Behavioral Support Systems
New Horizons, New Understanding
New Direction

Opening the Doors to Quality Health and Health Care

An Evidenced informed Review and Scan
Sharing the PRISM approach to transformation
Feb2015
Behavioral Supports Alberta, Leading The Solutions for The Population and Clinical realities Today and Tomorrow

• It Time to be Bold for the Old
Reluctance to adopt new ideas isn’t new

“That ______ will ever come into general use, not withstanding its value, is extremely doubtful because its beneficial application requires much time and gives a good bit of trouble; both to the patient and practitioner. Its hue and character are foreign and opposed to all our habits and associations”

The Times 1834
Outcomes ,Leadership Strategies

• New conversation with old partners
• Leading the way to a different mind set
• Discovering disseminating and delivery new knowledge
• Making what works work ,it all about knowledge exchange . we are now a knowledge based society
• Igniting innovation and co creating a new and continually improving person and care partner directed health and health care system
• Servant Leader vs Expert
National Emerging Conceptual Direction for Behavioral Support Systems

The PRISM, An Approach to Health and Health care Transformational change Informing our quest for Better health Better care and Better value in Canada

Feb 2015
DATA BASIS using the PARIHS Framework (Kitson)

• Evidenced Informed (People ideas and resources)
  Research, policy documents, dialogue with thought leaders, lived experience literature and people with lived experience

• Facilitation. moving knowledge to practice the hows who and enablers

• Context and culture
Our Conversation

Components of the PRISM

Moving forward together

Why? Evidence

What? The future

How? and How to? what matters and methods
The PRISM Approach for defining Evolutionary Development

The Enabling Strategies

IMPROVEMENT SCIENCE (QI), KNOWLEDGE EXCHANGE (KT), EVALUATION
focus on sustainability SUPPORTIVE ENVIRONMENTS,
in the house of Person and Family directed health and health care
WHY
Insights on what and how we must change directions to change lives

• The Population
• The Present health system we inherited
• The Policy and practice priorities
Aging Bulge

Senior Population (65+):
1,787,927 (13.7% of Total Population)
785,390 Males (12.2% of All Males)
1,002,537 Females (15.1% of All Females)

CANSIM Table 052-0005, Statistics Canada, 2010
The Need
It's not about body parts and diagnosis any more

The 4 Quadrant Framework
A View from the Top

<table>
<thead>
<tr>
<th>Cognitive Disorders</th>
<th>Medical / Functional</th>
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</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>56% Significant Health Instability</td>
</tr>
<tr>
<td>58% Cognitive</td>
<td>76% Totally dependent or require assistance with ADL</td>
</tr>
<tr>
<td>60-70 Behavior</td>
<td></td>
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<tr>
<td>45% Aggressive</td>
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</table>

<table>
<thead>
<tr>
<th>Psychiatry Mental Health</th>
<th>Social Interactions environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction 60-70%</td>
<td>Receive Less 10 min per day in supportive living</td>
</tr>
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<td></td>
<td>Environmental Sensitive</td>
</tr>
</tbody>
</table>

- Rovner et al
  A Bold 5 Year Strategy for Innovating Ontario System of Care for Older Adults
- Colleen Maxwell et al
Four Quadrant Person and Family Directed care Challenge

- Cognitive/Behavior
- Psychiatric/mental health and addictions
- Function
- Multiple Medical
- Interactions (Environment and Social)
...Before and After the tipping point
Stratified Cluster Populations (Sattler D)

1. Community primary care
2. Acute decline in community
3. High risk and High need

100 year old marathon runner
Fauja Singh
The Magnifiers of Burden and Cost

At risk & with complex chronic disorders (Persistent or Progressive health Challenges)

- Plus cognitive disorders
- Plus mental health addictions
- Plus behaviour

Institute of Health Information
Other Side of the Mirror, Caregivers

The dyad
Consider caregiver needs

- The Trajectory of need and care

Increased risk of caregiver burnout
The Population and the Implications
To System, Services, Skills and Structures and enabling Strategies
The Seven C’s for Change

A Brief Summary

1. Count: It’s the Present and Future
   : 25% in Australia in hospital have dementia
   : 50% of medical patients have comorbid psychiatric condition (Lipowski)
2. **Complexity**: New approach, New Services
   : 4 Quadrant approach to services

3. **Continuity** Progressive and or Persistent health challenges

4. **Consumer**: beyond Body Parts and diagnosis to people and persons/team

5. **Care partners** (Family /Caregivers)

6. **Cluster Based Population**, Different Needs/Supports over time

7. **Costs** : Scope, Depth, Breadth, Reach across Health Community
   (episode of dementia care in hospital more than asthma diabetes congestive heart failure combined)
Why
The Present Health System We inherited

“Folks, the main reason you’re not getting a good picture is because you bought yourselves a microwave oven.”
18th Century Health Care in the 21st Century
The Many Hidden Faces, The Ghosts of the Past, Community and prevention, early detection
View from the Sector Health care

Primary Care  Community Care  Acute Care  LTC

View from the Person and Family Health Care
Develop integrated system-wide models of care based on best evidence
The White Space

• Transitions in need
• Transitions within Health settings
• Transitions between Health settings
• The lonely traveler

(American Geriatric Society; Cochrane, Lost in Translation; Ellis Understanding transitions)
The Policy and Emerging Priorities
Leveraging, Learning, Leading Together

• Person and Family Directed Health/Health Care
• 5% = 50% costs
• 97% vs 3% providers
• Senior Strategy( CMA)
• Mental Health and Addiction
• Dementia Plans
Crystal Ball Gazing the Vision for the future

What's on the Horizon
The Overall Future state convergence of thought ideas frameworks principles values, health and health care
WHAT The Visions for the Future

• Overarching guiding frameworks

Mental Health Commission
Brodaty hierarchical framework
National and provincial BSS
CDPM
Dementia strategies
Senior strategy CMA
New Canadian Guidelines for Mental Health Services for Seniors: Applicability in Your Practice

Seniors Advisory Committee
Overarching Recommendations

Those planning a comprehensive integrated mental health system must understand the diversity amongst seniors, must understand the local context and resources, and must consider the need to modify existing practices and relationships to achieve a transformed system.
Seven-tiered model of management of behavioural and psychological symptoms of dementia (BPSD)

**Tier 7:**
- Dementia with extreme BPSD (e.g., physical violence)
- Prevalence: Rare
- Management: In intensive specialist care unit

**Tier 6:**
- Dementia with very severe BPSD (e.g., physical aggression, severe depression, suicidal tendencies)
- Prevalence: <1%
- Management: In psychogeriatric or neurobehavioural units

**Tier 5:**
- Dementia with severe BPSD (e.g., severe depression, psychosis, screaming, severe agitation)
- Prevalence: 10%
- Management: In dementia-specific nursing homes, or by case management under a specialist team

**Tier 4:**
- Dementia with moderate BPSD (e.g., major depression, verbal aggression, psychosis, sexual disinhibition, wandering)
- Prevalence: 20%
- Management: By specialist consultation in primary care

**Tier 3:**
- Dementia with mild BPSD (e.g., night-time disturbance, wandering, mild depression, apathy, repetitive questioning, shadowing)
- Prevalence: 30%
- Management: By primary care workers

**Tier 2:**
- Dementia with no BPSD
- Prevalence: 40%
- Management: By selected prevention, through preventive or delaying interventions (not widely researched)

**Tier 1:**
- No dementia
- Management: Universal prevention, although specific strategies to prevent dementia remain unproven

* Prevalence is expressed as estimated percentage of people with dementia who currently fall into this category.
† Estimate based on clinical observations. ‡ Estimate based on Lyketsos et al.
The Transformation

FROM
Illness orientation

• prevention not a priority
• a solo provider approach
• Provider, disease centred
• reactive and episodic care
• limited role for individuals in management

TO
Wellness orientation

• prevention at all points of continuum
• an integrated, interdisciplinary care team approach
• patient centred
• proactive, complex, continuing care
• individuals empowered for self-management and part of care team

A System Involving
Health Care Organizations
Individuals and Families
Communities
Systems Transformation Demands a Non Linear Approach

Adapted from David Dunne
Target Population:
Older adults at risk or with complex health care challenges over time, with responsive behaviors as a result of mental health, dementia, neurological disorders and or addictions

And their caregivers.

Person and caregiver direction interdisciplinary collaborative cross-sectoral care (From prevention to high-risk)

Translation Within Service System Clusters
- Prevention, Early Detection and Primary Care
- Acute Decline in Community
- Complex High Risk and High Need

Enabled by knowledge exchange and quality improvement
The PRISM Approach for defining Evolutionary Development

Community / Universal Context

Population Characteristics and Concepts

Present System we inherited

Policy and Emerging Value Based practice priorities

Overarching frameworks for transformation

Skills/capacity
A New Breed

Structures and systems coordination

Services Types within and between Sectors

The Enabling Strategies
IMPROVEMENT SCIENCE (QI) KNOWLEDGE EXCHANGE (KT) EVALUATION
focus on sustainability SUPPORTIVE ENVIRONMENTS,
in the house of Person and Family directed health and health care
HOW
DO WE GET THERE?

• Building the collaborative care bridges
How the strategies and road map to the future

- Services
- Skills
- Structures
Services

1st to 4th Generation System Services

• Direct care
• Shared Care/Collaborative
• Integrated and Embedded

From Emphasis on Consultation to Triple Hat
From Individual to Team to Persons team
From Sectors to Systems
Meta-analysis of Consultation and Liaison Service Styles (Draper)

<table>
<thead>
<tr>
<th>Service Style</th>
<th>Effect size</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>-0.06</td>
<td>(-0.28 - 0.16)</td>
</tr>
<tr>
<td>Liaison</td>
<td>0.60</td>
<td>(-0.24 - 1.45)</td>
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Integrated Care
Your Roster is our Roster

The New services on the Horizon
PRISM – E
71% integrated engaged in treatment v. 49%

Better communication (93%)
Less stigma (93%)
Better co-ordination of mental and physical care

IMPACT PROJECT
At 12 months 45% improved v. 19%

More satisfied
Less symptom severity
Less functional impairment
Greater quality of life

PC Data Seitz et al

Memory clinics Lee et al
Integrated Care (Keys)

• Timeliness (Urgent Response)

• Embedded

• Triple Hat Functions

• Navigation
Summary of Emerging service strategies for different reasons and different population clusters

<table>
<thead>
<tr>
<th>Three Population Clusters</th>
<th>The Triple Hats (Functions)</th>
<th>The Triple Services</th>
</tr>
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<tbody>
<tr>
<td>Before the Tipping Point</td>
<td></td>
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<tr>
<td>After the Tipping Point</td>
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<tr>
<td>Multiple Services</td>
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<tr>
<td>High Need Risk Population</td>
<td></td>
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</tr>
<tr>
<td>Outcome</td>
<td>Knowledgeable, individual and family-centred support system</td>
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**The Triple Hats**
- Service
- Skills
- Structuring and Systems Improvements

**The Triple Services**
- Integrated Care
- Shared Care
- Direct Care
Capacity Enhancement Framework and Toolkit for Healthcare Transformation (the 97 vs 3 percent)

Person-Centred Team-Based Service-Learning

*Decision making framework for capacity building enabling person centred team based knowledge to practice outcomes*

- **Capacity Building Roadmap**
  
  Decision making framework for provider skill building

- **Behavioural Education and Training Supports Inventory**
  
  “BETSI” Decision Making Framework for learning and development programs

New addition to toolkit

The Road Ahead, identifying situations strategies and solutions for sustainability and spread (BSO/Gestalt/AKE)
“The future is here. It’s just not widely distributed yet”

William Gibson
The Vehicles for Change

The Enablers

A) Knowledge Exchange
B) Improvement science QI
C) Skills from service to skills
D) Supportive environments human and physical
E) Evaluation
F) Technology
“Some look at things that are, and ask why. I dream of things that never were and ask why not?”

George Bernard Shaw
How Wonderful it is that nobody need to wait a single moment before starting to improve the world

Anne Frank

If there were no Gaps we would not see the Light (Leonard Cohen)
Thanks you so much for the Opportunity to Learn Leverage and Lead together