

Behavioral Support Systems

New Horizons, New Understanding

New Direction



Opening the Doors to Quality
Health and Health Care

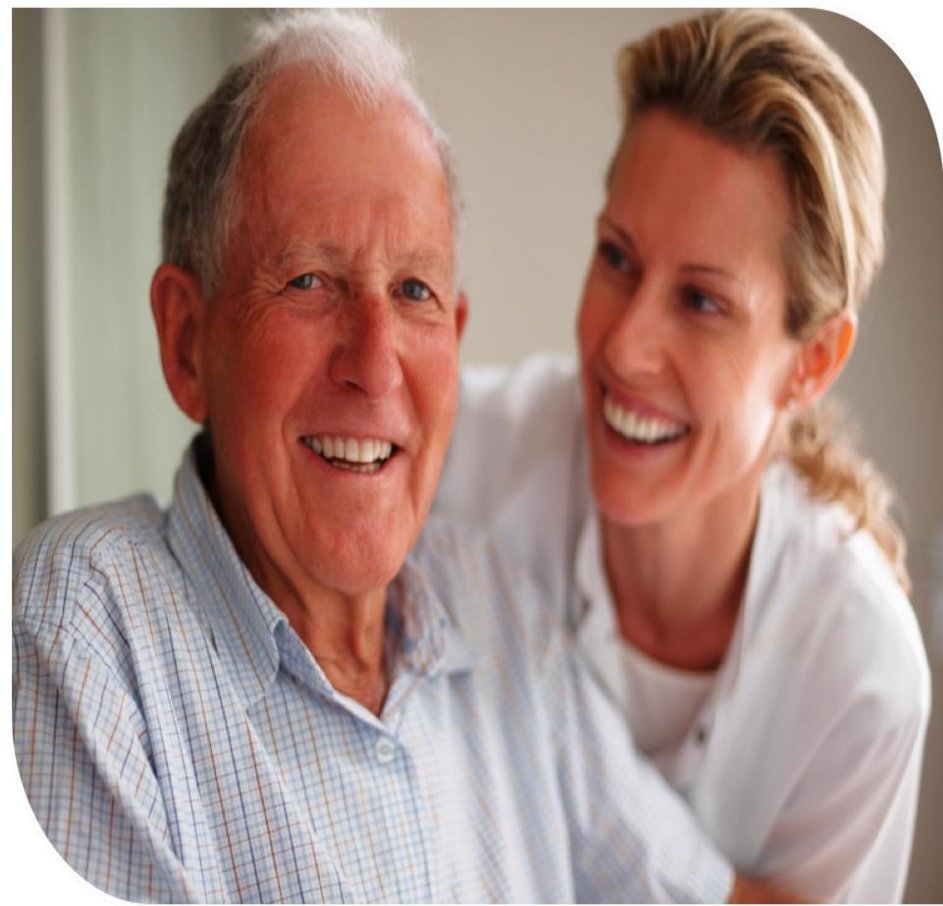
An Evidenced informed Review
and Scan

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

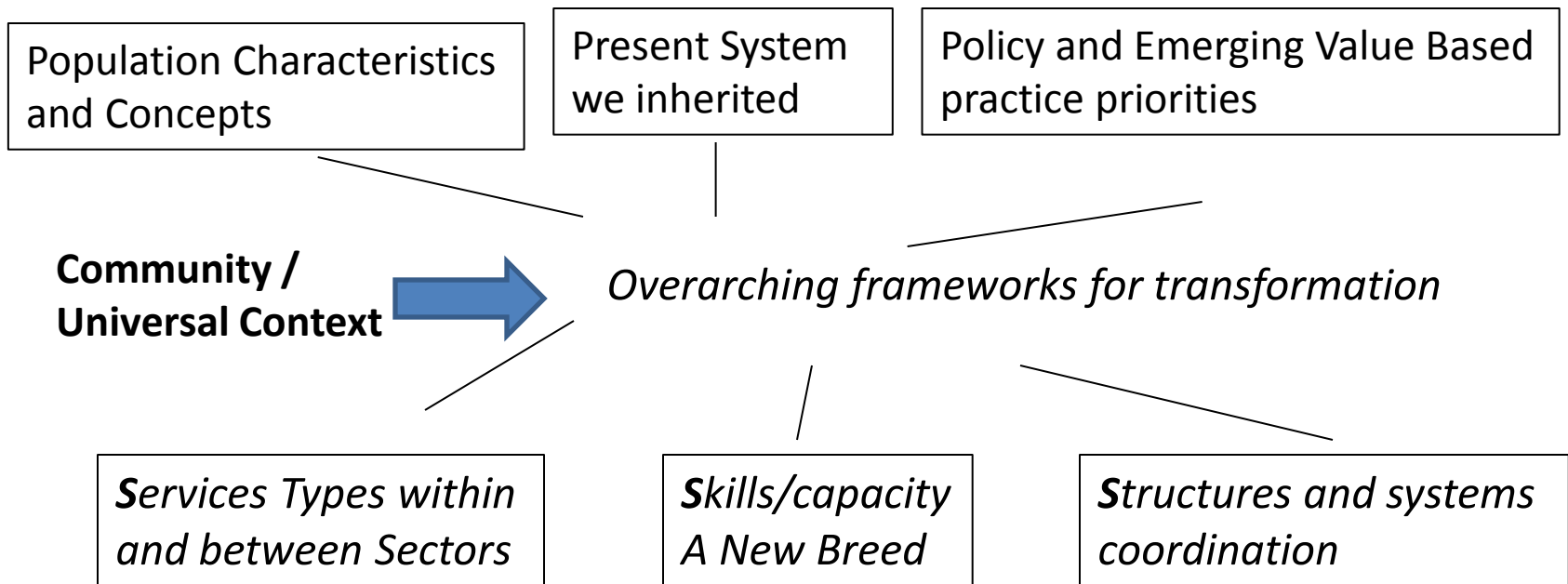
Why? Evidence

**What? The
future**

**How? and How
to? what
matters and
methods**



The PRISM Approach for defining Evolutionary Development



The Enabling Strategies

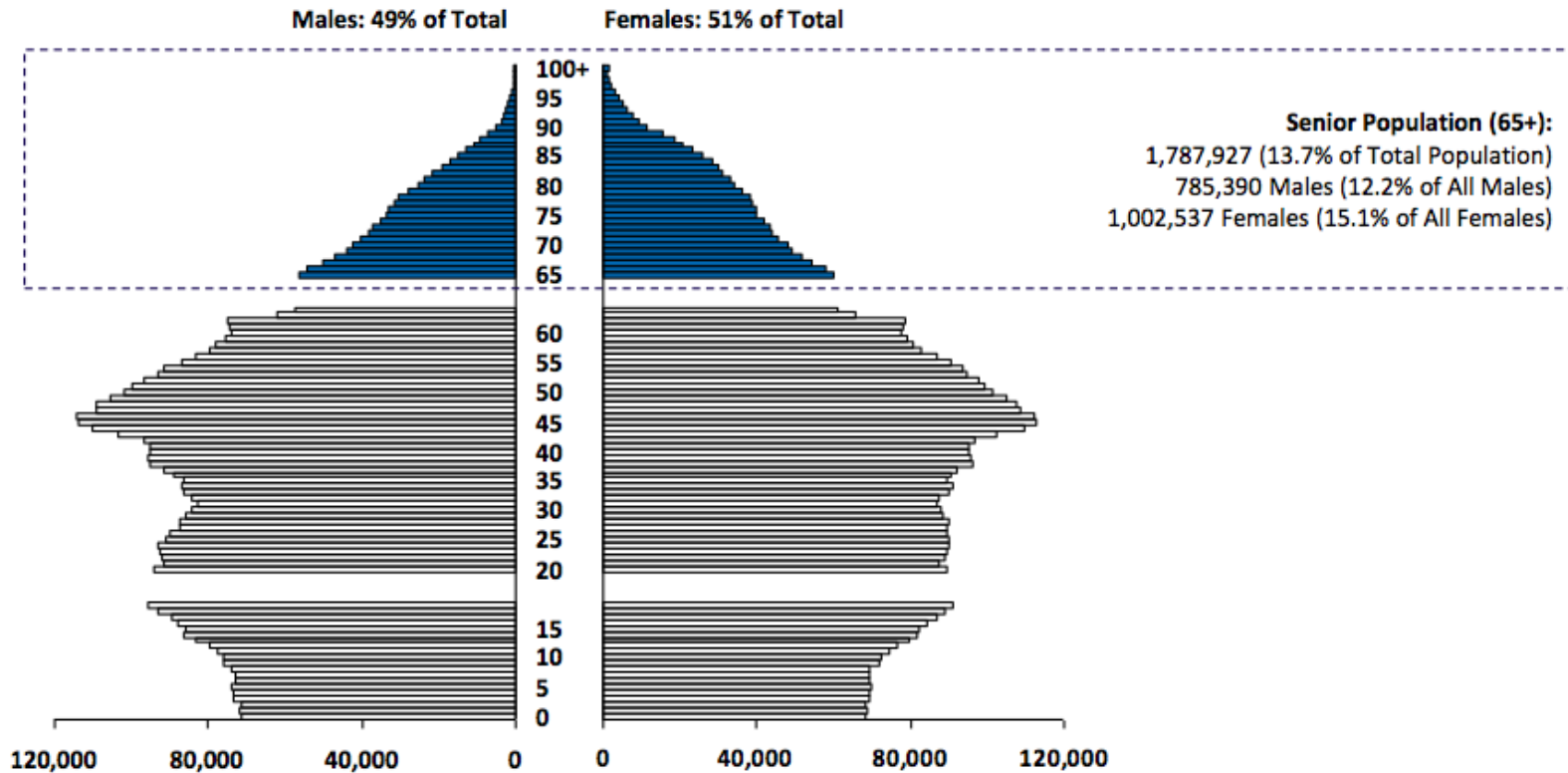
IMPROVEMENT SCIENCE (QI) KNOWLEDGE EXCHANGE (KT) EVALUATION
focus on sustainability SUPPORTIVE ENVIRONMENTS,
in the house of Person and Family directed health and health care

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



The Need

Its not about body parts and diagnosis any more

The 4 Quadrant Framework

A View from the Top

<p>Cognitive Disorders Behavior 58% Cognitive 60-70 Behavior 45% Aggressive</p>	<p>Medical / Functional 56% Significant Health Instability 76% Totally dependant or require assistance with ADL</p>
<p>Psychiatry Mental Health Addiction 60-70%</p>	<p>Social Interactions environments Receive Less 10 min per day in supportive living Environmental Sensitive</p>

- Rovner et al
- Expert Panel Report Why Not Now

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

▶ Function

▶ Multiple Medical

▶ Psychiatric/
mental health and
addictions

▶ 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



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

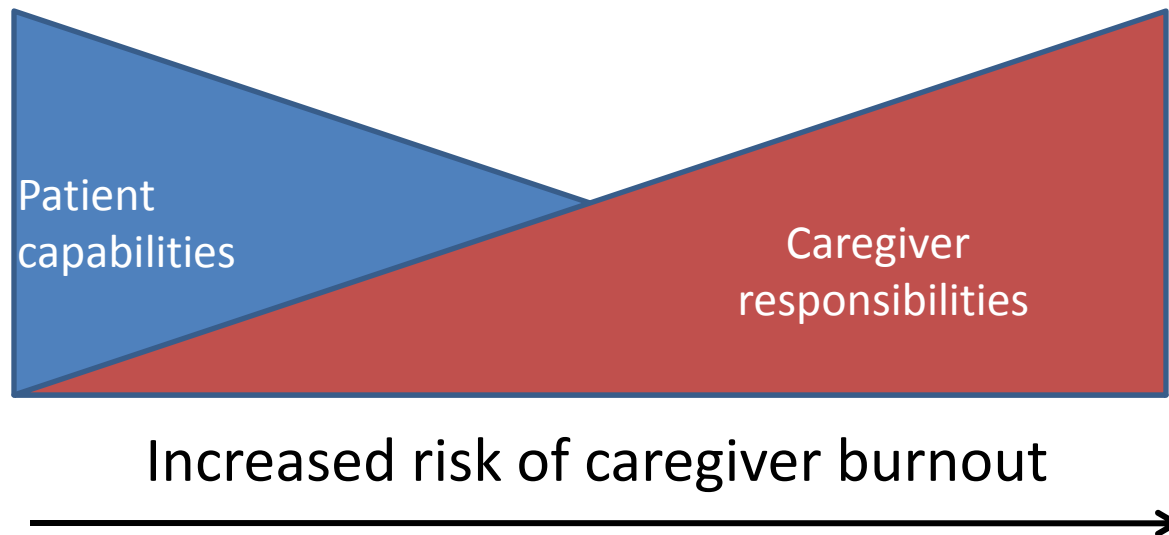
The dyad



Consider caregiver needs



- The Trajectory of need and care



The Population and the Implications

*To System, Services, Skills and Structures and enabling
Strategies*

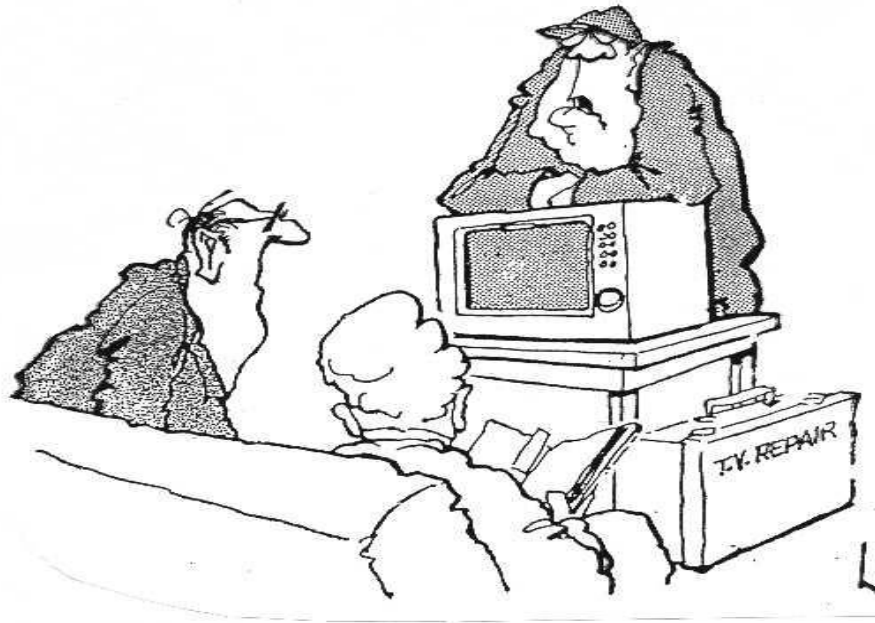
The Seven C's for Change

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



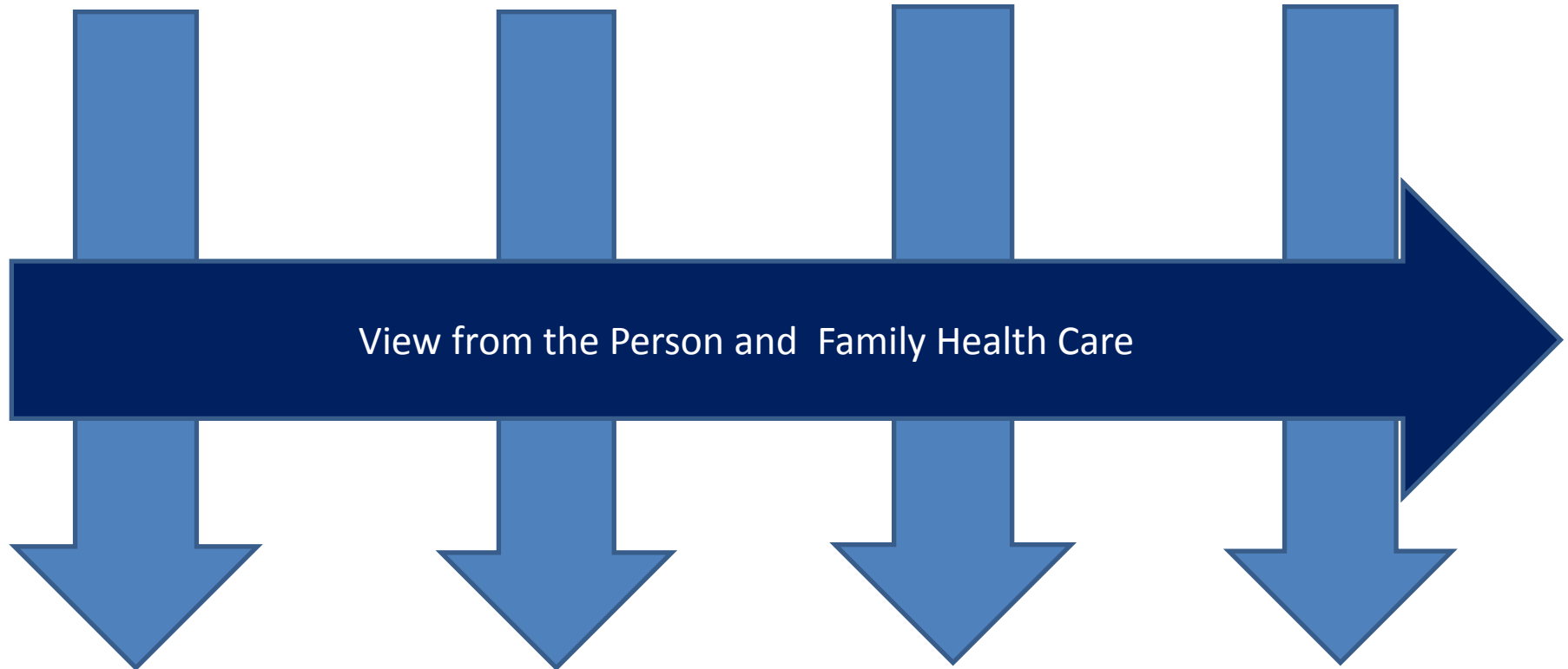
View from the Sector Health care

Primary Care

Community Care

Acute Care

LTC



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

A woman's face is visible inside a crystal ball, which is set against a background of a city skyline and water. The woman has a serious expression. The crystal ball is the central focus, with the city buildings and water visible through its surface.

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



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

New Canadian Guidelines for Mental Health Services for Seniors: Applicability in Your Practice

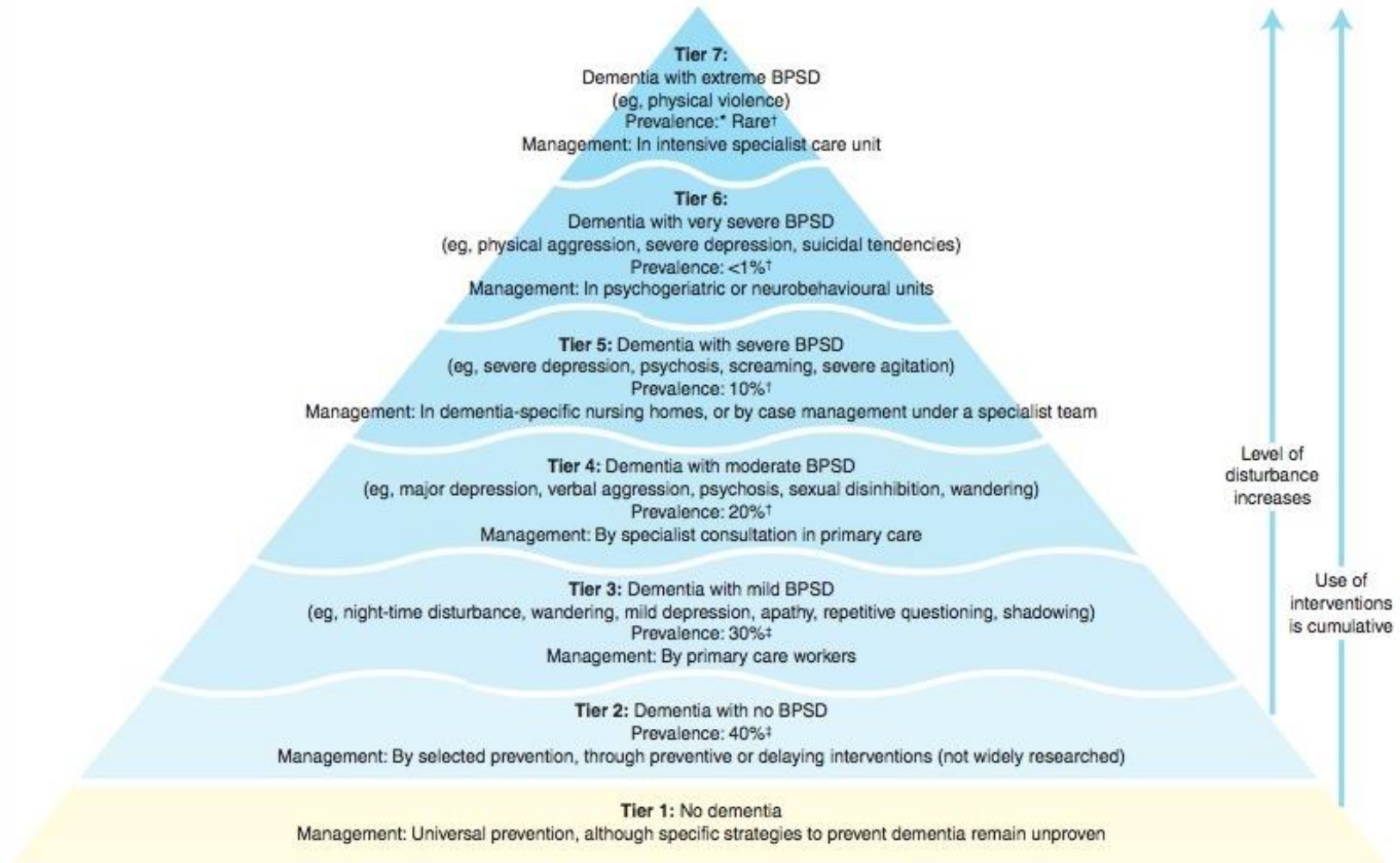
Seniors Advisory Committee

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.

Territory

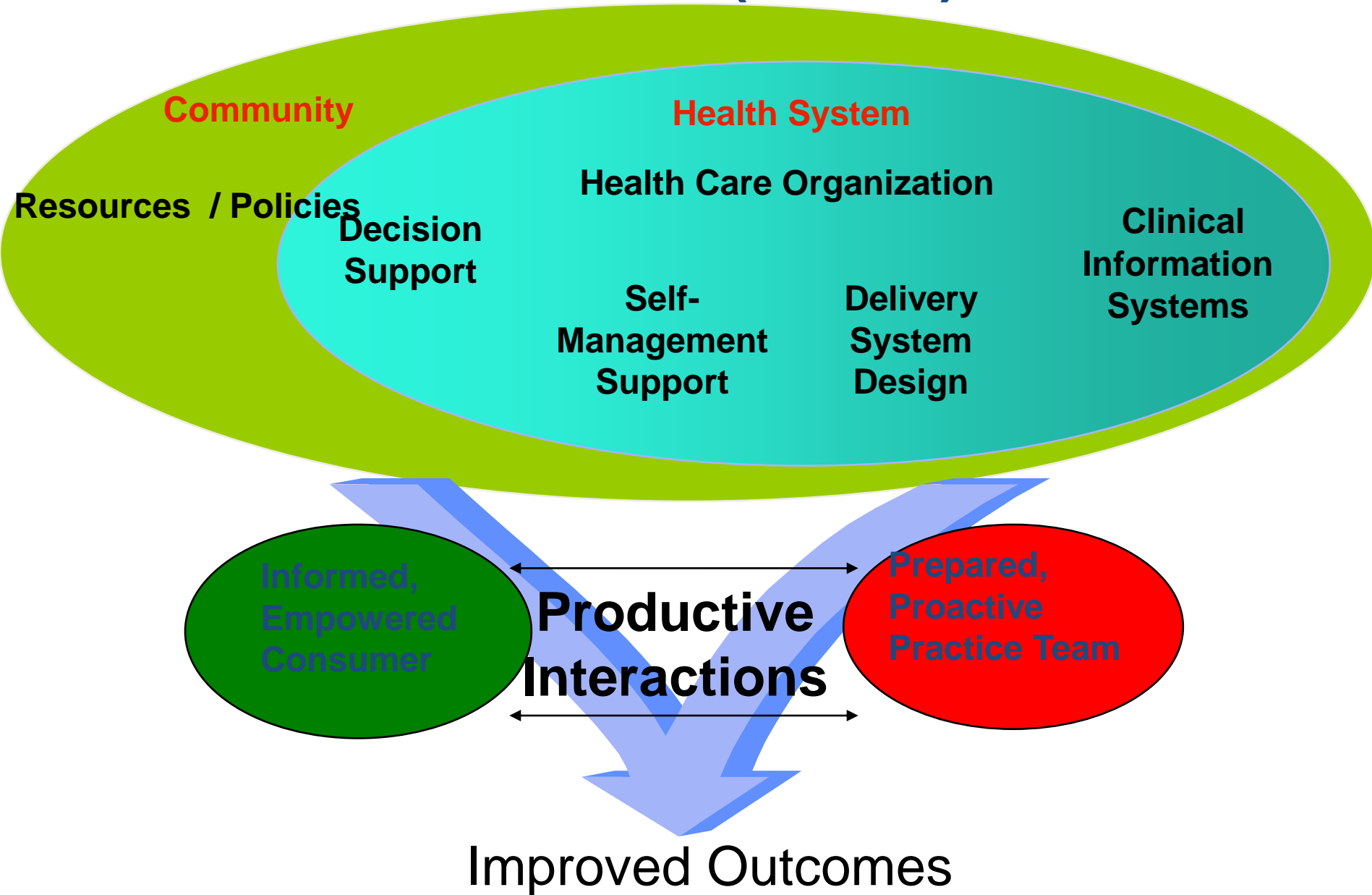
Seven-tiered model of management of behavioural and psychological symptoms of dementia (BPSD)



* 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.²

Chronic Care (Illness) Model



The Transformation

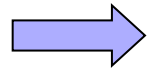
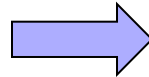
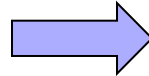
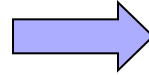
TO

FROM
Illness orientation



Wellness orientation

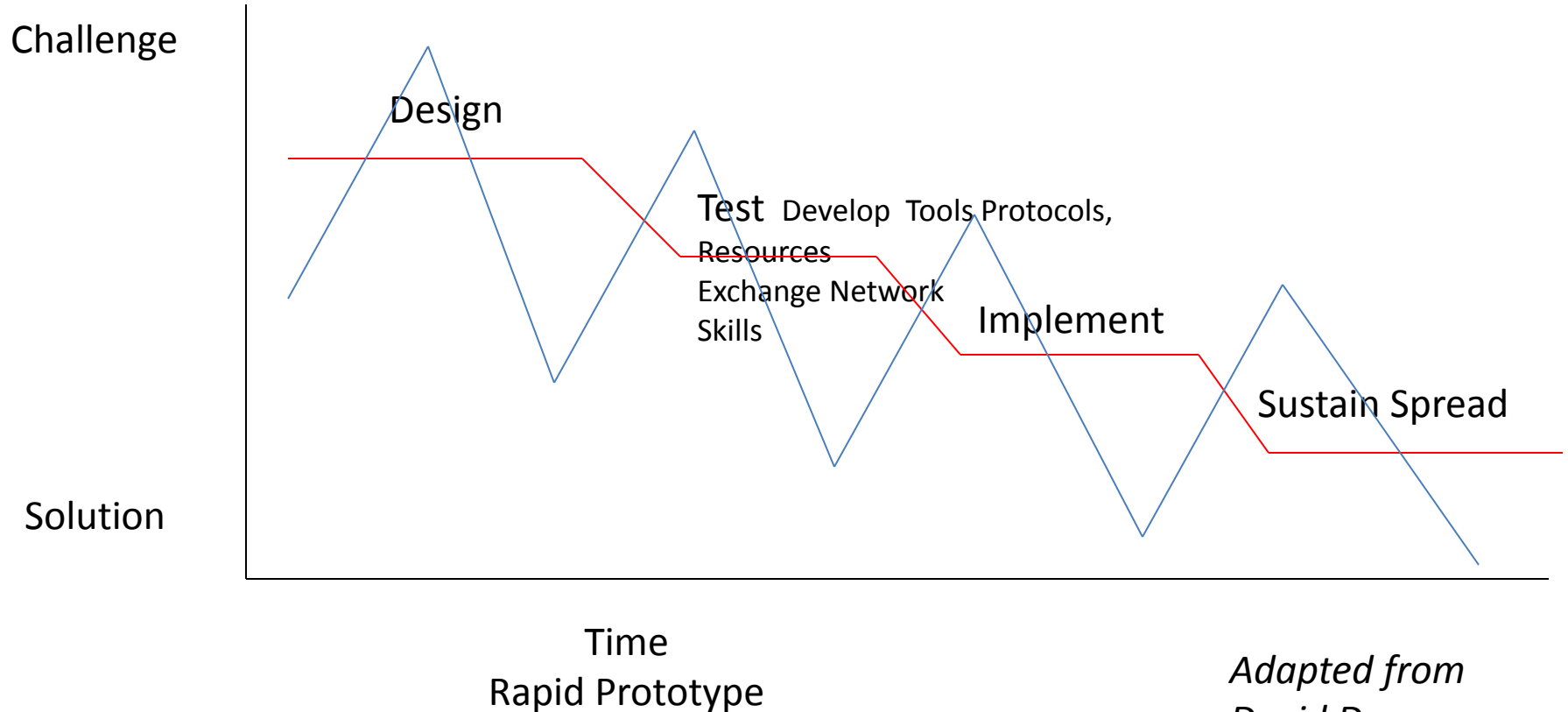
- prevention not a priority
- a solo provider approach
- Provider, disease centred
- reactive and episodic care
- limited role for individuals in management



- **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

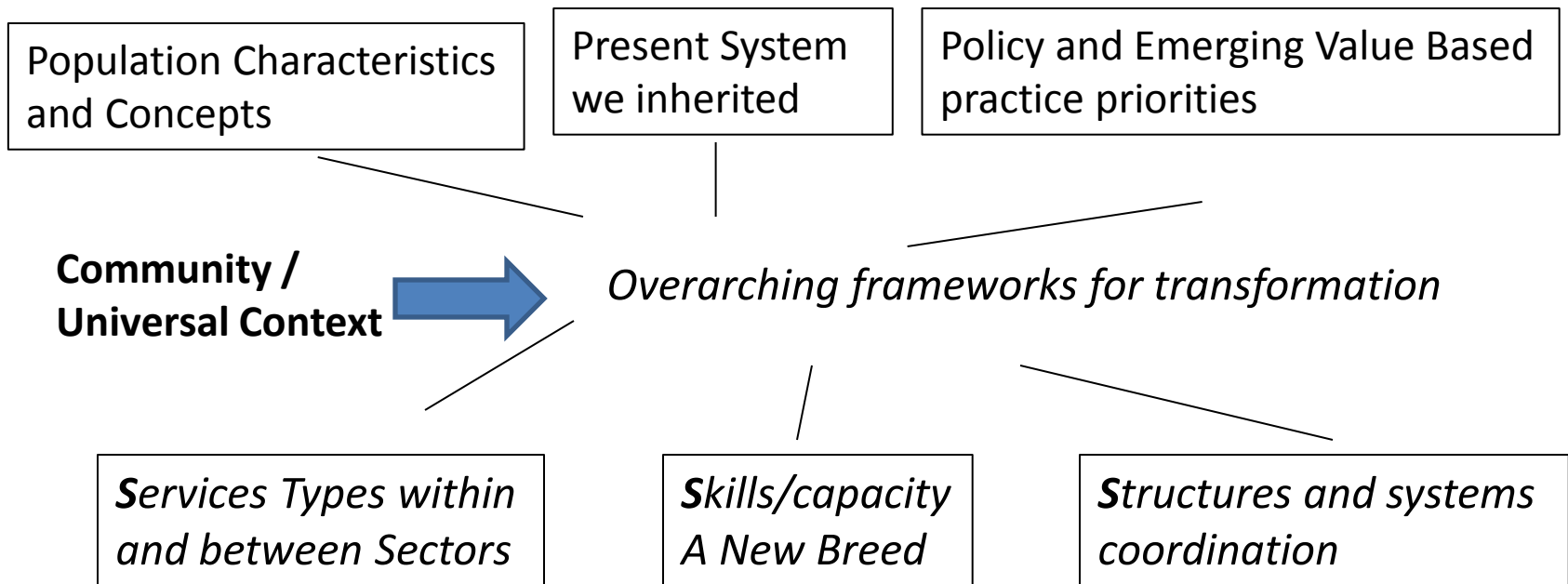
Enabled by knowledge exchange and quality improvement

Specialty systems tertiary resource

System Management

Capacity Building

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

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)

Service Style	Effect size	Range
Consultation	-0.06	(- 0.28 - 0.16)
Liaison	0.60	(- 0.24 - 1.45)

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


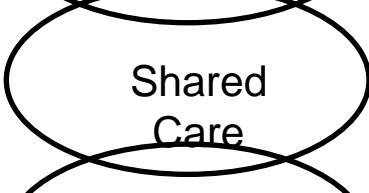
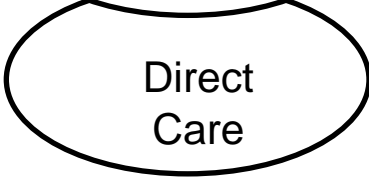
PC Data Seitz et al

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

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

Capacity Enhancement Framework and Toolkit for Health Care 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

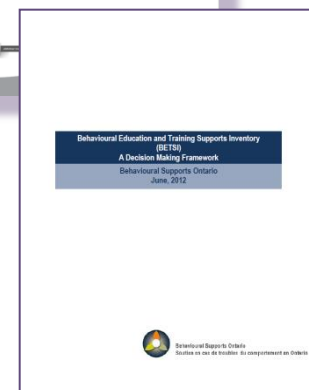
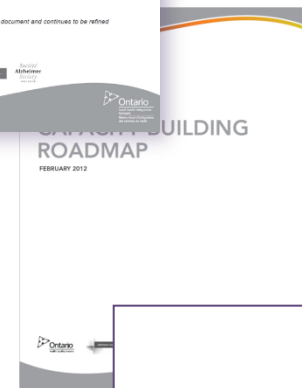
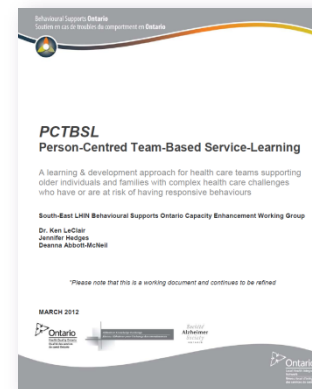
*Decision making framework for provider
skill building*

■ 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

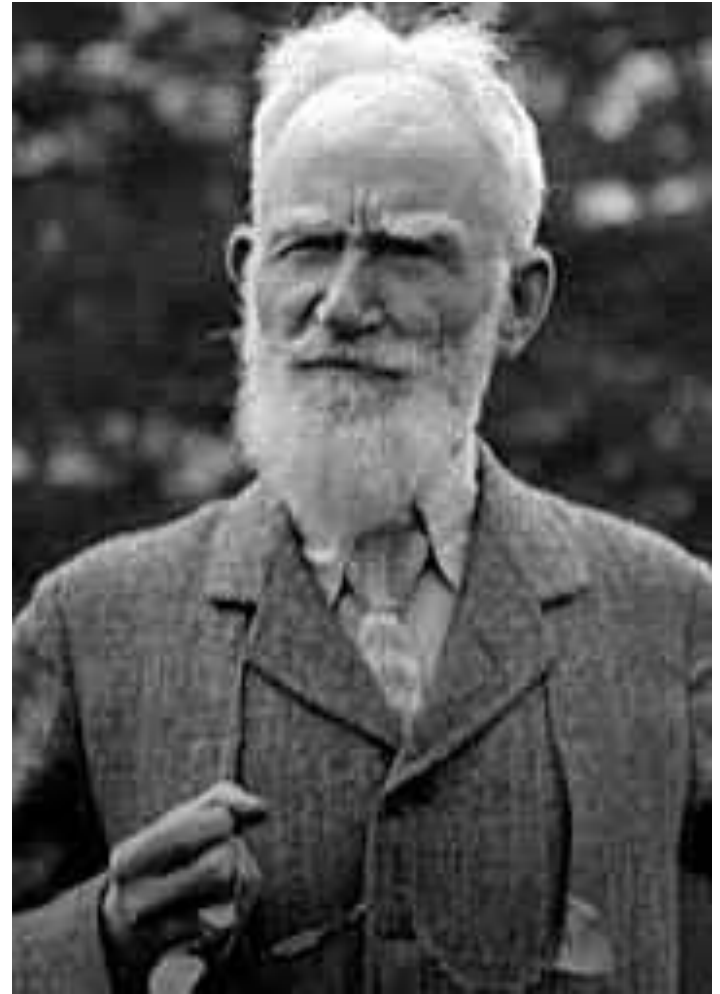
The Vehicles for Change

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

