

The Choice and Partnership Approach (CAPA): Improving Access to Mental Health Care

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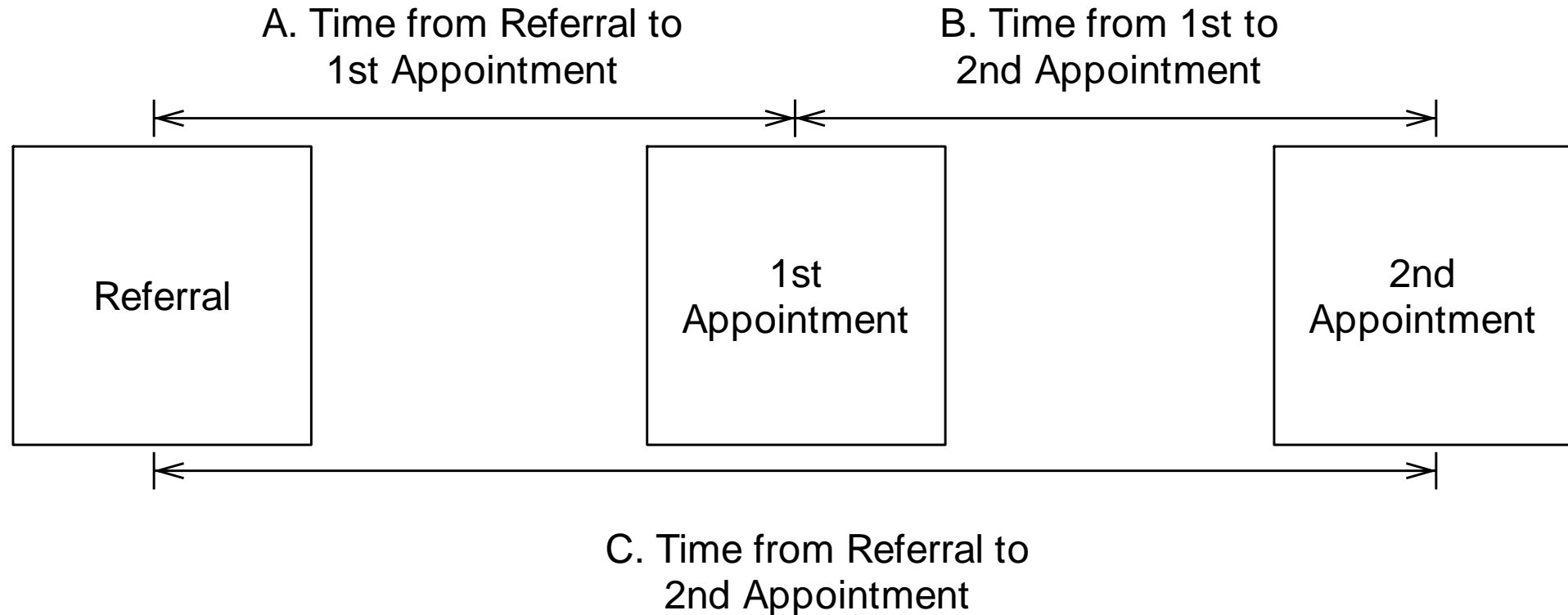
Acknowledgments

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Background

- More Canadian children and youth need mental health services than the system has capacity to serve.
- The Choice and Partnership Approach (CAPA) is a service transformation system to improve mental health care.
- CAPA increases the efficiency of care, enhances patient & family engagement, & matches patients' needs with clinicians' expertise.

Definitions of Wait Times



CAPA: Choice Appointment

- The traditional 1st visit in outpatient services
 - Focuses on a comprehensive assessment of diagnoses.
 - May take 2-3 hours.
- CAPA has a Choice appointment.
 - 60-90 minute session.
 - Clinician and patient/family together define the main problem & the family's strengths.
 - Jointly determine what the family thinks they can do.
 - Book next appointment (Partnership) in meeting.

CAPA: Partnership Appointments

- The 2nd outpatient visit in CAPA scheme.
- Traditional model: patient sent to specialized clinic focused on diagnosis.
- Partnership appointment is with a clinician with skills to carry out joint plan formulated by clinician and family.
- If a course of Partnership appointments does not resolve problem, patient will be referred to Specific Partnership.

What this study tested

- Our study tested whether CAPA improved access to outpatient mental health care in an academic pediatric hospital.
- Specifically:
 - Time from referral to first visit will decrease.
 - Time from first visit to second visit will decrease.
- Also looked at:
 - Numbers of patients served.
 - Productivity of clinicians

Methods

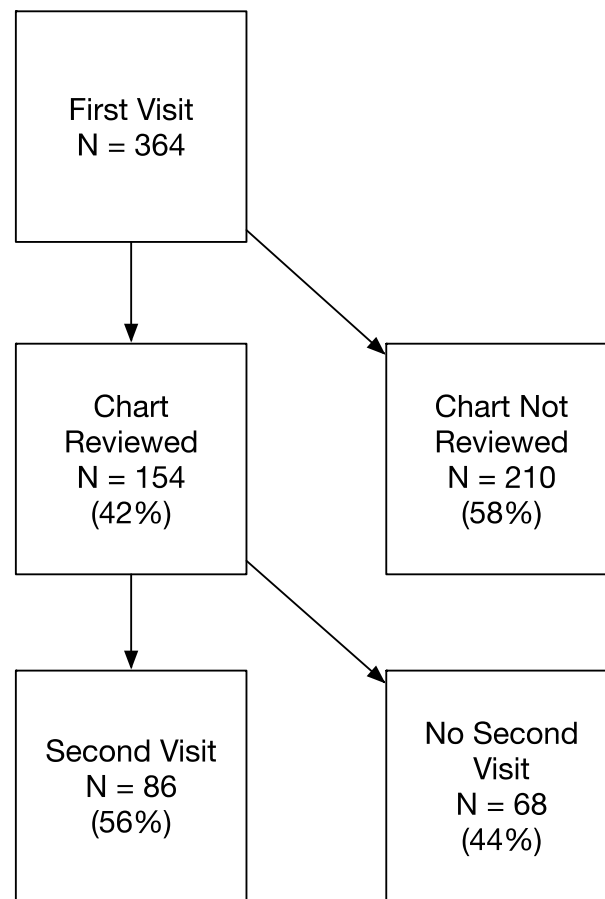
- The IWK Health Centre (Halifax, NS) is the tertiary care centre for women and children in the Maritimes.
- We used de-identified administrative data on referrals and waiting times for first and second mental health visits for children and youth.
- We compared access during January to June 2011 (pre-CAPA) and the same months in 2013 (post-CAPA).
- We needed to review charts to determine the dates of second visits. Some charts were in storage and unavailable.

Patient Flow

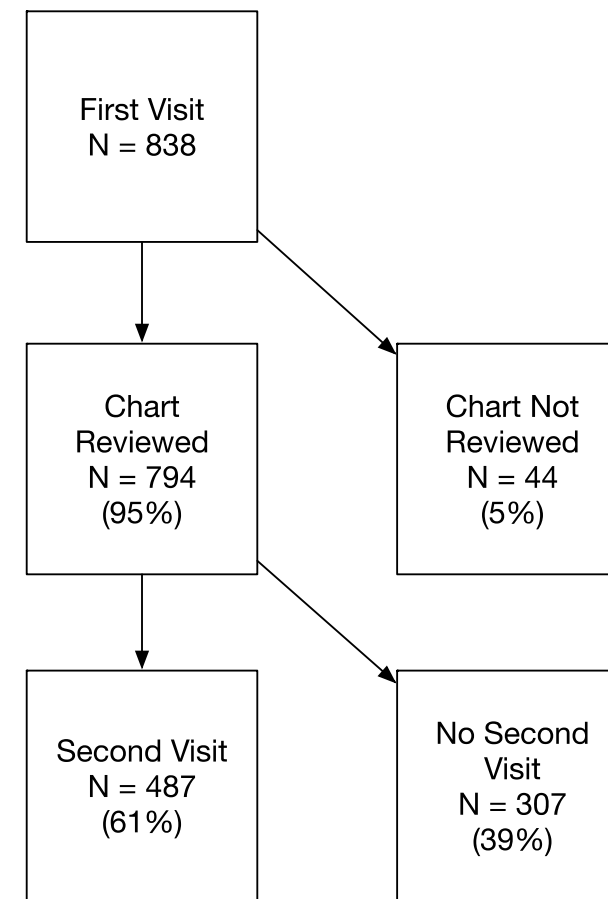
- Number of First Visits Increased 130%.
- The rate at which First Visits were followed by Second Visits also increased (n.s.).

Figure 2. Patient Flow Pre- and Post-CAPA

Pre-CAPA (January 1 – June 30, 2011)



Post-CAPA (January 1 – June 30, 2013)

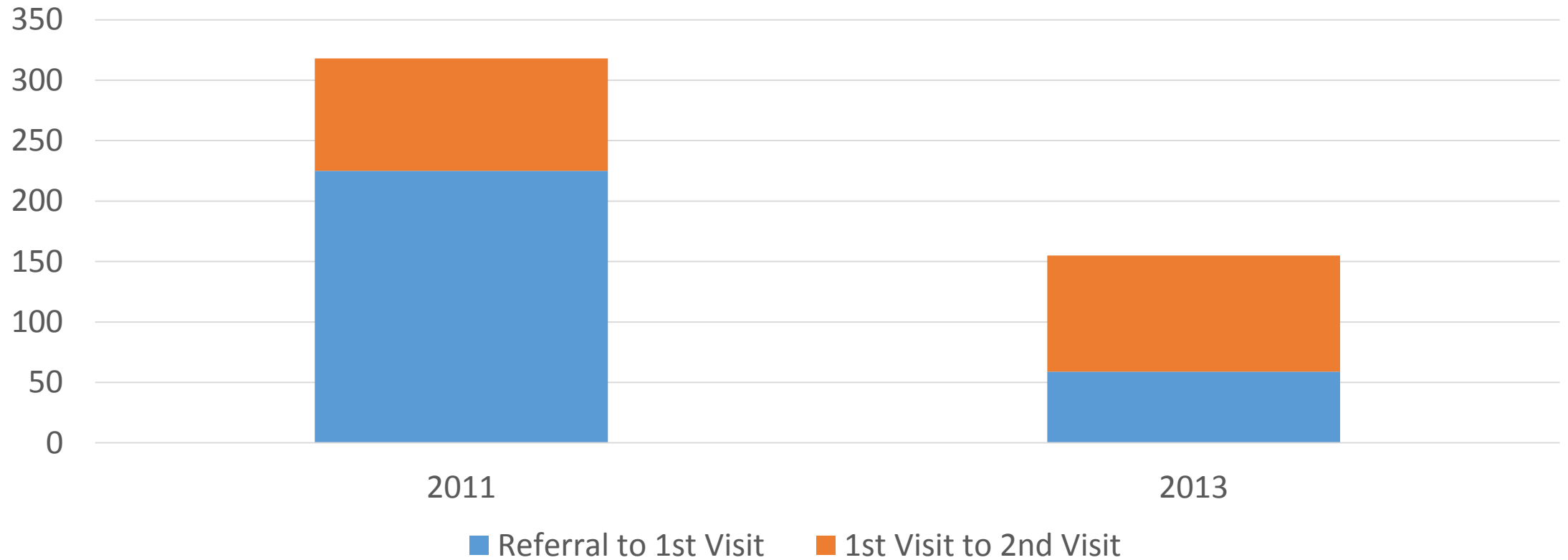


Wait Times

	2011	2013	p
<i>Referral to 1st visit</i>	225 days (95% CI = [211, 240], N = 364)	93 days (95% CI = [89, 967], N = 838)	< .001
<i>1st visit to 2nd visit</i>	59 days (95% CI = [47, 712], N = 86)	96 days (95% CI = [90.3, 101.5])	< .001
<i>Referral to 2nd visit</i>	271 days (95% CI = [237, 306], N = 86)	169 days (95% CI = [162, 176], N = 487)	< .001

Wait Times

Wait Times by Component and Year



Productivity

	2011	2013
<i>FTEs</i>	22	29
<i>First Visits / FTE / Year</i>	33	57

Discussion

- Use of CAPA was associated with:
 - more patients served,
 - decreased patient waiting times from referral to 1st & 2nd visits,
 - and higher staff productivity within an existing FTE complement which was reorganized for better efficiency.
- Future research should investigate how CAPA affects patient outcomes.