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## It Dokkumer Lokaal, collaborative care in a large rural area

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## Disclosure slide

Conflict of interests: None / see below

Relevant relationship with companies:

- Sponsoring or research money -
- Fee or other reimbursement -
- Shareholder -
- Other relationship, namely ... -

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## Content of lecture

- Mental health care in general practice
- Reforms in Mental health care: Basic Mental Health Care
- The Dokkumer approach: a referral model
- Challenges for the future

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## Future of GP-mental health care

(Dutch College of General Practitioners 2007)

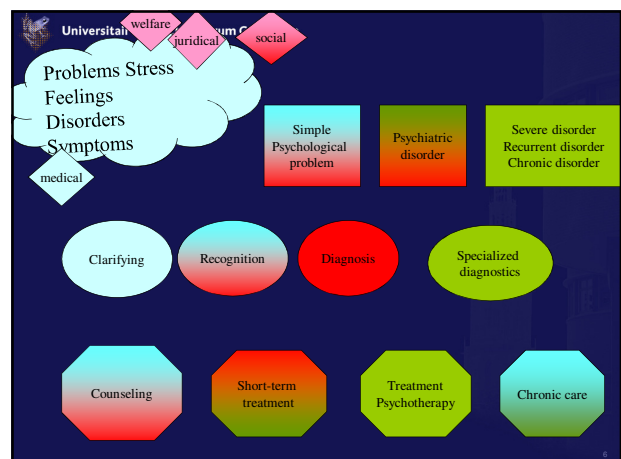
- GP signals psychological problems (for physically presented symptoms as well). Generalist approach. Problem definition is core-task
- GP recognizes acute mental problems and provides mental health treatment
- GP is director of mental health care in primary care with stepped care as a guiding principle
- GPs are assisted by mental health assistants (POH-GGZ)

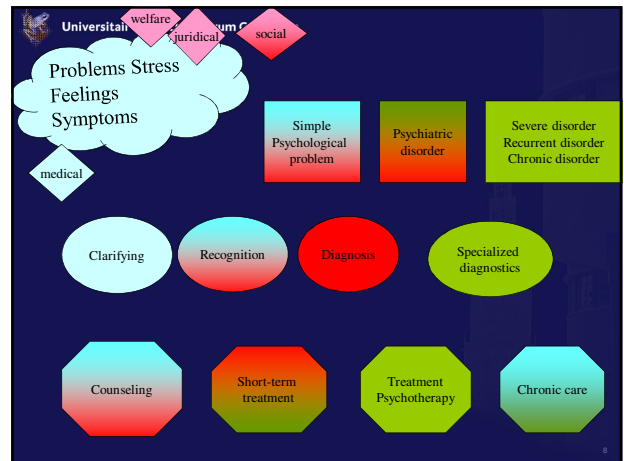
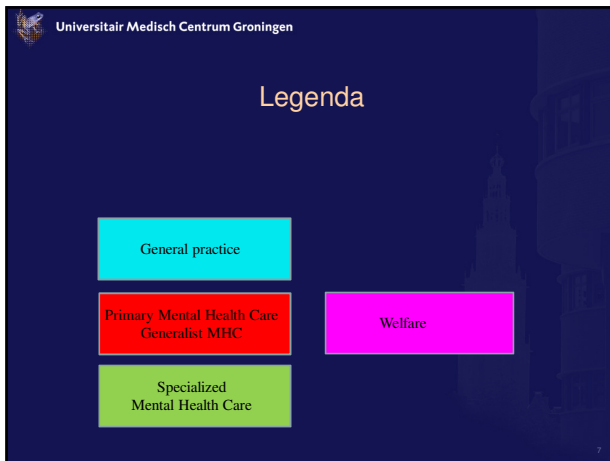
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## Future of GP-mental health care (ctnd)

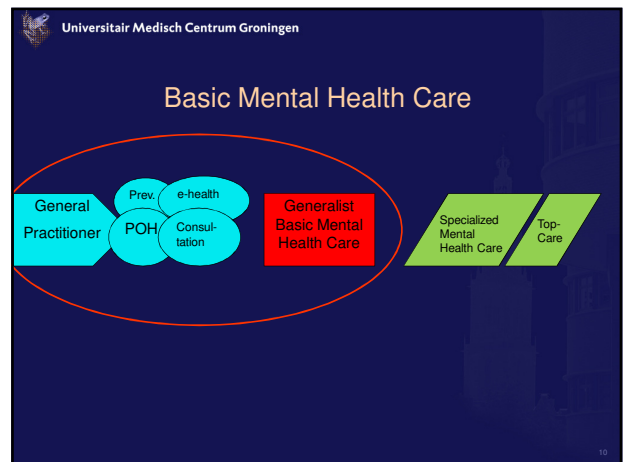
(Dutch College of General Practitioners 2007)

- GP identifies patients at risk for mental health problems. GP initiates preventive actions (especially indicated prevention) or refers for this purpose
- Patients with chronic mental disorder, not treated anymore in specialized care, are supported in general practice
- General practice should have collaboration agreements with social work, primary mental health care and specialized mental health care



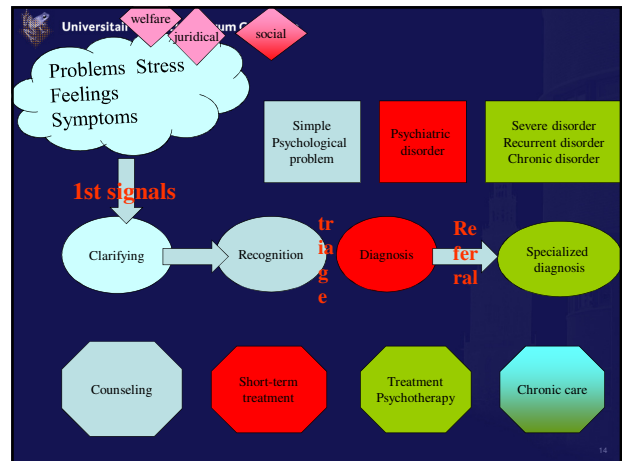
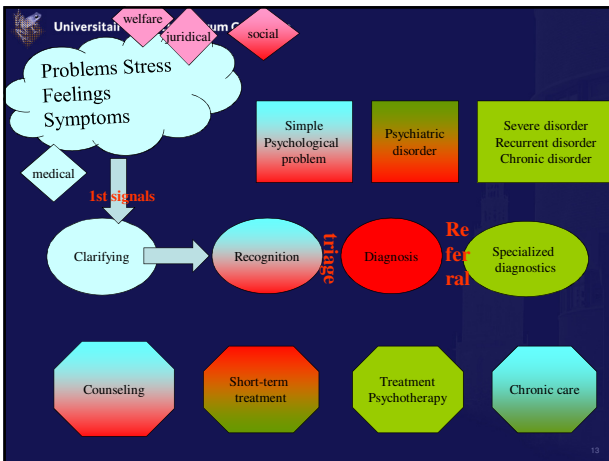


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- ### Barriers in Mental Health Care
- Increase of referral to specialized mental health care
  - Unbalanced financing system for primary and secondary mental health care
  - No possibilities for indicated prevention in primary care



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- ### Measures to support Mental Health care within general practice
- Increased possibilities for support by POH-GGZ
  - Facilities for e-mental health from general practice
  - Options for psychiatric consultation by psychiatrists of psychologists
  - Indicated prevention from general practice

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- ### Restrictive Rules Basic Mental Health Care
- Only DSM-IV disorders can be treated in Generalist or Specialized mental health care
  - Generalist mental health care should be delivered in strictly defined “care packages”, dependent on required care intensity
  - Generalist mental health care will not exceed 12 treatment sessions



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- DOKKUM a.d. 2014
- Population: 13,000
  - GPs: 8 (6.6 fte)
  - Practice support somatic: 4 (2.7 fte)
  - Physician assistants: 2 (1.8 fte)
  - Practice support mental health (POH-GGZ): 2 (0.8 fte)
  - Generalist Basic Mental Health Care (primary care psychologists): 3
  - Specialized Mental Health Care:
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- Philosophy behind GP Mental health care
- Integrated approach of patient within social context
  - Encouraging coping ability and responsibility
  - Prevention of psychiatric stigma
  - Prevention of medicalizing high/moderate psychological illness
  - System-directed counseling or treatment
  - No sharp boundaries between physical and psychological suffering
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- Dokkumer model: primary assessment by GP: SCEB(=G)S
- SCEBS means:
    - Somatic
    - Cognitive
    - Emotional
    - Behavioural
    - Social
  - Possible outcome:
    - Further screening (4DKL), possibly by POH-GGZ
    - Immediate referral
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### Dokkumer model: further screening (4DSQ)

- Four Dimensional Symptom Questionnaire
  - Distress (*low – moderate – high*)
  - Depression (*low – moderate – high*)
  - Anxiety (*low – moderate – high*)
  - Somatization(*low – moderate – high*)

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### Hierarchical nature of 4DSQ-scales

- Distress scale shares 35%-45% of its variance with other scales
- However, after removal of shared variance, Cronbach alpha of its residual remains .76, indicating Distress also measures a unique aspect of symptomatology
- Hence: Distress is a necessary but not sufficient condition for Depression, Anxiety or Somatization: Depressed patients are distressed, but distressed patients are not necessarily depressed.

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### Dokkumer model: further screening (4DSQ)

- Four Dimensional Symptom Questionnaire
  - Distress (*low – moderate – high*)
  - Depression (*low – moderate – high*)
  - Anxiety (*low – moderate – high*)
  - Somatization(*low – moderate – high*)
- Possible outcome
  - All scores low: no need for action
  - increased Distress: possibly POH-GGZ
  - Increased Distress + increased D/A/S: POH-GGZ, **considering further referral**
  - High D/A/S: **referral**

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### Dokkumer model: referral decision aid

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### Dokkumer model: referral decision

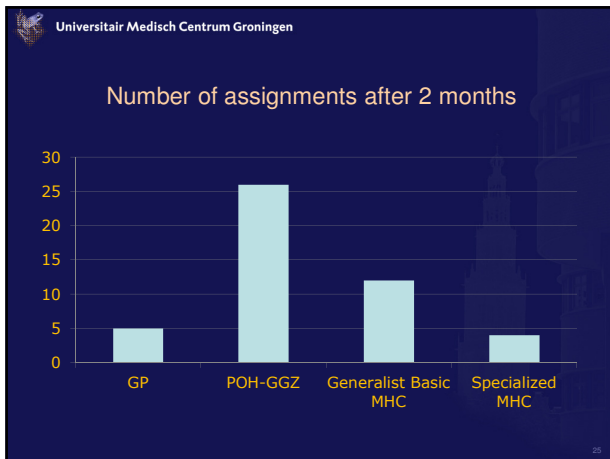
SYMPTOMS: light	→	GENERALIZED BASIC MENTAL HEALTH CARE Short
SYMPTOMS: moderate	→	GENERALIZED BASIC MENTAL HEALTH CARE Medium
SYMPTOMS: severe	→	GENERALIZED BASIC MENTAL HEALTH CARE Intense
SYMPTOMS: chronic	→	GENERALIZED BASIC MENTAL HEALTH CARE Chronic

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### Dokkumer pathways to mental health care

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### How to evaluate the fit of the current referral model?

- Degree to which actual referrals comply with a priori rules
  - 4 DKL “only distress” = GP/POH care
  - 4 DKL = “Depression”, “Anxiety” = at least Basic MHC
  - 4DKL as above + risk/compl. > low = Specialized MHC

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### How to evaluate the fit of the current referral model? (ctnd)

- Improvement of “compliant referrals” vs “too low” or “too high” referrals
  - “Depression”/low risk/low complex. treated in Basic MHC (compliant) vs General practice (too low) vs Specialized MHC (too high)
  - “Distress only” treated in General practice (compliant) vs Basic MHC vs Specialized MHC (both too high)

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