



Canadian
Consortium for
**Early Intervention
in Psychosis**

EPI Services in Canada Evaluating and Improving Equity in EPI Access and Engagement



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Disclosures

- President, *Association québécoise des programmes pour premiers épisodes psychotiques* (AQPPEP)



EPI Services Across Canada



Early Intervention for Psychosis Services Implementation in Quebec, Canada: The State of Affairs

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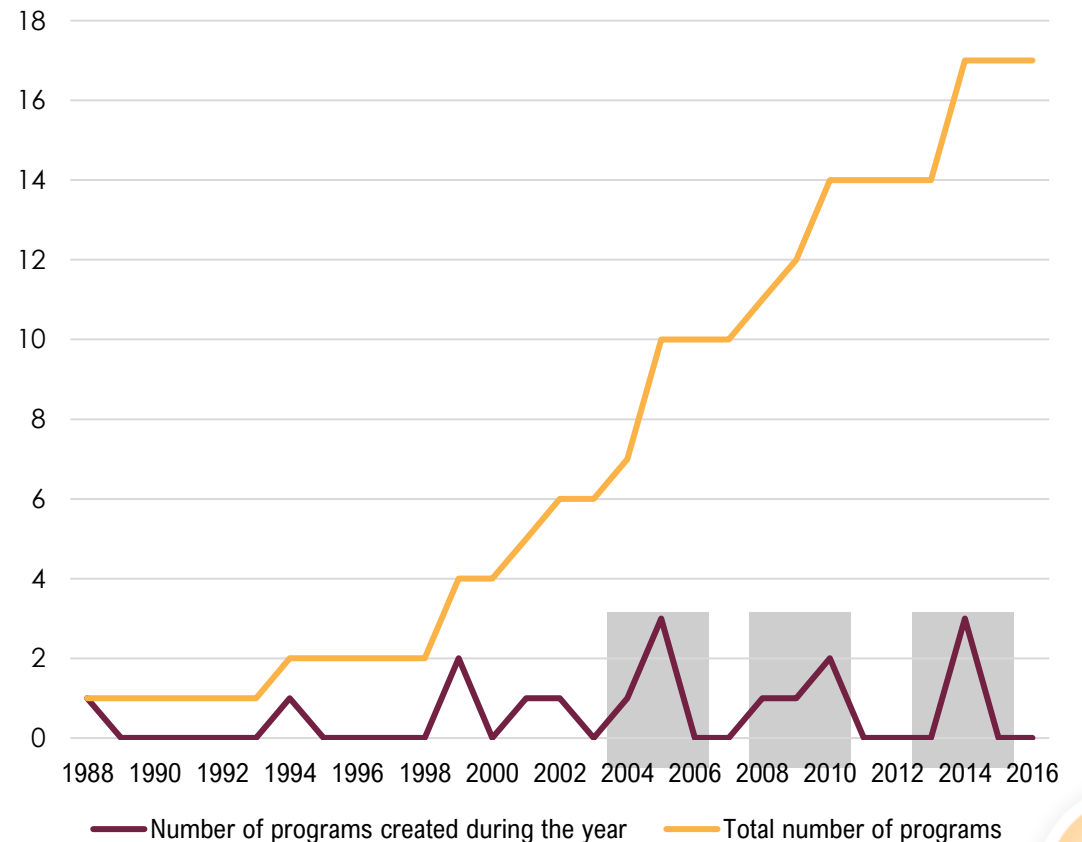
History of EIS in Quebec

Revolutionising care for FEP for over 30 years

Quebec, 1987-2016: Clinician-led initiatives

- Pioneering programs founded in the late 1980s and 1990s
- Decentralised efforts, lack of institutional support
- 2004: foundation of AQPPEP
 - Association of clinicians, researchers and managers in EIS
 - Advocacy role for patients and EIS
 - Continuing education opportunities: conferences and webinars
 - Mentorship and networking
 - Biennial public education campaigns
- 2014: First implementation guide published by the *Centre national d'excellence en santé mentale* (CNESM) and a Quebec EIS expert committee

Evolution of EIS implementation in Quebec, 1987-2016



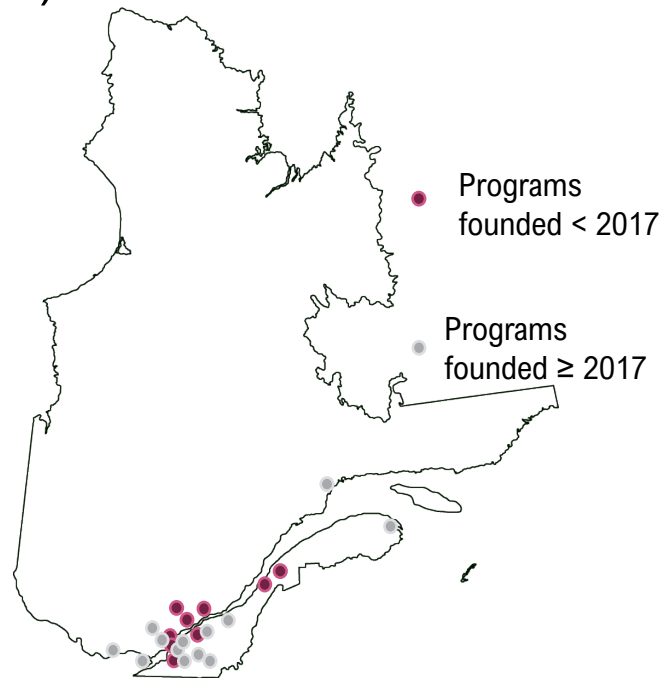
2017: Increased governmental involvement

- Growing formal political support since 2010's with strong recommendation in the *Plan d'action en Santé mentale 2015-2020* for EIS implementation
- Provincial standards with key performance indicators published by the Ministry of Health and Social Services (2017) revised 2022
- Dedicated funding for EIS: 10 million CAD investments announced in 2017
- Expert implementation support through the CNESM
 - For initial implementation and ongoing support
 - Field work and direct feedback to programs

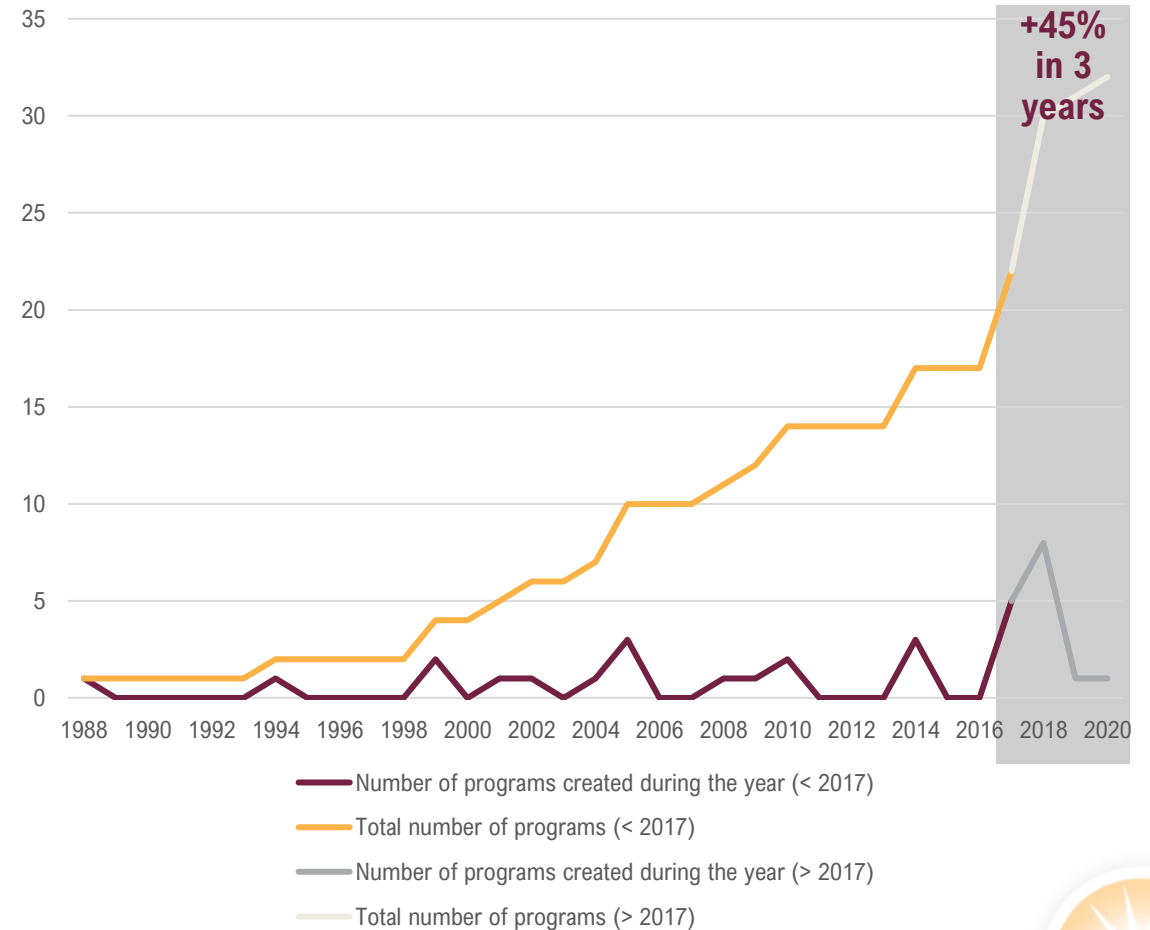


Immediate effects are noted with increased political support

- 16 programs created 2017-2020
 - 45% increase in total number of programs
- Estimated covered population:
 - 3.75 million (46% of the province's population)
 - 7.7 million (94%)



Evolution of EIS implementation in Quebec, 1987-2020



Our study

Goals

- To describe Quebec EISs' adherence to essential components of the model
- To describe the impact of additional governmental involvement on EIS implementation
- To assess barriers and facilitators to successful EIS implementation

Methods

- Two surveys: each was set as a cross-sectional descriptive study

2016

- Data collected from program coordinators 2015-2016
- Analysis 2016-2018
- n=17 programs (out of 18 existing at the time)

2020

- Data collected from program coordinators Feb-Nov 2020
- Analysis Nov 2020-Feb 2021
- n=28 programs (out of 33 known existing ones)
 - 17 programs founded < 2017
 - 11 programs founded ≥ 2017

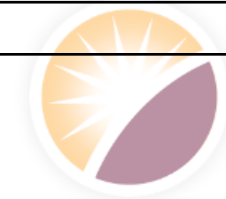


Comparative results 2016 (n=17) - 2020 (n=28)

Domains	Component	Improved in 2020 vs 2016	Similar in 2020 vs 2016	Reduced in 2020 vs 2016
Early detection and accessibility	Admission criteria	X		
	Open referral	X		
	Target delays		X	
	Actual delays	X		
	Referral sources education		X	
	General population education			X
Program operations	Service duration		X	
	Biopsychosocial interventions	X (educational and employment support)	X	X (peer support)
	Outreach	X		
	Guideline use		X	
	UHR-P services			X
	Interdisciplinary teams		X	
Organisational components	Patient-to-case manager ratios		X	
	Use of standardised clinical tools		X	
	Quality assurance			X
	Patient & treatment outcome evaluation		X	
	Continuing education	X		

2020: < 50% of programs 50-80% of programs > 80% of programs

Improvements in accessibility and involvement in continuing education



Several organisational factors can influence implementation

Staff turnover

Several programs with substantial turnover in 2019-2020

Financial resources

Quality and durability: 41% poor/nonexistent

Human resources

Clinical: 41% poor
Administrative: 74% poor

Staff workload

64% slight/heavy overload

Physical resources

37% poor

Team morale and cohesion

Morale: 70% very good/excellent
Cohesion: 89% very good/excellent

Institutional support

82% moderate/very good

Ease of integrating new practices

70% most of the time/always

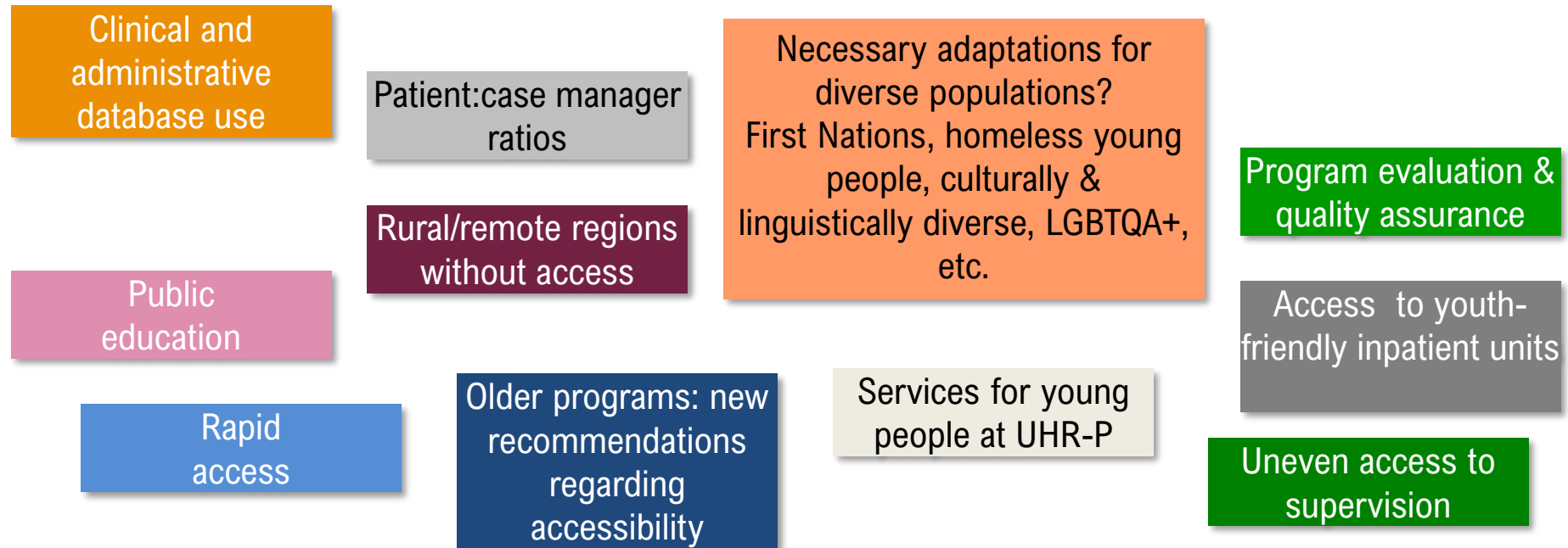
Opportunities

Strengths



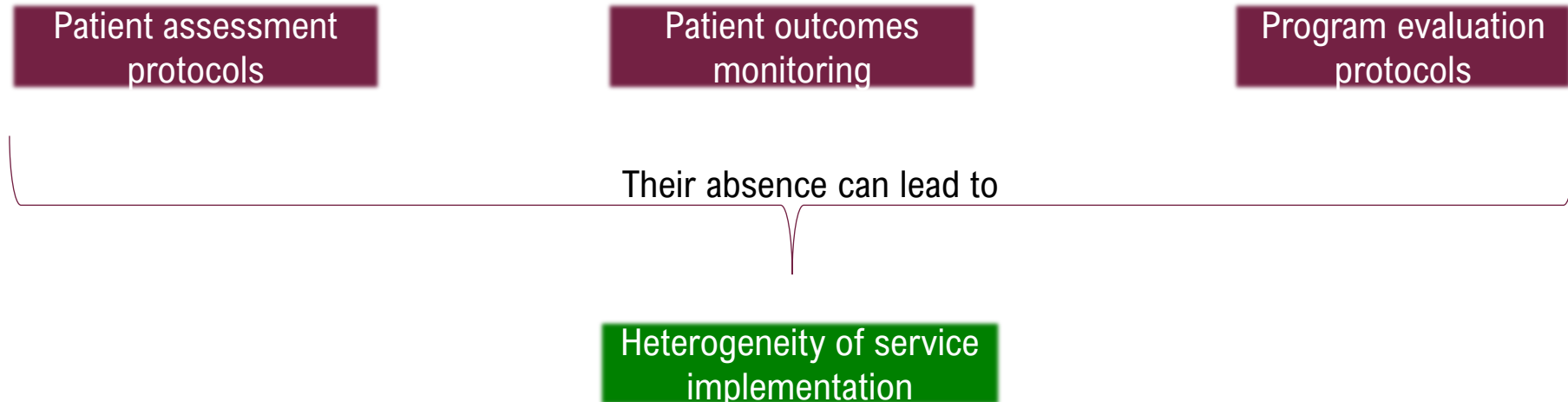
Conclusions and future developments

Implementation challenges



Implementation challenges

- Heterogeneity during widespread program implementation is a well-known risk
- Our study shows existing potential risk factors of program drift
- Delicate balance between adapting to regional challenges and specificities and adherence to the model





SAR PEP

SYSTÈME APPRENANT RAPIDE
POUR LES PROGRAMMES DE
PREMIERS ÉPISODES PSYCHOTIQUES

SAR PEP: A rapid learning health system (RLHS) to monitor and guide real time implementation of early intervention for psychosis services in Quebec, Canada

CRCHUM
CENTRE DE RECHERCHE

Centre de recherche
sur les soins et les services de
première ligne de l'Université Laval

CENTRE DE RECHERCHE
CERVO
BRAIN RESEARCH CENTRE

Douglas
CENTRE DE RECHERCHE
RESEARCH CENTRE

Funding- FRQS-Partenariat Innovation Québec - Janssen



PRINCIPAL INVESTIGATORS

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- Dr Annie LeBlanc, PhD



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RESEARCH CENTRE

- Dr Manuela Ferrari, PhD





QUEBEC'S EIS & SAR PEP



33 clinics (↑ from 18 in 2017)

11 clinics within 10 CISSS & CIUSSS

225+ healthcare professionals
60+ psychiatrists

90+ healthcare professionals
33 psychiatrists
11 team leaders

~ 2,700 active patients
(in growth : 3,100 estimated by MSSS)
~ 1,370 new cases / year

~ 1,950 active patients
~ 833 new cases / year

2020 survey

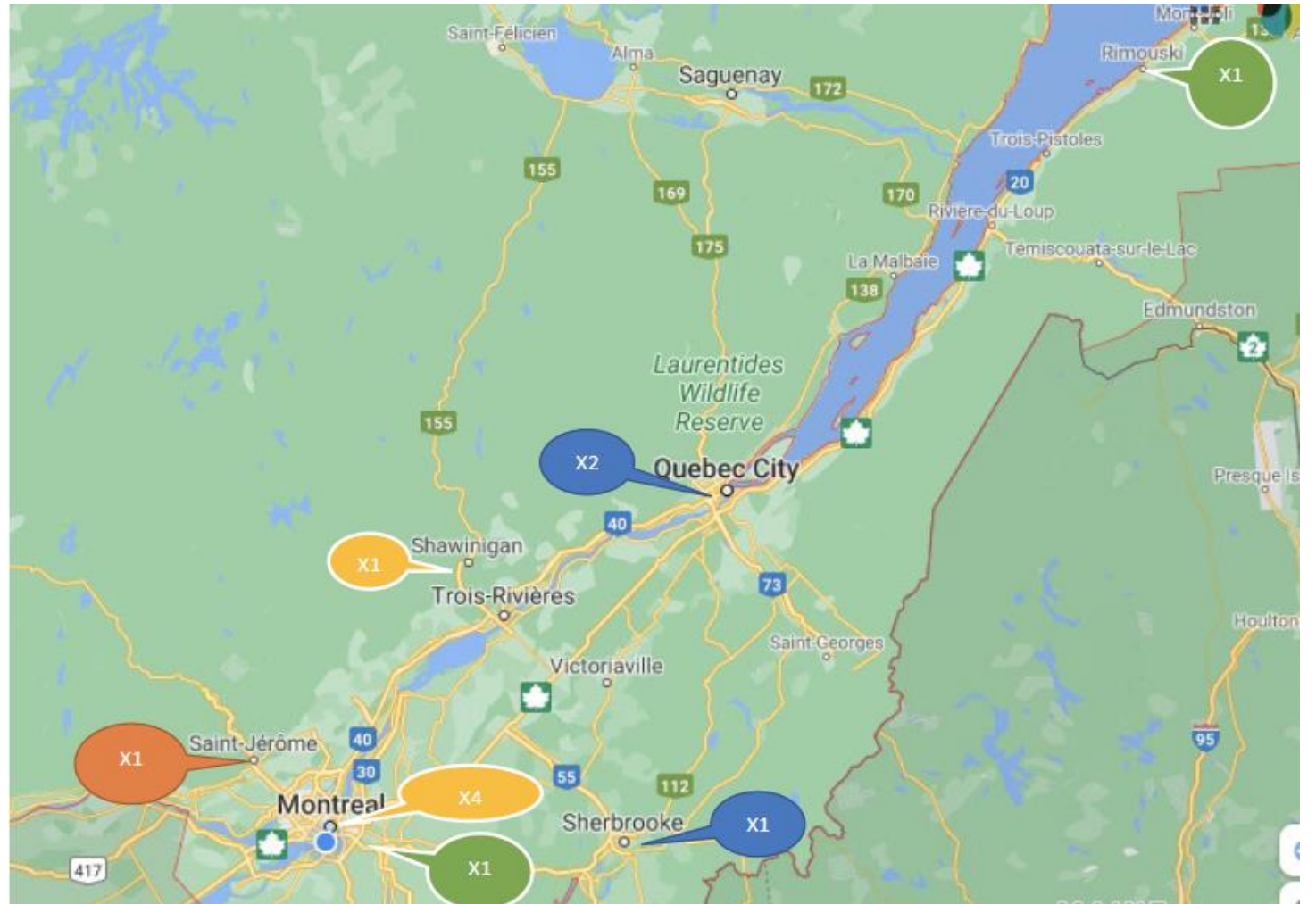
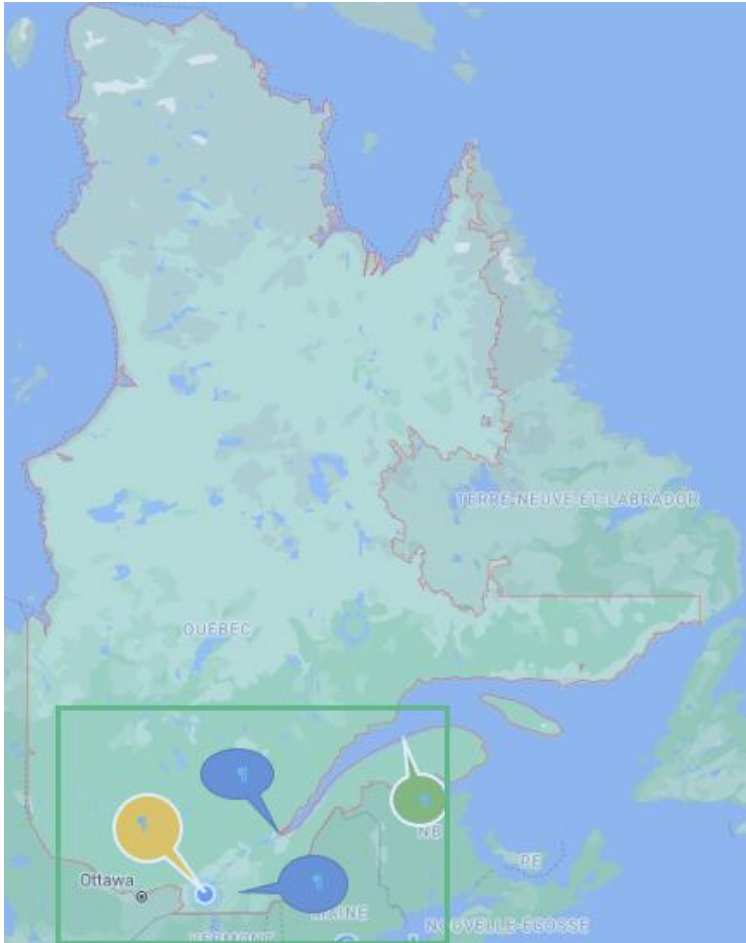
5 patient partners
4 family partners

Partnership with
CNESM-MSSS
& AQPPEP



SITE SELECTION

Pilot Project: 11 sites





SITES

EIS	Area/region	Urban, semi-rural, rural	Years of operation	Average number of active service users	Average number of full-time staff
1	Montreal	Urban	10+	290	16
2	Montreal	Urban	10+	190	11
3	Quebec	Urban	10+	180	15
4	Quebec	Urban - child/teen	10+	50	5
5	Montreal	Urban	10+	290	18
6	Montreal	Urban	10+	190	4
7	Monteregie	Urban - semi-rural	< 5	230	11
8	Bas-St-Laurent	Semi-rural	10+	40	7
9	Laurentians	Semi-rural	< 5	160	10
10	Mauricie	Semi- Urban /rural	10+	50	4
11	Sherbrooke	Urban /semi-rural	< 5	130	11



INDICATORS & STANDARDS

- Knowledge synthesis
- Needs assessment
- Identification of relevant indicators

Participation

MEASURING

- Clinical outcomes
- Transformation of clinical practices
- Data-informed changes in decisions at program and provincial level

HEALTH TECHNOLOGIES

- Electronic data-capture platform (REDCap)
- Evidence generation at a provincial level (aggregation)
- Feedback on performance

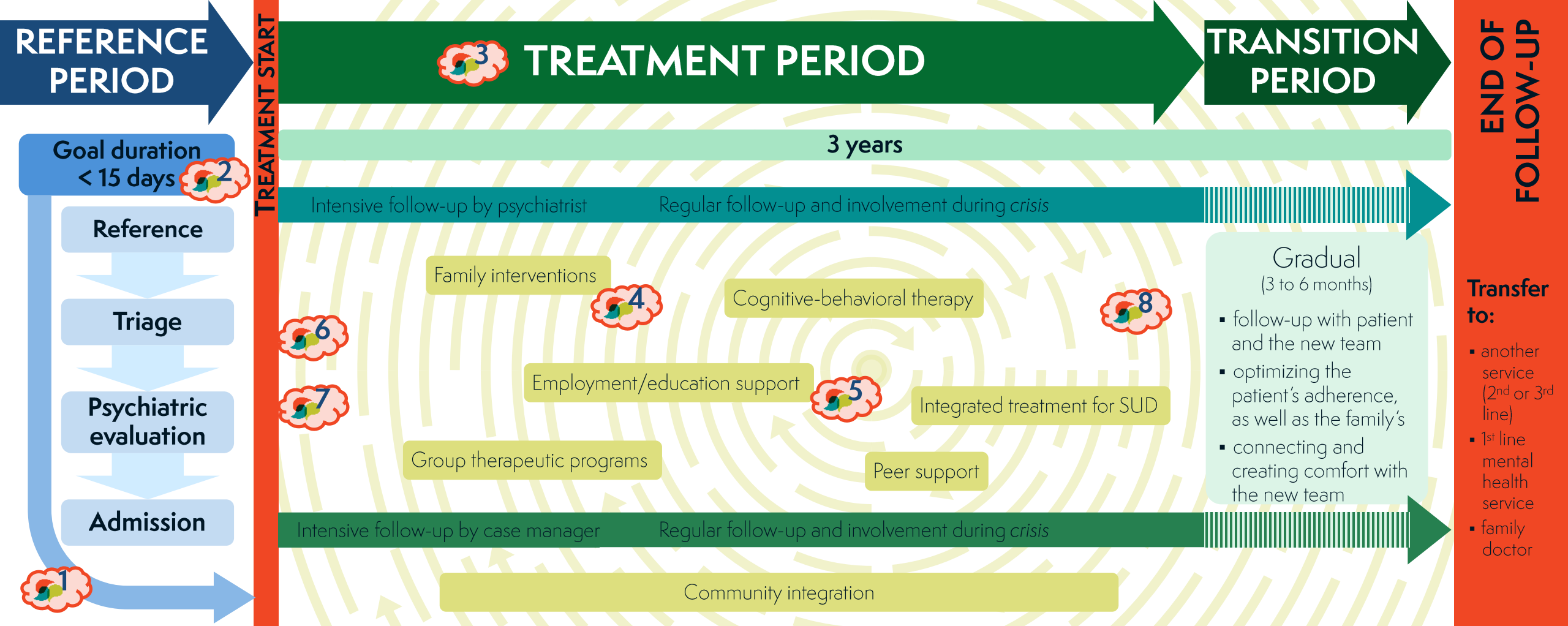


CAPACITY BUILDING ACTIVITIES

- Conferences, e-learning/webinars
- Paired program mentorship
- Co-creation and sharing of tools

Participation

Feedback reception



SAR PEP INDICATORS

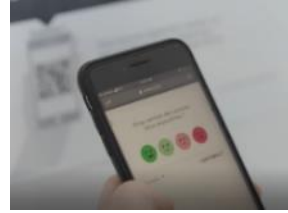
- | | | | |
|---|---|---|---|
| 1 Access to care - process | 2 Access to care - systemic delays | 3 Service users' engagement and satisfaction | 4 Family engagement |
| 5 Evidence based practices and recovery oriented | 6 Continuous Education (CE) | 7 Clinician to Patient Ratios | 8 Self-reported outcome by the patient |



SURVEY EXAMPLES

Service Users

Short survey 2 min



Long survey 10 min

What type of impact did the services had on your management of :

					Not applicable/I don't know
Your mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your job or school situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your living situation (where you live)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinical team leaders (4-monthly)

G1.2 How many psychiatrists are there in the team (ETC)?

G2 How many patients do you have whose file is active to date?
* Obligatory

G3 How many new patients have been referred to you in the last 4 months, ie since ____ ?
* Obligatory

Family & Relatives

Please read the following statements and choose the option that best reflects your opinion.

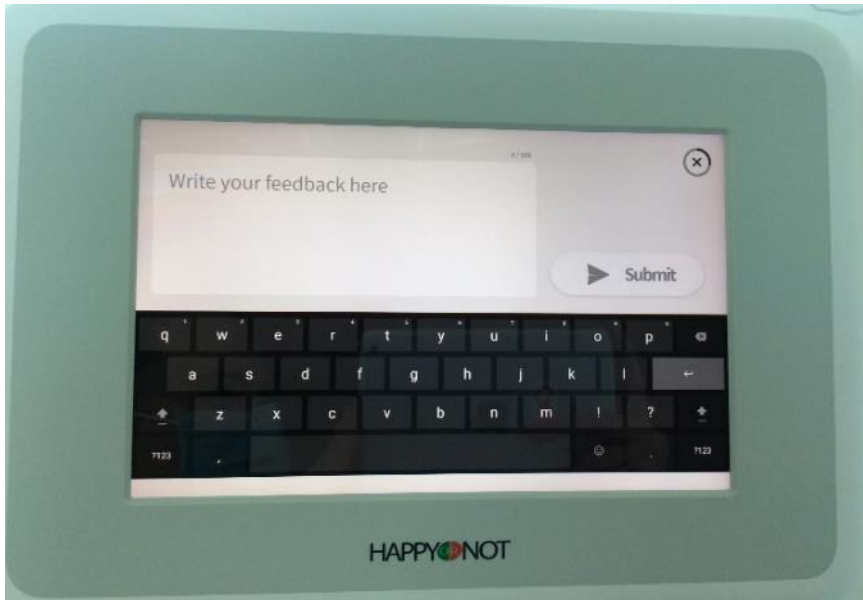
	Strongly Agree	Agree	Disagree	Strongly disagree	Not applicable/I don't know
I am satisfied with the support (e.g., advice, information, time) that I have received from the <u>psychiatrist(s)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the support (e.g., advice, information, time) that I have received from the <u>case manager(s)/intervention worker(s)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the <u>OTHER</u> services (e.g., psychoeducation, family therapy) that I have received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



HAPPY OR NOT



It documents indicators that contribute the most to patient satisfaction/dissatisfaction.





EXAMPLES OF POSTERS AND CARDS CREATED WITH THE PATIENT PARTNERS

RENDEZ-VOUS

Mon proche reçoit des services à la clinique

Pour remplir le questionnaire de satisfaction

Scannez le code  ou suivez le lien redcap.chumontreal.qc.ca/redcap/surveys/

Code d'accès: **WKFDDHKP9**

RENDEZ-VOUS

Date & heure

Intervenant

Clinique/ contact

CHUM

Service Continuum Santé mentale-Juvenesse

Tel: (514) 890-8242

élec: (514) 412-7415

premierepisode.ca

Je reçois des services à la clinique

J'ai juste le temps pour **2 questions**

Pour remplir le questionnaire

Scanne le code  ou suis le lien smiley.link/QGMTV

Réseau thématique soutenu par le **Fonds de recherche Santé Québec**

Je peux prendre **10 minutes** pour donner mon opinion

Cours la chance de participer à un tirage de 50\$

Pour remplir le questionnaire

Scanne le code  ou suis le lien redcap.chumontreal.qc.ca/redcap/surveys/

Code d'accès: **DXH38FXHF**

SAR PE ARE YOU SATISFIED WITH THE SERVICES YOU RECEIVED?
Help us improve our services.

I am receiving services at the clinic

I only have time for **2 questions**

I can take **10 minutes** to give my opinion
You could receive 50\$ in gift certificate

My relative is receiving services at the clinic

To complete the survey scan the QR CODE  or follow the link smiley.link/QGNC

To complete the survey scan the QR CODE  or follow the link redcap.chumontreal.qc.ca/redcap/surveys/ Access code: **DXH38FXHF**

To complete the survey scan the QR CODE  or follow the link redcap.chumontreal.qc.ca/redcap/surveys/ Access code: **WKFDDHKP9**

Réseau thématique soutenu par le **Fonds de recherche Santé Québec**

SAR PEP Research project approved by CÉR of the CHUM : (MP-02-2020-8627, 19_282 - YP)



IMPLEMENTATION EVALUATION RE AIM FRAMEWORK



REACH

How much of the targeted population participates in the RLHS

EFFECTIVENESS

Impact of the intervention on outcomes

ADOPTION

Extent and ease of adoption, and degree of change

IMPLEMENTATION

Facilitators and barriers

MAINTENANCE

Data collection, via technological tools, is maintained by the clinics throughout the project and they wish to keep it going after.



REACH & ADOPTION

PARTICIPATION IN KNOWLEDGE TRANSFER MEETINGS

Research Meetings

Adapting the RLHS to the clinics' needs



100%

of the clinics were represented at each meeting

Knowledge transfer



100%

of the clinics were represented at 2+ sessions

Individualized KT meetings

Clinic's results related to the respect of the essential components



11/11

clinics attended their meeting



REACH & ADOPTION



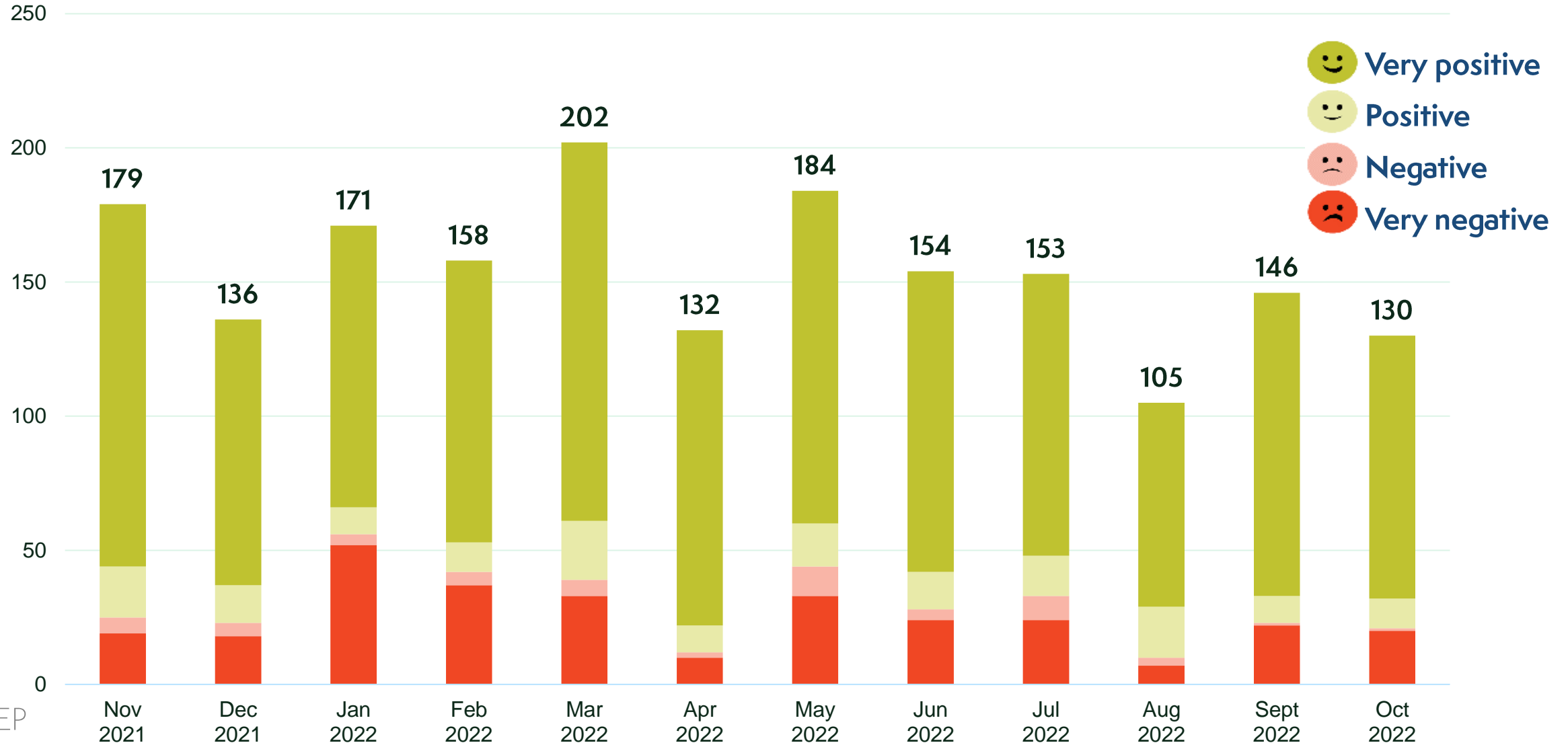
100 % accepted to participate

Clinic	# active patients (average)	Start Happy or Not	# Happy or Not Participations		Start REDCap	# patients - REDCap		# families - REDCap	
			Total	Last 4 months		Total	Last 4 months	Total	Last 4 months
1	292	2020-10-13	762	90	2021-03-01	68	42	13	3
2	190	2020-11-04	476	61	2021-03-01	0	0	0	0
3	183	2021-03-18	1015	171	2021-04-01	0	0	0	0
4	51	.			2021-08-01	2	2	0	0
5	289	2021-04-26	163	39	2021-04-01	3	0	1	1
6	194	2021-05-05	80	11	2021-05-01	7	0	1	0
7	227	2021-07-01	680	40	2021-05-01	3	0	2	0
8	43	.			2021-04-01	4	1	1	1
9	158	2021-05-04	586	82	2021-04-01	47	13	2	0
10	81	2021-05-04	342	180					
11	52	2021-05-03	136	3	2021-04-01	3	0	1	0
12	126	.			2021-04-01	11	0	5	0



REACH - PATIENTS' ENGAGEMENT IN ENTERING DATA

EFFECTIVENESS (PT SATISFACTION)





REACH

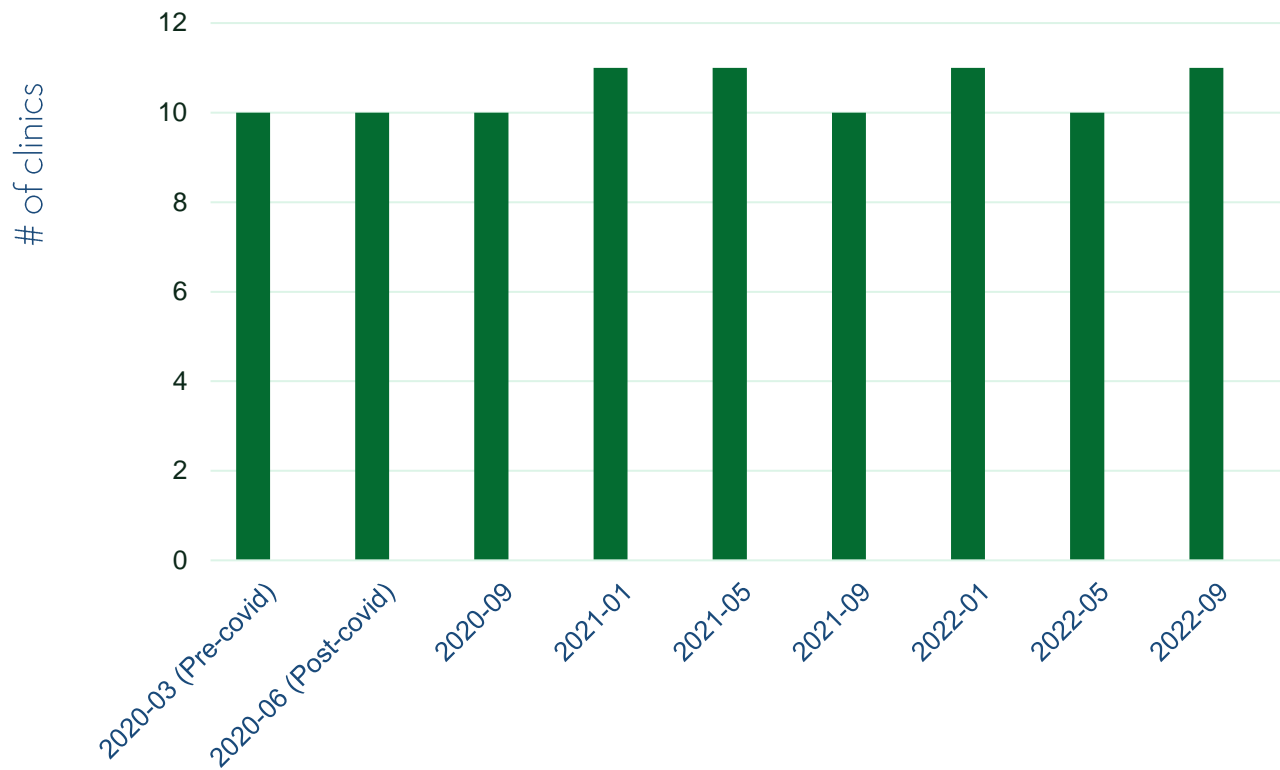
PARTICIPATION IN RESEARCH MEETINGS

Date	Type	Targeted Audience	Number of partners	Managers	Team leaders	Clinicians	Partners	Research team	Number of clinics represented
February 14, 2020	Stakeholders meeting	All	28	8	3	11	3	3	10/10
October 2, 2020	Stakeholders meeting	All	33	6	8	11	3	5	11/11
April 30, 2021	Stakeholders meeting	All	30	4	9	11	3	3	11 / 11
Nov. 5, 2021	Stakeholders meeting	All	25	4	8	5	2	6	11 / 11
May 11, 2022	Stakeholders meeting	All	46	7	9	15	6	9	11 / 11

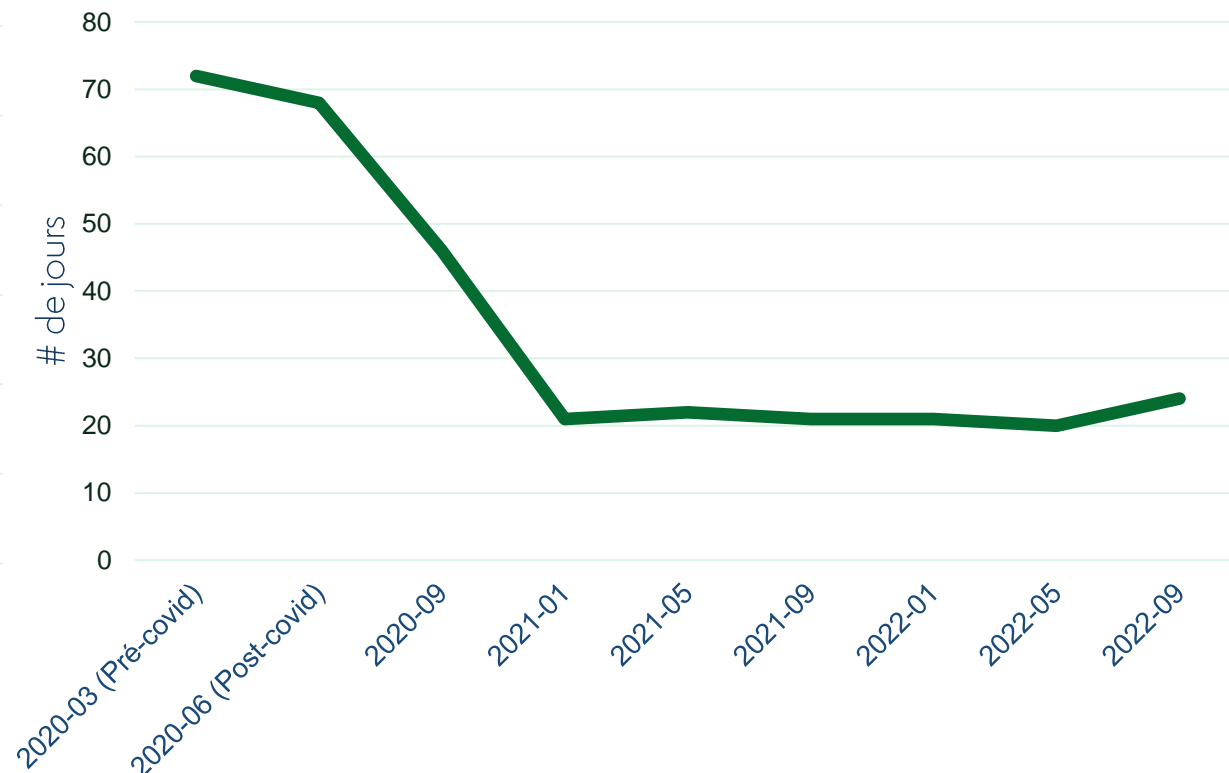


ADOPTION - IMPACT ON THE ABILITY TO COLLECT DATA

Number of clinics who responded at each timepoint



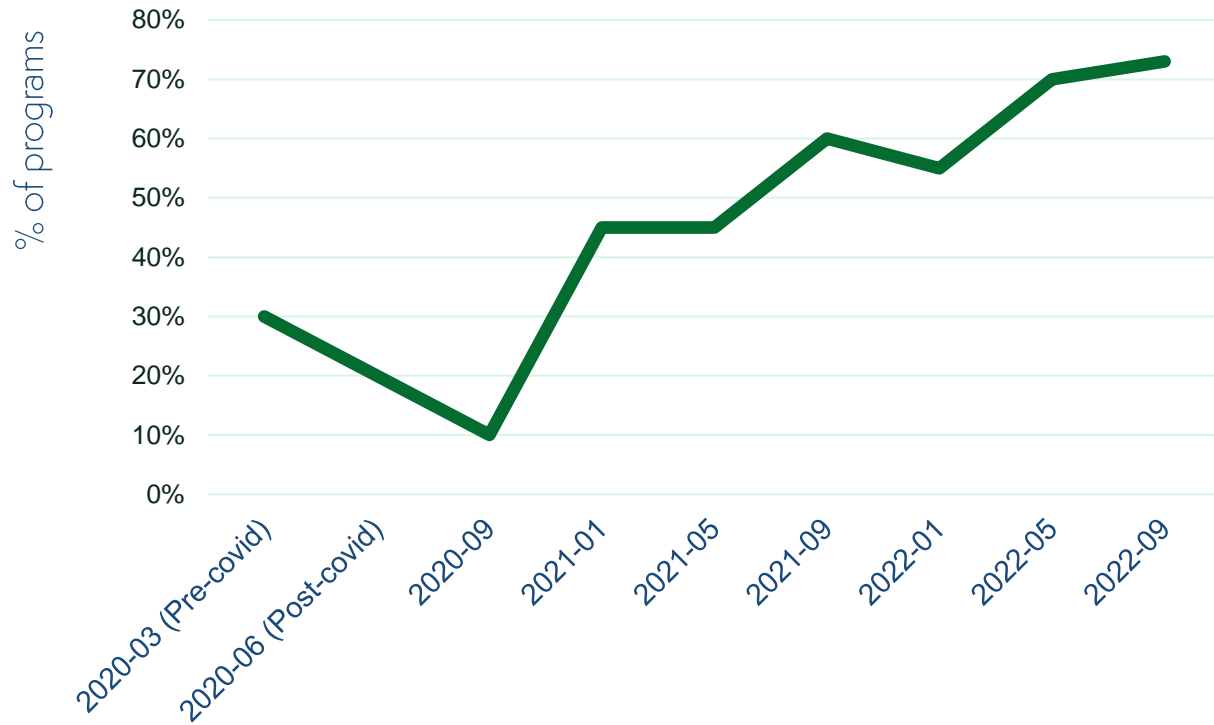
Reduction of total time to collect data From 2 months to 3 weeks



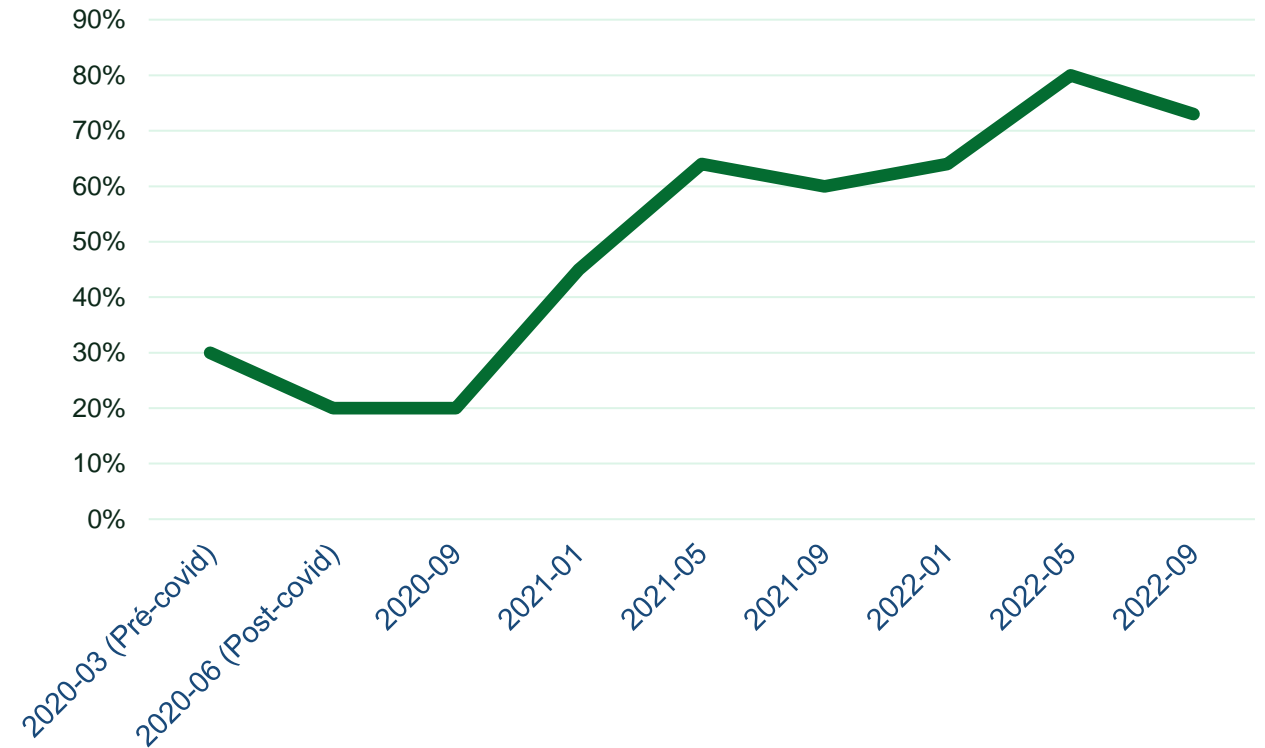


ADOPTION - IMPACT ON THE ABILITY TO COLLECT MORE COMPLEX DATA

Capacity to collect disengagement data



Capacity to collect ALL data on antipsychotic medication prescriptions (PA offer, clozapine, injectables)





ADOPTION & EFFECTIVENESS



Indicators	Ability to collect data	Standards reached?	Improvement - in progress
Youth engagement and satisfaction			Improving participation in REDCap Improve data on disengagement
Family engagement			Improving participation in REDCap Improving Family engagement Data
Access to Care Process			
Delays to access care			Delays slightly higher than standard in some clinics
Staff Continuing training			
Patient :case manager ratios			Ratios slightly above standards for some clinics only
Evidence-based, recovery-oriented interventions offered			
Patient self-reported clinical evolution			In progress - Feedbacks being created



EFFECTIVENESS - RAPID INTEGRATION OF KNOWLEDGE INTO CLINICAL PRACTICES

Improvement - access to services

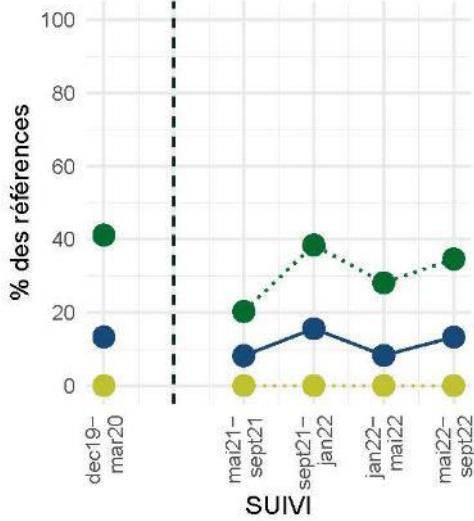
- Reduction of 1st contact delay 12.0 days → 3.4 days
- Reduction of exclusion criteria 3/11 → 1/11
- Increase in references made by relatives, schools and in self-referencing
- Increase in staff getting continuous training 49.8% → 82.3%



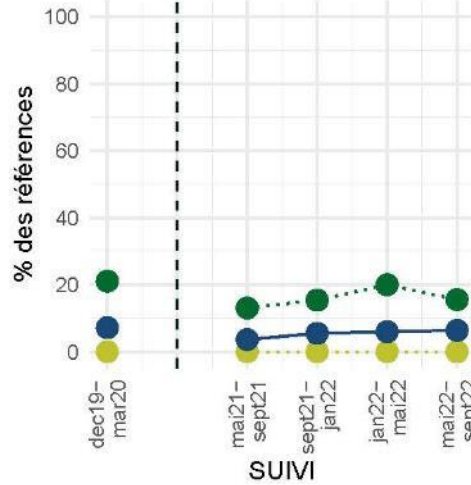
DIFFERENCE IN PRACTICES OR REALITIES

E.G.: ACCESSIBILITY- SOURCE OF REFERENCES

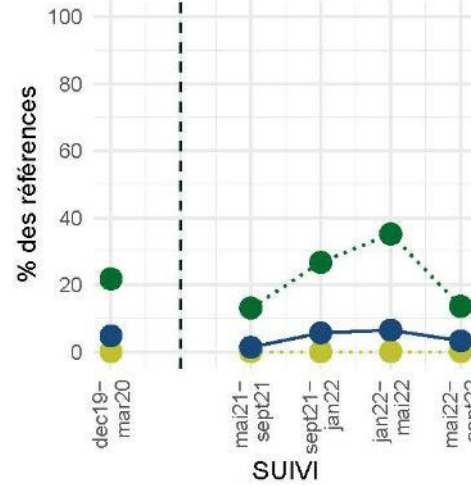
GASMA



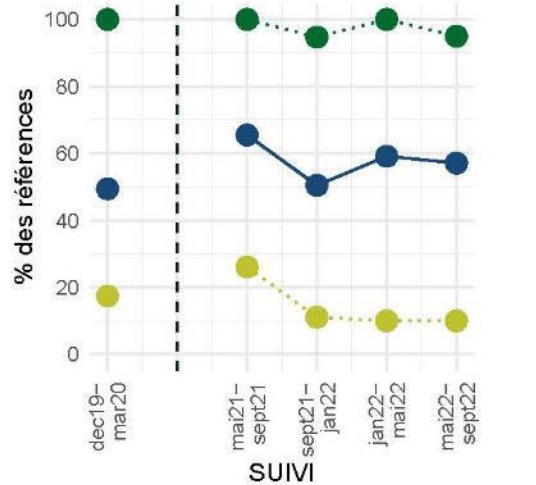
Auto-référencement ou proches



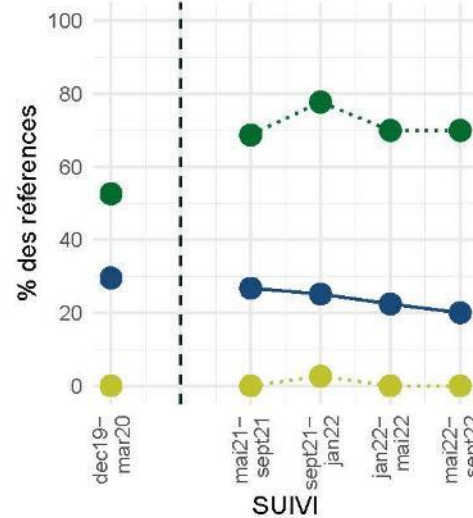
Org. communautaire Etab. scolaire



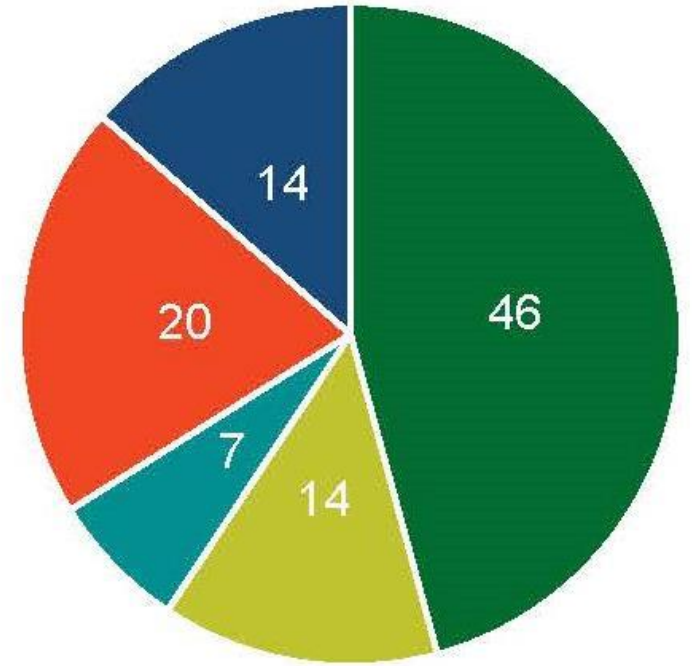
Autre service médical (psychiatrique/non psychiatrique)



Salle d'urgence



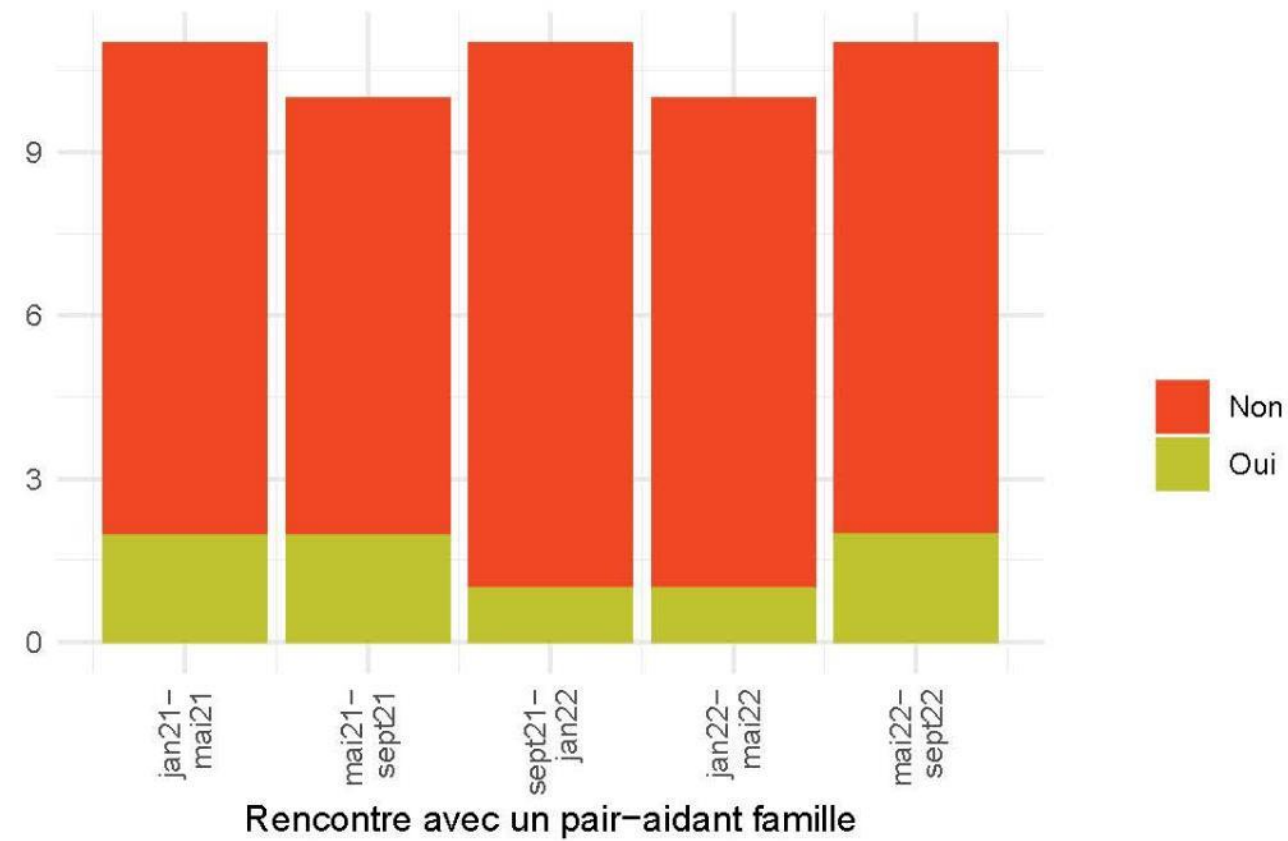
— Max
— Moyenne
— Min



- Auto-référencement ou proches
- Autre service médical (psychiatrique/non psychiatrique)
- GASMA
- Org. communautaire ou étab. scolaire
- Salle d'urgence



SUPPORT FROM AND FOR RELATIVES / PEER-WORKERS





CULTURE CHANGE: USERS AT THE HEART OF EIS QUALITY IMPROVEMENT



Integrating users' perspective into:

The care setting

The care process

Research



FEEDBACK ON SATISFACTION

« HAPPY OR NOT »

Users' satisfaction from October 13th 2020 to October 31st 2022

Across the province (Québec): 11 clinics – 1,950 patients

Are you satisfied with the services received today?



72.1%

2696 resp.



11.0%

412 resp.



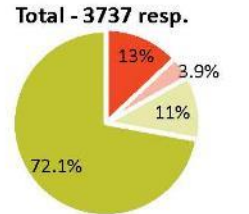
3.9%

144 resp.

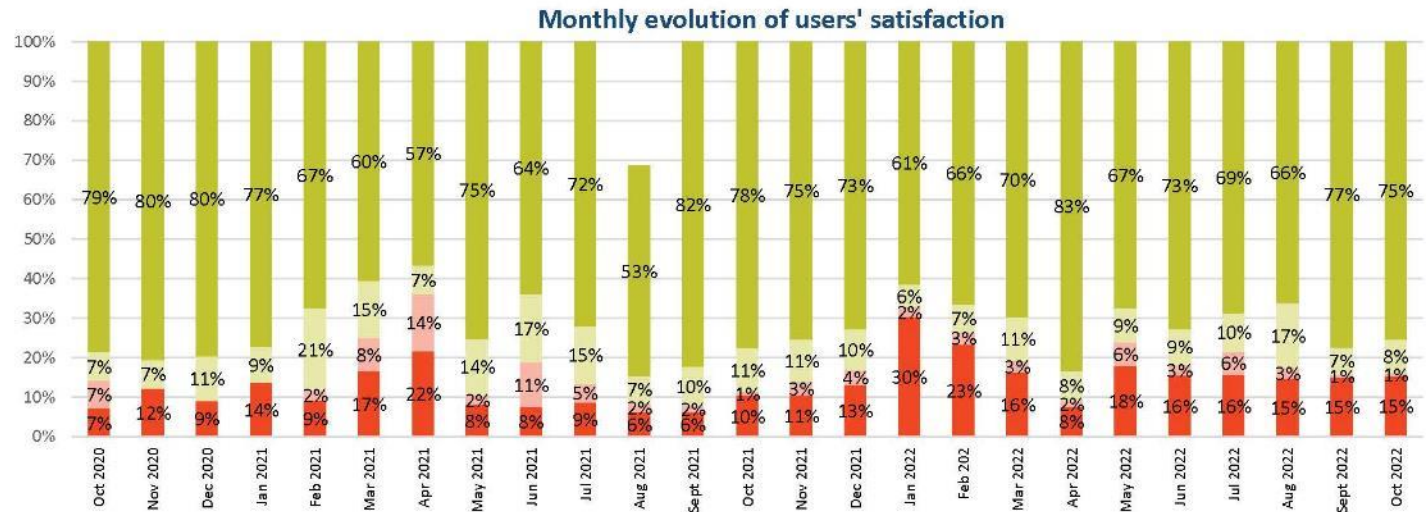
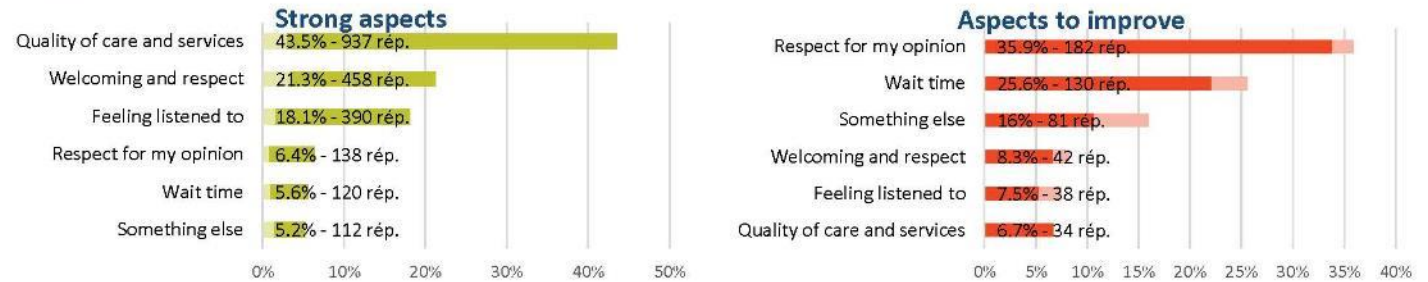


13.0%

485 resp.



Reports are sent by e-mail at the chosen frequency





ONLINE MULTIMEDIA LIBRARY

In continuous co-construction

Adapted Pharmacotherapy

Doit-on se méfier de la médication en psychiatrie? Cours de Ridha Joobar en 2008



SAR PEP TOOLS & TRAINING



FRAMEWORK, GUIDES & ARTICLES



OUTREACH



FAMILY ENGAGEMENT



EIS INTERVENTIONS



YOUTH ENGAGEMENT



CASE MANAGER/PATIENT RATIOS



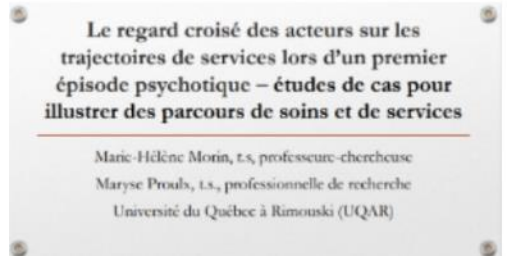
ACCESS TO CARE PROCESS



MEDICATION



Access to care process (incl. delays)





TOOLS

of clinics
using it

On hold
(IT or other)

Clinico-administrative database for EIS

3 / 12

2 / 12

Clinical tool kit for care transfert after EIS (interactive discharge summary template and information sheets for patient/families)

2 / 12

4 / 12

Toolkit for collecting users' satisfacton with services (electronic tablets, advertising posters, cards with QR codes)

12 / 12



NEXT STEPS



Large scale implementation in Quebec with MSSS partnership



Pan-Canadian efforts to implement a common RLHS with provincial specificities?



Opportunity for better patient/family empowerment and involvement in their recovery within the RLHS



PEER SUPPORT

A SAR PEP PILOT PROJECT



Patients
& Families



PEER SUPPORT PROJECT



3-year pilot project



One family and/or patient peer support worker in each of the 11 pilot project clinics



Advisory and coordination committee of patients, family members, and clinicians

1st meeting coming up in January 2023



Project co-coordination with patient and family partners

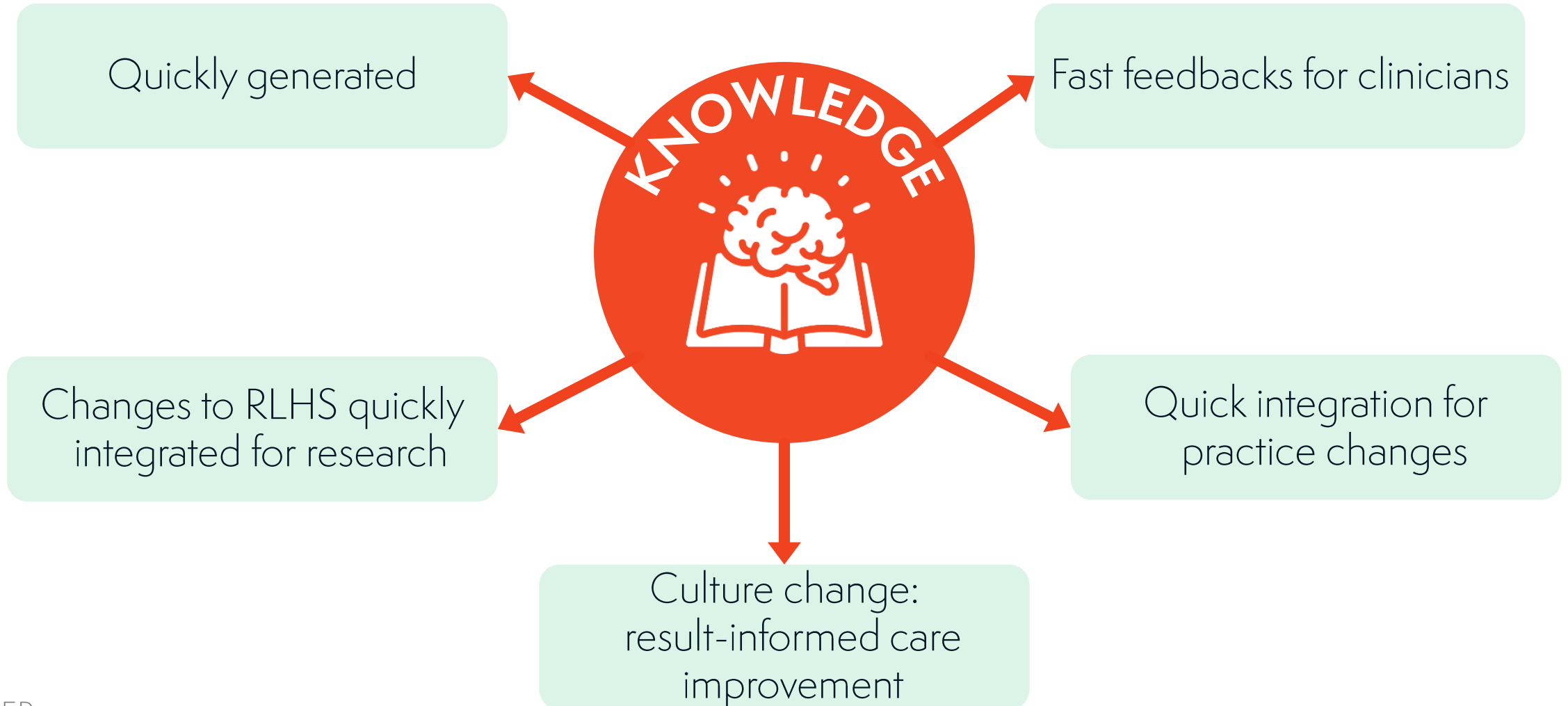
Conclusions of the 2016-2020 surveys

- The *Cadre*'s publication has had an immediate impact on EIS, especially newer ones
- Policy support with dedicated funding is key for widespread implementation
- Rapid implementation of EIS with adequate adherence to core components of the model is possible
- Some differences between older and newer programs exist
 - Benefit of experience vs benefit of the blank slate
- Clinical interventions are strengths of Quebec EIS
- Longitudinal challenges in implementing organisational components
- Potential facilitators and barriers have been identified, further exploration is required
- Supporting implementation helps fidelity-----> RLHS





CONCLUSION ABOUT SAR PEP





DISCUSSION

1

What are your thoughts on embedding a learning health system in your own context?

2

What is a future direction our early intervention learning health system should take?

Pan-canadian scaling up to other provinces?

3

How are learning health systems similar to or different from data-based care?

4

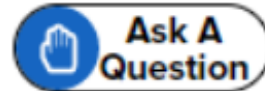
How can learning health systems promote patient and family involvement in treatment decision-making and quality improvement?



Canadian
Consortium for
**Early Intervention
in Psychosis**

Questions?

**To submit a question please use the “Ask A Question”
button on the top right of your screen.**





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**Early Intervention
in Psychosis**

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