Early Psychosis Intervention – Spreading Evidence-Based Treatment

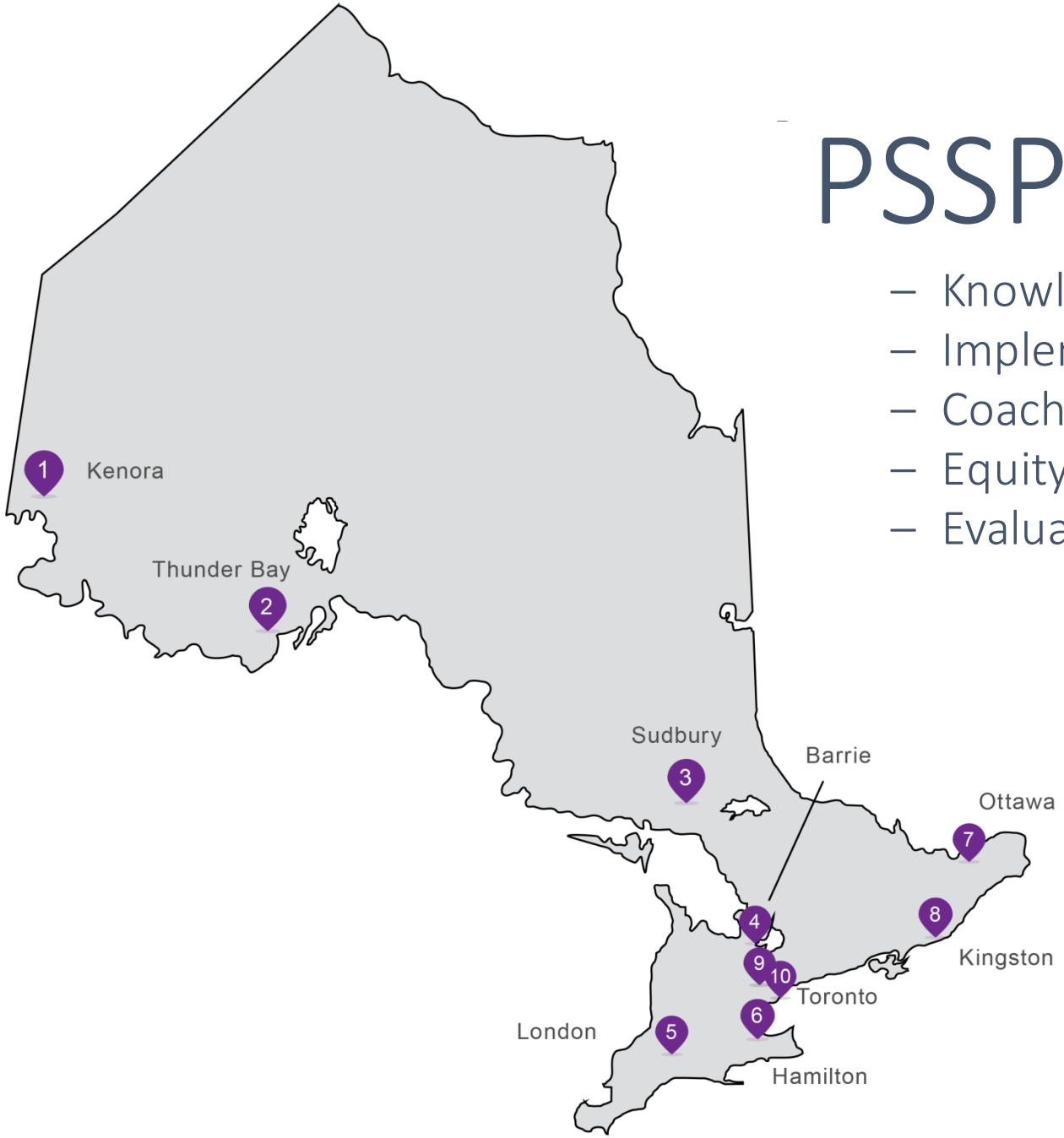
Training and early implementation of NAVIGATE in Ontario across diverse service settings

EPI-SET

Implementation Support

Provincial System Support Program

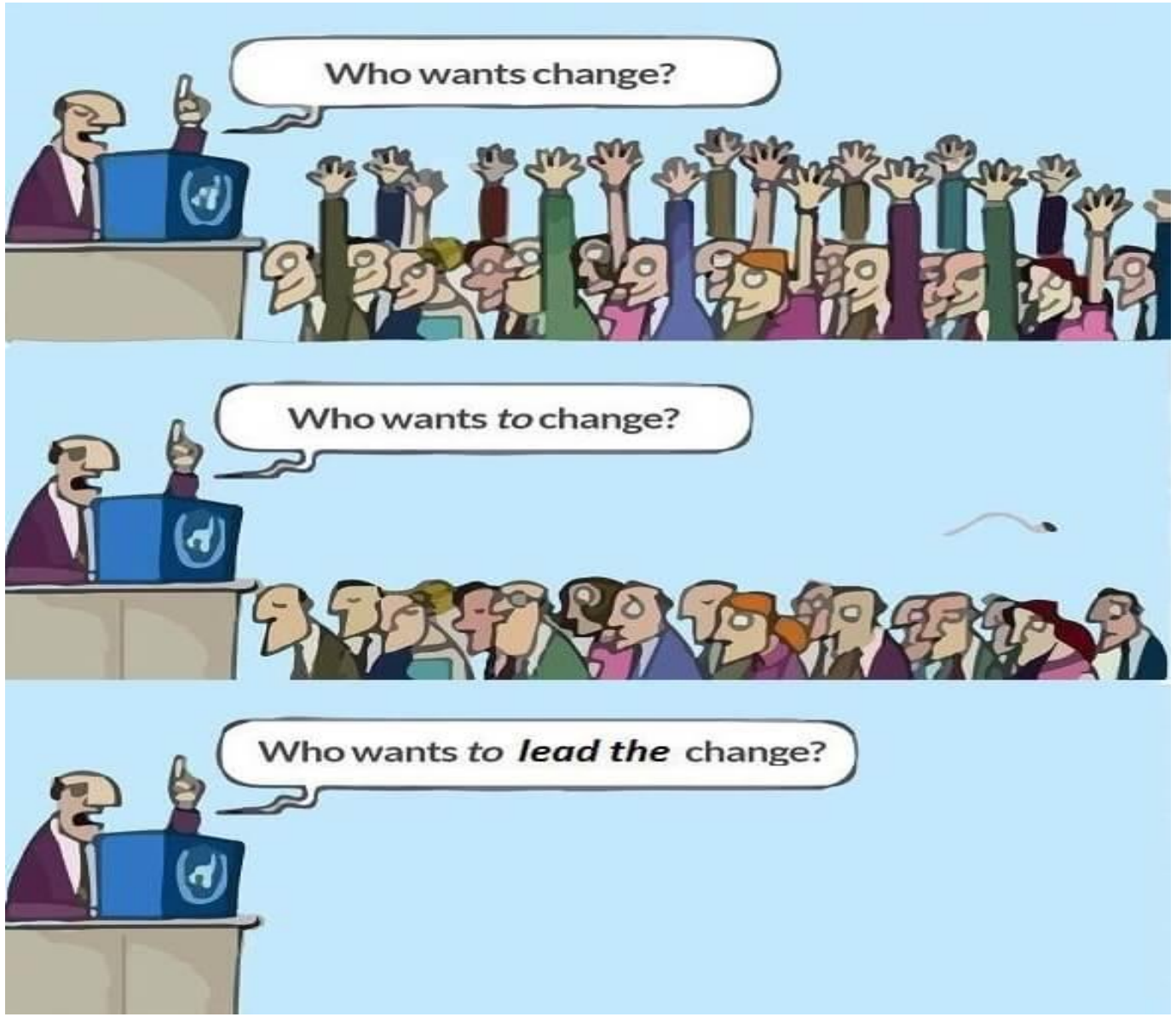
EPI-SET



PSSP provides capacity and support in:

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

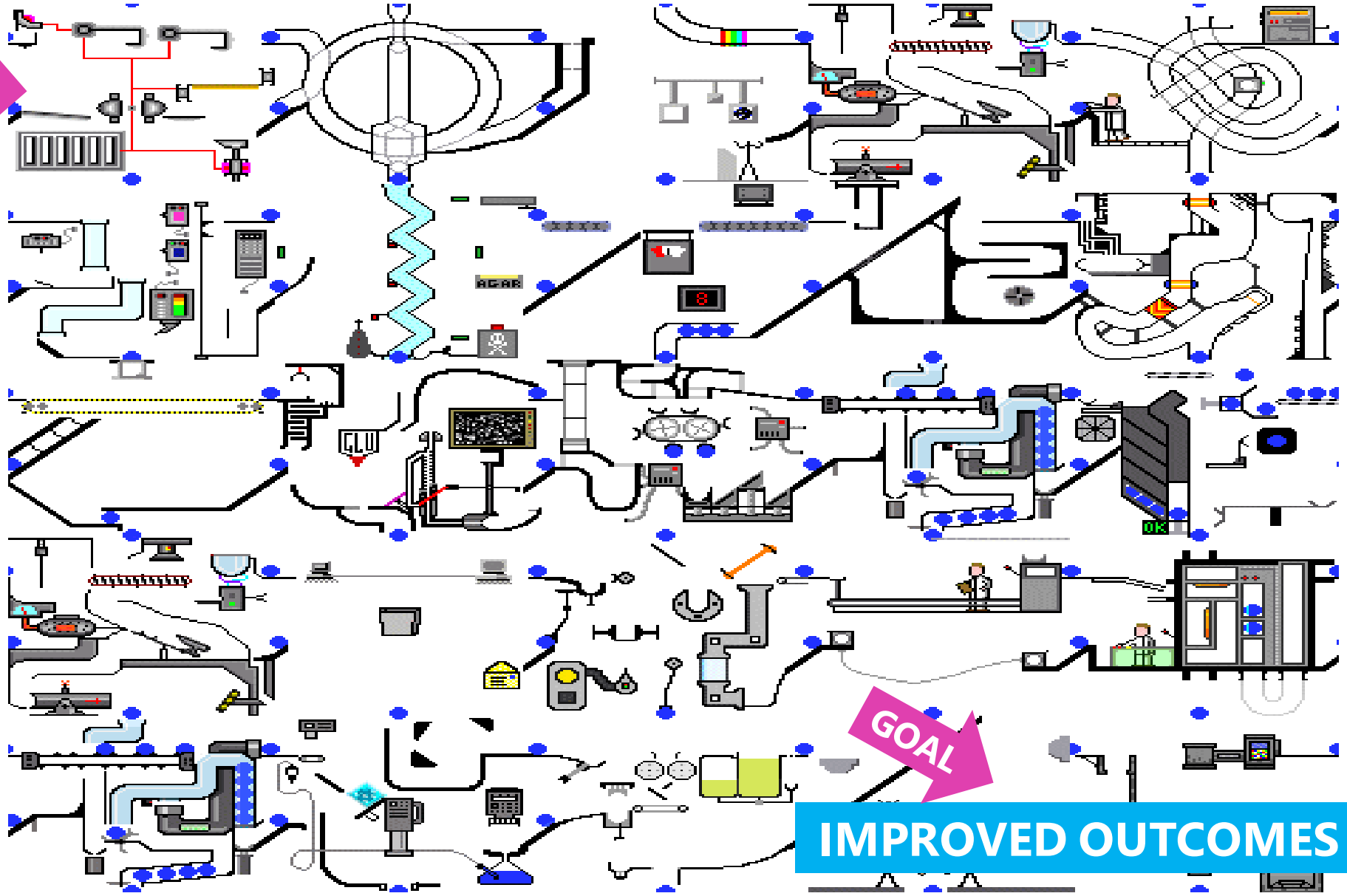
PSSP's provincial office is in Toronto with nine regional offices located throughout Ontario.



Change is hard!

EVIDENCE

New interventions do not always “naturally fit” in old organizational structures and systems

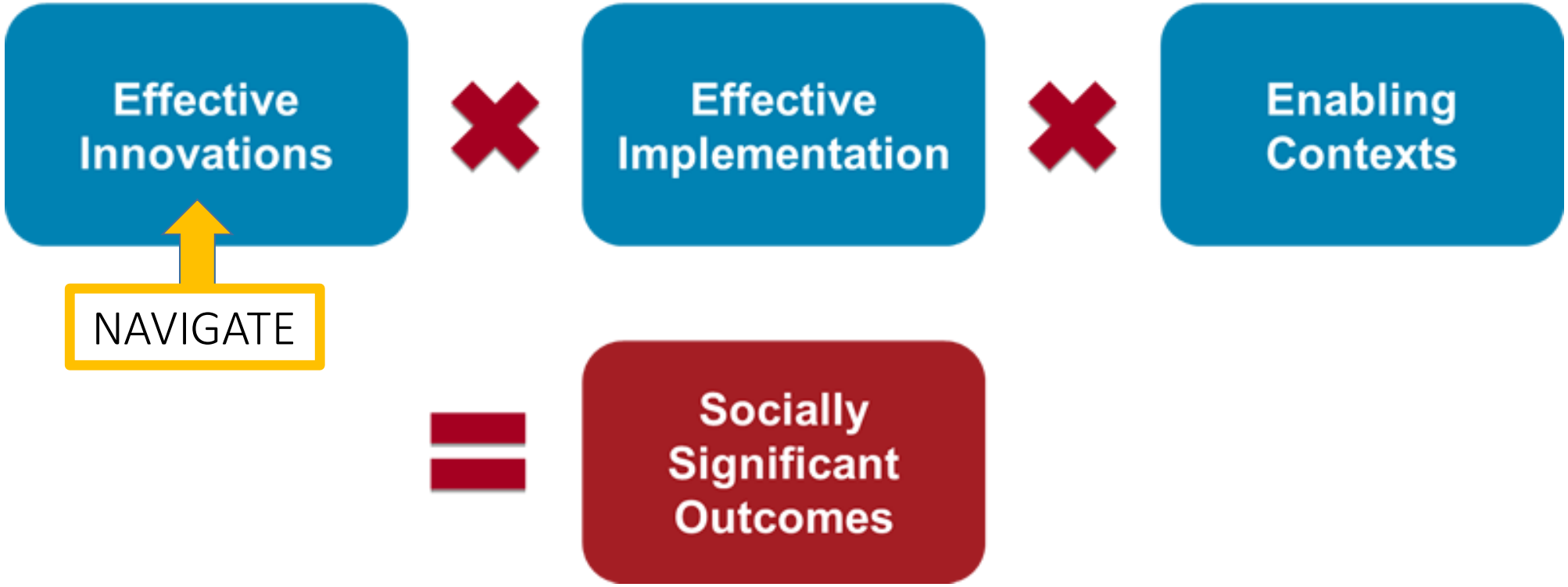


GOAL

IMPROVED OUTCOMES

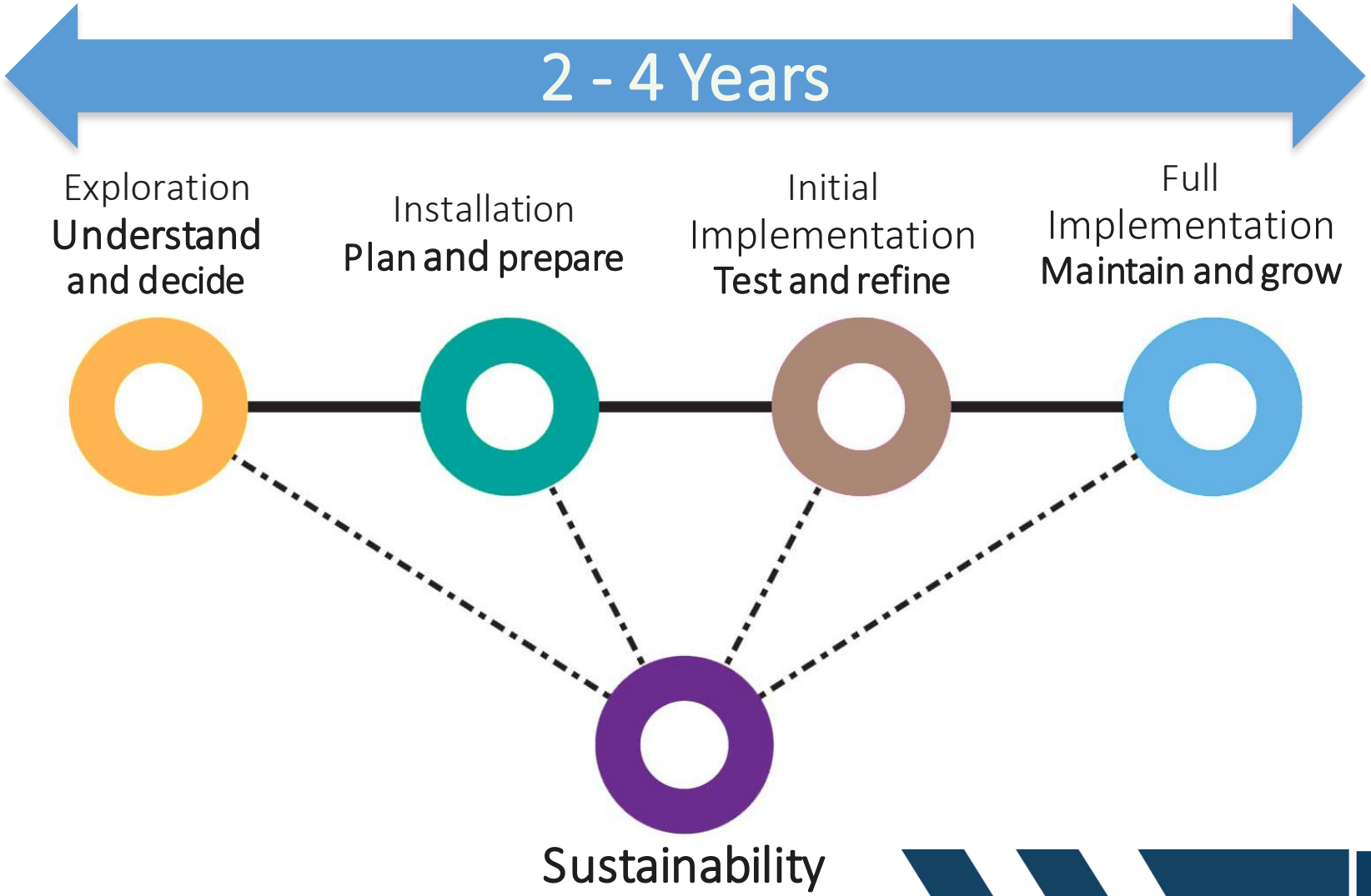
EPI-SET

Formula For Success



https://nirn.fpg.unc.edu/learn-implementation/implementation-defined

Implementation Stages



Explore

- Assessing current practice of Ontario EPI Standards
- Exploration of program capacity/fit of intervention
- Initial engagement of key members
- Emphasis on intervention buy-in at all levels of the program
- Orientation to implementation process

Plan

- Assessing readiness through surveys and discussion
- Exploration of current processes/resources/capacity
- Roll up of data sources to identify the most accurate picture of a programs' current state
- Identification of need for knowledge resources/information/evidence
- Development of implementation plan

Start

- Re-assessing current practice of Ontario EPI Standards
- Plan-Do-Study-Act (PDSA) improvement cycles to identify, problem solve and hopefully address barriers
- Coaching activities based on identified areas of necessary support
- Identification of need for knowledge resources/information/evidence

Sustain

- Re-assessing current practice of Ontario EPI Standards to measure impact of NAVIGATE in relation to Ontario Standards adherence
- Outcome monitoring
- Plan in place for ongoing access to training for new staff

Implementation Supports

EPI-SET

Onboarding New Sites

Pre- and Post-Training Activities (NAVIGATE Specific)

Pre-Training

- Assessing readiness (program and organizational)
- Implementation landscape (identification of current clinical pathways, infrastructure, organization supports, etc.)
- NAVIGATE role selection
- Coordination of pre-training webinars
- Dissemination of onboarding resources (i.e. e-learning connectivity, NAVIGATE guide, orientation to web portal)
- Coaching to begin utilizing handouts/modules with current clients

Post-Training

- Coordination of post-training calls
- Development of coaching plan (involving milestones, accountability, and time lines)
- Support site leadership as well as clinical teams with trialing and refining
- Identification of “go live” date to work towards
- Coaching to initial implementation activities
- Monitoring and continuous improvement cycles

Implementation Supports

Many Factors Influence Change –
Every Site is Different

The current context can be messy:

- Competing demands
- Shifting priorities
- Fragmented legacies or systems
- Change fatigue
- Funding/resources
- Inadequate infrastructures

Structure drives behavior – want to change practice without changing the structure

Providing Support to Best Implement NAVIGATE within Current Context

- Implementing NAVIGATE within each participating program requires change at the practice and organizational levels.
  - Recognition and acknowledgement of competing priorities

- Working with each unique site to get to the same intended outcome
  - Requiring ample facilitation and discussion

- Learning from each program's experience
  - modifying the structure and design to reflect those learnings

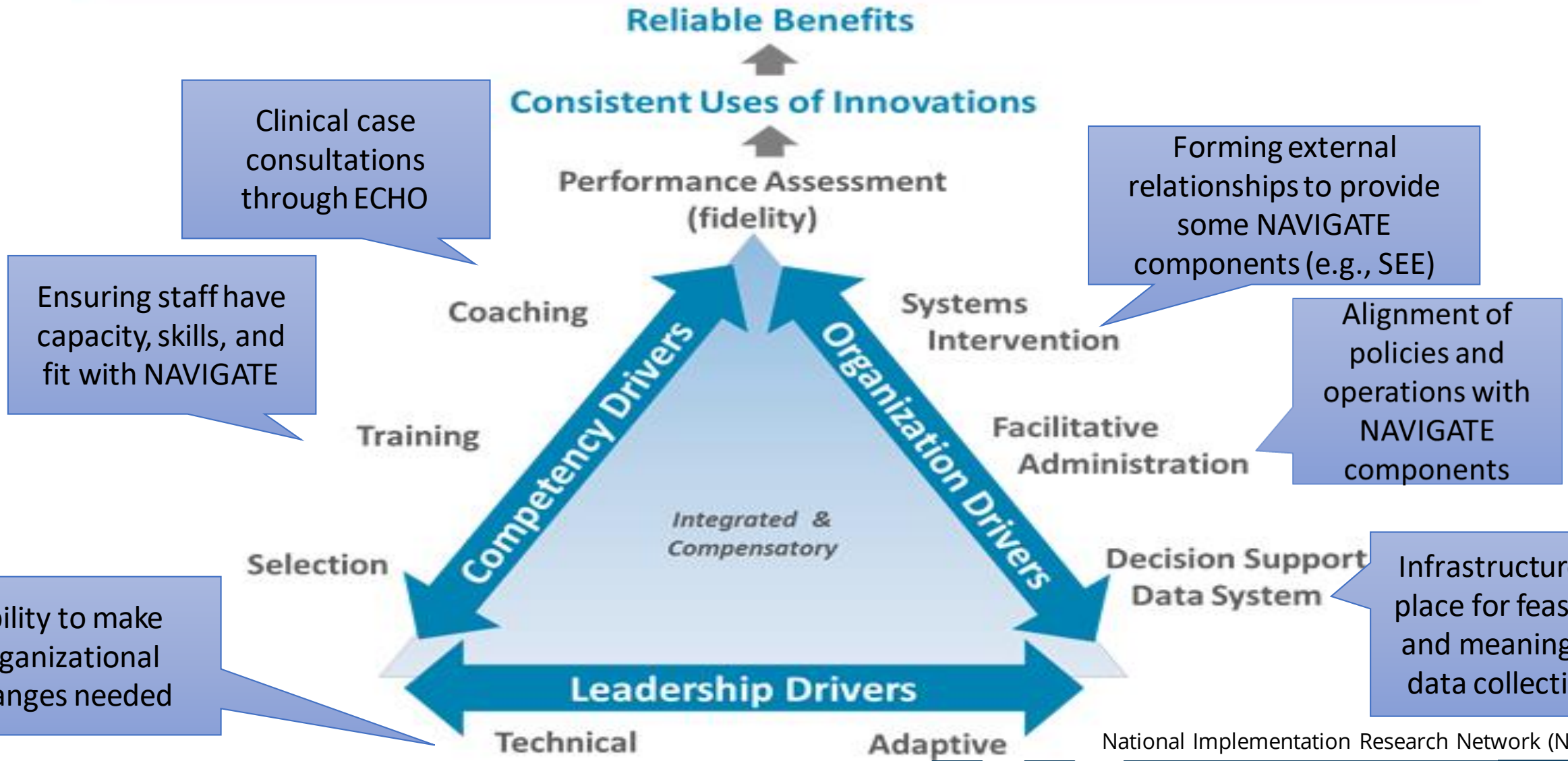
Example of Coaching through a NAVIGATE Implementation Challenge

Working with a Smaller Team

When there are more NAVIGATE roles than Clinicians

- Utilizing a community partner to fulfill an essential role
  - Establish the partnership by orienting the community partner to the model
  - Provide training opportunities and additional resources (pre- and post-training calls, guide book, e-learning connectivity)
  - Collaborate in specific implementation planning with their clinical team and the site clinicians
  - Support the development of a communication plan for ongoing information sharing that is both feasible and captures all necessary information (including frequency and level of detail)
  - Develop any necessary documentation tools to support the new process, as well as to reinforce the partnership and fidelity to the NAVIGATE model

Implementation Drivers



Clinical case consultations through ECHO

Ensuring staff have capacity, skills, and fit with NAVIGATE

Forming external relationships to provide some NAVIGATE components (e.g., SEE)

Alignment of policies and operations with NAVIGATE components

Ability to make organizational changes needed

Infrastructure in place for feasible and meaningful data collection

National Implementation Research Network (NIRN)

EPI-SET

Implementation Coaching

- Direct support to practitioners to implement the new practice as intended
- Reinforce & support new skills acquired in training in the job environment (practice skill)
- Problem-solve implementation challenges (rapid cycle)
- Provide feedback to practitioners - through various coaching elements: direct observation, case reviews, documentation & data reviews
- Fend for fidelity / discourage drift

Coaching to Different Levels of Change

Individual Change	Team or Group Change	Organizational Change
• Development of essential skills • Improving skills • Sustaining skills	• Group dynamics • Readiness culture • Uncovering icebergs • Internal communication processes • Coaching coaches	• Agency and network structures • Support around implementation of EBP • Change management • Internal and external communication processes

EPI-SET

TAKE-AWAYS

- Change is tough! Supporting new practices requires a deliberate and systematic approach… and time!
- Implementation Science provides a road map for this journey

Questions and Discussion

ECHO Early Psychosis Intervention: Spreading Evidence-Based Treatment (ECHO EPI-SET)

Sanjeev Sockalingam, MD, FRCPC, MPHE
VP, Education & Clinician Scientist
Co-Chair, ECHO Ontario Mental Health
Centre for Addiction and Mental Health
Professor of Psychiatry, University of Toronto

Eva Serhal, MBA, PhD(c)
Director, Outreach, TeleMental Health, ECHO Ontario Mental Health
Centre for Addiction and Mental Health

Project ECHO® ECHO Ontario Mental Health at CAMH & the University of Toronto

camh UNIVERSITY OF TORONTO

EPI-SET

Project ECHO

Project ECHO is a **“hub and spoke”** education model

ECHO Core Principles

- Use teleconference to leverage scarce healthcare resources
- Share best practices and reduce variation in care
- Develop specialty expertise in primary care providers to allow them to practice to full scope
- Evaluate and monitor outcomes
- All teach, all learn

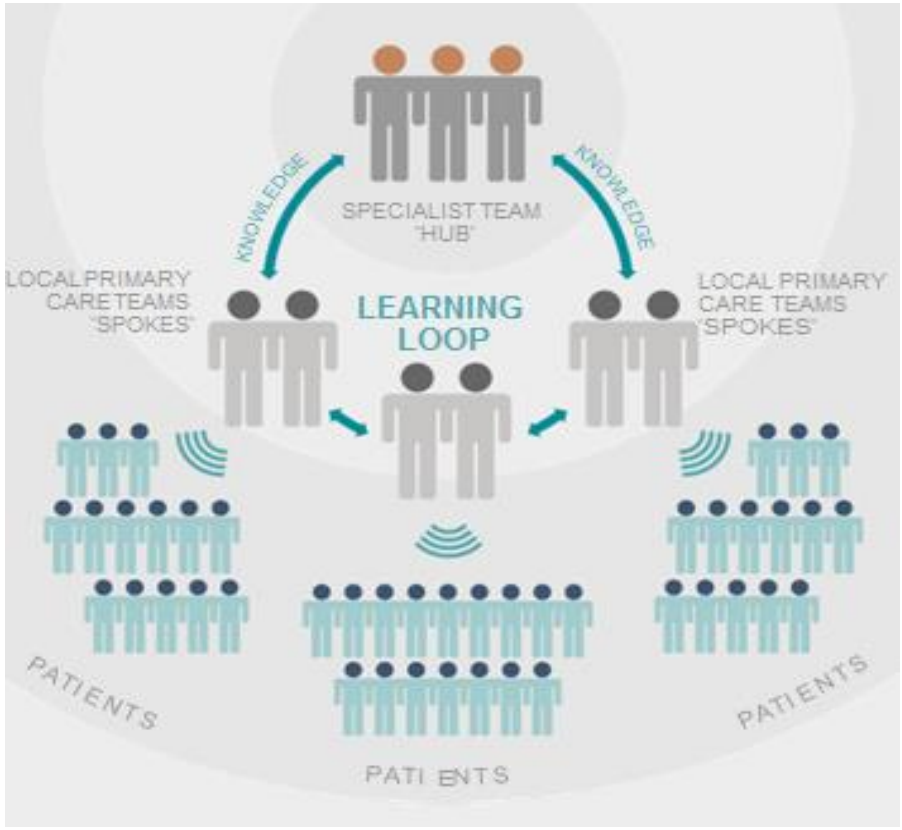
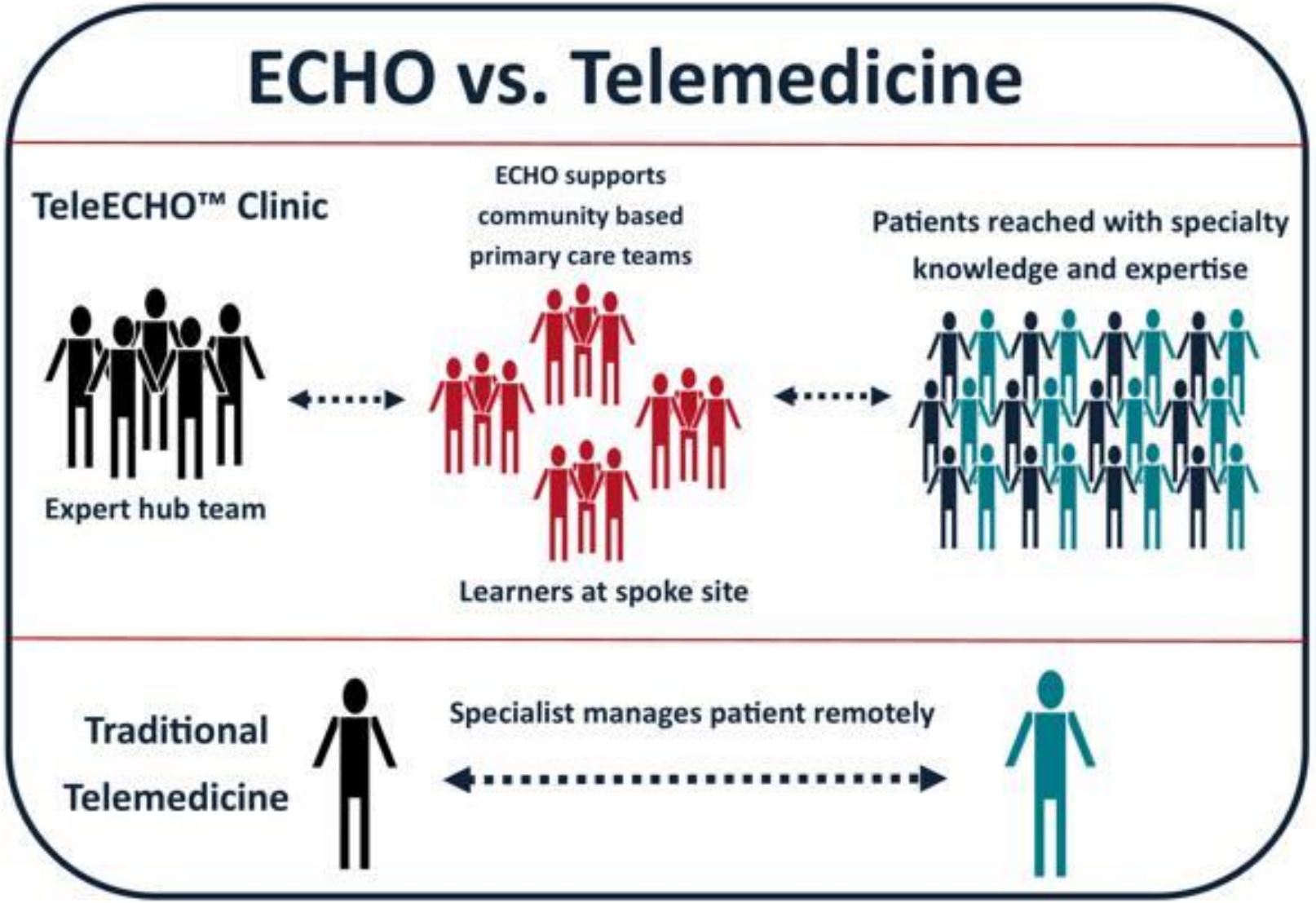


Figure 1. Project ECHO Model. From University of New Mexico School of Medicine.

ECHO vs. Telemedicine



Project ECHO

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.

Hub

Spokes

Evidence to Support Model

Moore's Evaluation Framework	# of Studies	Results
Level 1: Participation	12	Median participants = 38
Level 2: Satisfaction	13	All studies showed high levels of participant satisfaction
Level 3: Learning / Knowledge	4	Increased pre-post knowledge scores
Level 4: Competence	8	Used surveys and/or semi-structured interviews; 7 out of 8 studies showed improved participant self-efficacy
Level 5: Performance	1	Chronic Pain: Change in service utilization (less mental health and more physical health) and increased non-opioid medication usage
Level 6: Patient Health	7	Hepatitis C: Similar to SVR rates to specialists Dementia: Less hospitalized and improved behavioural issues Diabetes: Improved HbA1C levels
Level 7: Community Health	0	None

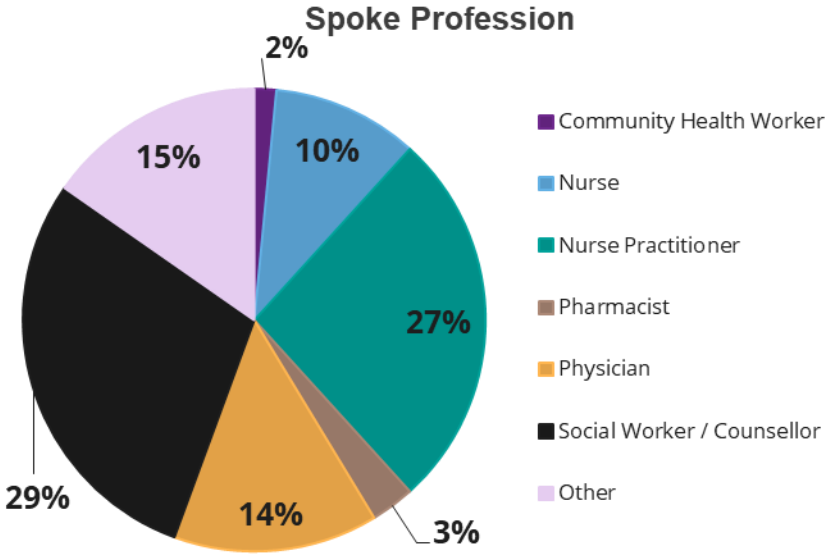
Zhou, C., Crawford, A., Serhal, E., Kurdyak, P., & Sockalingam, S. (2016). The impact of project ECHO on participant and patient outcomes: a systematic review. *Academic Medicine*, *91*(10), 1439-1461.

Outcomes for ECHO Ontario Mental Health

EMPIRICAL REPORT

Building Provincial Mental Health Capacity in Primary Care: An Evaluation of a Project ECHO Mental Health Program

Sanjeev Sockalingam[1,2] · Amanda Arena[3] · Eva Serhal[1,3] · Linda Mohri[3] · Javed Alloo[3] · Allison Crawford[2,3]



- 32 weeks of session *(64 CME credit hours)
- 2-hour sessions
- 93% retention rate
- Showed significant improvement in knowledge test pre-post ECHO

*Two sessions Intro and Summary

Patient Outcomes from Mental Health ECHOs

Citation	Health Area	Patients in Evaluation	Evaluation Design	Main Patient Outcome Measures	Main Patient Outcomes Reported
Catic et al., 2014	Dementia	47	Prospective cohort study without comparison grp	Association between provider self-reported adherence to expert recommendations and provider self-reported (1) clinical improvement,(2) hospitalization of their patients	Clinical improvement among patients was self-reported as greater among those who adhered to expert recommendations ($p<0.05$); hospitalization among patients was self-reported as lower among those who adhered to expert recommendations
Fisher et al., 2017	Dementia	More than 70,000	Semi-structured interviews; retrospective cohort study with comparison grp	Patient health care utilization and costs at participant practices, before and after enrollment in study	Reduction in emergency department costs ($406 to $311; $p<0.05$) among those with mental disorder; increase in outpatient care utilization and costs among those without a mental disorder ($p< 0.05$)
Gordon et al., 2016	Dementia	Unknown	2:1 matched cohort study	Percentage of patients receiving antipsychotic medications; percentage of patients physically restrained; nine other secondary outcomes	Patients at participant facilities were marginally less likely to be physically restrained than patients at nonparticipant facilities ($p=0.05$), and less likely to be prescribed antipsychotic medication ($p=0.07$). Patients at participant facilities were less likely to experience a UTI

Fischer, S. H., Rose, A. J., McBain, R. K., Faherty, L. J., Sousa, J., & Martineau, M. (2019). Evaluation of Technology-Enabled Collaborative Learning and Capacity Building Models.

The ECHO Ontario Mental Health Program

ECHO Ontario Mental Health (ECHO-ONMH) at CAMH and UofT began in 2015. Since then, the program has expanded rapidly to meet the needs of the healthcare system. There are now eight operational ECHO projects focusing on sharing best practices for diverse, high needs within mental health and addictions care.

Here's a look at our program and reach over the years:

1000+
Healthcare Providers
(To date)

360+
Healthcare Organizations
(To date)

Sept. 2015	Mental Health
Mar. 2017	First Nations, Inuit and Métis Wellness
Apr. 2018	Addiction Medicine and Psychosocial Interventions
Apr. 2018	Obsessive Compulsive Disorder
May. 2018	Trans and Gender Diverse Healthcare
Oct. 2018	Structure Psychotherapy
Jan. 2019	Complex Patient Management
Aug. 2019	**EPI-SET**
Launching Jan. 2020	Adult Intellectual and Developmental Disabilities

ECHO Early Psychosis Intervention: Spreading Evidence Based Treatment (EPI-SET)

Hub Team: Psychiatrists, Individual Resiliency Trainers, Family Clinician, Prescribers, Supported Employment and Education lead
(Co-Lead: Dr. Nikki Kozloff & Dr. Sanjeev Sockalingam)

Spokes: Partner sites

Curriculum: The NAVIGATE model for First Episode Psychosis treatment for youth and emerging adults

ECHO EPI-SET Structure

- Monthly 1 hour teleconference sessions led by a Hub facilitator
  - Didactic lecture (with some skills modelling) **~15-20 min.**
  - De-identified case presentation (by partner site "Spoke") based on NAVIGATE competencies **~30 min.**
- Opportunity to learn from and connect with partner sites on application of NAVIGATE to the case
- Reduce professional isolation
- Gain new skills and knowledge through sharing of resources
- Discussion generates recommendations for the case presented and these are shared on community of practice site

ECHO EPI-SET Session Format

ECHO Session Component	Time
Introductions	12:00 – 12:05 PM
Didactic presentation, Q&A	12:05 – 12:25 PM
Case Presentation Discussion	12:25 – 12:55 PM
Presentation of case by a partner site member	*12:30 – 12:35 PM*
Questions – Partner sites and Hub	*12:35 – 12:40 PM*
Recommendations – Partner sites and Hub	*12:40 – 10:50 PM*
Summary of Recommendations	*12:50 – 12:55 PM*
Wrap – up, Closing Remarks	12:55 – 1:00 PM

ECHO EPI-SET Curriculum

Months	Curriculum Topics
1	Goal setting and goal follow-up
2	Supported Employment and Education
3	Family Education
4	Medication Management
5	Substances
6	CBT Basics
7	Maintaining Recovery
8	Flex Session *Topic to be developed based on participant feedback/Hub consensus

ECHO EPI-SET Case Presentation Form

EPI-SET Case Conference Agenda

Provider Information
Provider Name:

Profession:

Navigate Intervention: ☐ IRT ☐ SEE ☐ FE ☐ Prescriber

Site:

Patient Information
Gender Identity: Age:

Highest Level of Education:

Psychosocial:
Education (academic supports/accommodations)

Employment

Income Source

Living Situation

Support System

Family Support (View of mental health system)

Formal Supports (other organizations involved in care)

Consultation Questions (1 or 2 questions to be answered in the case conference):

ECHO EPI-SET

History of Presenting Concerns

Recent Psychiatric History
History (a timeline briefly summarizing the history and circumstances of the presenting problems, diagnosis, and course of treatment):

Safety Concerns (suicidal, violence, self-care, other legal):

Co-morbid diagnosis:

Substance use:

Past treatment (including hospitalizations, ED visits, outpatient):

Past medication and response:

ECHO EPI-SET

Relevant Medical History:

Developmental History:

Social History Including Legal History:

Trauma History:

ECHO EPI-SET Case Presentation Form

ECHO EPI-SET

Current Presentation:

List the client's identified goals:

Are there any strengths demonstrated by the client that can be used to help them accomplish their goals?

Are there any barriers to engaging in treatment?

Are there any identified areas of risk or concern? Please describe.

Any insight?

ECHO EPI-SET

Progress through Intervention Model (NAVIGATE):

Length of time in service:

IRT:

Module 1:	☐ Started	☐ Completed
Module 2:	☐ Started	☐ Completed
Module 3:	☐ Started	☐ Completed
Module 4:	☐ Started	☐ Completed
Module 5:	☐ Started	☐ Completed
Module 6:	☐ Started	☐ Completed
Module 7:	☐ Started	☐ Completed
Module 8:	☐ Started	☐ Completed
Module 9:	☐ Started	☐ Completed
Module 10:	☐ Started	☐ Completed
Module 11:	☐ Started	☐ Completed
Module 12:	☐ Started	☐ Completed
Module 13:	☐ Started	☐ Completed
Module 14:	☐ Started	☐ Completed

Prescriber:

Progress through medication algorithm:

Effect on symptoms (what has responded, what remains):

Side effects:

Adherence:

Supported Education and Employment: Any involvement with SEE? ☐ Yes ☐ No

What are the goals of SEE and progress?

Family Education: Consent for family education? ☐ Yes ☐ No

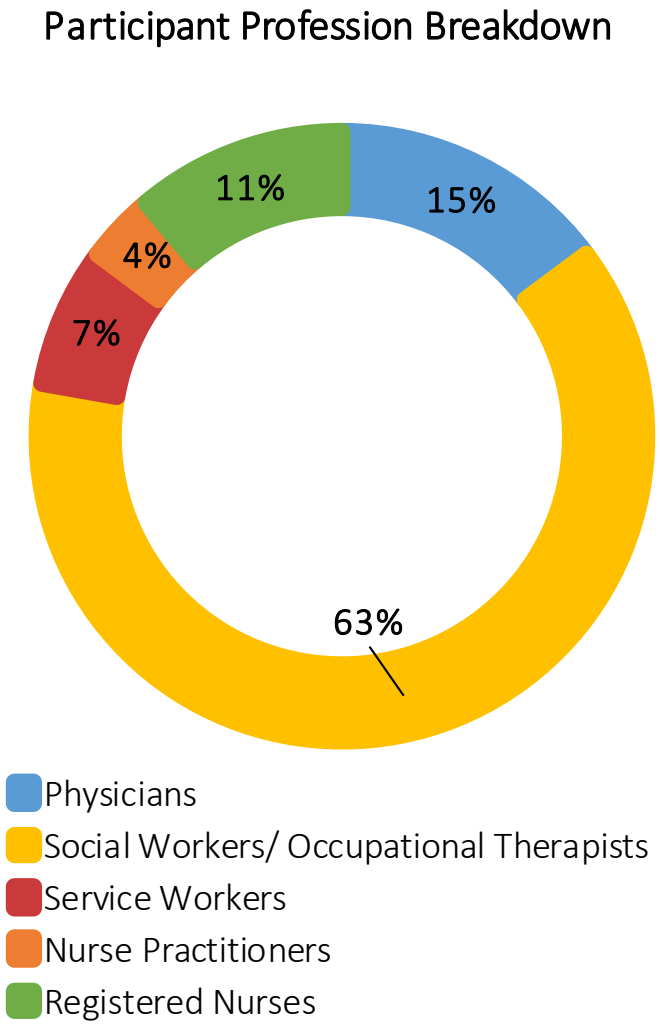
What education has family received?

Have they used "consultation" sessions/crisis management (focusing on problem solving and communication skills?

ECHO EPI-SET Evaluation

Moore's Evaluation Framework	Evaluation Measures
Level 1: Participation	» Number of sessions attended » Number of professions/disciplines participating
Level 2: Satisfaction	» Monthly satisfaction evaluation survey (IT, format, learning environment)
Level 3 and 4: Learning/Competence	» Changes in perceived confidence in participant's ability to perform core competencies related to NAVIGATE role (Measured at baseline + 2 other time points)
Level 5: Performance	» Degree to which attendees perform what ECHO intended them to do
Level 6: Patient Health	» How much does mental health of patients change as a result of ECHO
Level 7: Community Health	» Degree to which mental health in the community of patients changes due to ECHO-related changes in practice

ECHO EPI-SET Participation

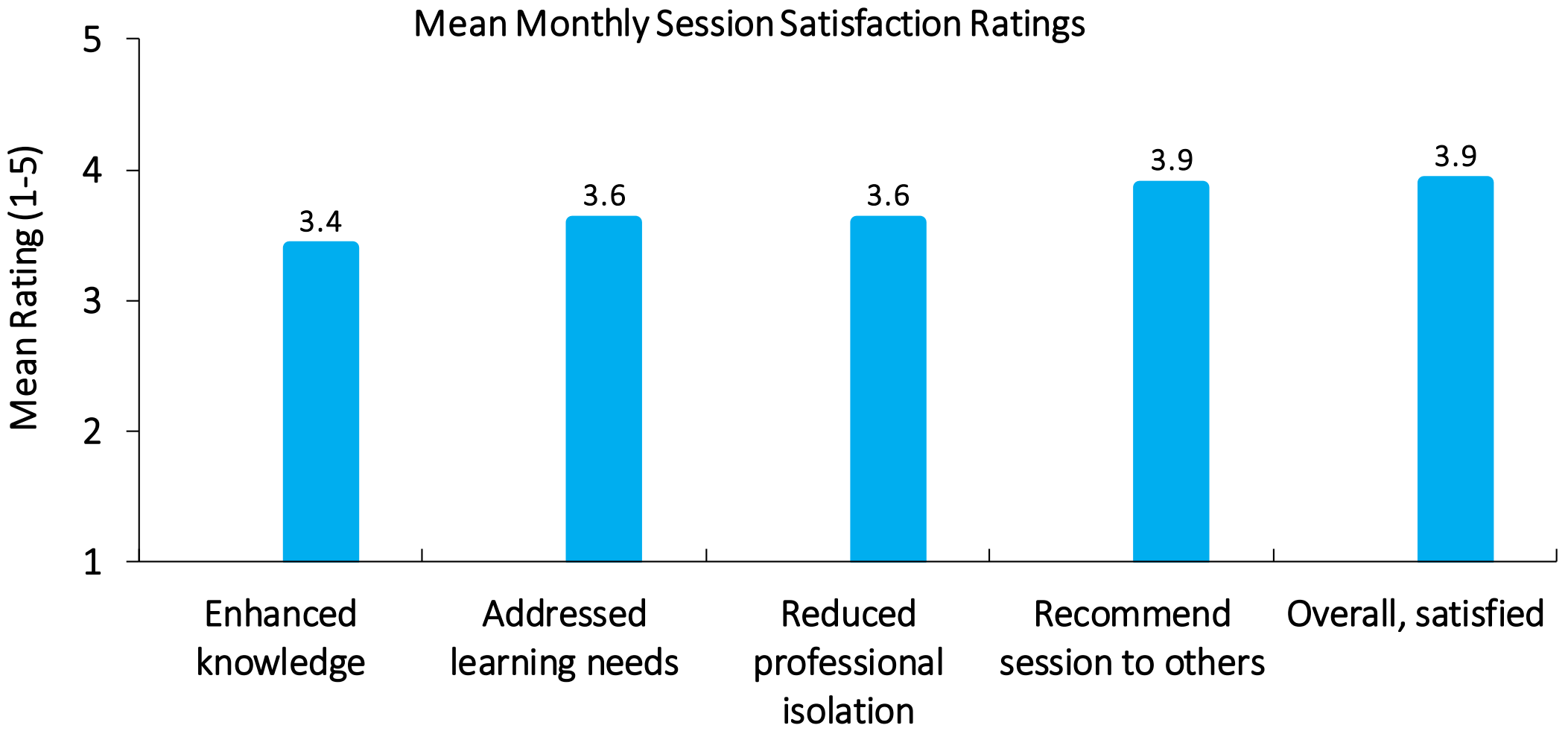


3 monthly sessions held

27 participants | 4 sites

Mean attendance per session:
19 participants | 4 sites

ECHO EPI-SET Satisfaction



Next Steps

- Further alignment of ECHO curriculum with NAVIGATE onboarding education materials being developed by CAMH
- Expansion of ECHO Spokes with further onboarding
- Continued improvement of ECHO experience in EPI-SET with Spoke feedback (ongoing co-development)
- ECHO Cycle 2 (Fall 2020) – move to ECHO sessions every 2 weeks to continue to support EPI-SET community of practice and learning across sites

THANK YOU

QUESTIONS?

EPI-SET
NAVIGATE Training Program Evolution

Sarah Bromley, OT Reg (Ont)
George Foussias, MD PhD FRCPC
Slaight Family Centre for Youth in Transition
Centre for Addiction and Mental Health

Training 1.0

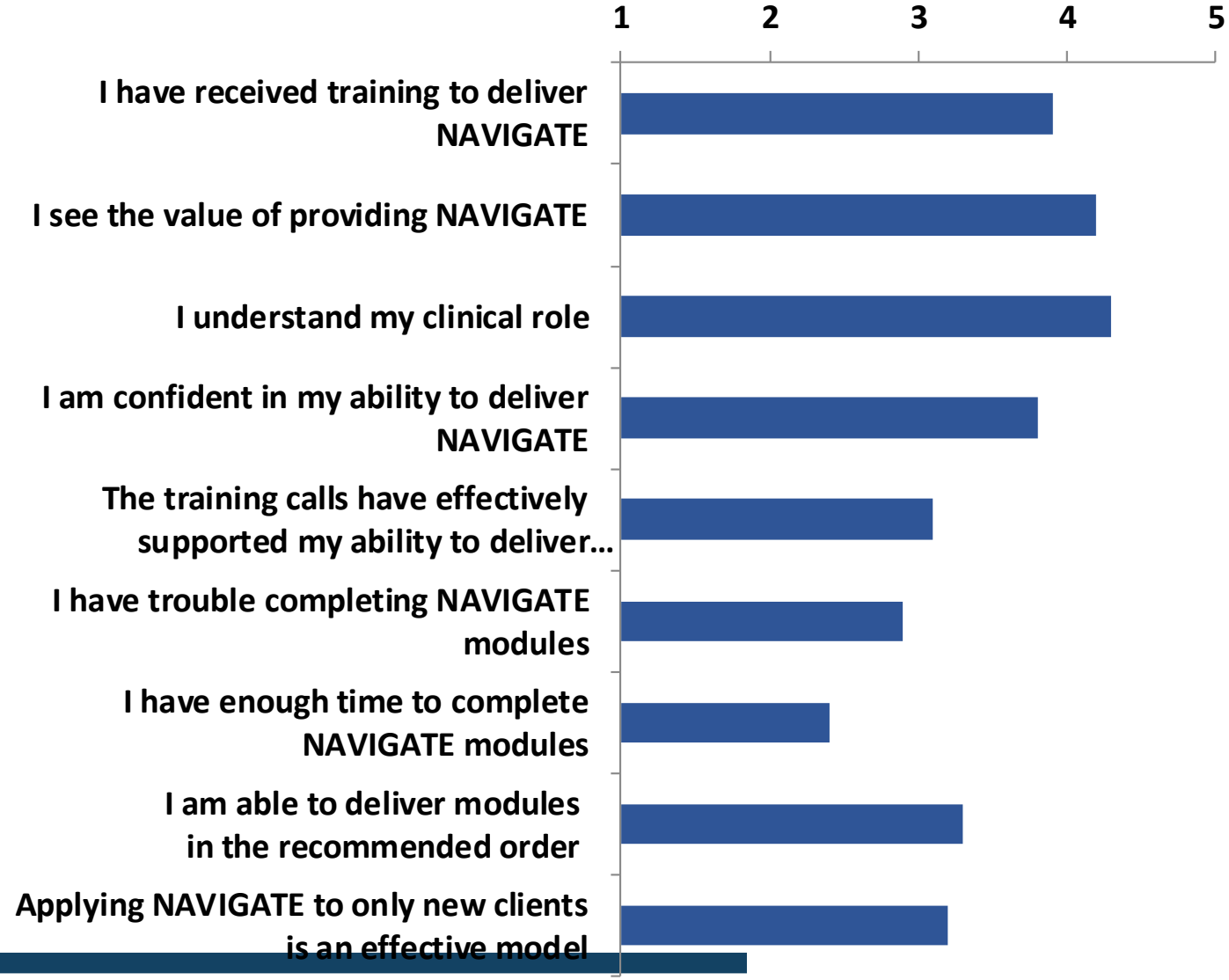
Intensive Staff Training

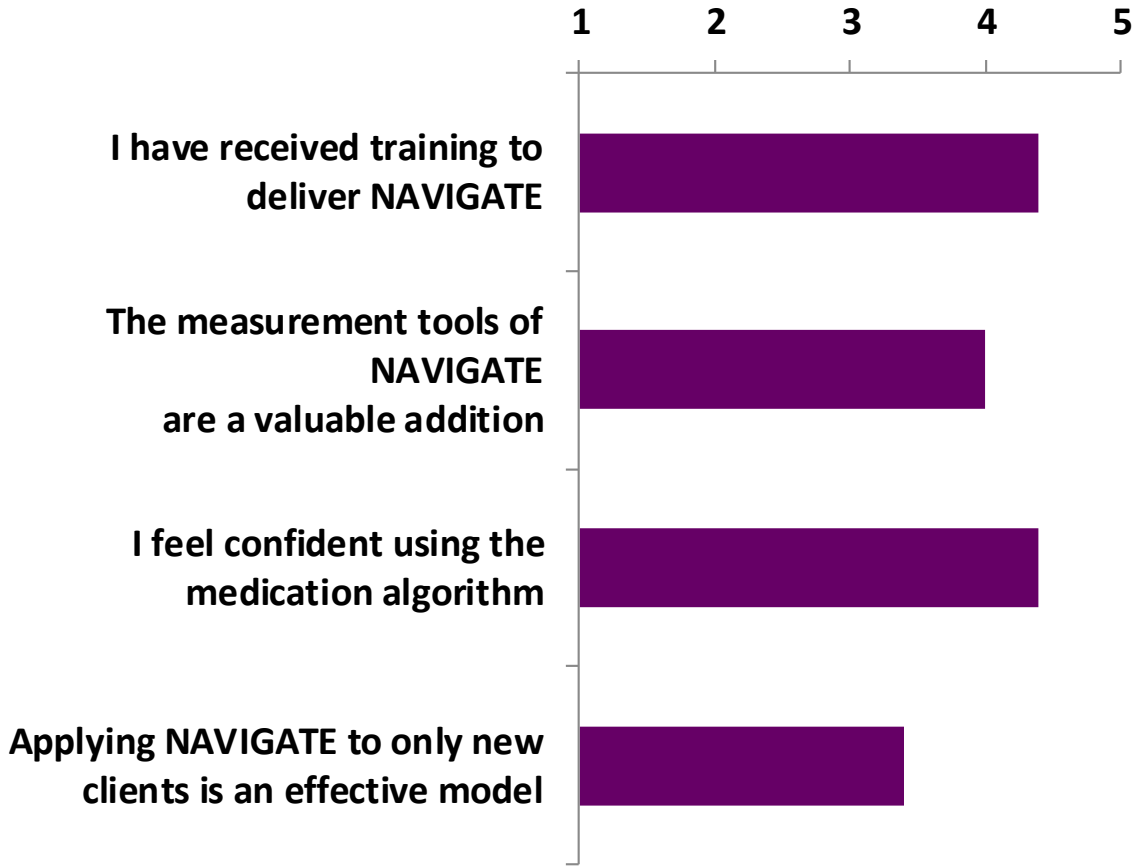
- 2.5 days in-person training
- Workshops with IRT, Director, Family, SEE – taught by 3 different trainers
- ½ day whole team training with prescriber
- ½ day prescriber training for prescriber

Consultation for Successful Implementation

- Regular consultation calls (2x/month for 6 mos; 1x/month for 6 mos) – IRT, SEE, Family, Director
- Monthly consultation calls for prescribers – 1 year
- One day of additional on-site training for SEE
  - Community – job development

Training 1.0 – Post-training Survey





EPI-SET

Training 1.0 - Lessons Learned

Pre-Training	Training	Communication	Staff Engagement	Manual Content
■ 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'	■ 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	■ 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	■ Lack of staff engagement ■ Change management issues ■ Resistance from staff ■ Staff questioned the validity of NAVIGATE study	■ 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

Training 2.0 (EPI-SET Feb 2019)

Pre-Training	Training	Communication	Staff Engagement	Manual Content
■ Schedule pre-training consult calls with trainers (8 weeks ahead of training) allowing time to learn clinical content ■ More pre work with trainers to ensure they understand the 'Ontario Model' and our unique needs ■ Provide opportunities for peer-to-peer learning prior to training ■ CBT pre-training booster	■ We are working with trainers to better tailor training to fit our unique needs and are providing more input into training ■ Trainers are being more flexible with our needs	■ Communicate the link between EPI standards and NAVIGATE ■ Better communicate benefits and timelines ■ Simplify language used to explain NAVIGATE ■ Better communication of differences around NAVIGATE and our implementation (fidelity to the model) ■ Communicate that NAVIGATE chosen by a selections committee (make benefits of model known to staff)	■ Identify champions on the ground ■ Acknowledge weaknesses/limitations of NAVIGATE study ■ Provide increased opportunities for early feedback from clients and family ■ Ensure that other clinicians understand each others' roles within the NAVIGATE model	■ Will develop 'Canadian' version of manual ■ Will develop client and youth friendly patient handouts ■ Will tailor content to our population (e.g. mood disorders) prior to implementation ■ French translation

EPI-SET

Training 2.0

Pre-Training (Web-based)

- Overview of NAVIGATE
- IRT Modules 1-7 review (7 sessions) by IRT trainer
- Slaight Centre Clinician session – experience and learnings

Intensive Staff Training

- 2.5 days in-person training
- Workshops with IRT, Director, Family, SEE trainers
- ½ day prescriber training for prescriber and whole team

Post-Training Support Calls and ECHO

- Regular support calls with NAVIGATE trainers over 1 year
- ECHO community of practice sessions (monthly)

Training 2.0 - Additional lessons learned

Pre-training

- Not all clinicians participated
- No mechanism to get caught up – if missed
- Resulted in same training – 1.0 – and some of the same difficulties

Sustainability Considerations

- Cost and time commitment

Training 2.0 – Support call feedback

Survey findings	Considerations for improvement

58% found the calls to be beneficial
 	
58% are using information from calls to inform practice
	• Identify needs/focus at start of calls
	• Start calls a few months after implementation begins
	• (IRT) Consider covering more material at training or focus more on information gaps during the calls (more depth).
	(IRT) Provide support with making content meaningful and relevant for clients
	  • How it can better flow into service delivery
	  • Simplifying language
	  • Present content as a menu of topics based on different levels of ability

33% found the time of the calls suitable. 33% found the frequency of calls suitable 33% indicated if a call is missed, there is a mechanism to learn information discussed.	• Avoid lunch hour appointments • Consider morning options (less client meetings) • Consider an appointment model with trainers to consult about challenges rather than regular calls • Consider shortening calls

Training 3.0 (EPI-SET Nov 2019)

Hybrid Model

- Remote Learning – Pre In-Person Training
  - Select readings, presentations, videos
  - 3 module e-learning
  - Animation
  - 1-hour webinars
- 1-day In-Person Training
  - Each intervention had an in-person training
  - SEE & IRT – full day
  - Director – ½ day
  - Family – ½ day
  - Prescriber – ½ day
  - Video taped

Training 3.0 (continued)

- Ongoing Capacity Building
  - ECHO sessions - Monthly; July 2020 – 2x/month
  - Informal communication – through email questions – FAQ section on the portal
  - PSSP – implementation support, problem solving

Future Considerations for Training

Remote Learning

- Webinars
- E-learnings
- Animations

In-Person Consolidation Session

- Use of simulation based learning

Additional learnings from studies underway evaluating remote vs in-person training for coordinated specialty care for early psychosis

EPI-SET

Additional Resources/Developments

Family Work

- Family manual e-learning; interactive
- Current – piloted, feedback and being finalized – January 2020

IRT

- Possible modules to be e-learning
- Handouts – remote access
- Translation

ECHO

- Ongoing community of practice – will grow

PSSP

- Ongoing support
- Will evolve from early implementation to sustainability

Thank you

Questions?

EPI SET
Navigate Implementation

Josette Morin, Site Lead - North Bay

Krista Whittard, Site Lead - Niagara

Sheila Gallagher, Site Lead – Durham Region

EPI Programs – Who we are?

North Bay

- EPI Services established in 2006
- Urban/Rural Setting; part of North Bay Regional Heath Centre's Outpatient Mental Health Services
- 3 Staff (1 SW, 1 RN, 1 Psychiatrist)

Niagara

- Established in 2005
- Community Based Program in a Urban/Rural Geographic Area
- 6 staff (RN, SW, OT, Peer Support)

Durham Region

- Durham Amaze EPI Program established in 2007
- Part of Lakeridge Health Hospital, Outpatient Mental Health Services
- 7 staff (2 RNs, 2 CYWs, 2 SWs , 1 Addiction Counsellor, Psychiatrist-9 hrs/wk)

EPI-SET

Why we decided to join the project?

- Standardized practice to achieve better care for clients
- Manualized Program which offers content/tools to ensure consistent treatment
- Curious to find out if Navigate was going to be feasible in a rural setting and can it successfully transfer to a community based setting
- Post Navigate Fidelity Review helped provide motivation to identify new ways to improve service delivery

EPI-SET

Challenges - Our Experience to Date

- Implementing in an existing, well-established EPI Program
- Materials: vast, detailed, paper based and can pose some challenges for clients (i.e. literacy)
- Adjustment for staff: different expectations in terms of the scope of their role
- Aligning Navigate Roles (IRT, SEE, Family Worker) with their previous roles as RNs, SWs, OT's, etc.
- Staff Turnover/shortage of psychiatry resources

Challenges - Our Experience to Date

- Clients motivation and capacity to complete homework
- Using the model in settings with large caseloads
- In smaller programs – either dual roles or lack resources to take on all roles (i.e. no SEE working at some sites)
- Content, process and structural changes to service programming

Positive Aspects of the experience so far…..

- Collaborating with other EPI Programs, PSSP, ECHO and CAMH has been a dynamic experience
- Team members see the benefit of offering a consistent support program
- Provides a structure for clinicians, clients and families – road map for services/care pathway

Positive Aspects of the experience so far…..

- All the materials are evidence-based and proven to create better outcomes
- Good feedback/attendance in our Family Education Groups
- Positive feedback about our designated SEE Worker (Durham Amaze EPI)

Questions?