

Increasing standardized, validated mental health assessments and facilitating evidence use at point of care: A Benefits Realization case study on the use of tablets in primary care

Background



1 in 5 people in Ontario live with a mental health condition each year.¹ Primary care providers (PCPs) play an important role in providing proper screening, diagnosis, treatment and referring patients to other care providers and community support programs, depending on the type and severity of mental health illness.² To better support efficient and standardized mental health screening using validated tools, Dr. Neil Naik from SRS Medical in Waterloo, Ontario, adopted tablets in his practice in June 2017. He uses tablets to assess the mental health of patients booking appointments for:

8:10
8:20
8:30
8:40
8:50
9:00AM
9:10
9:20

Mental Health Concerns

Annual Examinations

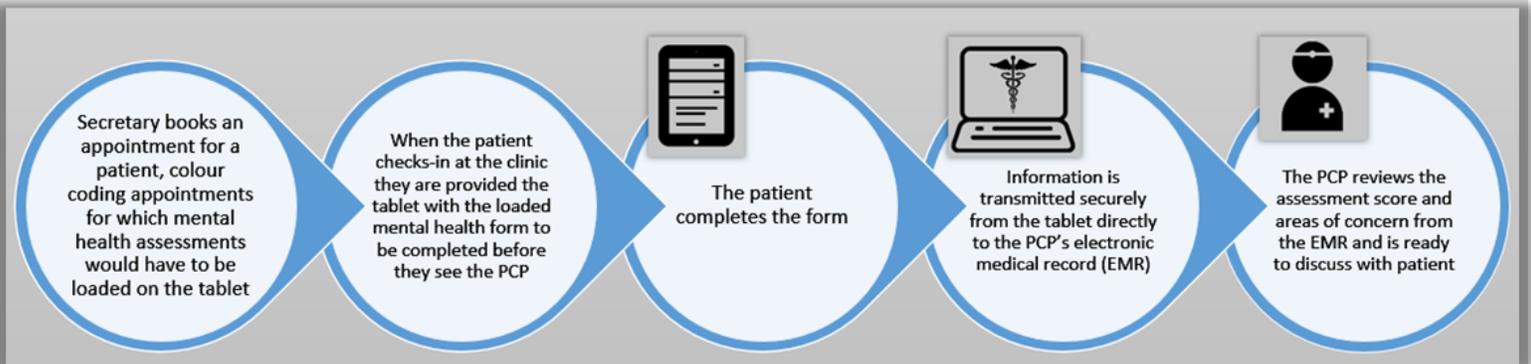
New Patients Visits

Patients with Somatization

Tablets facilitate an increase in the use of validated mental health assessments in primary care. This results in an improved standardized assessment process, and more effective use of patient information at the point of care, allowing for more time spent with patients.

Prior to using tablets, Dr. Naik did not have a standardized method of conducting mental health assessments for mental health visits or for screening patients to acquire baseline assessment for new patients or during annual visits. He relied on clinical judgement to assess the type and severity of the mental health illness.

The figure below illustrates the process of mental health assessments after tablet integration into practice.



“The time it takes for me to have an effective conversation with my patients is significantly reduced. Not only can I focus on issues that are important for the patient, but the screening allows for the patient to reflect on the effects their condition has on their activities of daily living, allowing for a more meaningful dialogue. The tablets allow for quick and easy communication, requiring minimal input from my support staff, thus allowing them to focus on patients who require the extra time.”

Dr. Neil Naik, SRS Medical

What were the benefits?

Analysis of tablet data from different clinics that have adopted the tool in the Waterloo Wellington Local Health Integration Network (WWLHIN) illustrated an increase in the number of validated, standardized mental health assessments completed from pre to post adoption of tablets.

Some clinics are larger than others with a higher number of doctors and a higher number of patients, illustrated by the difference in the number of mental health assessment forms completed. Pre-tablet adoption data is provided based on feasibility by clinic.

Since the adoption of tablets into practice, Dr. Naik has experienced the following:

Standardized the way mental health screening/assessments are done

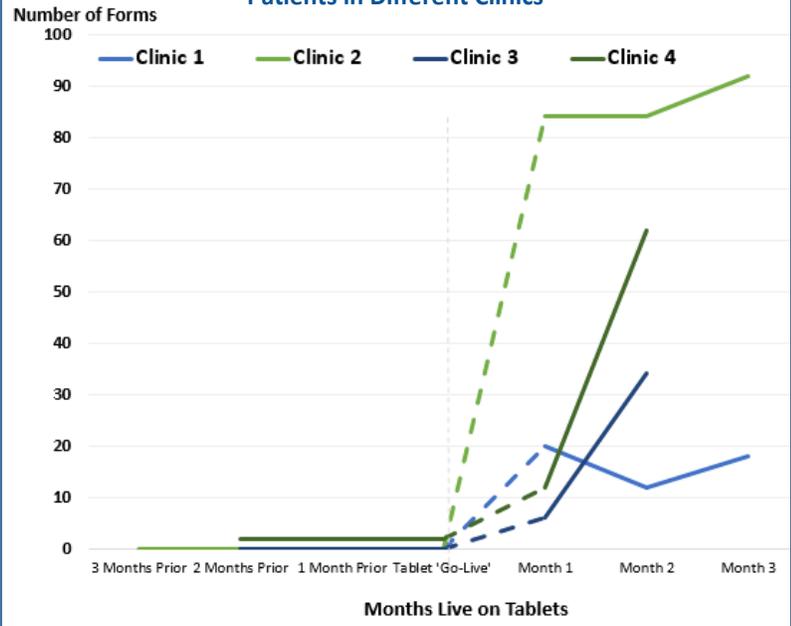
Increased capacity to conduct mental health assessments efficiently, having more time to spend with patients

Used information/mental health assessment scores at point of care, focusing more on treatment

Ability to graph patient mental health scores over time – assisting in detecting improvements and declines over time, to better guide action

Reduced time spent scanning and uploading paper assessment into EMR by clinic administrators, allowing more time to focus on activities that add value to patients

Number of Mental Health Assessment Forms Completed by Patients in Different Clinics



Saves 5 to 10 minutes of administrative work per patient, allowing for more time to discuss next steps

Program description



QBIC (Quality Based Improvements in Care) is a program hosted by the eHealth Centre of Excellence (eCE) in the Idea Quarter of Waterloo, Ontario. The objective of QBIC is to improve the health and wellness of Waterloo Wellington residents by supporting primary care clinicians to realize greater value out of existing ehealth technologies.

The program's highly qualified team of Change Management Specialists offer free ehealth coaching sessions and workshops to clinicians across the region, either one on one, or in a group. They also work with system partners — such as the Ontario Renal Network, Cardiac Care Network, and Centre for Effective Practice — to develop EMR decision support tools integrating best practices.

For more information on QBIC's range of services, please contact QBIC Program Manager Danika Walden, at Danika.Walden@ehealthCE.ca. A full catalogue can be found at: www.ehealthce.ca/QBIC.

Works cited

1. Brian, S., Grenier, L., Kapral, M.E., Kurdyak, P., Vigod, S. (2015). Taking Stock: A Report on the Quality of Mental health and Addictions Services in Ontario. HQO/ICES Report. ON: Toronto.
2. Centre for Addictions and Mental Health (2016). Mental Health and Primary Care Policy Framework. ON: Toronto.

If you have any questions or would like further information on this Benefits Realization (BR) case, please contact Lirije Hyseni, BR Lead at the eCE, at: Lirije.Hyseni@ehealthCE.ca

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