Under one roof

New model for mental health and substance use patients

A man is stumbling down the crowded sidewalk; he appears confused and possibly high on drugs. He is taken to the ER -- a place he visited just weeks earlier.

“Where else can someone like this go?” asks Kyle Stevens, family physician specializing in addiction medicine. “You can’t fault anyone in the ER, but they’re only able to put out fires right now. They can’t promote health or say, ‘Come back next week for a follow-up.’”

Dealing with this specific and often transient group of mental health and substance use patients isn’t easy. “We’re talking about patients that are typically disruptive in a family doctor’s office,” explains Stevens. “They miss appointments. They come in high.” Often burning out two or three family doctors, these patients are unattached, and wind up finding sporadic care at walk-in clinics and in the ER.

Last year a group of physicians identified a need for change in the way MHSU patients receive care. The SOS Division of Family Practice brought their concerns to the Collaborative Services Committee who agreed with the doctors’ findings.

A new committee consisting of SOS Divisions, Interior Health and the Ministry of Health formed, and from their discussions came support for a new model: Mental health and substance use patients should find all the care they need in one location.

Following the model of King Street, a one-site location in Kamloops, coordinated care in Penticton would see family doctors, psychiatrists, mental health clinicians, psychiatric nurses, an outreach worker and an addictions counsellor all working under one roof. “It would remove barriers for patients,” says Stevens.

A one-site location in Penticton has been approved by the CSC. In the next several months, Divisions and IH will be working out details for the model. Using IH accelerated funding, provided by the Ministry of Health, Stevens is optimistic that the new location could be running within a year.

There’s a paradigm shift away from adversarial relationships. “Divisions is facilitating change in a positive way,” says Stevens. “That’s a big help.”
New COPD group is breath of fresh air

Along with 1 in 10 other residents of the South Okanagan Similkameen, Jack Swoboda suffers from COPD. Over the past 15 years his condition has steadily worsened, landing him in the ER with acute breathing attacks.

But it was only recently, with the help of his family doctor, his specialist and educators at the PRH respiratory clinic, that Swoboda fully understood his condition, and how to take his complex medications.

A long-time member of the hospitality industry and a community activist, Swoboda wants to help other COPD patients learn to manage their condition.

“This affects a lot of seniors, and they struggle when they get out of the ER,” he says. “They go home, and they might be alone or confused. They don’t know how to take care of themselves. The next thing, they are back in the ER. That’s not right.”

Swoboda is part of a new AECOPD working group, which looks at ways to improve care for COPD patients.

The group includes a broad spectrum of caregivers: family physicians, a respirologist, ER physicians, nurses, IH managers, respiratory therapists and educators, a clinical pharmacist, and Swoboda who is the patient representative.

“I’m excited and privileged to be a part of this group,” says respirologist Shannon Walker. “There is tremendous energy and dedication by all involved.”

The group’s program is proactive – aiming to prevent admission and readmission to the hospital or ER.

The group is simplifying admission and discharge forms, including medication prescriptions for COPD patients.

Upon discharge, the group also wants to see mandatory follow-up phone calls by a respiratory therapist within 24 hours, and, if needed, a scheduled home visit within 7 days.

“We’re hoping to do a trial of the process soon,” says Walker. “I just hope we can have an audience that will listen and appreciate the benefit this is to patient care.”

“We’d be able to help so many people,” adds Swoboda. “That’s what this is all about.”

Shared Care in our area

Shared Care initiatives connect family physicians and specialists with other health care providers and patients, and help them find new ways to work collaboratively.

Starting in 2010, physicians in the South Okanagan Similkameen were among the first in the province to engage in Shared Care projects. Currently, initiatives focus on improving patient transition from hospital-based care to community-based care (see COPD story), and referral processes between family and specialist physicians.

Projects are funded by the British Columbia Medical Association and the Ministry of Health Shared Care committee.