

Early Psychosis Intervention: Spreading Evidence-Based Practice

The 'EPI-SET' Project



Early Psychosis Intervention (EPI)

Life-Saving, but Challenges in Delivering High Quality Care

- Outcomes for youth who access an EPI program in Ontario:
 - Receive faster psychiatric follow-up
 - Better coordination of care between inpatient and outpatient services
 - Reduced burden on emergency departments
 - Reduced all-cause mortality
- **Despite this**, recovery rates remain low, and associated disability has not improved under routine clinical care. (Anderson et al, AJP, 2018 and Global Burden of Disease Study 2013 Collaborators)

-
- **Inconsistent delivery of high-quality evidence-based care in EPI programs, i.e. poor fidelity to the standards**
 - **Low proportion of patients receive recovery-based services (only 18% receiving comprehensive EPI services)** (Craig, Garety, Power, Rahaman, Colbert, Fornells-Ambrojo, & Dunn, 2004)

Ontario Fidelity Studies Identified Three Main Challenges in Delivering High Quality EPI Care

- 1 → **Challenge:** Considerable variability, particularly in recovery-oriented care; difficult to deliver all aspects of care; Requests for manualized protocols
- 2 → **Challenge:** Need for consistent access to training (and time) for the latest in evidence-based practices
- 3 → **Challenge:** Need/interest to bolster a community of practice and receive ongoing access to expertise

Ontario MOHLTC EPI Standards

Ongoing psychiatric/medical assessment and treatment

Psychoeducation – client and family
Family needs assessment and supports

Intensive psychosocial care:

- Engagement
- Coping and self-help strategies
- Resiliency
- Dealing with symptoms
- ADLs
- Housing supports
- Substance use supports
- Support establishing social relationships or connections
- Peer support
- Income support
- Recreational supports
- Monitor progress in recovery goals

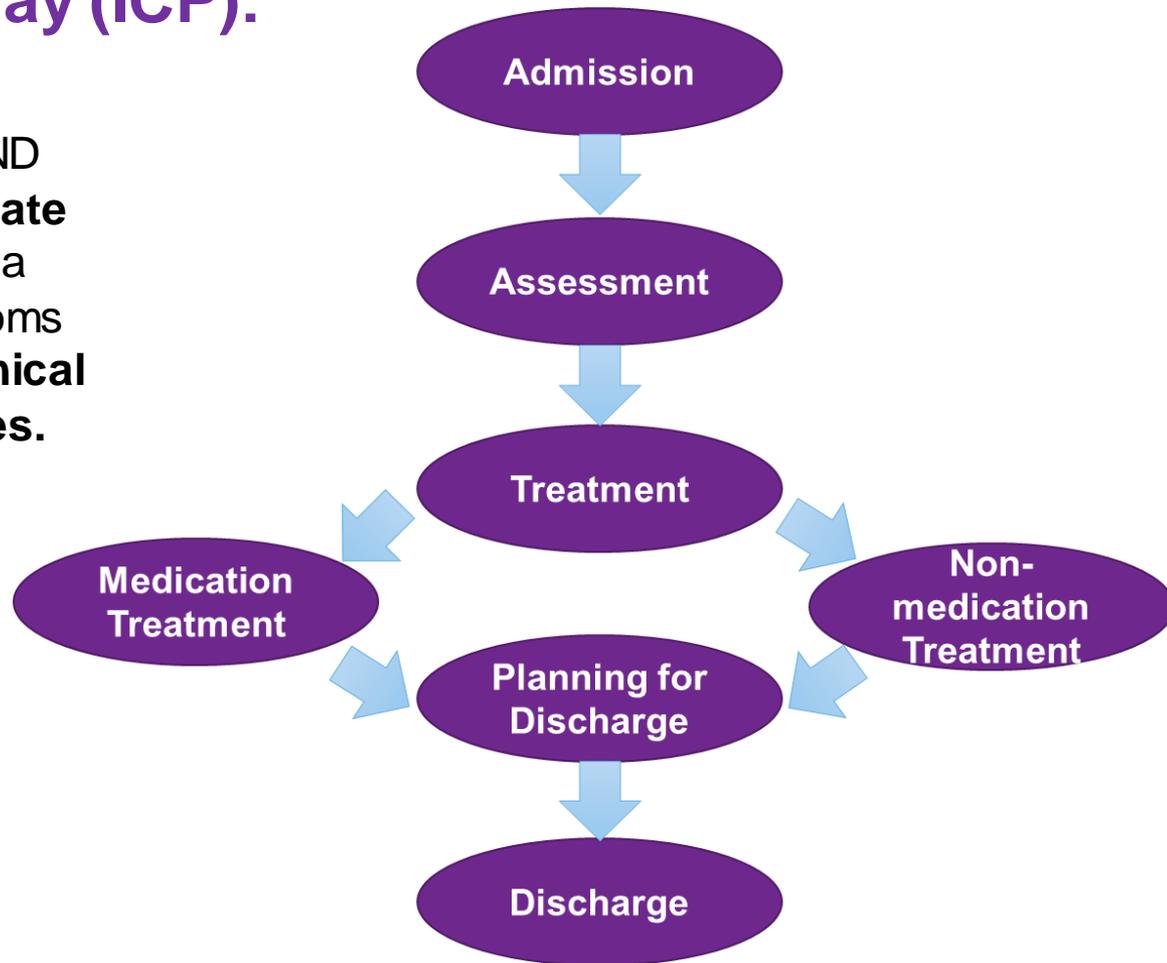
Academic / vocational

- Assessment and supports
- Formal service agreements with education and vocational partners

Improving Clinical Care via ICPs

Integrated Care Pathway (ICP):

A **multidisciplinary** outline of anticipated care (assessments AND treatment), placed in an **appropriate timeframe**, to help a patient with a specific condition or set of symptoms move progressively through a **clinical experience to positive outcomes**.





NAVIGATE is a manualized, structured, multidisciplinary treatment program for FEP that is deliverable in community mental health settings.

NAVIGATE was evaluated from 2009-2014 in a cluster randomized controlled trial (RAISE-ETP), and compared to usual care:

- Provided greater improvement in symptoms and in real-world functioning, including social functioning and engagement in educational and vocational training
- Readily implementable across a broad range of community-based mental health settings
- More cost-effective compared to standard community care, driven by the anticipated enhanced health benefits and improvements in quality of life

NAVIGATE Implementation at the Slaight Centre: Lessons Learned

Pre-Training	Training	Communication	Staff Engagement	Manual Content
<ul style="list-style-type: none"> ■ Did not provide enough time for clinical leads to learn contents of NAVIGATE manuals (expected to content experts) ■ Major challenges with getting clinicians to learn NAVIGATE content ■ Trainers lack of flexibility to change framework from NAVIGATE proper to suit our needs ■ Trainers did not clearly understand our needs and the 'Ontario Model' 	<ul style="list-style-type: none"> ■ Training is very basic (as if staff have never worked with clients with psychosis) ■ Training felt rushed (too much material in 2.5 days) ■ Size of binder is overwhelming 	<ul style="list-style-type: none"> ■ Not enough communication around new standards of care and timelines ■ Issues with language used by NAVIGATE, not clear to staff ■ Communication around "NAVIGATE the framework" and implementing to fidelity ■ Lack of clear definition around Slaight services ■ Confusion around language for service delivery model 	<ul style="list-style-type: none"> ■ Lack of staff engagement ■ Change management issues ■ Resistance from staff ■ Staff questioned the validity of NAVIGATE study 	<ul style="list-style-type: none"> ■ No mood content in manuals ■ Some items in manual are not relevant to us/ Canada (many American terms) ■ Some issues with usability of manuals and client handouts ■ Manual size is overwhelming for clinicians

Components of the CIHR SPOR ICT Competition

Team Composition Requirements

1. Research activities that are patient oriented
2. Decision-makers need to be involved to ensure integration
3. Requires a multi-disciplinary approach
4. Outcome driven, incorporates performance measurement and evaluation

Principal Applicants / Team Leaders

- Nominated Principal Applicant (independent researchers/appointed at a CIHR institution)
- Five Principal Applicants and/or Principal Knowledge Users (two researchers, health care professional, policy maker, and a patient)

Comparative Effectiveness VS. Implementation Science

- Comparing the service-as-usual EPI program and the NAVIGATE program in order to inform health-care decisions by providing evidence on the effectiveness, benefits, and harms of different health care interventions
- Implementation Science: Aims to determine if the NAVIGATE intervention can be adapted to the Canadian context

Patient Engagement Strategy

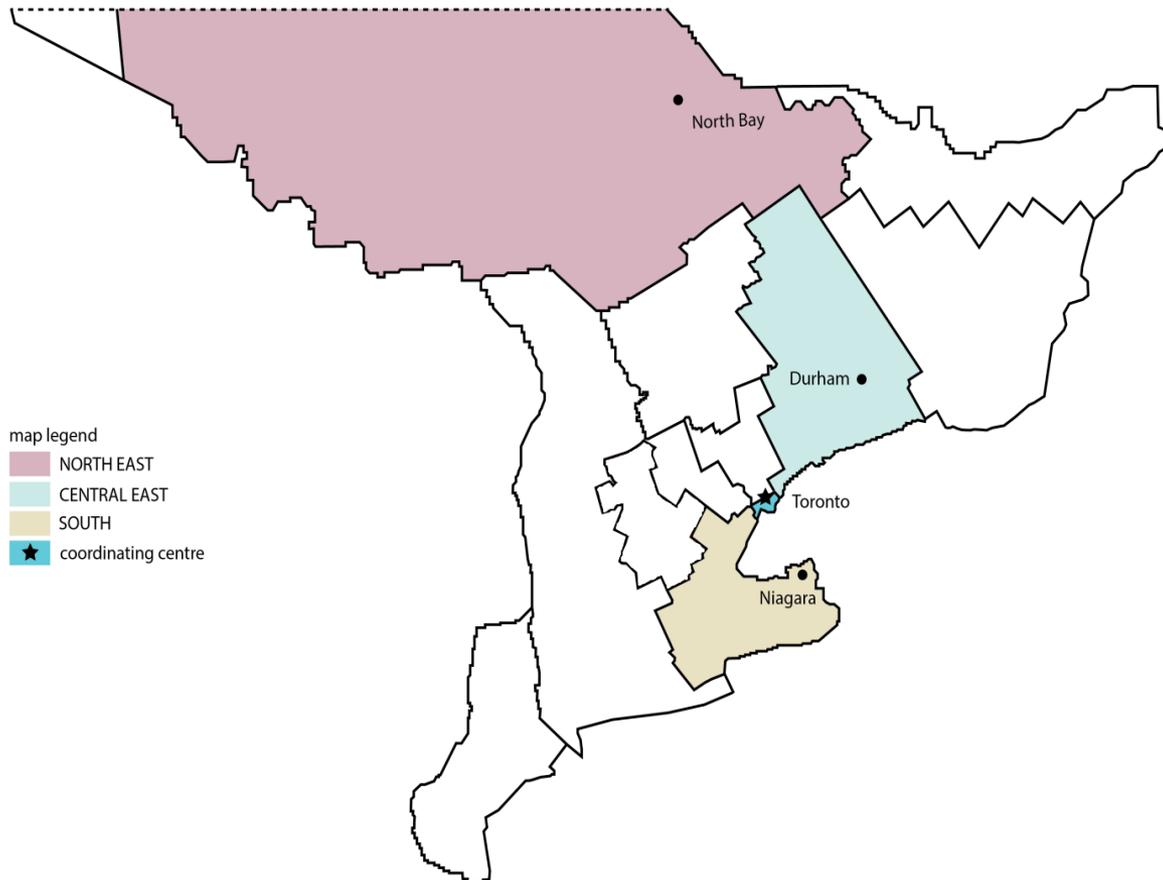
- Meaningful and active collaboration in governance, priority setting, conducting research, and knowledge translation → Patients are active partners)

Funding Match

- Total amount available for this funding opportunity: \$1,500,000 (based on a 1:1 matching formula with non-federal government partners)

EPI-SET Community Site Partners

This project includes EPI programs, with representation from diverse geographic regions of Ontario

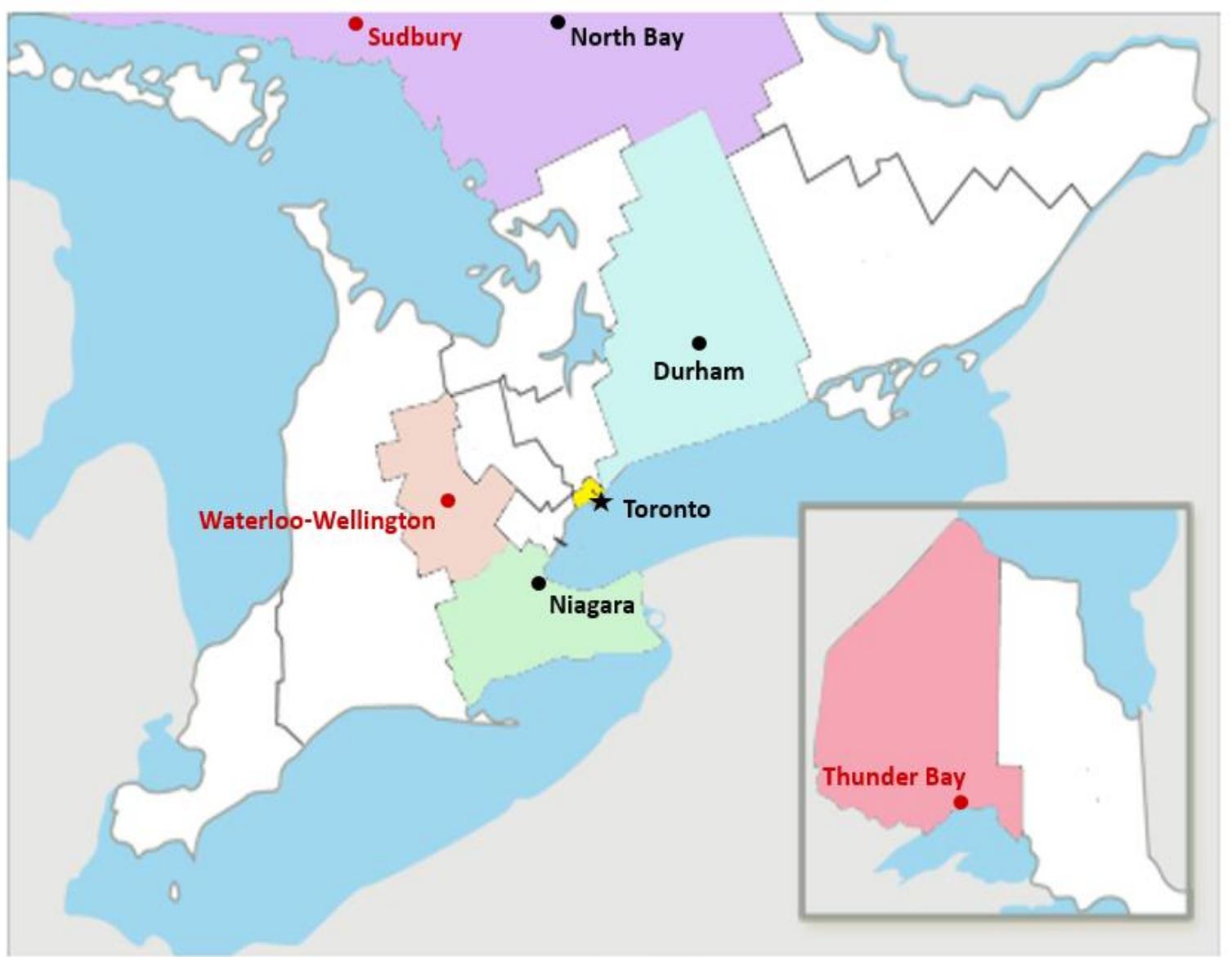


North Bay Regional Health Centre
Centre régional de santé de North Bay



Lakeridge Health

Niagara Region



★ Coordinating Centre ● Existing Site ● New Site

EPI-SET Objectives

- 1 Assess whether implementation of NAVIGATE leads to improvement in fidelity to the EPI standard (using the FEPS-FS (Addington et al)); also assess factors that may impact implementation
- 2 Compare system-level outcomes (ICES), i.e. days in hospital, emergency department visits, suicide attempts, and system costs at Ontario EPI NAVIGATE sites, and non-NAVIGATE sites
- 3 Determine longitudinal change in functioning and symptoms in people receiving NAVIGATE
- 4 Evaluate patient and family member engagement according to the SPOR framework

Solution to Challenge 1: Operationalize delivery of the standards using the NAVIGATE roles & modules

Ontario MOHLTC EPI Standards

Ongoing psychiatric/medical assessment and treatment

Psychoeducation – client and family
Family needs assessment and supports

High Quality & Intensive Psychosocial Care

- **Monitor Progress in Recovery Goals**

Academic/ Vocational Supports

- Assessment within 3 months of Referral
- Formal Service Agreements with Education Programs, Vocational Training Programs, Skills & Career
- Programs Negotiate/Advocate Priority Services for Clients



Individualized Medication Treatment

Family Education Program

Individual Resiliency Training

Supported Employment and Education

Solution to Challenge 2: Use an Implementation Science Approach & Leverage PSSP Infrastructure and Expertise

10 **PSSP**

1 Kenora
2 Thunder Bay

Région Nord-Est

3 Sudbury
4 Barrie

Région Ouest

5 London
6 Hamilton

Région Est

7 Ottawa
8 Kingston

Région RGT

9 Toronto

Bureau provincial

10 **PSSP**

Provincial System Support Program

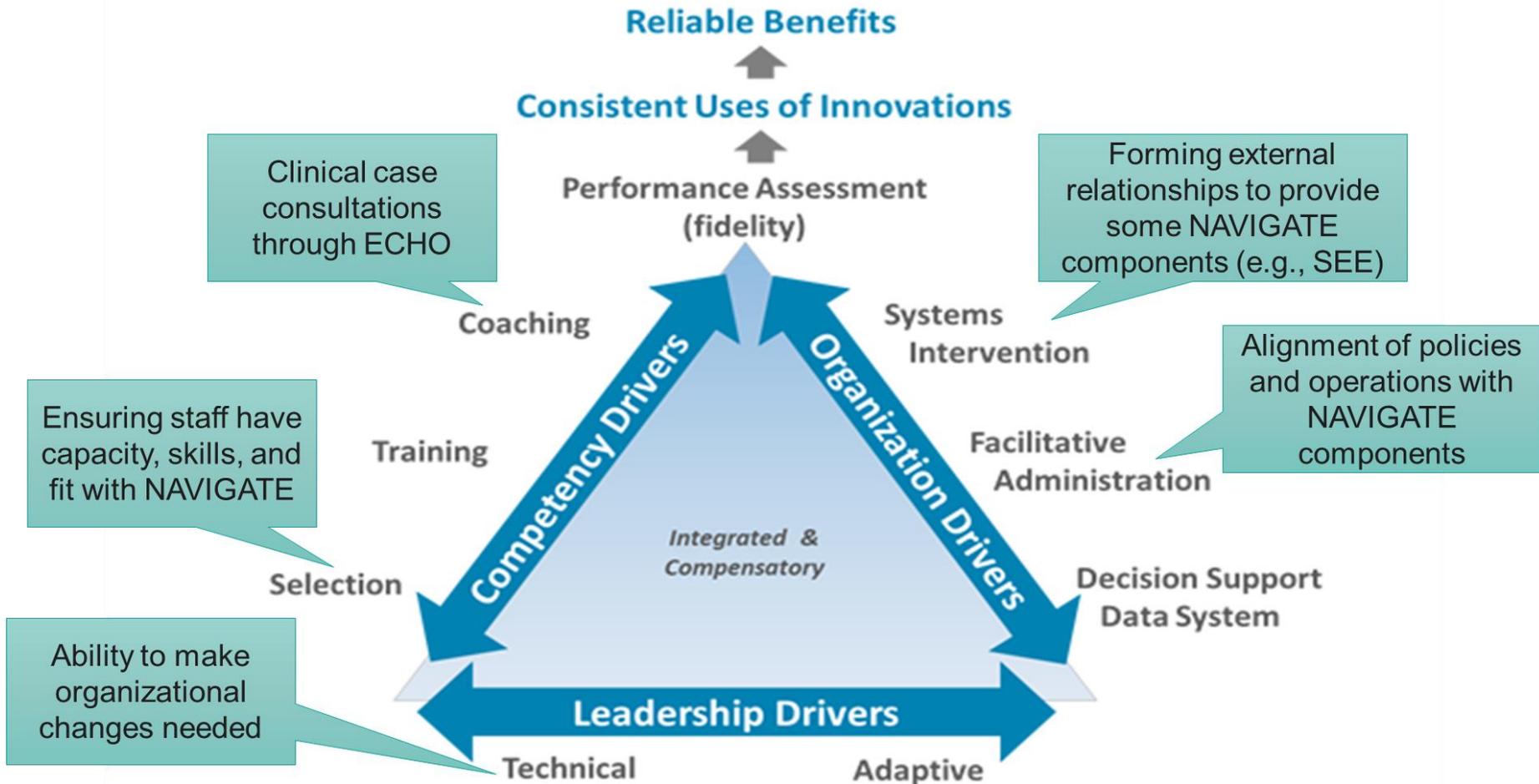


Provides capacity and support in:

- Knowledge exchange
- Implementation
- Coaching
- Equity and engagement
- Evaluation and data

Implementation Applied to EPI-SET

Implementation Drivers



Solution to Challenge 3: Leverage ECHO-ONMH expertise/infrastructure for long-term sustainability



People need access to specialty care for their complex health conditions.



There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.



ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.



Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.

A hub and spoke model that builds and sustains a community of practice

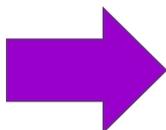
ECHO for Enhancing Sustainability

1. Use telemedicine to leverage scarce healthcare resources
2. Share best practices and reduce variation in care
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes

Thank You

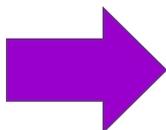
camh

ECHO Structure and Format



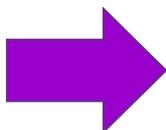
Weekly 2 Hour Sessions

Hub facilitator leads introductions and oversees communication to keep structure within the session, and to ensure that everyone has a chance to contribute.



Didactic Presentation (20-30 minutes)

The curriculum is designed to promote best practices to meet spoke learning needs. Flex sessions are embedded in the curriculum to allow for flexibility throughout the cycle.



De-identified Case Presentation (90 minutes)

Cases are brought forward by spoke sites and shared with the community of practice for discussion, feedback, and recommendations.

Timeline

Explore

- Phone calls to prepare for NAVIGATE Training
- Assessing current practice of Ontario EPI Standards
- Assessing readiness for implementation through surveys and discussion

Plan

- Clinical team NAVIGATE training
- Clinician feedback about NAVIGATE
- Pre-training to prepare for ECHO support
- Developing agency specific implementation plans

Start

- Navigate practices begins and client enrollment in study begins
- Case consultation from ECHO
- Conducting PDSA cycles and continuous improvement and problem solving

Sustain

- Clinician feedback about NAVIGATE and implementation process
- Assessing current practice of Ontario EPI Standards
- Case consultation from ECHO
- Planning for sustainability

Implementation Supports

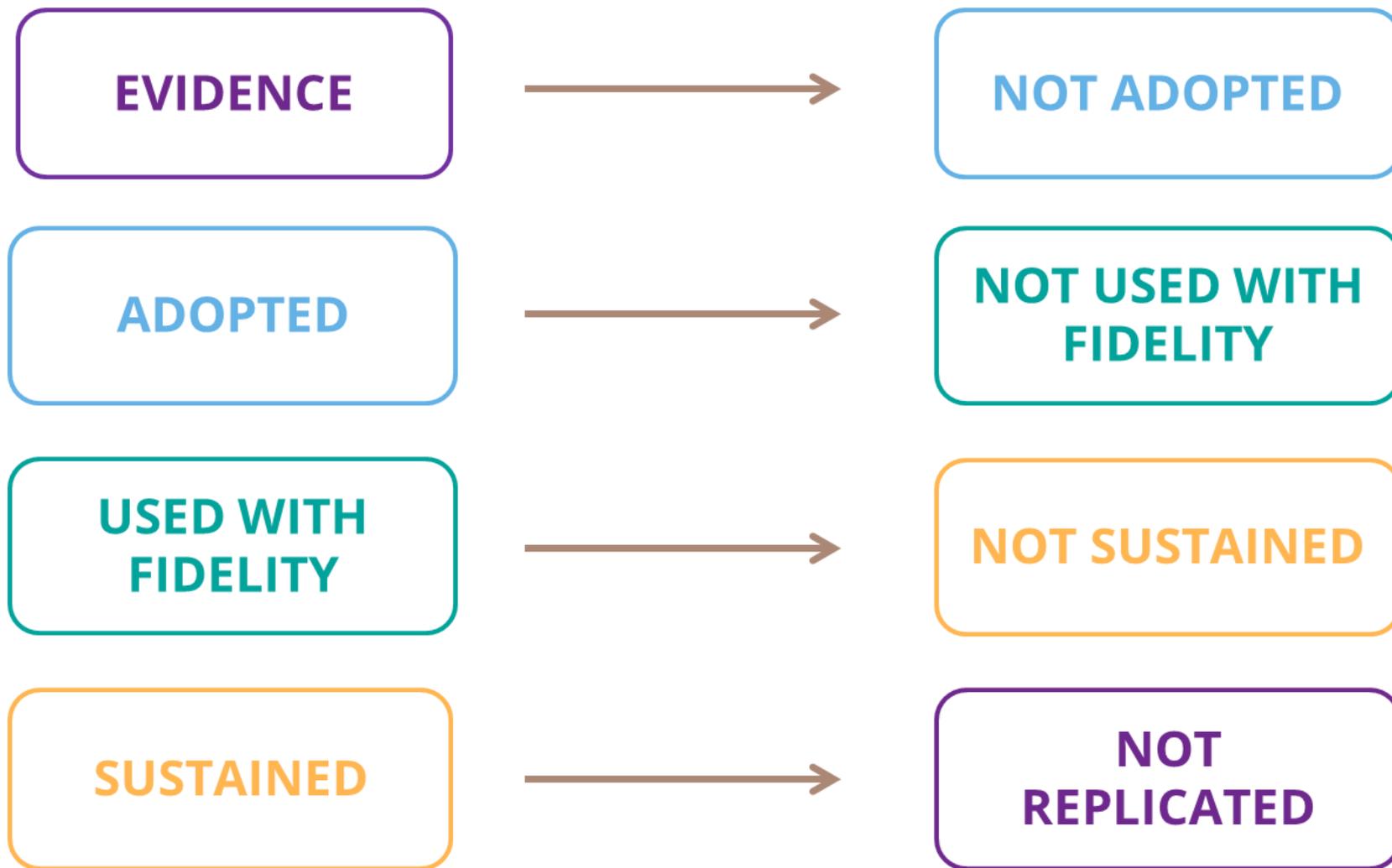
Now to
December
2018

January to
March 2019

April to
September
2019

October
2019 to
March 2022

Why is (Successful) Implementation So Challenging ?



CAMH/Slaight Centre

Dr. Aristotle Voineskos
Dr. George Foussias
Dr. Nicole Kozloff
Dr. Paul Kurdyak
Dr. Claire de Oliveira
Dielle Miranda
Sarah Bromley
Dr. Joanna Henderson
Dr. Sophie Soklaridis
Dr. Juveria Zaheer

Ministry of Health

Patrick Mitchell
Catherine Ford
Matthew Casselman

CAMH/ECHO Ontario

Dr. Sanjeev Sockalingam
Eva Serhal
Dr. Allison Crawford

Canadian and U.S. EPI Quality & Implementation Expertise

Dr. Jean Addington
Dr. Don Addington
Dr. John Kane
Dr. Phil Tibbo
Dr. Kelly Anderson
Dr. Melanie Barwick

Ontario SPOR Support Unit

Dr. Vasanthi Srinivasan
Eddy Nason
John Riley
Dr. Simone Dahrouge
Dr. Diana Urajnik
Dr. Robin Mason
Dr. Lisa Dolovich

Service User/Family Leads

Lillian Duda
Augustina Ampofo

Implementation Site Leads

Josette Morin
Krista Whittard
Sheila Gallagher

CAMH/PSSP

Dr. Janet Durbin
Dr. Alexia Jaouich
Derek Chechak
Mary Hanna
Dayna Rossi