

# ***Shared Care and Outcomes Following Mental Health Discharge***

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# What is Shared Care?

- Community Clinics where specialists see patients in a primary care clinic setting.
- Basic model: regular communication system between specialist and primary care.
- Liaison: meeting attended by specialists and PC team where ongoing mgmt discussed and planned
- Shared care record card
- Computer-assisted shared care and e-mail (data agreed upon, collected, and shared between specialists and PC sector)
- Smith et al., 2007, Cochrane Library, Issue 3

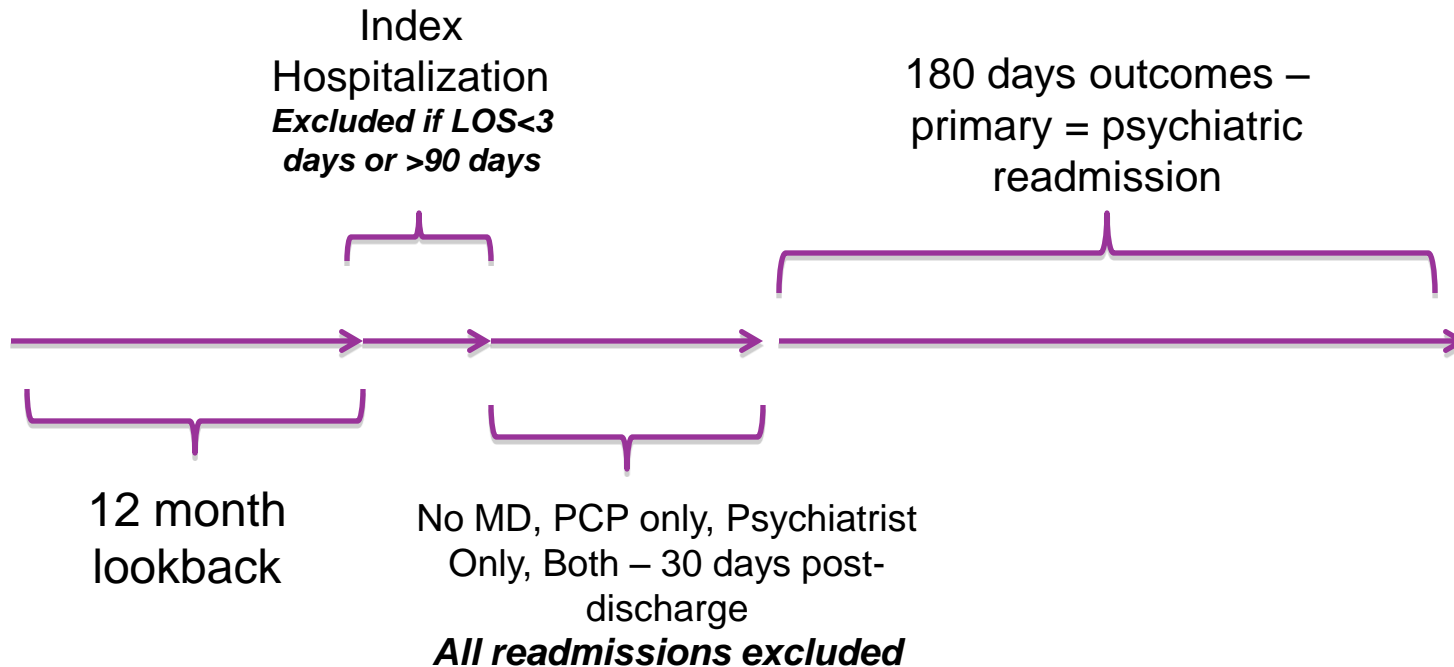
# Introduction

- Collaborative or “shared” care is increasingly viewed as an important mode of care delivery
- Cdn Collaborative Mental Health Initiative
- Relatively few well-designed outcome studies of shared care despite widespread interest.

## OBJECTIVE

To measure the impact of different types of physician follow-up post-psychiatric hospitalization on readmission and other outcomes.

# Study Design

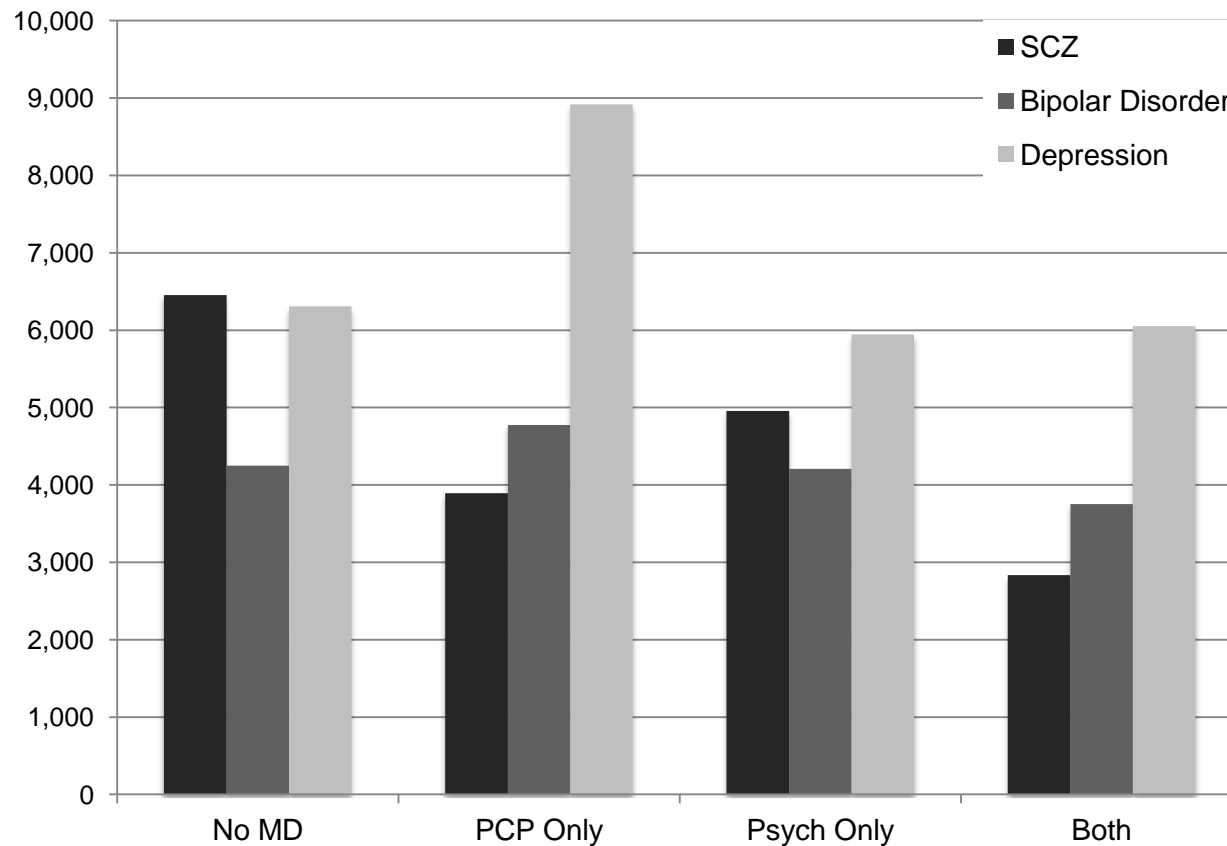


- All index hospitalizations within OMHRS
- Index hospitalization categorized as SCZ, Bipolar Disorder, or Major Depression (excluded other hospitalizations)
- April 1, 2007 to March 31, 2012 accrual
- Follow-up type = No MD visit, PCP only, Psych only, Both PCP + Psych

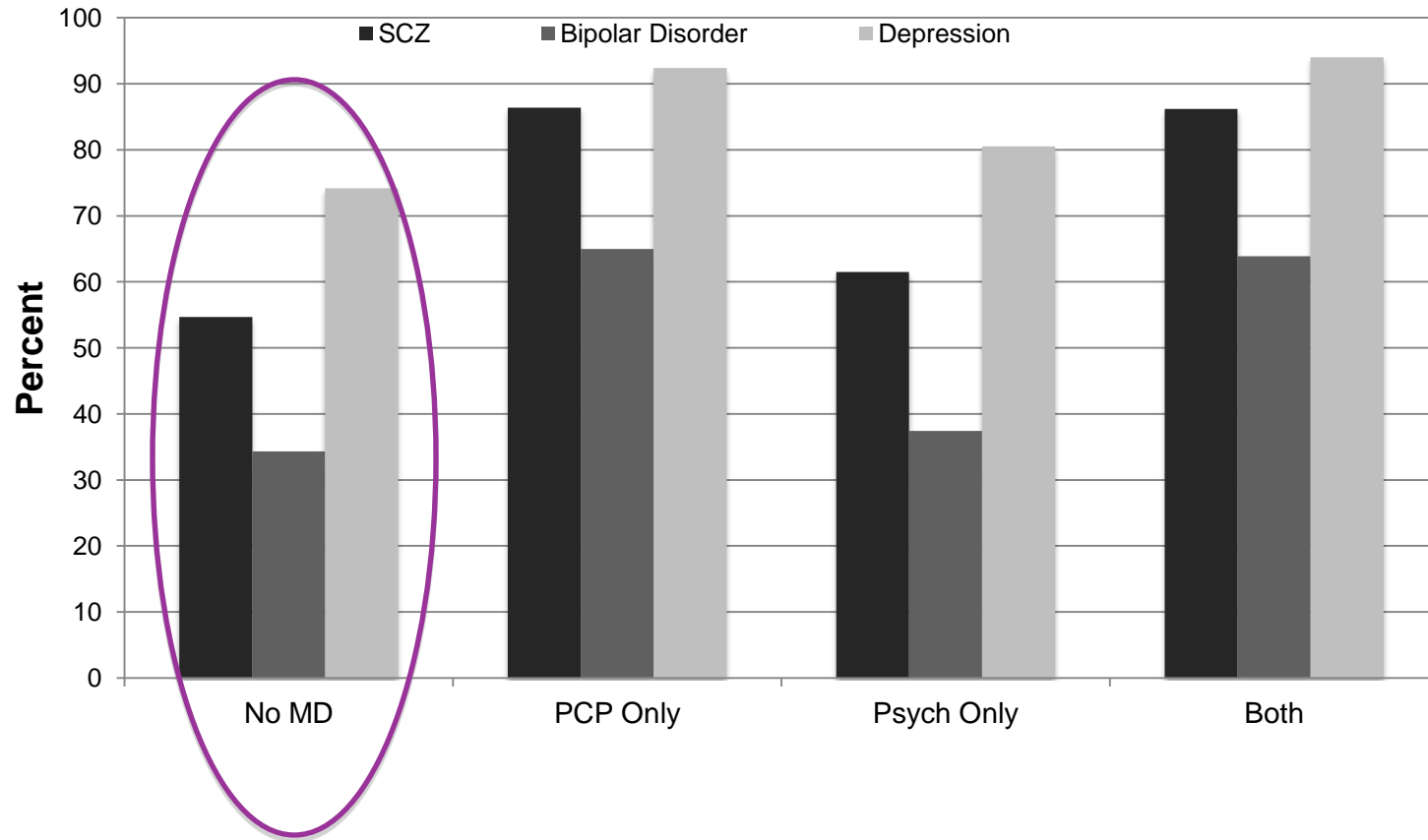
# Covariates

- Demographics
  - Age (categories)
  - Sex
  - Income
  - Rural
- Health Service Utilization (prior year)
  - PCP visits – categorized as mental health and non-MH
  - Psychiatrist visits
  - ED visits
  - All OMHRS hospitalizations and non-psychiatric hospitalizations
- Comorbidities
  - ADGs
- Psychiatric Illness Severity (benefit of OMHRS RAI data)
  - Aggressive Behaviour, ADLs, Cognitive Performance, Depression Rating Scale, Psychotic Symptom Rating Scale, CAGE questionnaire, Suicidal Behaviours, GAF

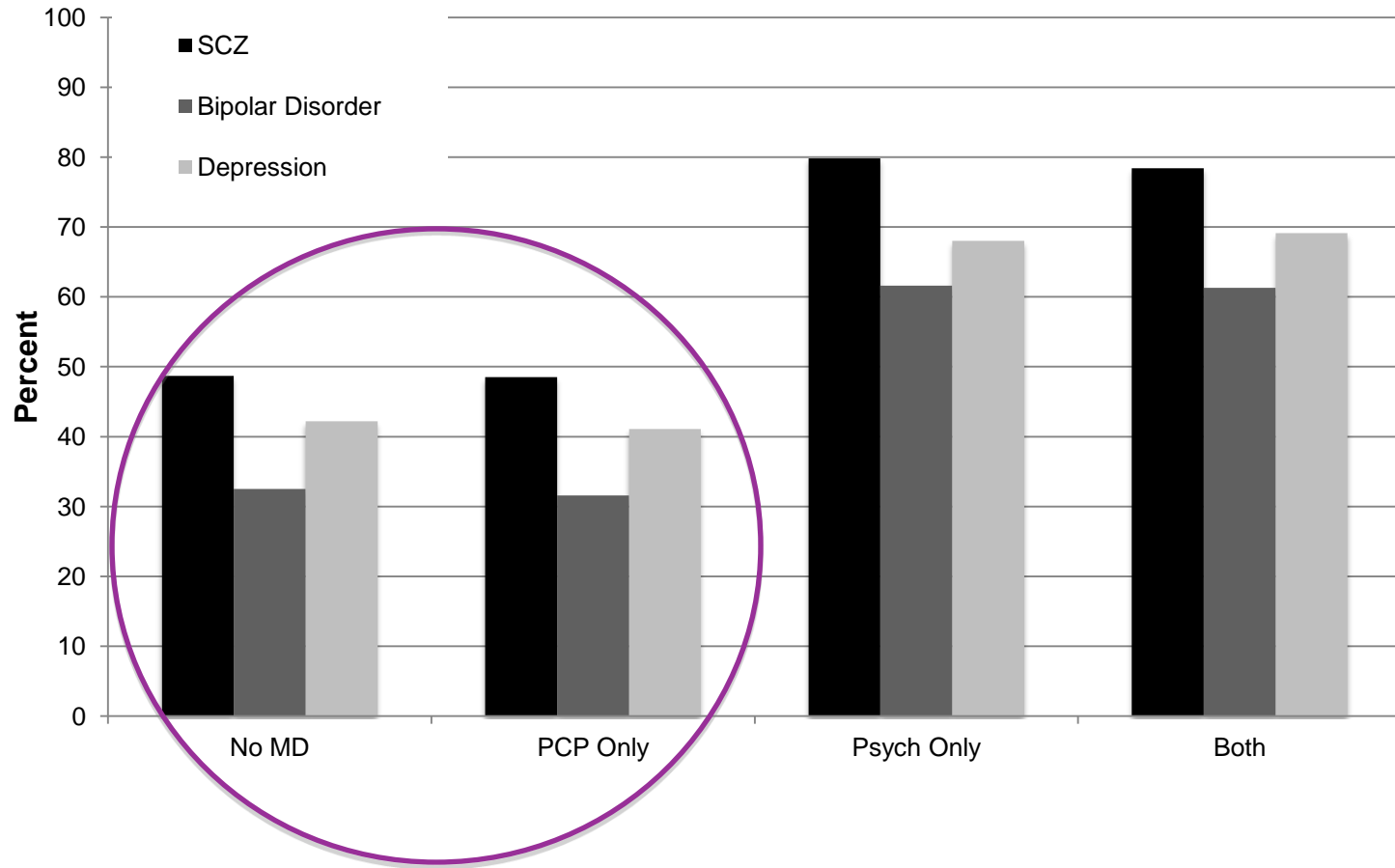
# Follow-up Categories



# Prior Utilization – Primary Care Visits

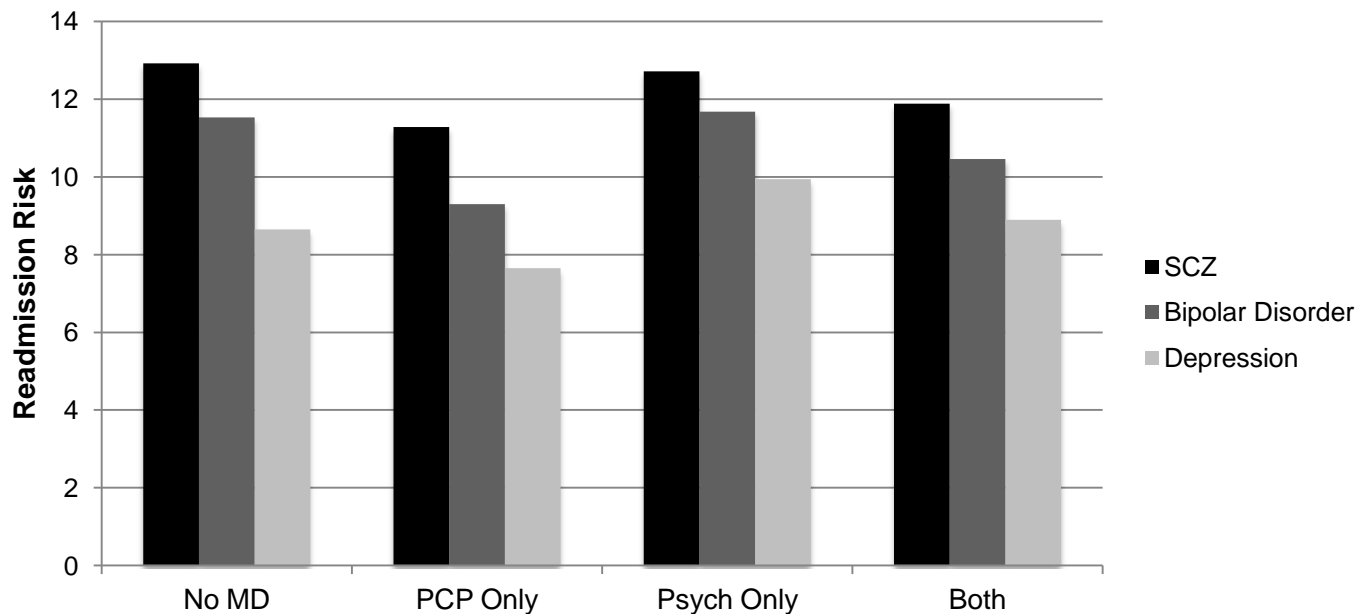


# Prior Utilization – Psychiatrist



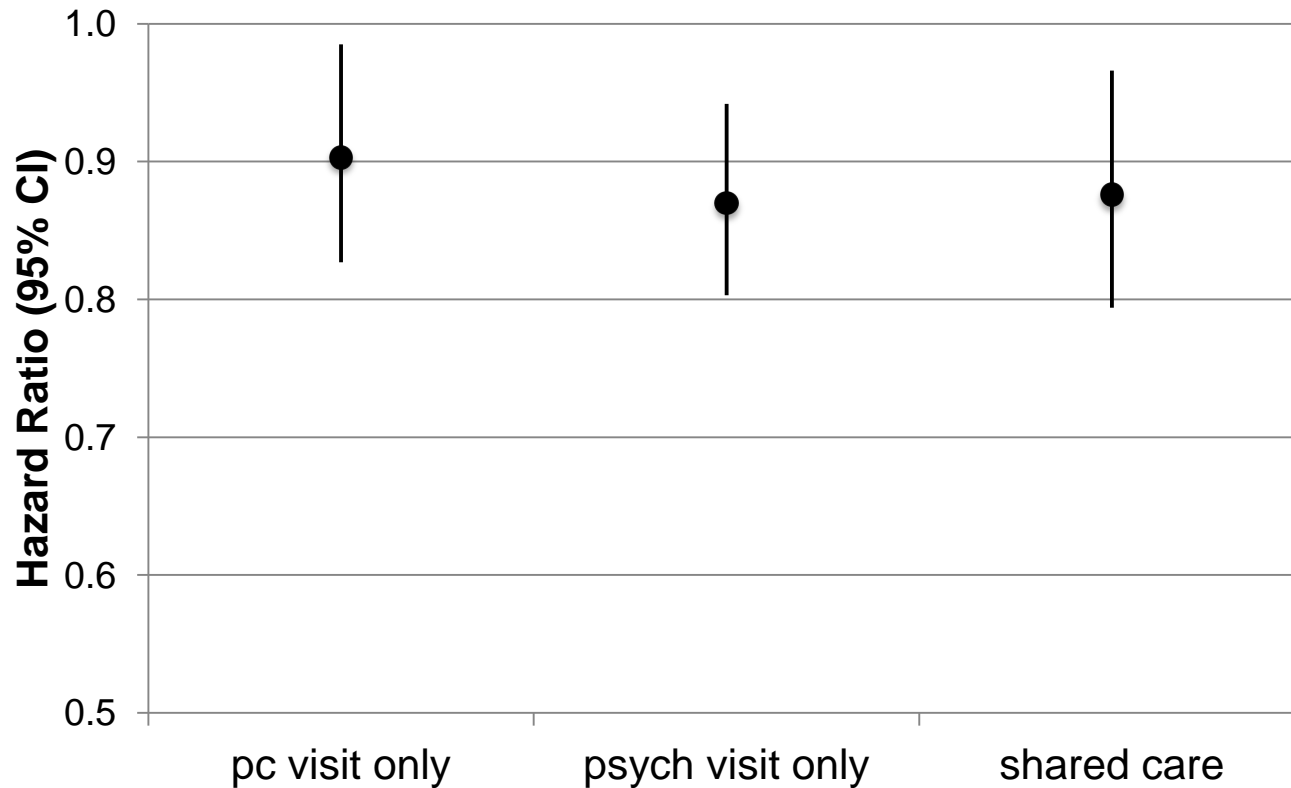


# Readmission Risk Score



- Risk score developed using age, sex, age\*sex interactions, income, prior OMHRS hospitalizations, prior ED visits, ADGs, and RAI variables
- Logistic Regression – predicting 30 day psychiatric rehospitalization using admission data.

# Readmission 31-180 days Post-Hospitalization



Readmission Rates no different between categories for bipolar disorder and depression.

# Limitations

- Physician follow-up categories do not reveal anything about collaboration
- Don't know whether no follow-up because not provided with appointment or patient didn't attend
- Excluded re-hospitalizations occurring during exposure window
- Follow-up by non-MDs not captured

# Discussion

- HIGH proportion of individuals with no follow-up post-discharge (SCZ > 1/3; Depression and Bipolar – 25%)
- HIGH rates of physician visits *prior* to hospitalization for individuals with no post-hospitalization follow-up
- For individuals with SCZ, seeing a MD reduces readmission, and psychiatrist > PCP
- These results are preliminary