UC Davis/UCLA BHC-EOE Webinar

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Objectives

• Provide examples of Early Psychosis Intervention Standards
• Understand an example of a best practice model of community-based early psychosis intervention in the US
• Identify barriers to implementing best practices
• Highlight successful implementation strategies for best practices in community settings, including rural and remote regions.
Guideline vs Standard

• Guideline
  ◦ a rule or instruction that shows or tells how something should be done (Merriam-Webster)
    ▪ e.g., clinical guidelines for schizophrenia

• Standard
  ◦ A level of quality, achievement that is considered acceptable or desirable (Merriam-Webster)
    ▪ e.g., standards for early intervention psychosis
Examples of EPI Standards and Guidelines

- **IEPA Early Intervention in Mental Health**
- **Australia**
- **Canada**
  - British Columbia EPI Standards and Guidelines (2010)
  - Ontario EPI Standards (2011)
- **UK**
EPI Core Components

• Early identification and access (e.g., public education, outreach to primary care)
• Assertive case management
  ▪ CBT, other non-medication based therapies
  ▪ Appropriate trials of antipsychotics with intensive metabolic monitoring
• Crisis management
• Vocational, educational intervention/support
• Family support
EPI Core Values

- Youth-friendly
- Family-friendly
- Hope
- Recovery
- Non-stigmatized
- Community-based (if possible)
“develop comprehensive and integrated intervention designed to promote symptomatic recovery, minimize disability, maximize social academic and vocational functioning…in real-world settings utilizing current funding mechanisms”

(Kane, et.al. 2015)
RAISE Design

- NAVIGATE model
- NIMH funded
- > 400 participants across 34 clinics, in 21 states
- Cluster randomization
- 2010-2012

(Kane, et.al. 2015)
Important Findings

• Greater improvement in quality of life, psychopathology, involvement in work and school
• Duration of untreated psychosis (DUP) was important (median was 74 weeks)
• Rate of hospitalization did not differ
What we can learn from RAISE

• The importance of Standards and Guidelines
  ◦ Manuals available online

• Fidelity to the model
  ◦ Central (blinded) rating team

• It is possible in “real-world” situations

• Importance of evaluation
  ◦ How else will we know the promise of EPI is being realized?
Successful EPI Implementation…but…

• Using Ontario as case-study
• 2004-2011
  ◦ 5 → 40 programs
  ◦ EPI programs adapted to local context (Cheng et al. 2011)
  ◦ Every program looked different
• How do you implement best practices in the absence of provincial (state) standards?
  ◦ Provincial EPI Network
  ◦ Advocated for provincial EPI Standards (Ontario, 2011)
  ◦ Province-wide survey (Durbin et al. 2014, 2016)
Key Survey Findings

- Variability and heterogeneity 0.5 FTE to 15 FTE
- **Survey 1** (Durbin et.al., 2014)
  - 45% ≤ 2 FTE
  - Do well in individual assessment and treatment
  - Small programs had difficulty
- **Survey 2** (Durbin, et.al., 2016)
  - Ongoing training needs
  - Lowest adherence to monitoring and evaluation
  - Networks were key
Barriers to Best Practices

• What to do with model heterogeneity?
• Without evaluation how do we prove that we doing what we say we are doing?
  ◦ Passion over evidence?
• Challenges:
  ◦ mandate drift
  ◦ translate hospital care to community care
  ◦ same standard in rural and remote areas
  ◦ funding formulas
• How best to continually improve?
What are the Lessons?

- Standards (or Guidelines) are important
- Evaluation, right from the beginning
- EPI Network
- EPI community
Thank you

• For more…tune in October 11, 2016