

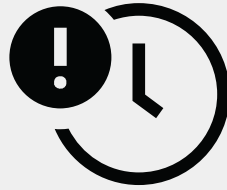


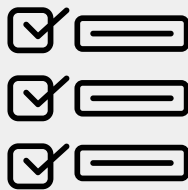

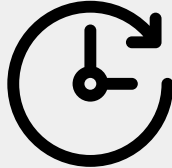













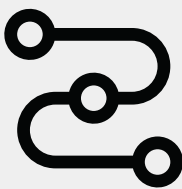


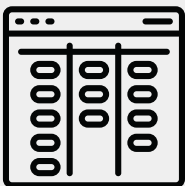




Community Health Services Focus Group: Mental Health and Substance Use Services

The purpose of this focus group is to create an open dialogue between mental health and community physicians; discuss ways to provide optimal care in the community; and highlight areas to work on moving forward.

Topics Covered	Provider Challenges or Concerns			
Wait Times Central Intake Referral Form Communication Process Rejected Referrals Self referrals Navigation of services Access to Psychiatric Care	 Confusion and a lack of standardization regarding Central Intake Process	 Referral forms are lengthy and costly to update	 Inconsistent and delayed communication loops regarding confirmation of referral receipts	 There are common themes for referral rejections and program specific rejections needing a point of contact to reduce future rejections
	 Unattached patients without a referral from a provider being refused service	 Services on the Pathways Directory are difficult to navigate and program criteria is unclear	 Providers are expected to initiate medications and provide continuity of care for psychiatry patients	 Lengthy wait times
Actions Implemented		Barriers		
 The purpose of the Central Intake system was clarified as it aims to reduce the burden of rejections	 The PCN Clinician program accepts generic referral letters and provided a list of information that should be included	 Referral letter is being sent to referring provider to ensure accurate information of status of referral and discharge letter after a patient is released from care	 Providers may contact FNW Division, their PCN Clinician or an intake worker at the Mental health Centre to know why referrals are rejected	 Mapped out navigational tool to better understand FHA MSHU services and reviewed information in Pathways listings
	 Barriers to wait times include, differences in population size, capacity and funding for services in different communities	 Barriers to central intake include conflicting needs depending on physician autonomy experience in community and patient panel	 Psychiatrists have limited sessional funding and require a GP referral for FFS billing	 Pathways is difficult to navigate, especially with no point of contact; unclear differences between counselling services and which form to use based on severity/clinical diagnosis
		 No single algorithm to explain rejected referrals	 A lack of psychiatrists and an overall capacity to provide long-term care to patients across all sites in the province	

Ongoing or Future Work			
 Utilize available resources and explore options for longitudinal psychiatric clinic + walk-in rapid access to psychiatry clinic	 Organize a Pathways event to review mental health materials + find a "go to person" for Pathways services to clarify content and information	 Explore options with PSP and DoBC to provide clinical workflow supports to clinics with filling out forms	 Implement regional process for rejections by directing referrals to appropriate locations
 Plan a PDSA to evaluate Central Intake and make this service standardized across health authority	 Advocate for implementation of Pathways Referral Tracker in region and map care pathway for steps taken when referral is made for each service	 Central intake working with FHA analytics to capture referrals data	 Advocate for increased sessional funding/patient referral fee for psychiatrists