Behaviours
 - Smoking
 - Physical activity
 - Excessive drinking
 - Nutrition
 - Condom Use
- Health Care Sector Attributes
 - Cost of care/Affordability
 - Unmet health care needs
 - Preventative services
 - Childhood vaccination
 - Preventable hospitalizations
 - **Disparities in access/Equity**

Steele, Glazier, and Lin (2006)

Kudlow (2013)

The old problem of inequity in access

- High SES → 1.6 times more likely to see psychiatrist
- Wait times in 2010:
 - 11 weeks in urban areas
 - 20 weeks in rural areas
 - 55% of GPs rated access to psychiatric care fair or poor

CMAJ

NEWS

Change of practice key to improving patients' access to psychiatrists

With one in five Canadians expected to experience a mental illness in their lifetime and a dwindling number of psychiatrists, is the supply of mental health services on track to meet demand?

The quick answer is probably not. The more complex answer is that this is the wrong question.

"There will never be enough psychiatrists to address all the mental health needs of Canadians — nor should there be," says Dr. David Goldbloom, chair of the Mental Health Commission of Canada. While the number of psychiatrists may be one aspect to the access problem, Goldbloom thinks this argument has gone stale.

The key to addressing problems with access to mental health services in Canada is to change how psychiatrists practise. But until we do so, Goldbloom is quick to acknowledge that "We're currently not doing too well."



The average wait time for nonurgent psychiatric cases across Canada in 2010 was 11 weeks.

THE STAR

Life · Health & Wellness

Finding a psychiatrist in Toronto is like hunting a unicorn: Jowita Bydlowska

By **JOWITA BYDLOWSKA** Special to the Star
Thu., April 9, 2015

OPINION

Can't find a psychiatrist? Here's why

PAUL KURDYAK AND DAVID GOLDBLOOM
CONTRIBUTED TO THE GLOBE AND MAIL
PUBLISHED JULY 17, 2014
UPDATED DECEMBER 5, 2017

Paul Kurdyak is a psychiatrist and clinician scientist at the Centre for Addiction and Mental Health (CAMH), lead of the Mental Health and Addiction Research Program at the Institute for Clinical Evaluative Sciences (ICES), and expert advisor with EvidenceNetwork.ca; David Goldbloom is a psychiatrist and senior medical advisor at CAMH and chair of the Mental Health Commission of Canada.

(Globe and Mail)

ICES

(Institute for Clinical Evaluative Sciences)

Ontario-wide research network
400 research, data and clinical experts

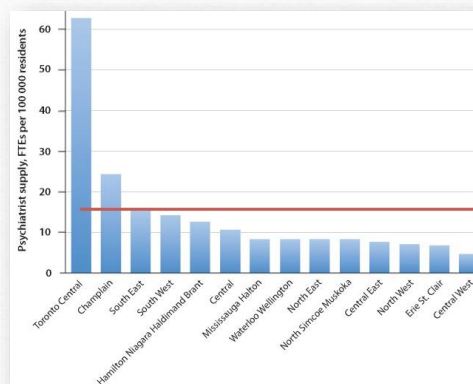
OUR NETWORK

ICES
Data
Discovery
Better Health

Kurdyak et. al. (2010)
Kudlow (2013)

Inequitable Access to Psychiatrist time in ON (ICES database mining)

- 15 psychiatrists /100,000 ideal (CMA)
- >60/100,000 in TO, <5/100,000 CW
- Access to psychiatrist not easier in TO
- 10% TO psychiatrists saw <40 pts/yr
- 40% TO psychiatrists saw <100 pts/yr
- 25% TO psychiatrists saw 1 >16x/yr
- 2% in other LHINs saw pts >16x /yr



Advantages and Limitations of utilizing administrative data

ADVANTAGES

- Quantitative data
- Population survey of service utilization
- Geographical spread
- Regional variations
- Sensitive information extracted that is not easily reported by individuals

LIMITATIONS

- Quantitative data only!
- Cannot determine reasons for utilization of particular services
- Missing information (eg. salaried physicians who do not bill OHIP)
- Information not recorded accurately
- No predetermined control variables

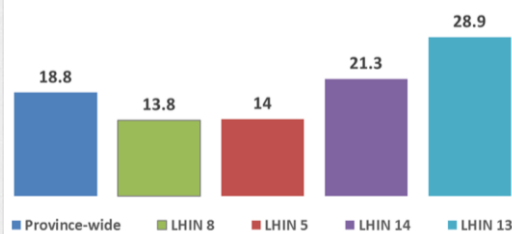
How much impact does limited MH care time by psychiatrists have on MH care outcomes?

- ON is a vast geographical area (1,076,395 km²)
- High regional variability in population characteristics
- Large dense metropolis, remote fly-in communities, and everything in-between
- 14 LIHNs established in 2006 to improve regional accountability and improve integration of health services

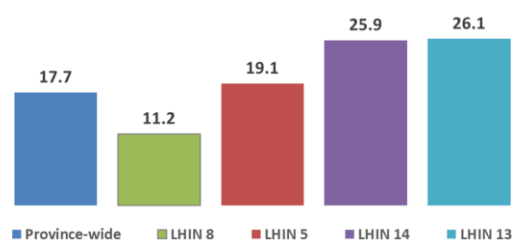
(LHIN data)

Health Behaviour Differences between LHINs

Age and gender-adjusted smoking rates (2012)



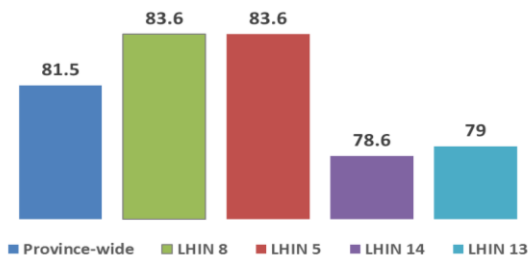
Age and gender-adjusted prevalence of obesity (2012)



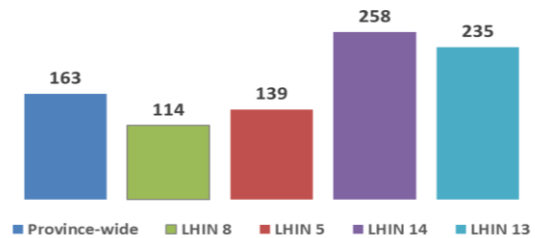
(LHIN data)

May as well be different countries!

Life Expectancy at Birth (2009)



Age standardized premature avoidable death per 100,000 (2011)



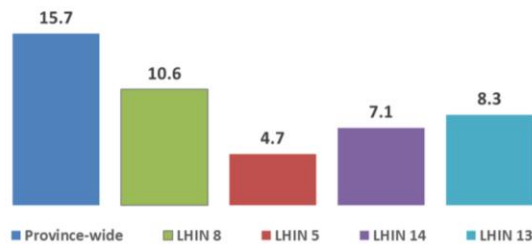
How much impact does limited MH care time by psychiatrists have on MH care outcomes?

- Correlations with clinical outcomes?
- Correlations with policy outcomes?
- Hypothesis: Limited impact on clinical outcomes, other social determinants of health may have a bigger impact on MH outcomes in LHINs with low availability of psychiatrist MH care time.

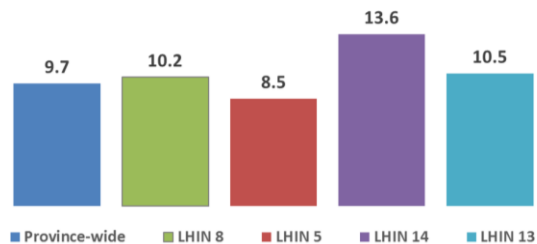
(LHIN data)

How much impact does limited MH care time by psychiatrists have on MH care outcomes?

Number of psychiatrists per 100,000 (2009)

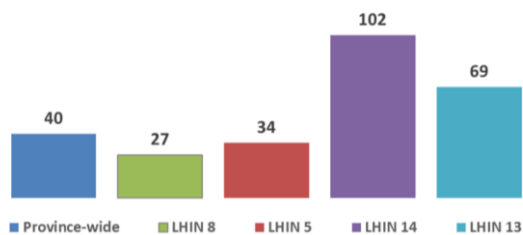


Self-Rated MH as Fair or Poor (2013)

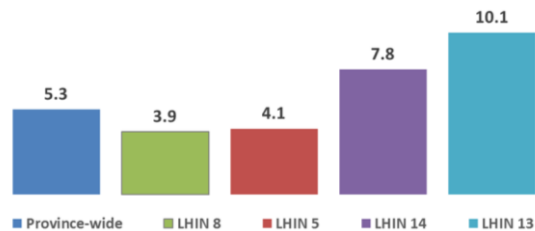
*(LHIN data)*

How much impact does limited MH care time by psychiatrists have on MH care access?

Number of ED visits for MH and Addiction per year per 10,000 (2013)



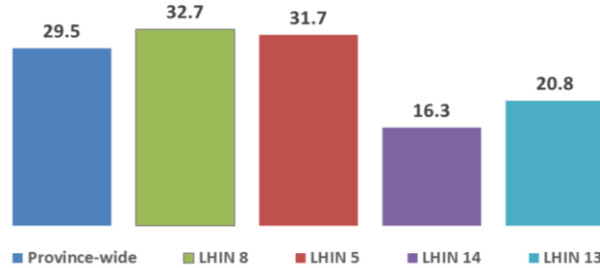
Number hospital admission for MH and Addiction per 1000 (2013)



(LHIN data)

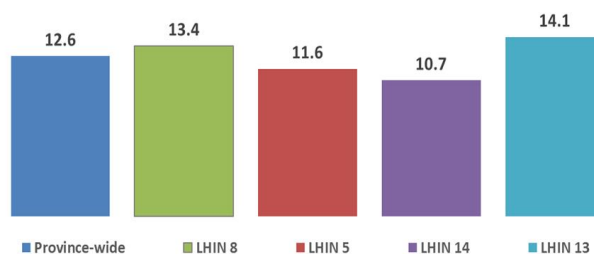
How much impact does limited MH care time by psychiatrists have on MH care access?

Rate of follow up with a physician within 7 days of leaving hospital for a mental illness or addiction (2013)

*(LHIN data)*

How much impact does limited MH care time by psychiatrists have on MH care quality?

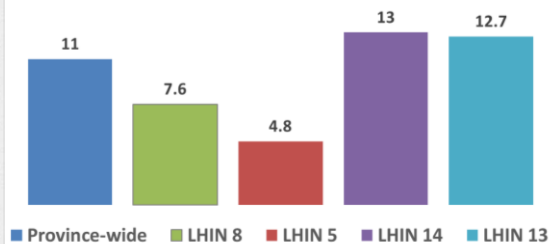
Rate of hospital readmission within 30 days of leaving hospital for a mental illness or addiction (2013)



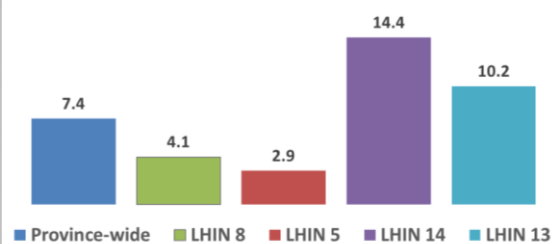
(LHIN data)

How much impact does limited MH care time by psychiatrists have on MH care quality?

Percentage of LTC residents in physical restraints on a daily basis (2012/2013)

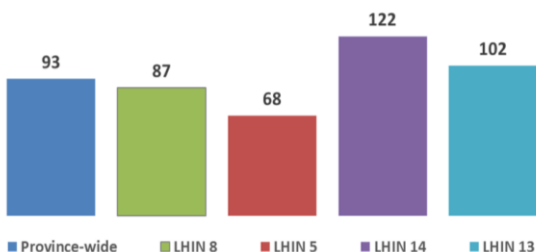


Percentage of LTC residents in physical restraints on a daily basis (2014/2015)

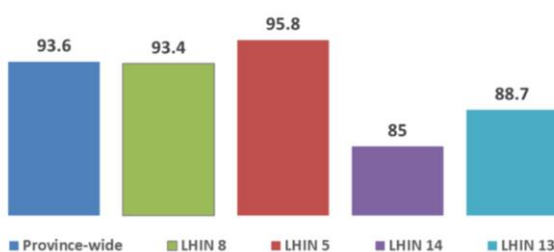
*(LHIN data)*

Number of practicing GPs filling in the gap?

Number of family physicians per 100,000 (2013)



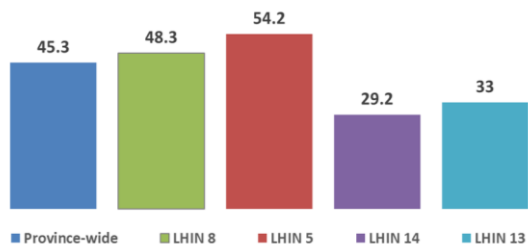
Percent with own family physicians (2013)



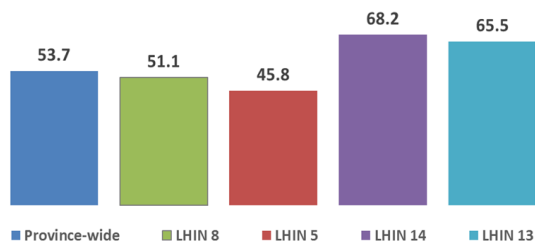
(LHIN data)

How much impact does number of family physicians have on difficulty of access to care?

Percent adults who can see GP same day or next day when sick (2013)



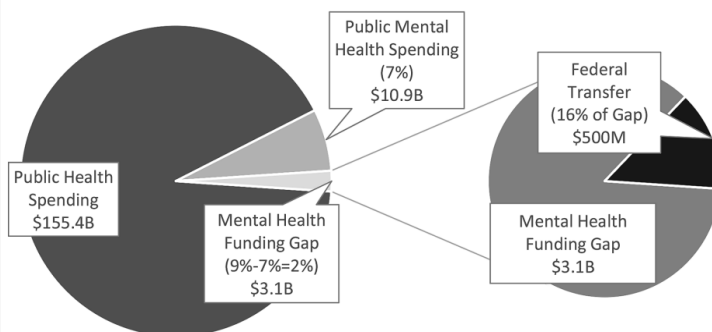
Percent adults who find it difficult to access care on evenings or weekends difficult without an ED visit (2013)



Bartram and Lurie (2017)

Close the gap with more \$\$\$?

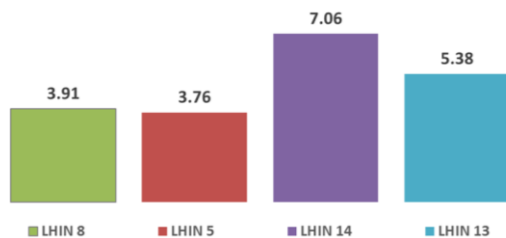
Closing the Mental Health Gap (annual amounts)



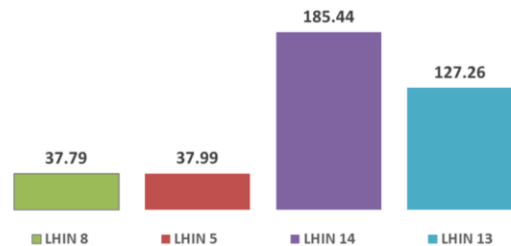
(LHIN data)

Does LHIN 5 spend more on community MH and addiction programs?

Percent of yearly LHIN budget spent on MH and Addiction services (2013)



Per capita spending on MH and Addiction Services per person per year (2011)



Is there more to the story beyond how much \$ spent and inequitable access to physician time?

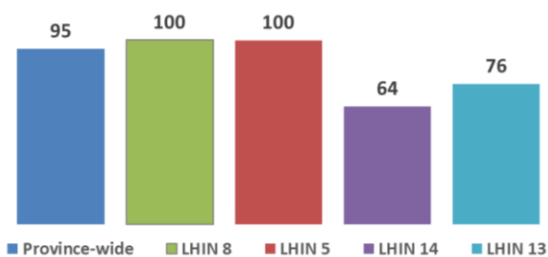
(What about the Social Determinants of Health?)

Research Design: 4 ways of accessing MH care, ICES database 2008 to 2014

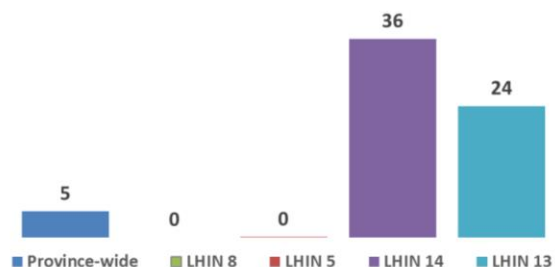
- MH care from non-psychiatrist MD providers (GPs and pediatricians)
 - MH care from psychiatrists in-office
 - MH care from GPs and psychiatrist simultaneously
 - MH care by telepsychiatry (Ontario Telehealth Network)
- *Sub-cohort = Patients accessing methadone treatment (MMT) for the first time between 2008 and 2013. No previous history of methadone or buprenorphine use in the year prior to the first treatment episode.*

(Our ICES data)

Percent of patients seeking MH care by psychiatrists living in urban/suburban and surrounding regions (2008-2013)

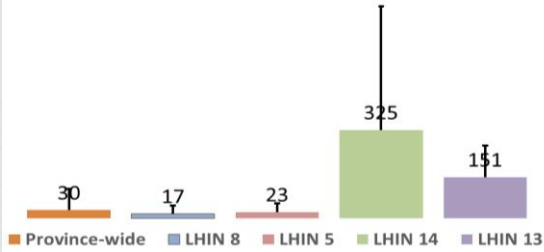


Percent of patients seeking MH care by psychiatrists living in rural/remote regions (2008-2013)

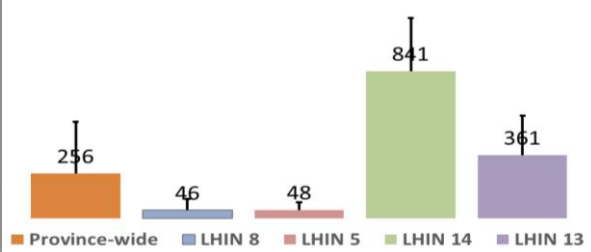


(Our ICES data)

Mean distance in km from patient to psychiatrist providing MH care in office (2008-2013)

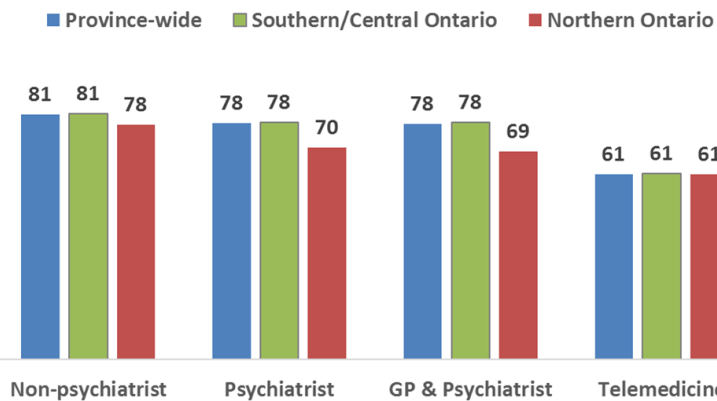


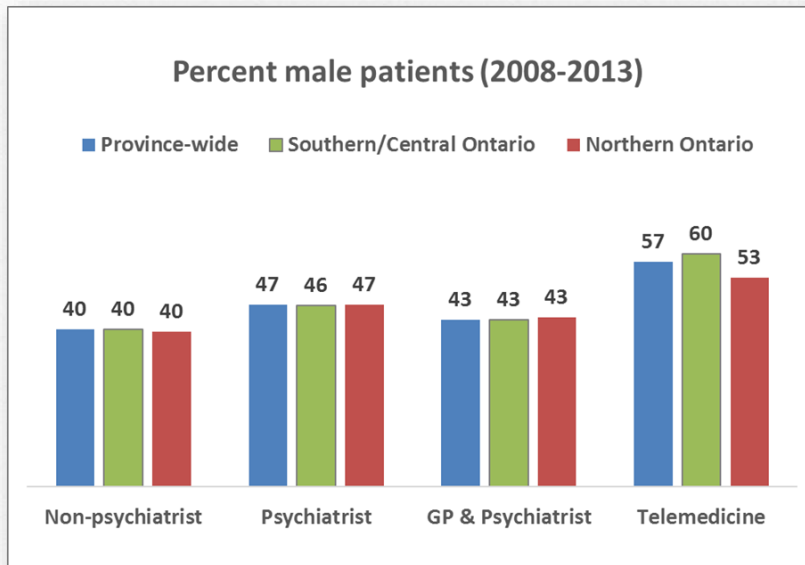
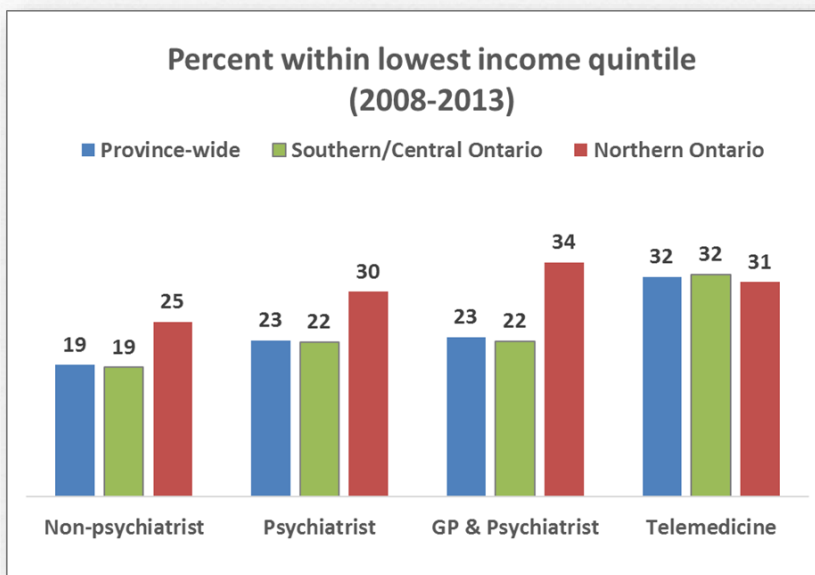
Mean distance in km from patient to psychiatrist providing MH care by telemedicine (2008-2013)



(Our ICES data)

Percent with own family physician (2008-2013)

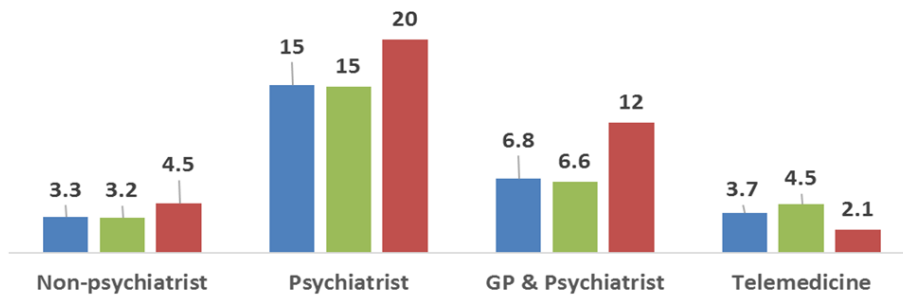


(Our ICES data)*(Our ICES data)*

(Our ICES data)

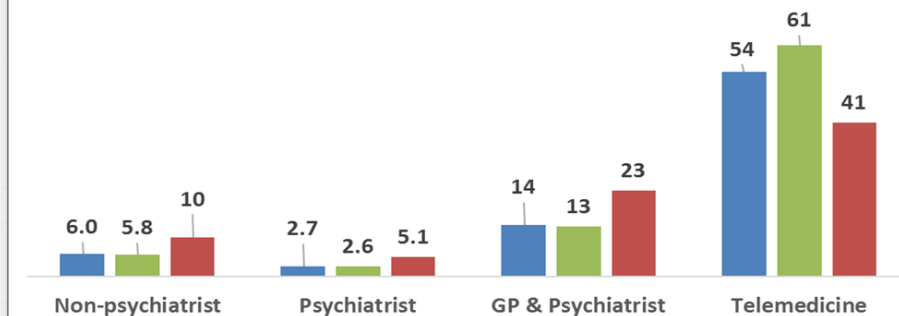
Percent of patients with psychotic disorders (2008-2013)

■ Province-wide ■ Southern/Central Ontario ■ Northern Ontario

*(Our ICES data)*

Percent of patients with alcohol or substance use disorder (2008-2013)

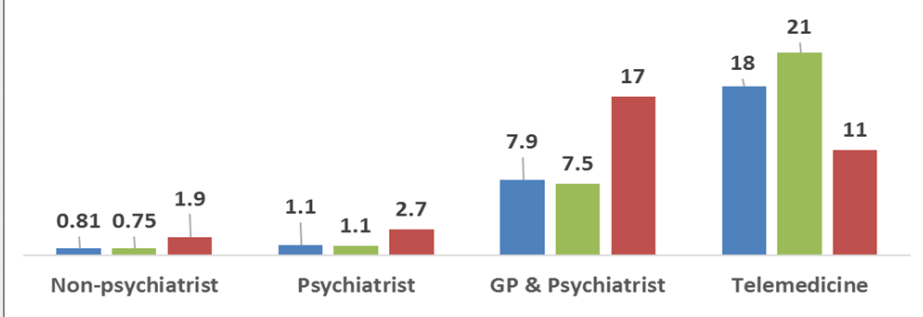
■ Province-wide ■ Southern/Central Ontario ■ Northern Ontario



(Our ICES data)

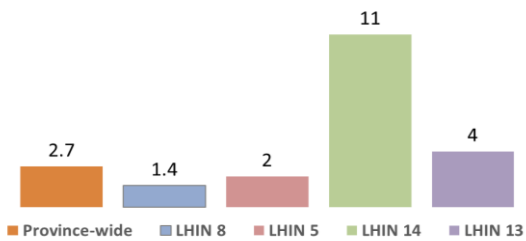
Percent of patients with MMT/BMT prescription (2008-2013)

■ Province-wide ■ Southern/Central Ontario ■ Northern Ontario

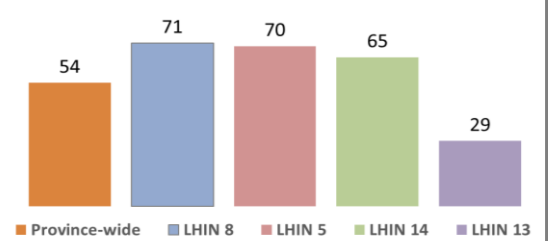


(Our ICES data)

Percent of patients receiving MH care by psychiatrist in-office with alcohol or substance use disorder (2008-2013)

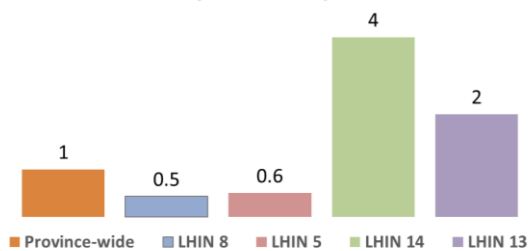


Percent of patients receiving MH care by telepsychiatry with alcohol or substance use disorder (2008-2013)

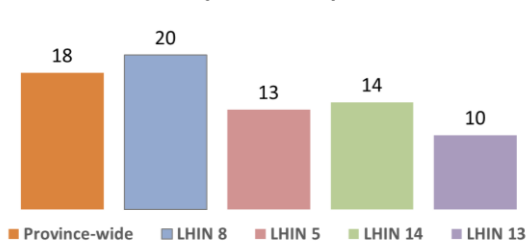


(Our ICES data)

Percent of patients receiving MH care by psychiatrists in-office on MMT/BMT (2008-2013)



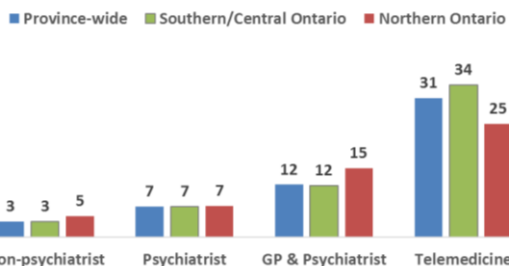
Percent of patients receiving MH care by telepsychiatry on MMT/BMT (2008-2013)



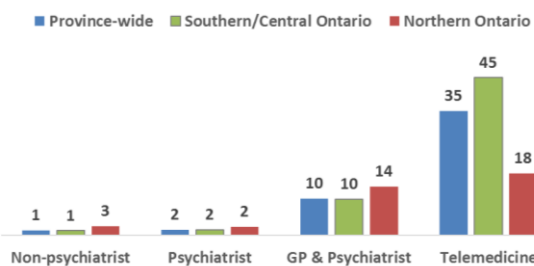
(Our ICES data)

Telepsychiatry pts need high level of on-going care, are they getting appropriate care by telepsychiatry?

Average out-patient MH access events per patient within 1 year after index date



Number of MMT/BMT claims per patient within 1 year after index date

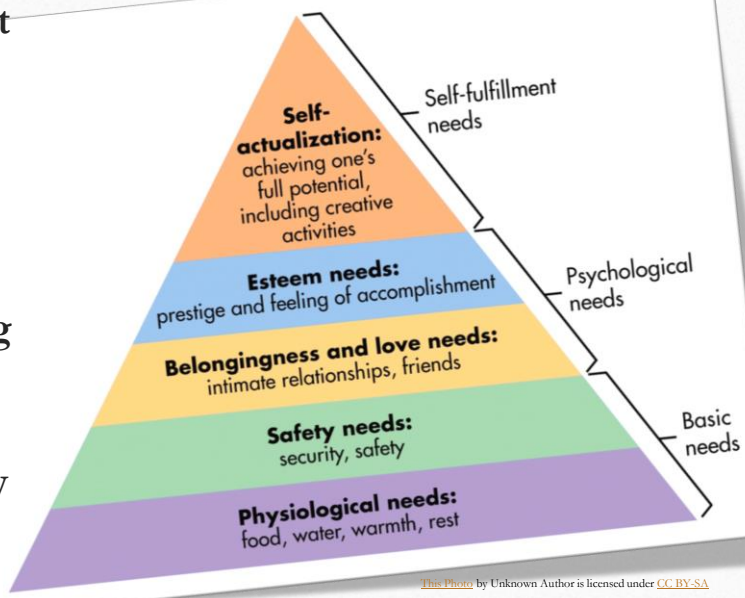


What is driving reliance on telepsychiatry?
 Are they factors that lead to poor MH in the first place?
 Are they preventable?

- Distance from home to physician office
- Enrollment with a family physician
- Substance use disorders/opioid agonist therapy
- SES status
- Gender
- ...others?

Optimal MH is not simply absence of or mitigation of a psychiatric illness

Are there ways to invest in mitigating negative social determinants of MH independently of physician care time?



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- Dr. David Marsh, MD
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- Kristen Morin, MPH
- Alex Franklyn
- Brittanie LaBelle

Funding by NOAMA

\$50,000



ICES North Launching Sept 28th 2018



Please join us for the Grand Opening of ICES North.

Please R.S.V.P. communications@hnsudbury.ca

MEDIA EVENT:

WHEN: Friday, September 28th at 10:00 a.m.

WHERE: Health Sciences North
Ramsey Lake Health Centre
North Tower, Level 3, Conference Room RCP North and South

WORKSHOPS:

WHEN: Friday, September 28th 11:00 a.m. - 1:00 p.m.

References

1. Gold M. Beyond coverage and supply: measuring access to healthcare in today's market. *Health Services Research*. 1998;33(3 Pt 2):625-684.
2. Kottke TE, Isham GJ. Measuring Health Care Access and Quality to Improve Health in Populations. *Preventing Chronic Disease*. 2010;7(4):A73.
3. Steele LS, Glazier RH, Lin E. Inequity in mental health care under Canadian universal health coverage. *Psychiatr Serv*. 2006 Mar;57(3):317-24.
4. Kudlow P. Change of practice key to improving patients' access to psychiatrists. *CMAJ: Canadian Medical Association Journal*. 2013;185(14):E655-E656. doi:10.1503/cmaj.109-4574.
5. Kurdyak P, Stukel TA, Goldbloom D, Kopp A, Zagorski BM, Mulsant BH. Universal coverage without universal access: a study of psychiatrist supply and practice patterns in Ontario. *Open Medicine*. 2014;8(3):e87-e99.
6. Bartram M, Lurie, S. Closing the Mental Health Gap: The Long and Winding Road? *Canadian Journal of Community Mental Health*, 2017; 36:5-18.

LHIN-Specific Data Sources

1. LHIN 5
<http://www.centralwestlhin.on.ca/>
2. LHIN 8
<http://www.centrollhin.on.ca/>
3. LHIN 13
<http://www.nelhin.on.ca/>
4. LHIN 14
<http://www.northwestlhin.on.ca/>
5. Health Quality Ontario: Measuring Up Reports (2008 to 2014)
<http://www.hqontario.ca/System-Performance/Yearly-Reports/Past-Yearly-Reports>