Child & Youth

Mental Health Series

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Tired of Waitlists? With CAPA You Have a Choice

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Collaborators

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Why are you here?

Why Should We Change?

Improving mental health is a wicked problem.

What is a wicked problem?

- Problems “impossible to solve” because of:
  - *incomplete or contradictory knowledge*
  - *large number of people and opinions involved*
  - *heavy economic burden*
  - *interconnected nature of these problems with other problems*
- No clear definition of the problem
- Have no stopping point
- Change when you try to fix them
- No right or wrong answer – only good or bad
- **Solutions:** data-driven, multi-faceted, multi-level, involve all stakeholders, and be led in authoritative model

Queue Experience

- CAUSES:
  - *Heterogeneous queue*
  - *Access processes poorly unused, misunderstood*
  - *Agent fatigue: agents' perceptions that needed more help – every time they looked up longer line*
- SOLUTIONS:
  - *Navigator*
  - *Educate people in queue how to best gain access*
  - *System has flexibility to change process quickly and dedicate 1-2 queues to the "crisis" of the cancelled flight, then deploy people elsewhere when no crisis*

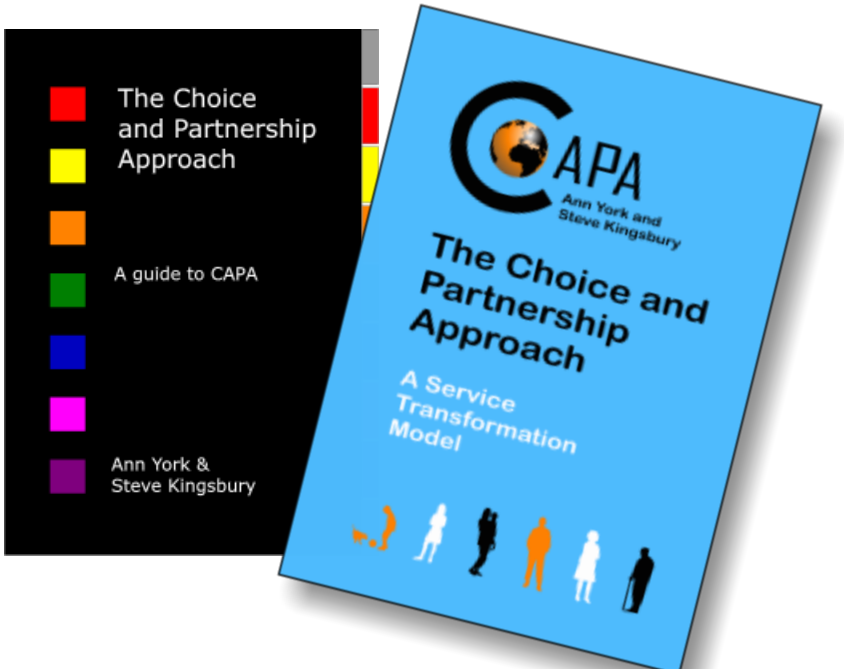
*"You do not have to have a waiting list. It can be eliminated. We need to stop talking about assessment and treatment—things we do **to** people—and talk instead about partnership and collaboration."*

Dr. Ann York, Psychiatrist, CAPA Developer

What is CAPA?

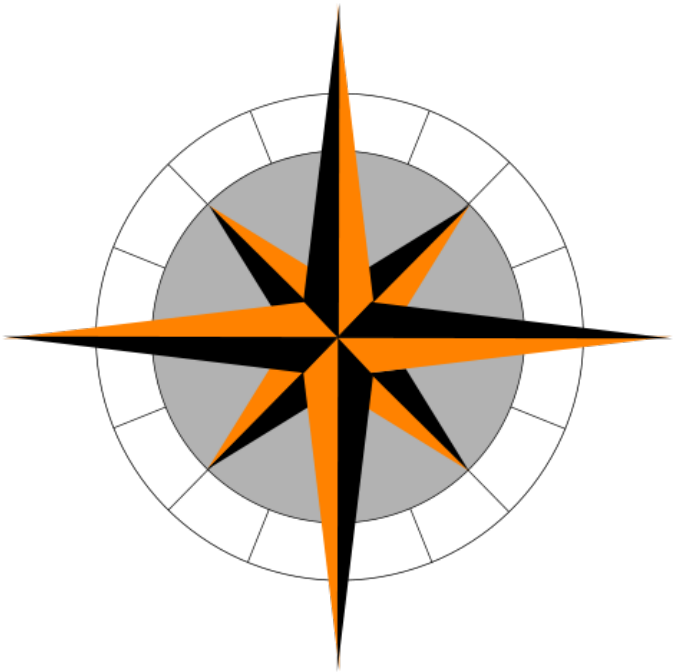
Choice and Partnership Approach (CAPA)

- A system **flow management tool** for all types of Child and Adolescent Mental Health Services
- A system for **improving the quality** of care
- Widely used across UK, New Zealand, Australia
- Ensures child and adolescent mental health services are:
  - *user-friendly*
  - *client/family focused*
  - *accessible*
  - *safe*
  - *efficient*
  - *effective*



Collaboration

Demand & Capacity



Skill layering

Leadership

From CAPA.co.uk

How Does CAPA Work?

Changing Patient Flow

Demand and Capacity, Queue Theories

- Demand
  - *Each referral is request for clinical service; demand is number of clinical hours needed*
- Capacity
  - *Combination of skill base and resources required to deliver those skills*
  - *Skill base built with recruitment and clinician education*
  - *Capacity is not number of clinical staff, but number of clinical hours available to meet demand*
  - *Capacity is a rate, e.g., # patients seen/care provider/day*
  - *Seeing today's work today*

Using Demand/Capacity/Queue Theories

- Understand the system
- Simplify the processes
- Control the variation
- Reduce the variation
  - Quantitative (mathematical) queuing models help us set capacity (or determine the number of resources needed) to meet demand
- Make the system safe for all patients and care providers
- Continually measure the variation using Statistical Process Control methods

Lean is used in CAPA

- Family/patient *pulls* in care they need; clinician does not *push* care onto them
- Amount of care (capacity) is not a constant, but varies with demand
- Waste is a source of variation in capacity that can be controlled by the system

Waste in Healthcare

Any use of resources (time, energy, money, care, tangible resources) that does not provide healthcare value to the patients.

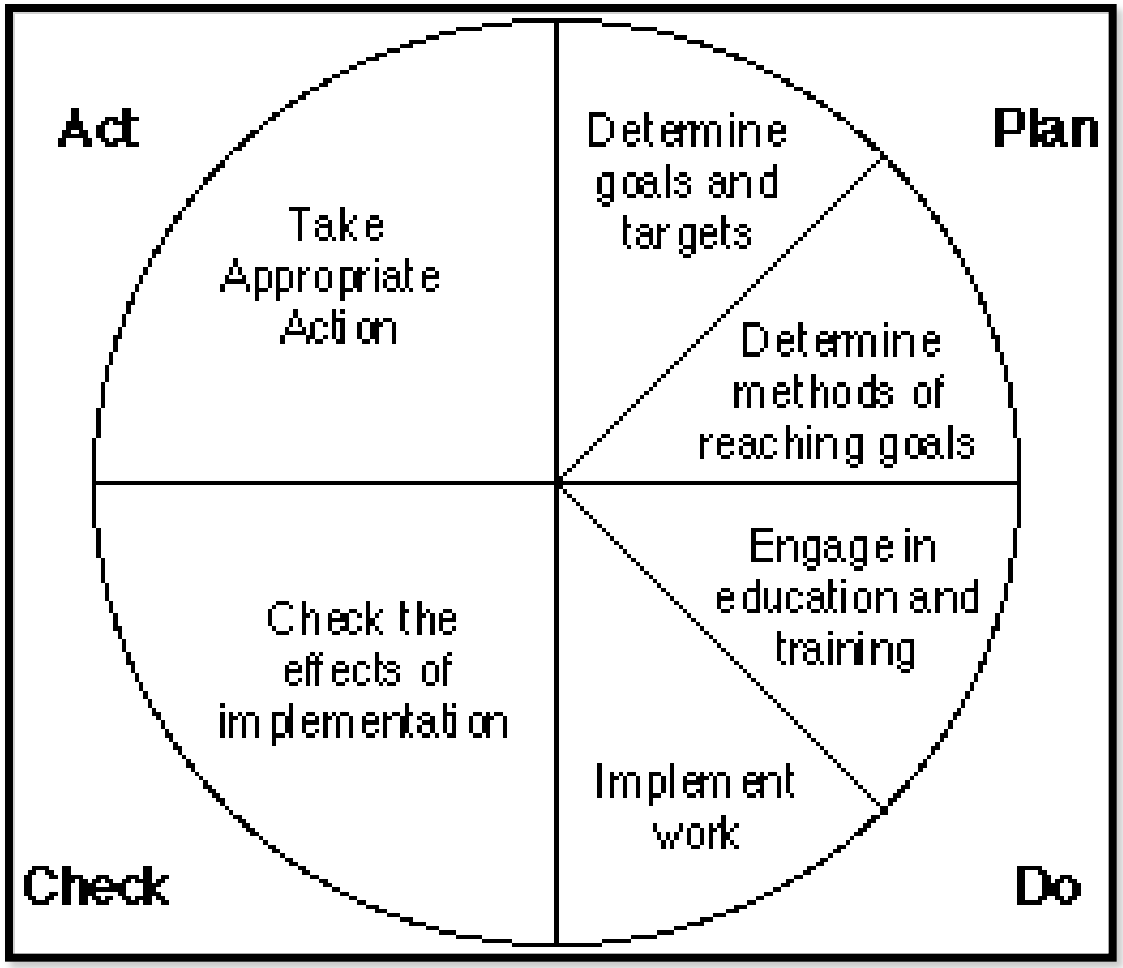
Waste in C & A Mental Healthcare (1)

1. Defects: time wasted in correcting errors or re-doing paperwork
2. Over-production: every patient referred to a service gets a multi-disciplinary half-day assessment
3. Transportation: patients see psychologist at one site for psychotherapy and psychiatrist at another site for psychopharmacotherapy
4. Waiting: patients wait for clinicians who are late and clinicians wait for patients who are no shows

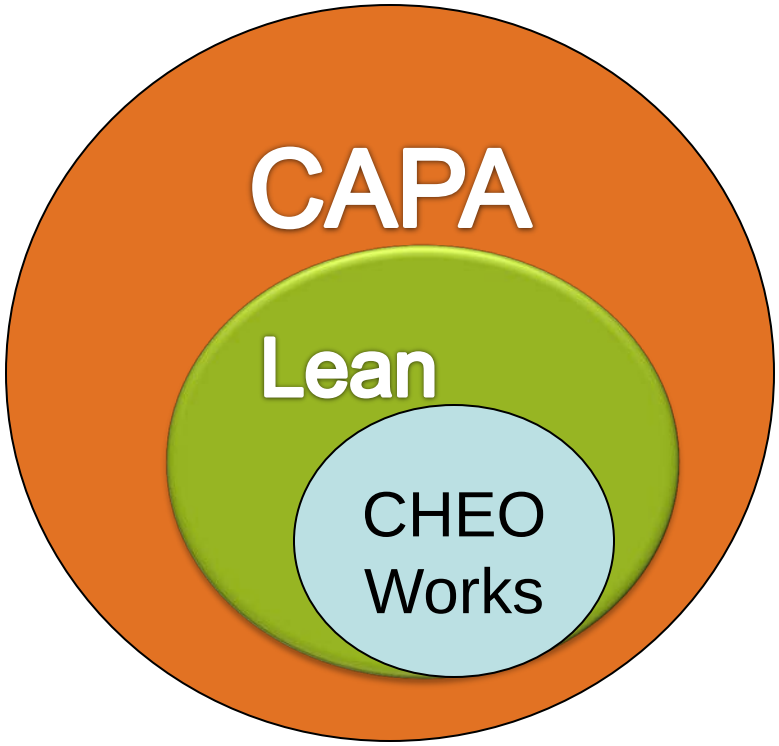
Waste in C & A Mental Healthcare (2)

5. Inventory: Meds ordered in bulk on inpatient unit expire and are thrown away
6. Motion: inpatient clinicians walk back and forth repeatedly bringing inpatients to interview room Over-processing: clinical instruments repeatedly filled out on patients, but not used in care
7. Human Potential: Care providers not engaged because of endless, pointless meetings that produce nothing

PDCA or Deming Cycle

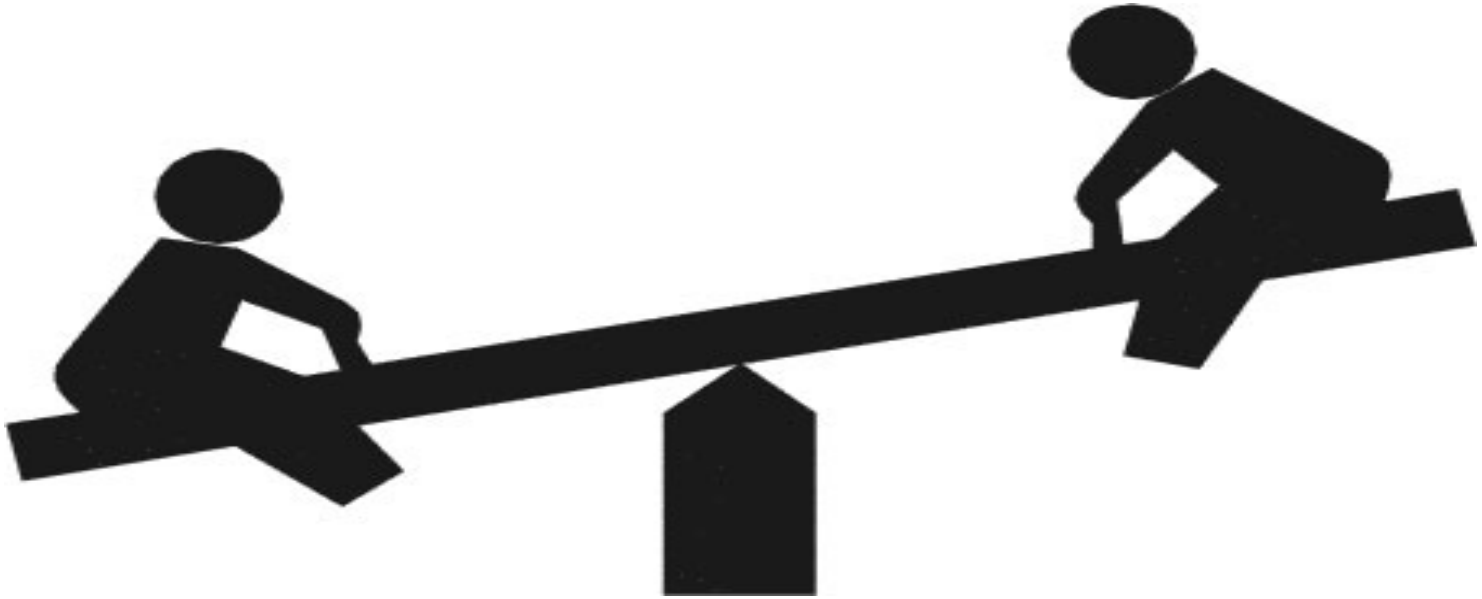


CAPA, Lean, and CHEOWorks



Changing Our Care

Shared Decision Making



Patients' expertise

a) Needs/Strengths
b) Motivation
c) Goals
d) They hold power for change

Clinicians' expertise

a) Engagement (think MI)
b) Goal and outcome clarification
c) Diagnosis, prognosis
d) Share treatment knowledge

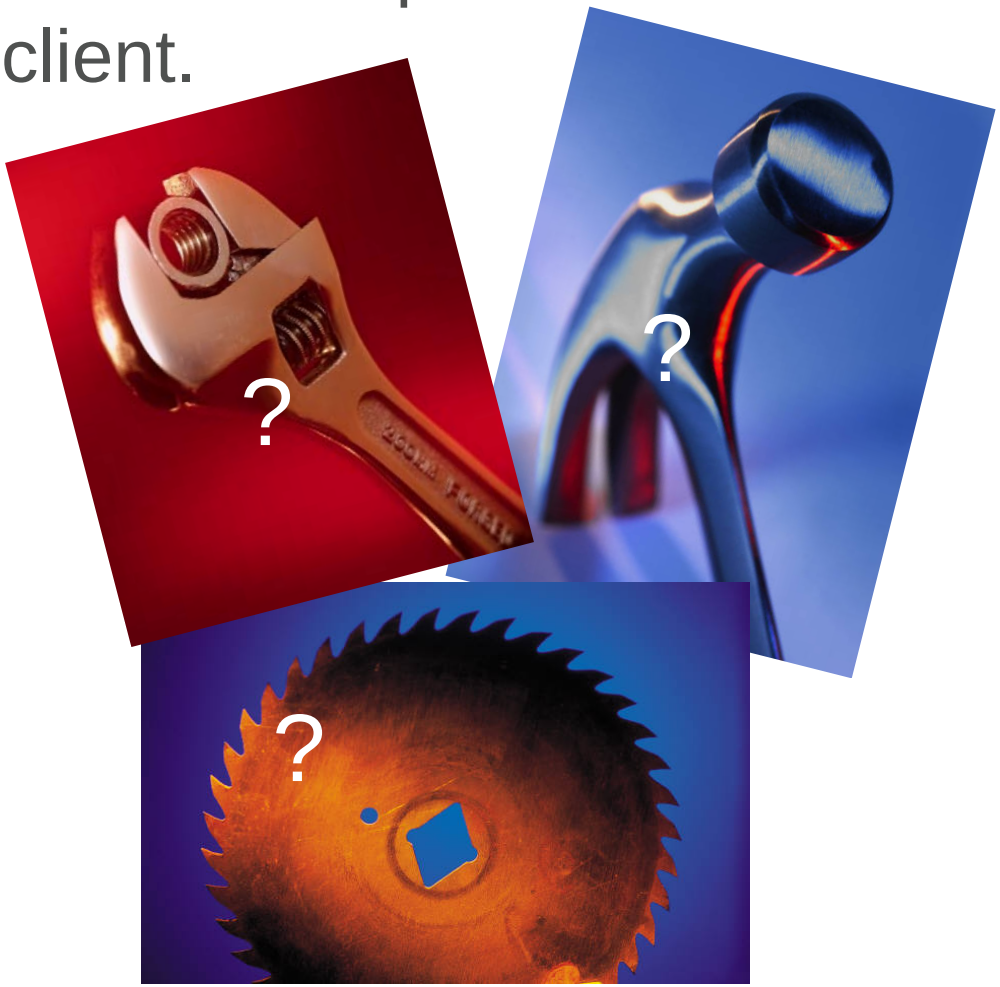
concepts taken from York & Kingsbury, 2013, p. 52

We Get on the Family Bus

- Puts the family in the driver's seat
- Focus on the family's experience of care
- Join the family in the process
- Everything we do must add value to the user
- Shift in clinician stance from 'expert with power' to 'facilitator with expertise'.

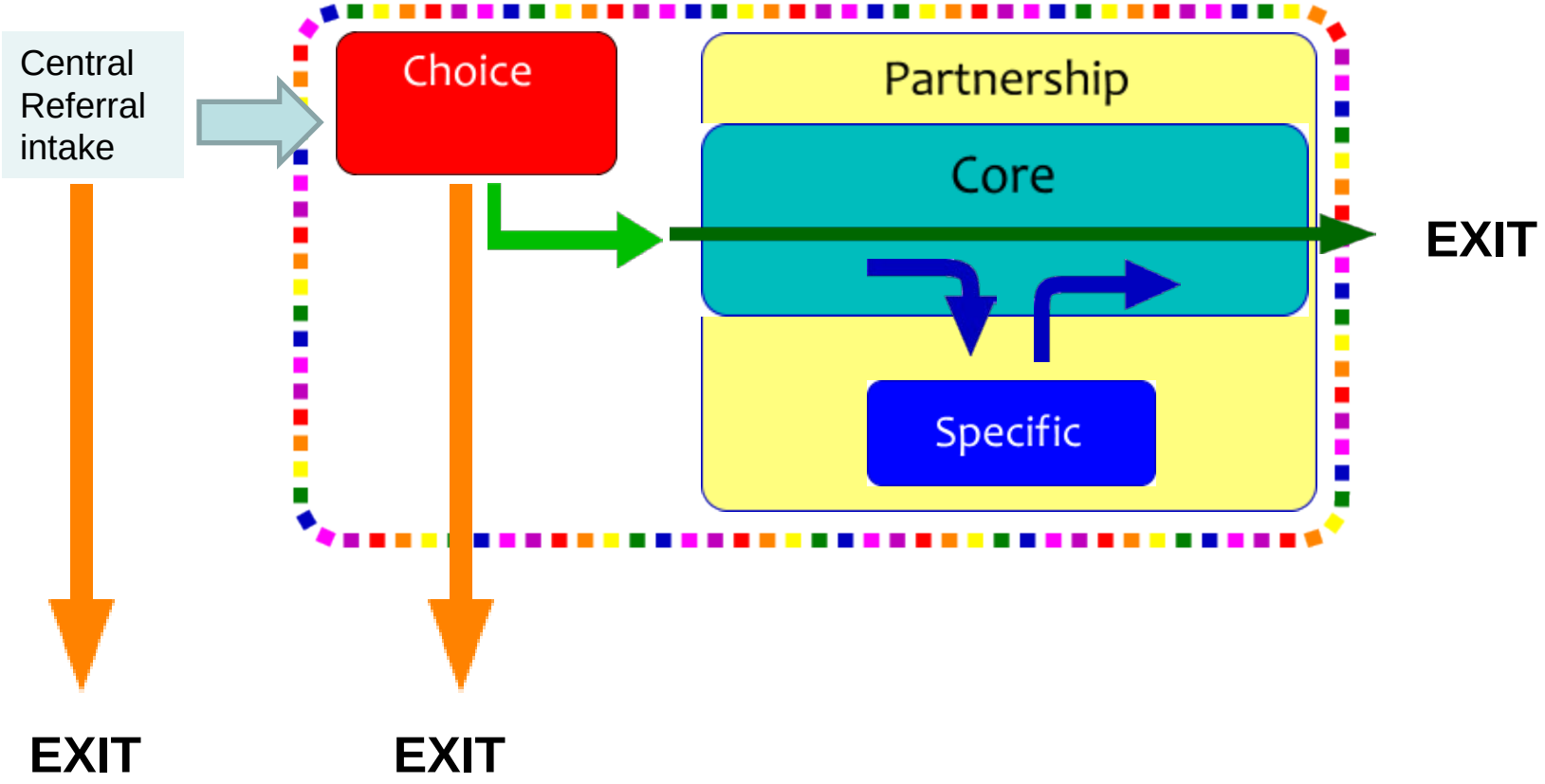
Goals to Methods

- Better match the treatment options to the clinical needs of client.



CAPA Operational Details

Access and Flow



Job planning

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30	Discipline Meeting				Adminis-tration Mtg
9:00		Choice	Team Meeting	Group	
10:00	Priority				
11:00	Carepath				
12:00					
1:00	Specific: Cognitive Assess	Partner-ship	Partnership	Partner-ship	Group
2:00					
3:00					
4:00					

What is Choice?

Choice appointment = first face to face contact

- Find out what child, youth and family wants
- Use clinical knowledge to collaboratively formulate problem
- Choice is single session intervention
- Clinician and family design plan to help with problem
  - *Choice is enough and they can exit or*
  - *Return to IWK for treatment that matches problem or*
  - *Connect them with another agency or care provider for better match*

Slide content taken from CAPA.co.uk

CHOICE IS NOT…

- A clinician-driven assessment of a passive child, youth and family
- A clinician unilaterally designing a treatment plan, i.e., “push”
- A clinician “making a diagnosis”

What Is Core Partnership?

- Treatment appropriate for Choice-defined problem, i.e., family “pulls” care in
- Treatment matching goals defined in Choice appointment (more pulling by family)
- Uses evidence-based treatments effective across wide range of problems, e.g. CBT
- Can be individual or group care
- Model suggests average of 7.5 sessions

What is Specific Partnership?

Specific:

- When a particular technique, assessment, or skills is needed for specific symptoms or problems as a complement to Core work
- Treatment duration is shorter or longer

Specific Time examples:

- *Diagnostic Assessments*
- *Cognitive Assessments*

Specific Clinics:

- OCD
- Eating Disorders
- Psychosis
- Family Therapy
- ASD

Letting Go

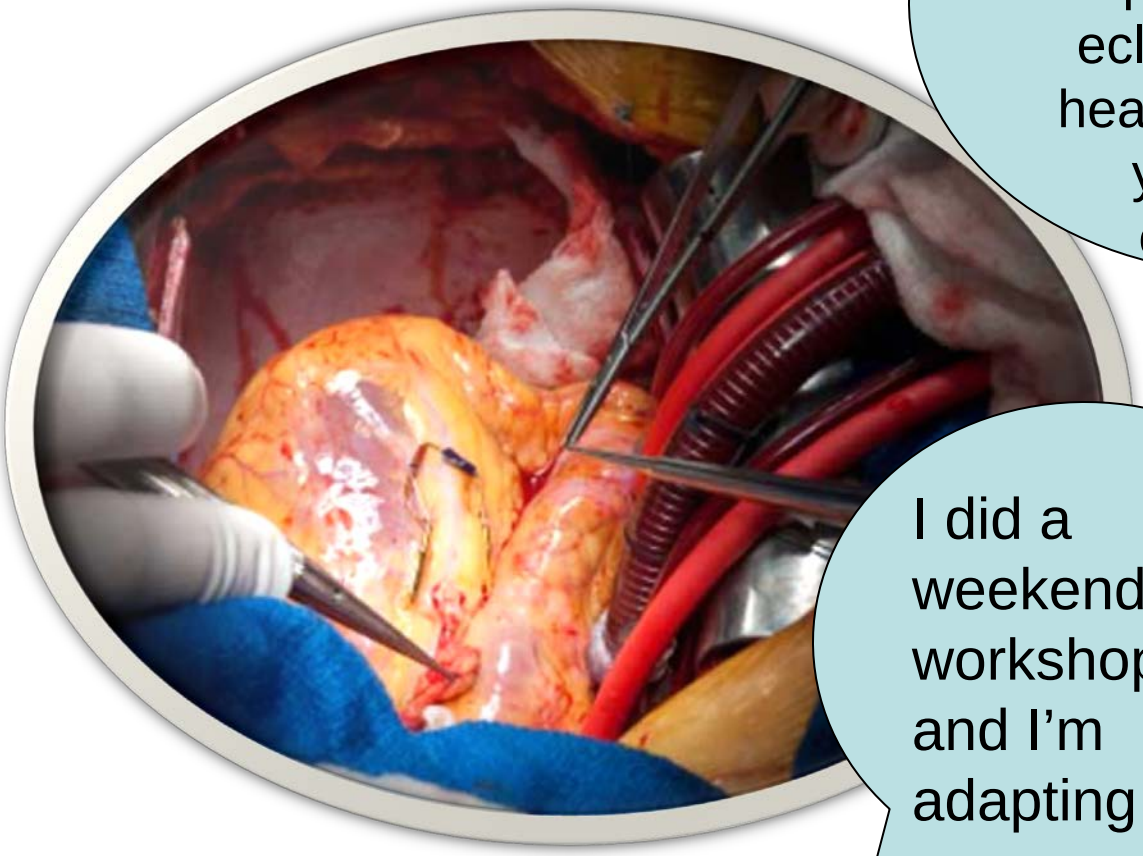
*"CAPA is all about **empowering** people and helping them access their own resources – and those in their communities – to move their lives forward. Part of this is not to assume they need services forever…."* CAPA Manual, 2013, p. 81

"Release people back into the wild"

Improving the Quality of Care

What are we doing?

Competencies



Well, I guess you could say that I practice an eclectic type of heart surgery for your son's condition.

I did a weekend workshop and I'm adapting it.

CAPA Uses Skills Assessments

- All staff and physicians routinely surveyed for competencies
- Informs “menu” of available treatments
- Coupled with regular literature reviews and patient profiling, identifies gaps in needed care
- Informs education and training investments by the institution/agency

Peer Group Discussions (“Team” Meeting)

Weekly meetings of clinicians on a service:

- *Discuss Choice appointment outcomes*
- *Distribute workload*
- *Do clinical peer supervision*
- *Builds trust within teams*
- *Supports “letting go”*
- *Specifies clear treatment goals and monitoring using outcome measures*
- *Helps develop a learning culture*
- *Reduces variability in responses to client’s needs*
- *Increases safety and risk management*

CAPA and the IWK

In September, 2011, the IWK Mental Health and Addictions Program…

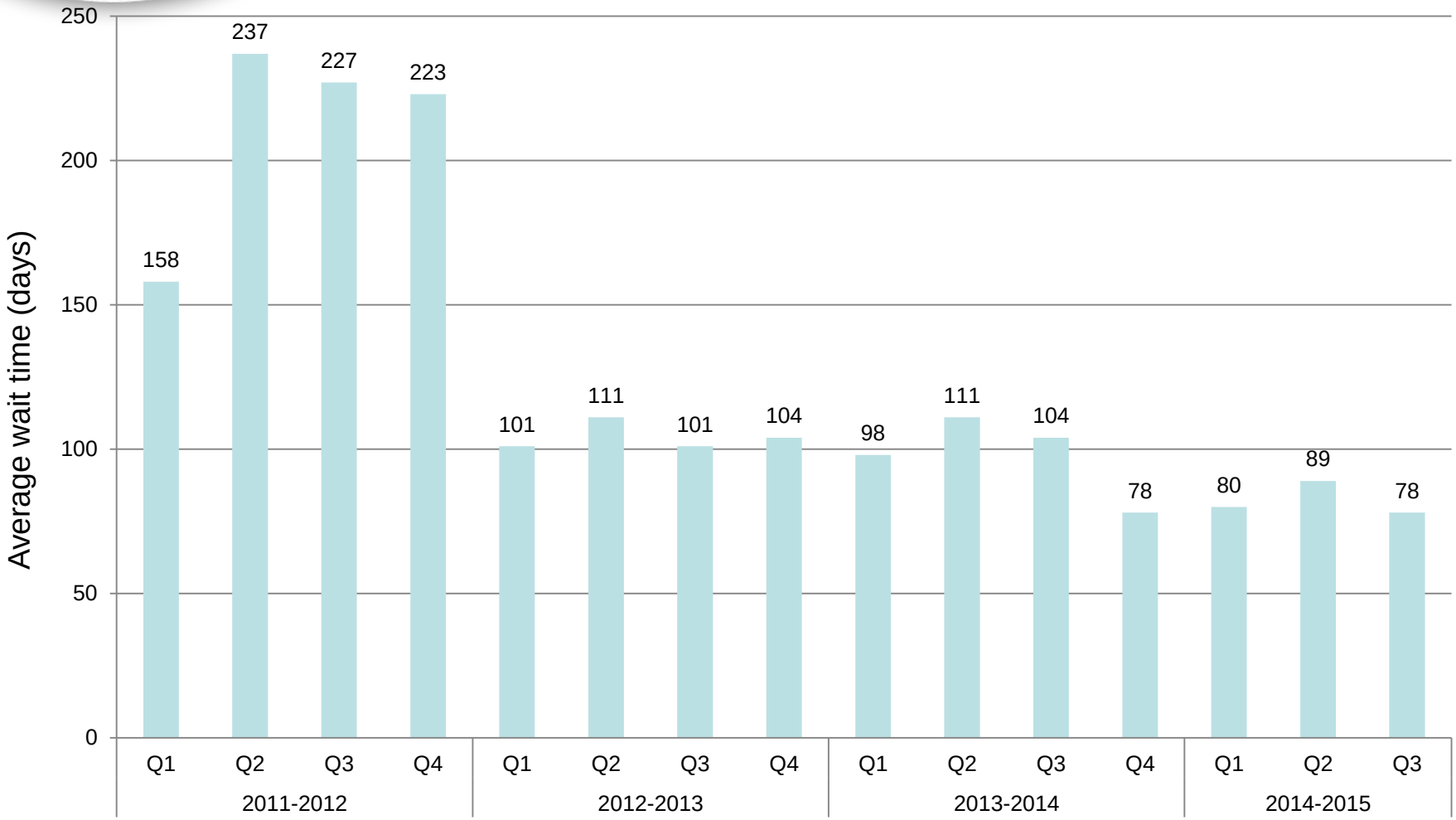
Wait list >1300 kids

Wait times = 18-24 months

Clinicians Stressed

Budget: 54% spent on 6% of kids

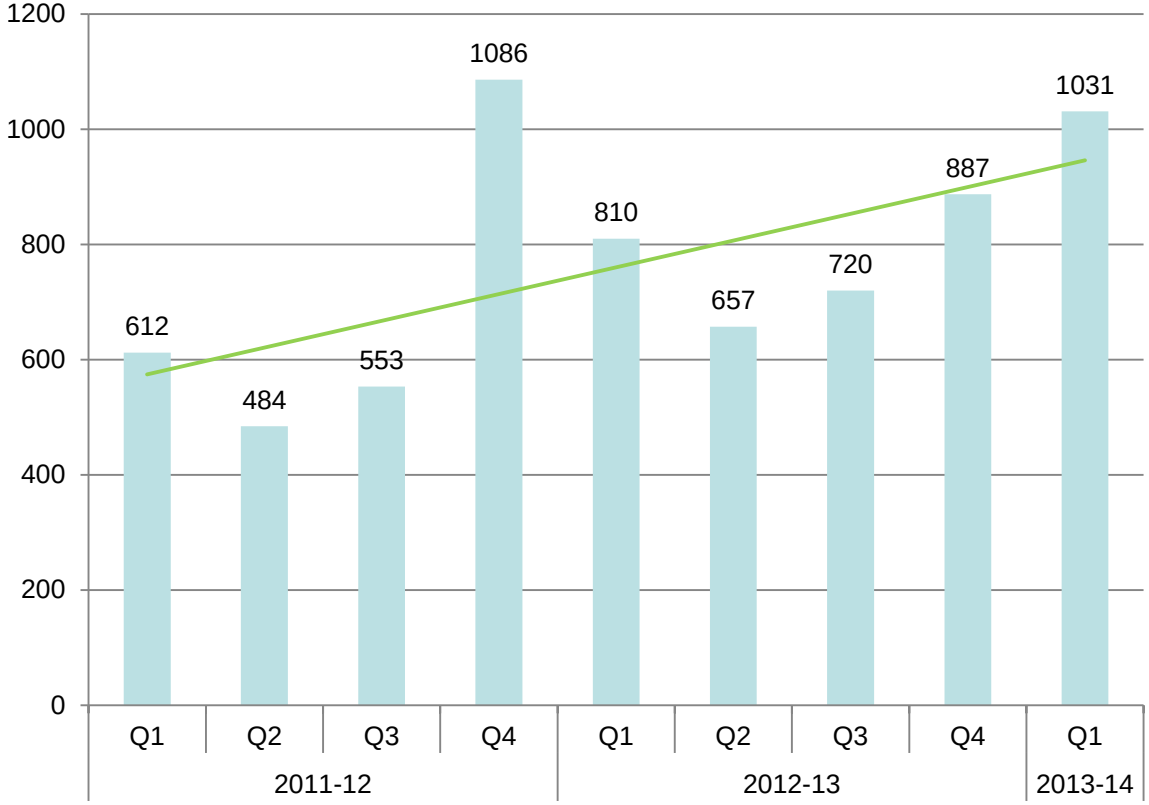
Wait Time to Choice: Regular Referrals*



Source: Meditech Community Wide Scheduling

**Includes patients prioritized as Regular or Semi-Urgent under Provincial Wait Time Standards*

Number of Referrals Accepted: All Services*



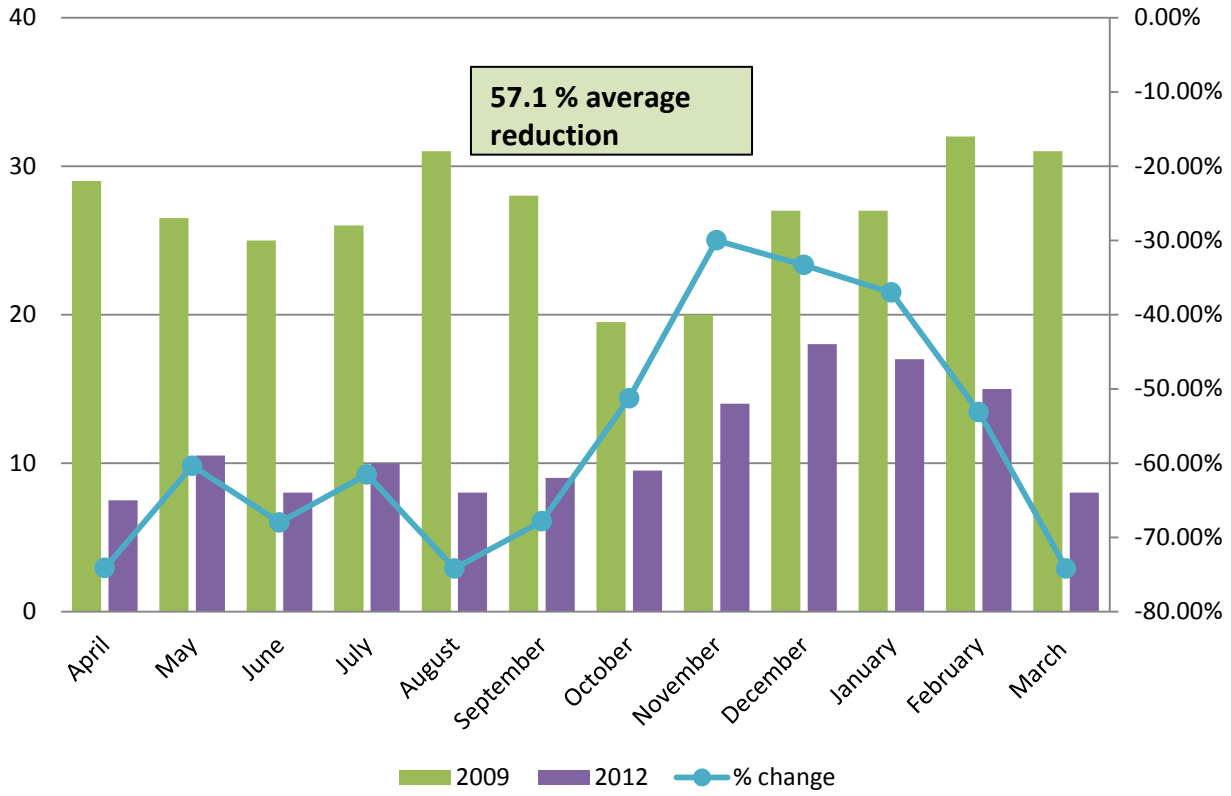
Increase in rate of referrals

- 32% increase from 2011 to 2012
- 27% increase from 2012 to 2013
- 68% increase from 2011 to 2013

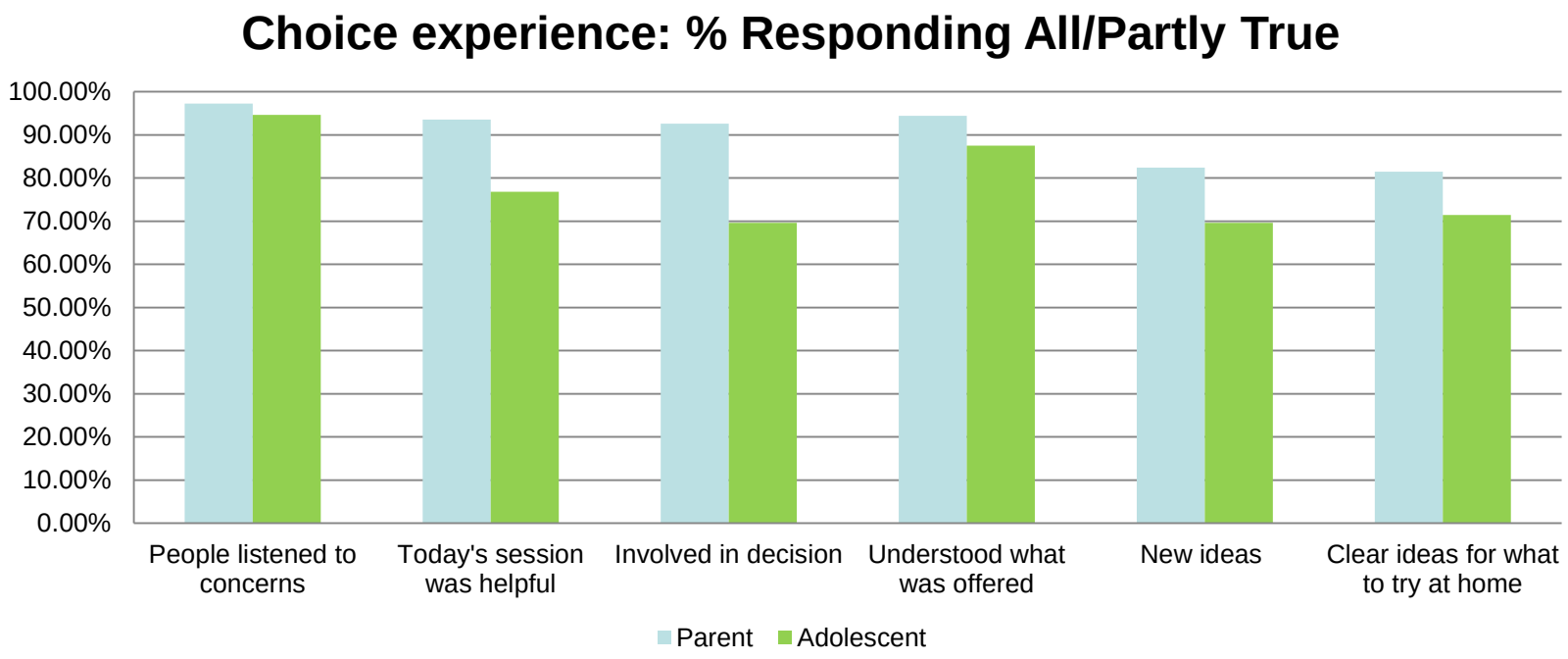
Source: Central Referral

**excludes Forensics and Reproductive Mental Health*

Number of Days from Referral Call to Booking



Client feedback on Choice



Clinician Experience

"…it has been refreshing to see clients enter our system in a more timely manner, obtain the services that 'they' really want rather than what I, or others, think they should get. CAPA has also allowed me to think more about how to complete and conclude partnership work in order that there will be good flow into services for new clients." (GM)

Lessons Learned from IWK Experience

Data System

- A system that can count anything is crucial
- Outcomes need to be specified
- Three levels of outcomes must be used:
  - *Patient level, preferably, patient reported*
  - *Process,service, program, agency, or institution level (system)*
  - *Population level*
- Basic questions must be answered easily:
  - *Who is going where and are they getting better?*

Culture Shift

- Balance didactic and experiential training
- Have detailed implementation plan and schedule
- Increase transparency and accountability
- Break down silos to form united team and create continuum of care

Leadership

- Familiarity with core principles of demand/capacity/queue theories, Lean
- Delivery of safe, effective, and efficient care driving values
- Bold change leadership methods
- Leaders need to embrace CAPA as a philosophy of care
- Implementation requires trained leadership & management team, not one or two people

Resource Redistribution

- Resource allocation cannot follow a theoretical model
- Need to be distributed based on demand/capacity data
- Staffing models must be based on patients' clinical profiles
- Mental health care system must be agile

Take Away Messages

1. Delivering effective, efficient, safe mental health care to kids is a Wicked Problem
2. CAPA can address this Wicked Problem
3. CAPA is based on Demand/Capacity/Queue Theory and Lean Healthcare (among other tools)
4. CHEOWorks is CHEO's version of Lean Healthcare
5. CAPA can work in academic, tertiary care centres

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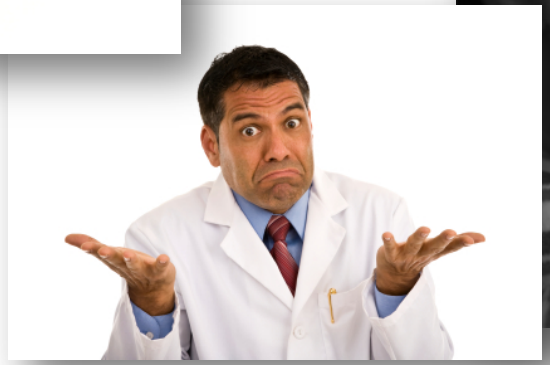

Thank you!

for participating in today's

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Join us next time:

TBD *with* **Dr. Spettigue**
on **June 18, 2015**

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