

Developing collaboration agreements between 1st and 2nd line health practitioners in favour of patients with MDD



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Background

- Major Depressive Disorder (MDD) is a severe and common mental disorder
- Its personal and societal impact is large
- Available guidelines underline the importance of 'stepped' and/or 'collaborative care' for severely depressed patients
- Yet, many patients do not get proper treatment, leaving both patients and health practitioners unsatisfied
- Better collaboration amongst caretakers will result in
 - a reduced and/or more adequate use of psychotropics
 - better outcome
 - higher treatment satisfaction in both patients and caretakers

Aims

Methods

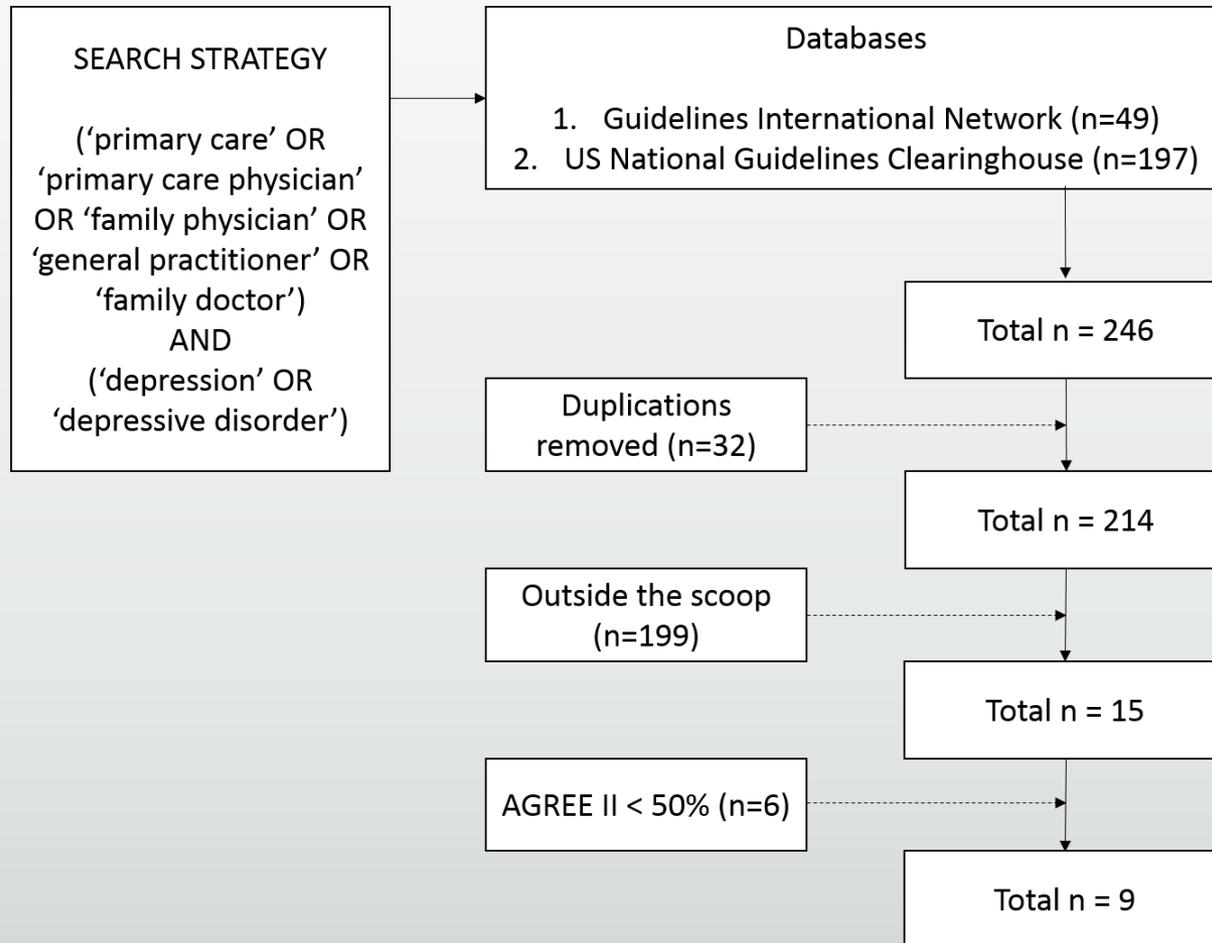
1. What are, according to the literature, the drivers for efficient day-to-day collaboration amongst GPs and secondary mental health care practitioners?

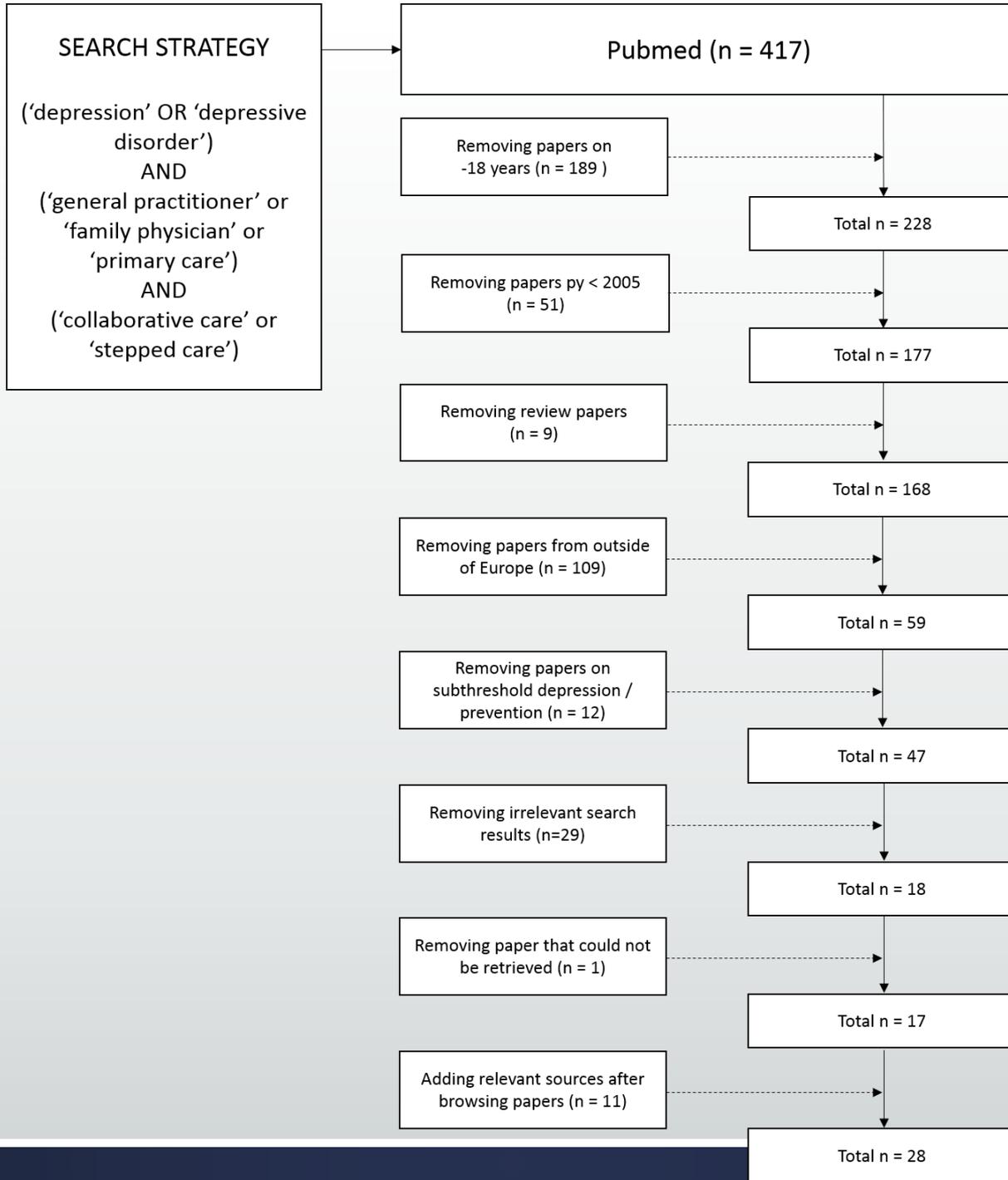
Study 1
Literature review

2. *How do practitioners currently work together in Belgium?
What do practitioners think is necessary to improve interdisciplinary collaboration?*

Study 2
Focus groups + nominal groups

Study 1: Methods





Study 1: Conclusions

- Most guidelines emphasize the importance of collaborative care for severely depressed patients, though clear directives are scarce and vague
- Inspiring recent (Pubmed) studies may be inspirational:
 - Case management
 - Technology
 - Availability of practitioners
 - Monitoring of therapeutic process, outcome and/or therapy adherence
 - Agreements amongst practitioners
- Local policies and financing systems largely influence the installation of local collaboration

Aims

Methods

1. What are, according to the literature, the drivers for efficient day-to-day collaboration amongst GPs and secondary mental health care practitioners?

Study 1
**Literature
review**

2. How do practitioners currently work together in Belgium? What do practitioners think is necessary to improve interdisciplinary collaboration?

Study 2
**Focus groups +
nominal groups**

Study 2: Methods

OCTOBER 2015

- Focus groups: How is CC currently organised?
 - Antwerp
 - 4 GPs (2 females)
 - 4 psychiatrists
 - Liège
 - 7 GPs (5 females)
 - 5 psychiatrists (2 females)

JANUARY 2016

- Nominal groups: Generating and prioritising suggestions for improving CC
 - Antwerp
 - 3 GPs (2 females)
 - 3 psychiatrists
 - Liège
 - 5 GPs (3 females)
 - 4 psychiatrists (1 female)

Study 2: Conclusions

- Do we speak the same language?
- Mutual expectations (vs willingness to cooperate)
- Focus on macro and meso level, rather than on micro level
- Lack of consensus about prescription, role of psychologist, professional secrecy
- Knowing each other!

- Limitations
 - Psychologists and patients missing
 - Qualitative research

Study 2: Conclusions

Summary of suggestions to improve collaboration amongst practitioners when dealing with severely depressed patients, classified by system level.

Suggestions at macro level: conditions necessary to install collaborative care

- Safe and easy-to-use technology to support communication
- Clarity about professional secrecy
- Reimbursement of psychotherapy provided by psychologists
- Adapted nomenclature

Suggestions at meso level: measures supporting collaborative care

- Knowing each other (both formal and informal)
- Small-scale networks with steady partners
- Support for GPs in terms of education, a help line, an up-to-date (online?) tool, presenting an overview of all care taking facilities and caretakers

Suggestions at micro level: possible to implement rapidly

- Professionals should make arrangements regarding reachability and availability
- Professionals should make arrangements about how and when what to communicate
- Professionals should make arrangements about each other's roles and tasks
- Professionals should set up intervision moments to discuss current practice and collaboration
- Professionals should include case management and monitoring in daily care for severely depressed patients

Thank you!

