

Electronic shared-care with mental-health services, consumers & GPs: research and implementation challenges during the pandemic

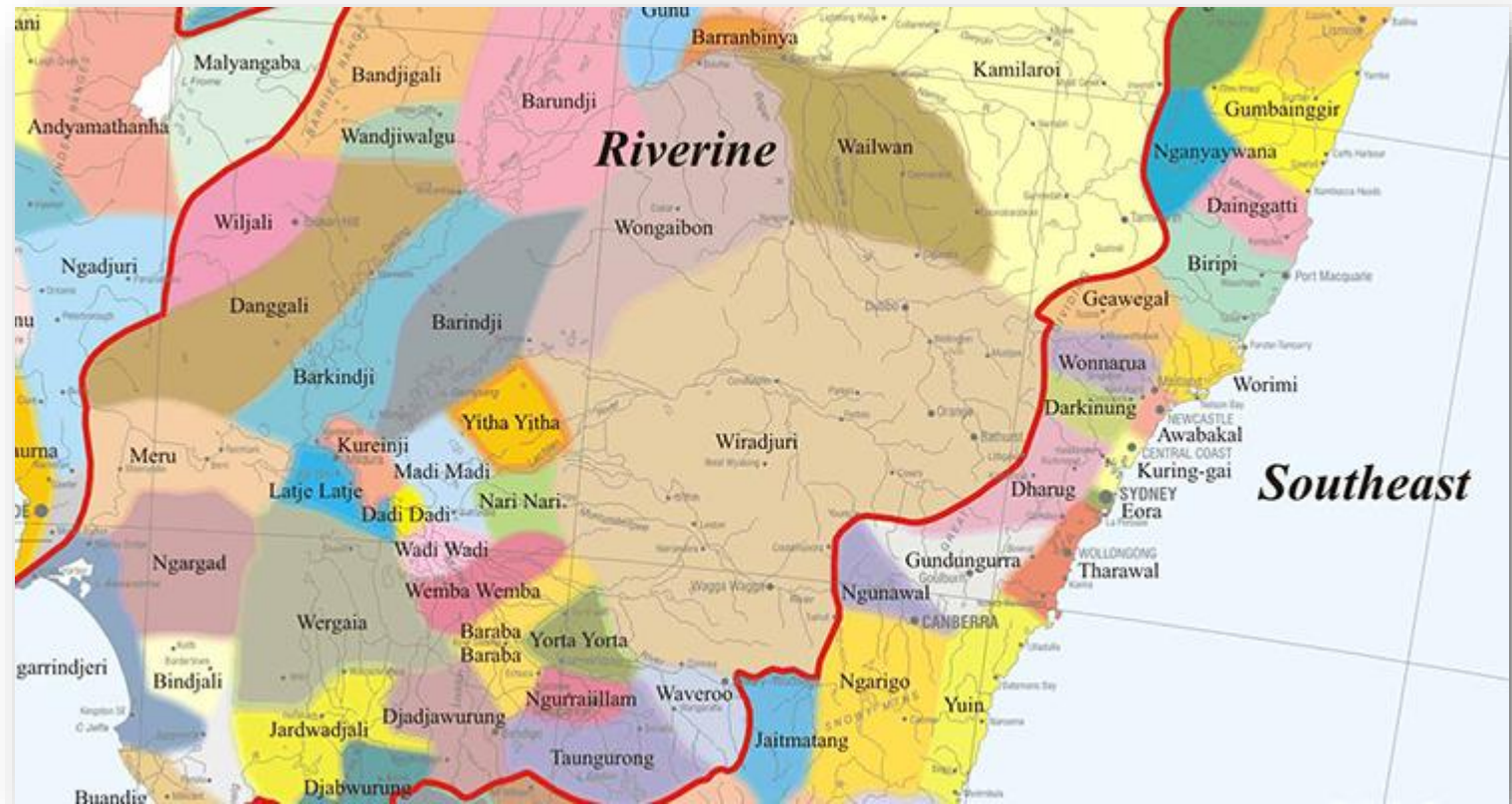
Spooner C, Simpson A, Li S, Harris MF, Taggart J, Searle K, Jun S, Lopez Portillo B, McDonald A, Baillie A, Harris-Roxas B, Cunich M, Parsi L

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Funding body
Co-investigators
Study participants
SLHD MHS clinicians



Background

Shared care between mental health services and general practices is recommended to:

- Improve preventive care
- Reduce physical health disparities

CPHCE: success with software in cancer space

SLHD: established shared care program

SHAReD study: a pragmatic RCT of an online shared-care tool

Timeline: Jan 2021- Jun 2023 (2.5 years)

Recruitment

Aim: 500 consumers
and their GPs



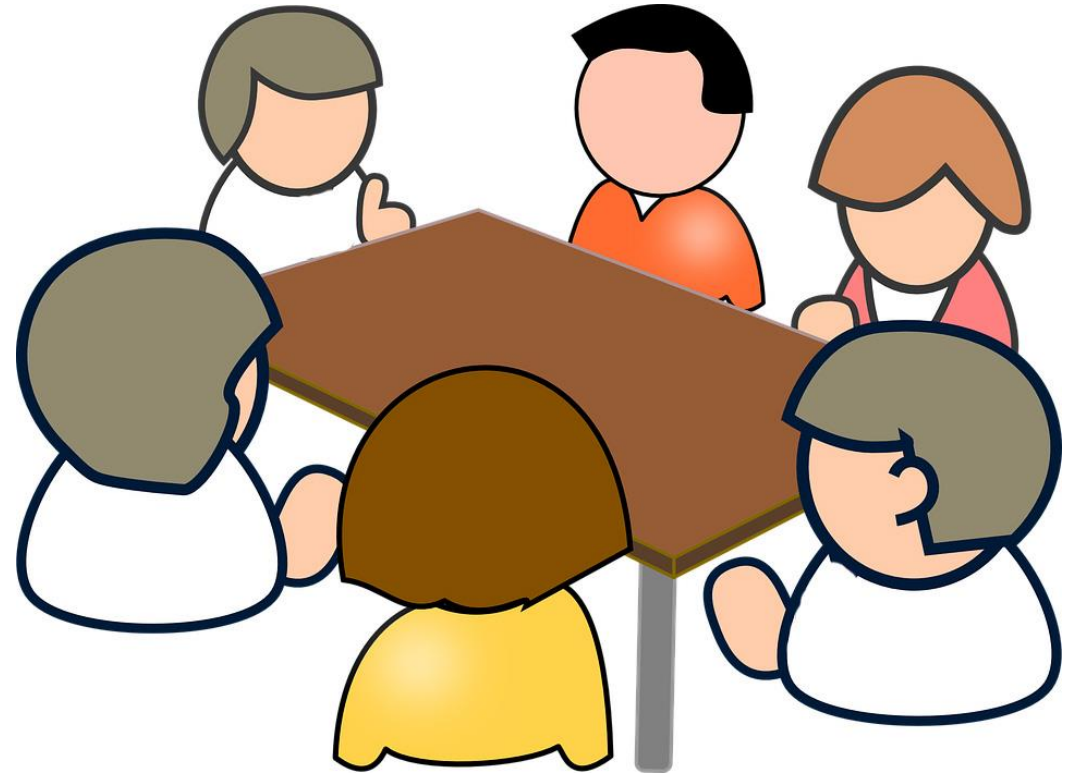
Achieved: 52 consumers
and their GPs



What can we learn?

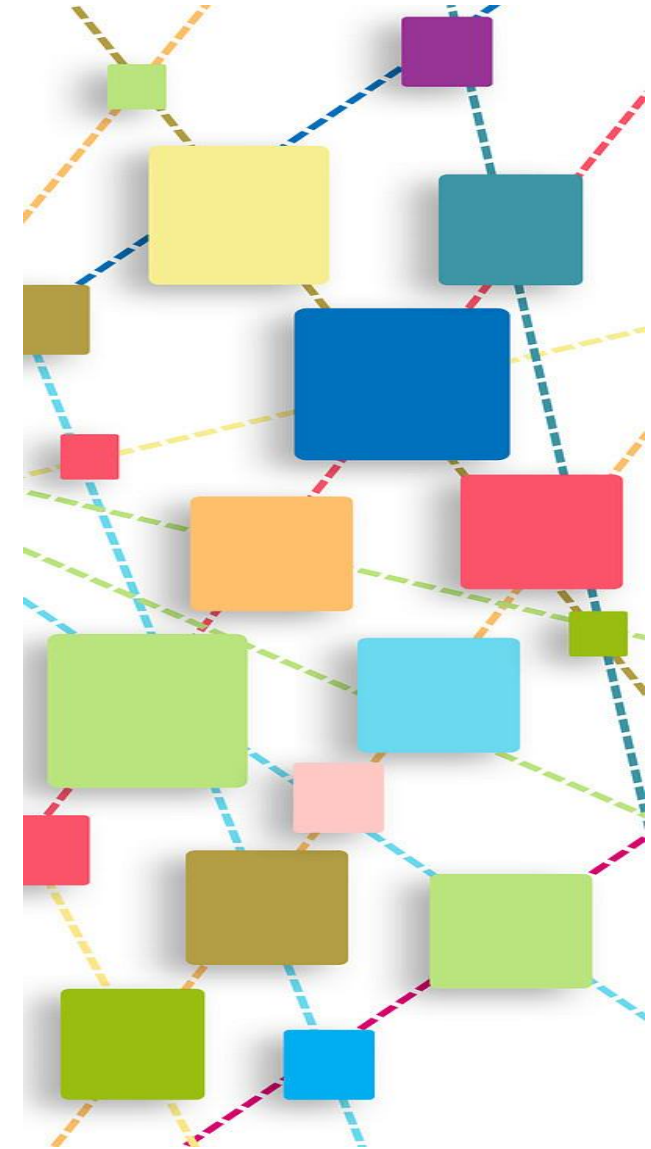
Method

1. Data sources:
 - log of issues
 - study research team and clinicians
2. Data collection:
 - Document review
 - Group discussions
 - Individual contributions
3. Reflective discussion and review of results



Analysis framework

Barriers and facilitators	2 columns
For research, the intervention, or both	3 rows
Relating to GPs, mental health service/clinicians, or consumers	3 tables



General practices & GPs

	Barriers	Facilitators
Both	<ul style="list-style-type: none">• Highly stressed and busy• Workforce capacity• Consumers see multiple GPs• Negative experience with Inca	<ul style="list-style-type: none">• Motivation to improve shared care• Strong relationship with consumer
Research	<ul style="list-style-type: none">• Remuneration• Concerns about the software• Approval from practice manager to install software needed	<ul style="list-style-type: none">• MHS clinicians
Intervention	<ul style="list-style-type: none">• Difficulty using the software• Consumer privacy concerns	<ul style="list-style-type: none">• Support to use software

Mental Health Team

	Barriers	Facilitators
Both	<ul style="list-style-type: none">• Highly stressed and busy• Limited workforce capacity	<ul style="list-style-type: none">• Clinicians who supported the vision• Value research• Confidence in their role to support the study• MHS clinicians
Research	<ul style="list-style-type: none">• Lack of confidence in research• Lack of confidence in their capacity to support the study• High turnover	<ul style="list-style-type: none">• SLHD as lead investigator• Research team presence at the services• Weekly newsletter, recruitment celebrations
Intervention	<ul style="list-style-type: none">• Time required• Concern of existing relationship with GPs• Privacy concern• High turnover	<ul style="list-style-type: none">• Peer support• Confidence in supporting GP navigating software• Existing rapport with GP/practice• Training & support

Consumer

	Barriers	Facilitators
Both	<ul style="list-style-type: none">• Relationship with their GPs• Privacy concerns• Moved to a different health district	<ul style="list-style-type: none">• Support from mental health team
Research	<ul style="list-style-type: none">• Mistrust around sharing information• Cognitive capacity to understand the purpose and value of the study• Perceived benefit	<ul style="list-style-type: none">• Financial remuneration• Rapport with research team• Understood and appreciated the study goal/aim• Easy to participate• Research team training• Lived experience team members
Intervention	<ul style="list-style-type: none">• Failure to attend appointments• Change GPs	<ul style="list-style-type: none">• One-on-one support from the MHT

Our responses



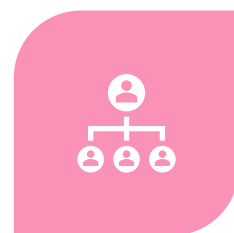
EXTENDED TIME
FOR
RECRUITMENT
AND
INTERVENTION



INCREASED
REIMBURSEMENT
FOR GPS



ADDITIONAL
SUPPORT TO
GPS TO INSTALL
AND USE
SOFTWARE



PERSONAL
CONTACT FROM
SENIOR
CLINICAL
INVESTIGATORS



TARGETED
REPEAT
TRAINING OF
MHS
CLINICIANS



ONE-ON-ONE
SUPPORT FOR
MHS
CLINICIANS

Discussion

Different issues for different participants

Different issues for research, for implementation or both

Barriers generally worse than anticipated

Extended timeline & difficulties →

- research team stress, burn out, turnover
- Multiple changes (plan, ethics) additional time burden
- Follow-up period reduced

Conclusions

Shared care is important

Even “small” change can be difficult

We needed to be flexible and adaptive to the needs of the consumer and the post-COVID dysfunction in the system

Research team needs to be highly skilled & supported

Research funding needs to accommodate these difficulties with realistic timelines and budgets



Questions

