

Review of OCAN & IAR

Michel O'Connor

Officer - eHealth & PMO | SharePoint Lead
North East Local Health Integration Network



Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

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- Michel (Mike) O'Connor – Project Manager (NE LHIN)
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- Summary Action Items

Background

Common Assessment Project (CAP)

- The CAP started in 2007 to select and support the implementation of a standardized assessment tool for the community mental health sector.
- Implementation of OCAN occurred between 2010-12 and we are now in the operations and sustainability phase of the initiative where HSPs are expected to continue with the use of OCAN with ongoing support from CCIM's Support Centre and quality/utility webinars.
- LHINs are now in receipt of reports to monitor the use of OCAN and the Integrated Assessment Record (IAR) and are utilizing this data to inform discussions on adoption and best practices.

Review of the adoption of OCAN / IAR

- OCAN, coupled with the use of the IAR supports the advancement of Patients First Action Plan by enabling access to client assessment information by the members of circle of care in a client-first (centered) manner.
- NE LHIN launched a project which aims to determine the extent of the adoption of the OCAN and the Integrated Assessment Record (IAR) within the community mental health sector and to provide recommendations to increase the adoption of the tools in the North East LHIN region.

Summary of Findings

Survey | Interviews | IAR usage statistics

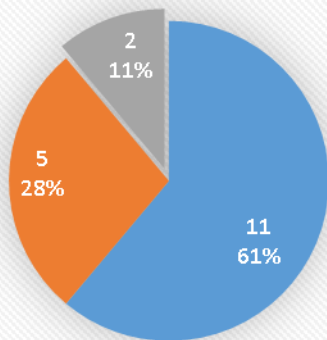
Survey

- 89% of eligible HSPs (16/19)
- How is the adoption of OCAN? (Tool, collaboration, etc.)
- How is the adoption of the IAR? (upload / access)
- What are the remaining adoption challenges and some of the winning practices?
- How do we measure progress?

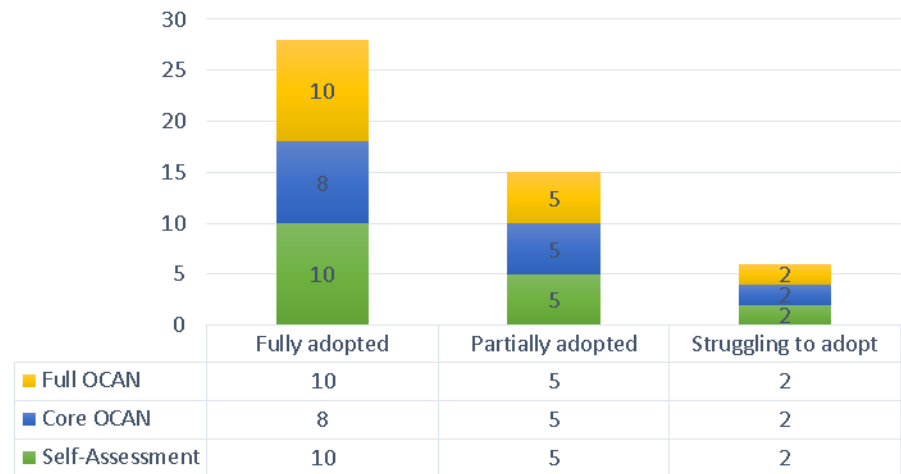
Survey | Adoption - OCAN

OCAN Adoption

■ Fully adopted ■ Partially adopted ■ Struggling to adopt



Monthly Assessments / adoption level



11 HSPs have indicated that they have fully adopted OCAN and are now administering an average of 28 OCANs per month.

Survey | Adoption - OCAN

Adoption comments:

- Level of staff engagement varies
- Value of OCAN isn't all that clear at the front-line
- Produce / upload OCAN but we don't access the IAR
- Complete OCANs as required but do not use it as a clinical tool

Survey | Adoption - OCAN

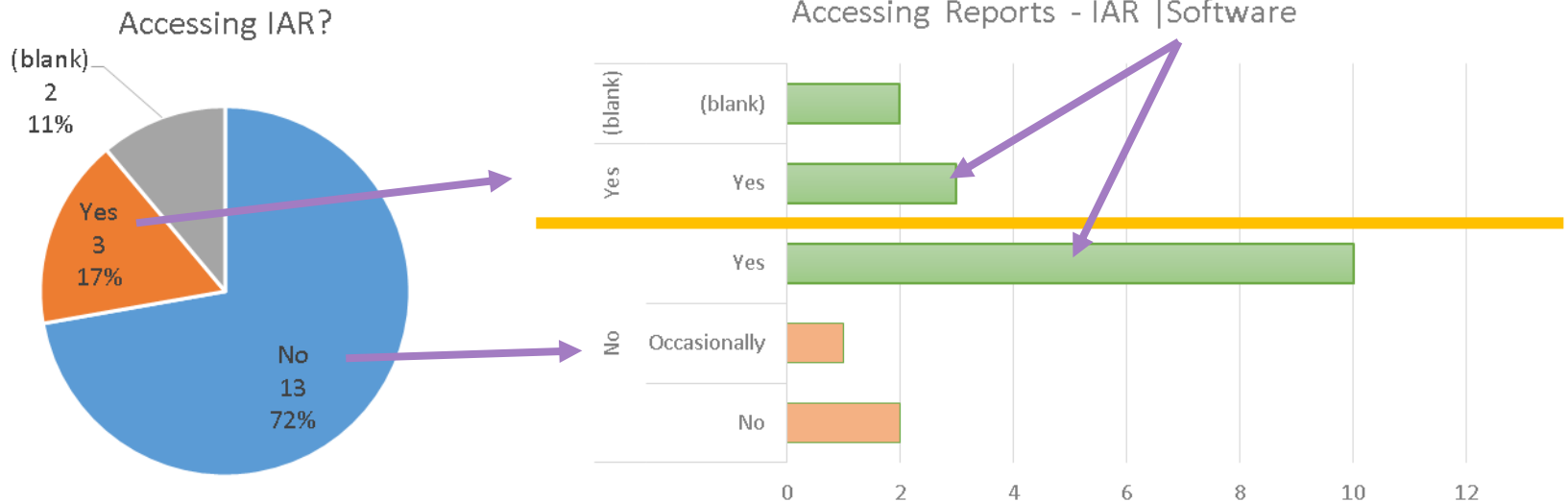
Ongoing challenges:

- Not all HSPs that should produce OCANs are doing so. (Are we all mandated to do this?)
- Value | added workload | reassessment timing | duplicate data entry
- Not sure collaborating HSPs input is “counted” in a shared assessment setting

Winning practices:

- Regular training | quality audits
- Policies – procedures in place re: use of OCAN
- Need access to full and/or refresher training

Survey | Adoption - IAR



Comments

- Lack of client consent to share make it challenging to leverage the IAR
- Difficult and time consuming to navigate the IAR
- Not used as there is no clinical value and lacks other valuable information – rely on internal systems
- Seeking to integrate IAR search at intake process
- Challenging as not all the assessment staff have access to IAR
- Recently resolved tech issues
- Generally, only info on IAR has been uploaded by the originating agency

Survey | Adoption - IAR

Ongoing challenges:

- Credentialing issues
- Observing data quality issues when pulling from IAR
- Lesser interest in OCAN and the only data found is from own agency
- Use of IAR reports (vs. software reports)

Winning practices:

- Leveraging IAR reports along side of software reports
- Access to IAR is setup as a “service” from staff who’s role is to access the IAR

Survey | Adoption – IAR (Shared Assessment)

Shared Assessment (practice)

- HSPs seem communicate the value (to the client) of sharing assessment info with other providers
- At least 6 agencies indicated that there is some formality in collaborating between providers
- 4 say that that they work in a setting where “shared assessment agreements” are in place btw providers.
- About ½ of the respondents find themselves being the OCAN lead while five (5) are often collaborating

Survey | Adoption – IAR (Shared Assessment)

Shared Assessment (practice)

Refers to guidelines and processes that support the goal of a single OCAN assessment ... for each client, regardless of how many services they access.

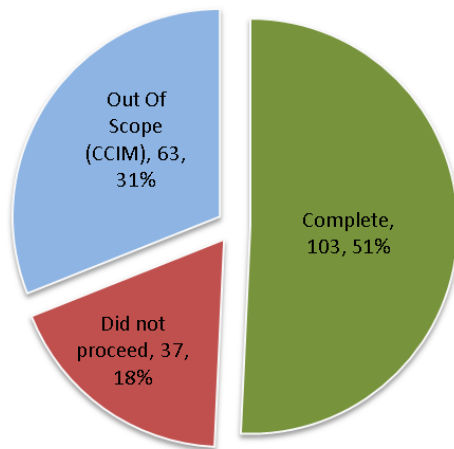
(CCIM - Shared Assessment Toolkit, 2012)

Survey | Adoption - IAR

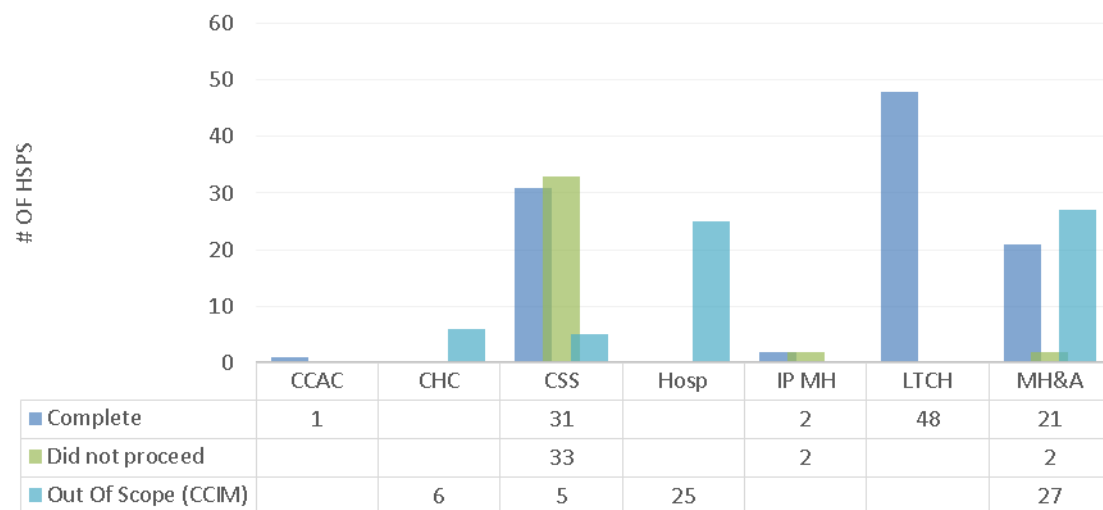
Shared Assessment (leveraging the IAR)

- Although some respondents suggest that multiple OCANs should be generated for each client, 10 respondents indicated that only **one** (1) OCAN, a single OCAN, should exist per client (regardless of the number of HSPs working with the client)
- Mixed impressions exist when considering what should be uploaded to the IAR: Upload ALL OCANs (*regardless of clients' consent to make it shareable*) **VS.** uploading only the OCANs where that clients' have provided consent to share.

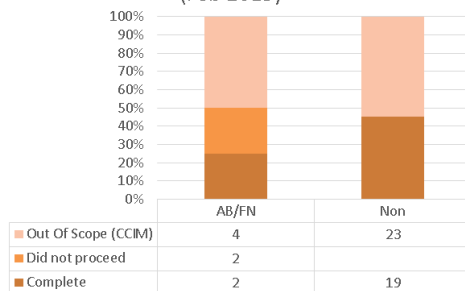
Overview of the IAR Operational data



IAR Implementation Status by Sector (Feb 2015)

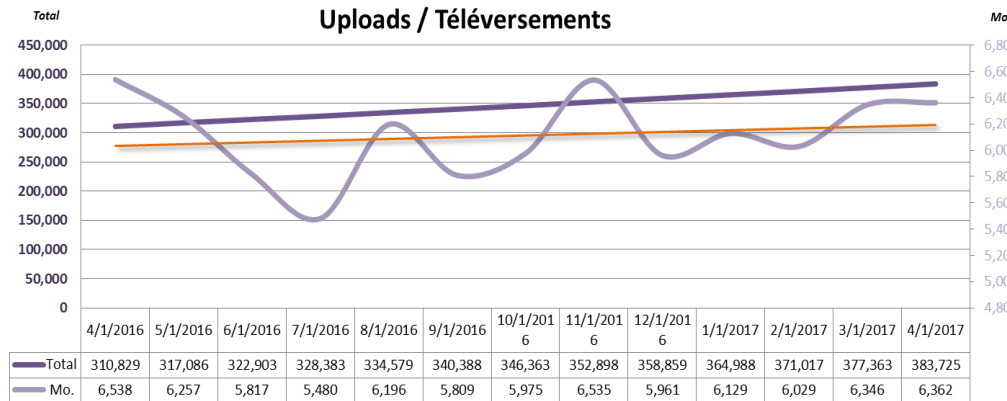


IAR Status
Aboriginal/FN Providers vs Non AB/FN
(Feb 2015)



In short, 21 community mental health service providers have successfully implemented the Integrated Assessment Record (IAR)

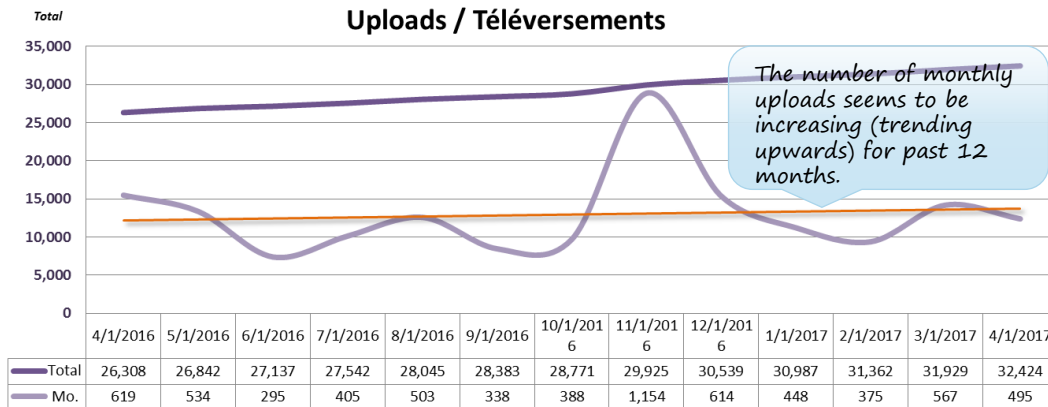
Overview of the IAR Operational data



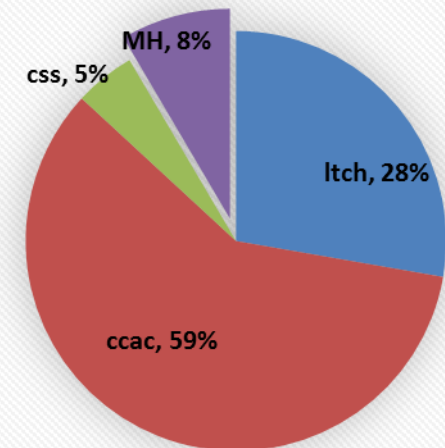
Total of 383,725 uploads

Community MH accounts for 32,424 (8 %)

Mental Health (2016)

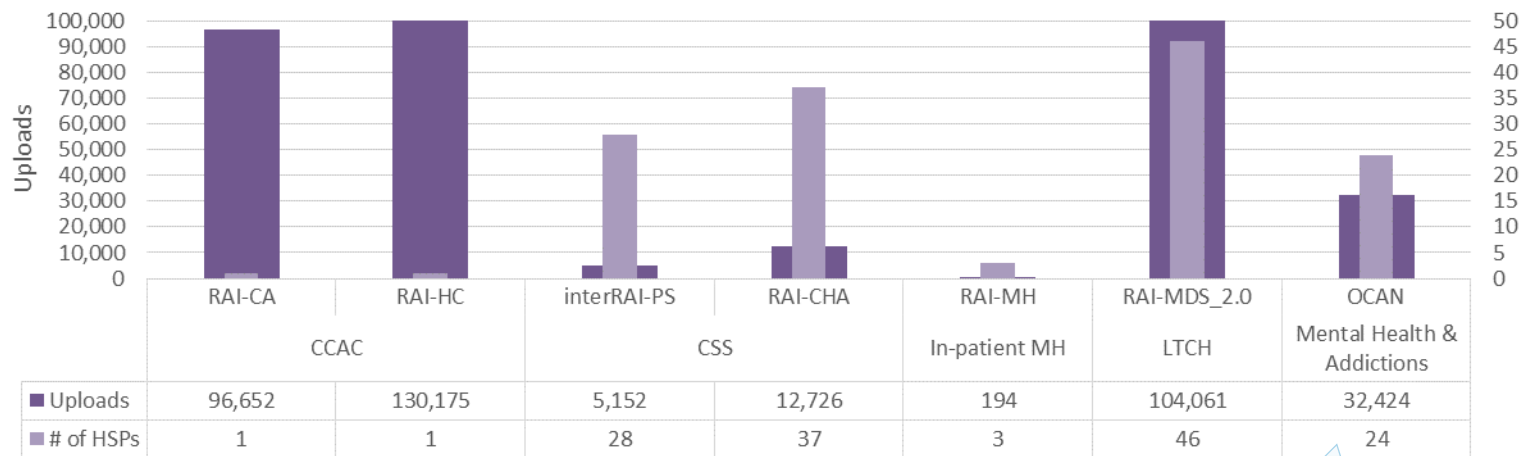


Proportion of uploads to the IAR (sector)



Overview of the IAR Operational data

IAR Uploads to date
(at end of April 2017)



Where consent is provided by the client AND frequency of records being accessed (6 months)

At the end of April 2017

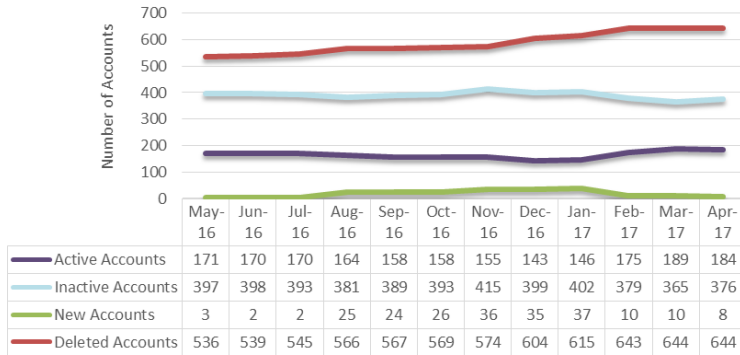
Sectors	avg uploads	Total Uploads	Consent			Total records viewed	Monthly Views	Monthly Views Ext.
			% Cons. Records Viewed	Avg. % cons.	Consent % (Period)			
CCAC	1147.0	1,220,530	1%	47%	98.24%	10,244	1038	1096
CSS	5.1	98,781	3%	88%	96.98%	2,940	235	138
In-patient MH	0.0	708	31%	100%	0.00%	156	0	0
MH and A	29.4	152,627	5%	62%	59.79%	2,402	33	11

24 HSPs have uploaded almost 31 thousand OCANs to the IAR.

Note: Over 6 out of every 10 OCAN uploads is done so with the clients' consent to make this information available to other providers (that may be part of a shared assessment / shared care model).

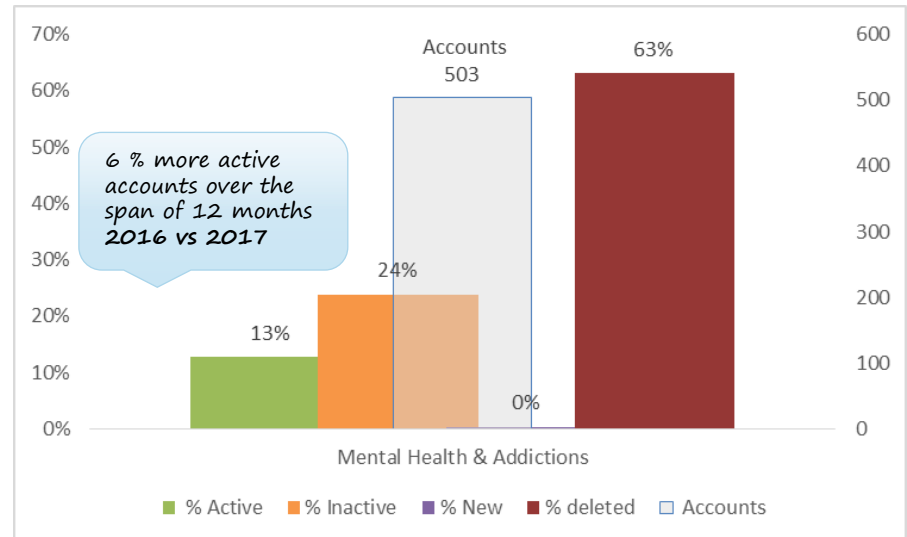
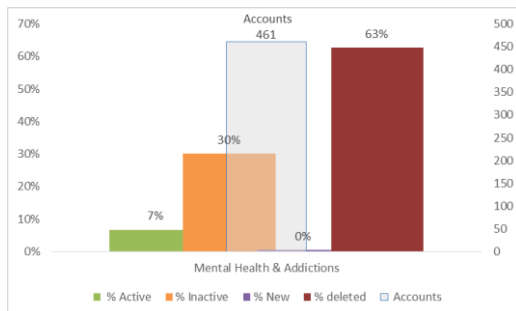
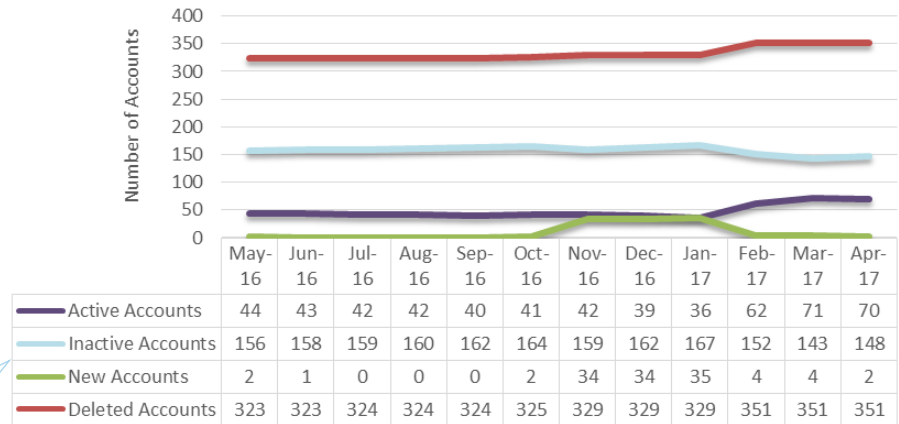
Overview of the IAR Operational data

IAR Account Activity



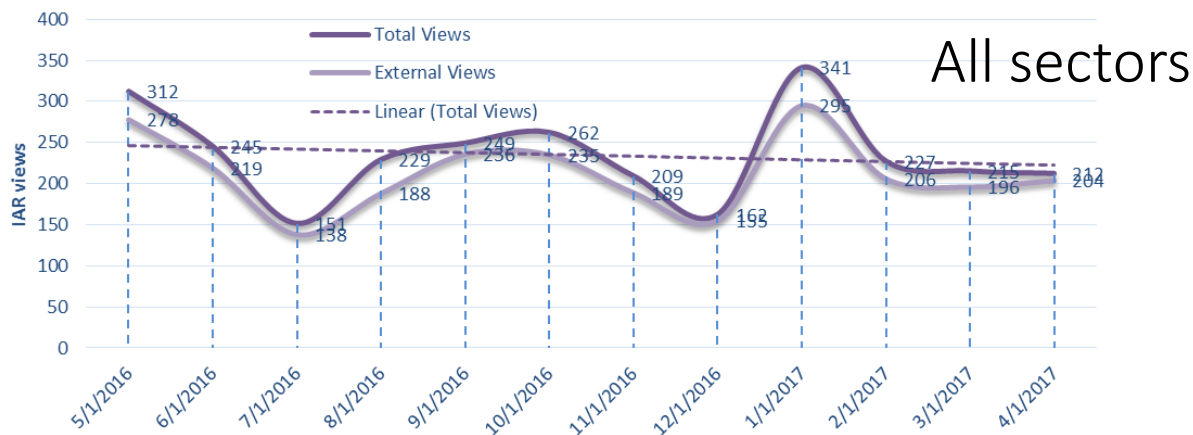
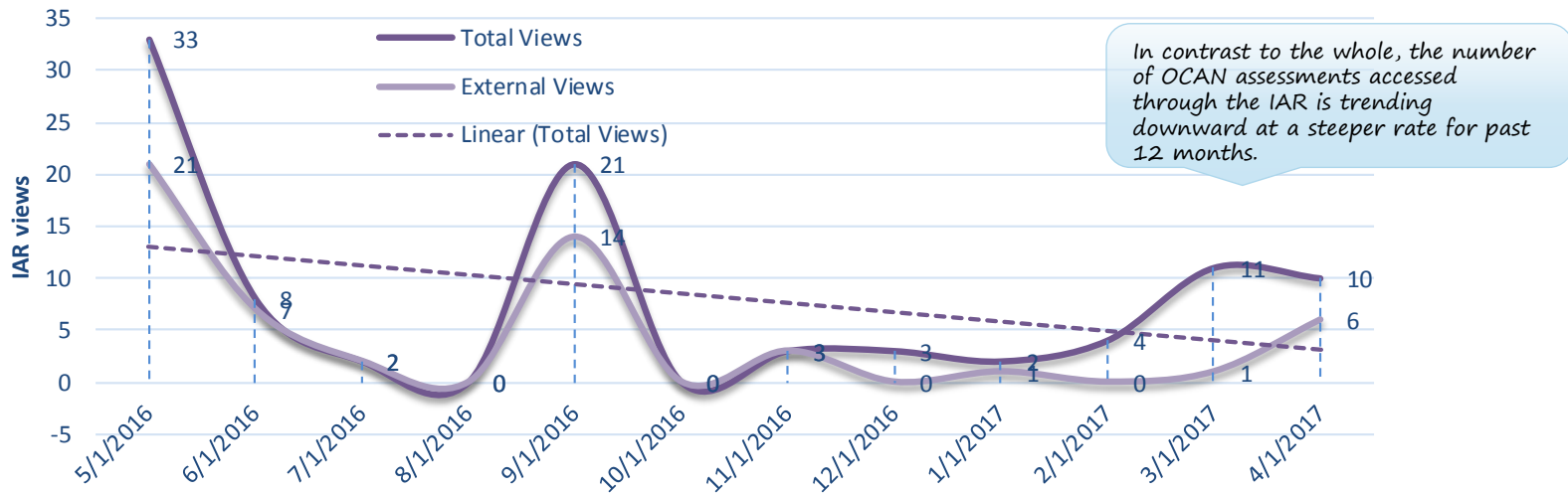
Active "Clinical Viewer Accounts" used to access the assessment information in the IAR.

IAR Account Activity



Overview of the IAR Operational data

Number of IAR record views MH and A



Action Areas

Summary of Action Plan

Background

The review of the adoption of the common assessment tool and the integrated assessment record was completed by:

1. Surveying service providers and interviewing key informants
2. Identifying Adoption Issues
3. Preparing Recommendations

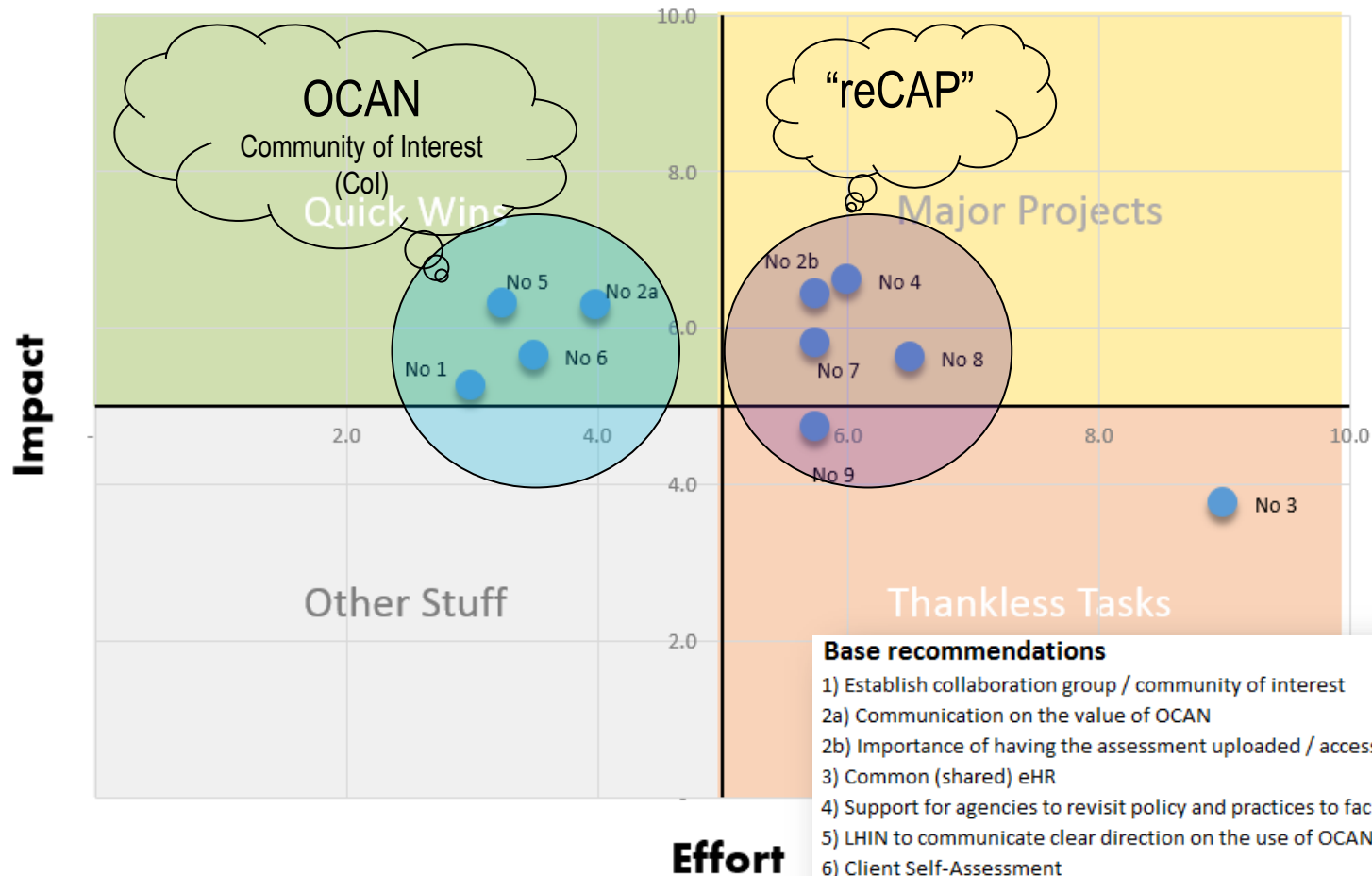
The recommendations were reviewed following a priority setting methodology and the outcome of that review forms the basis of the Action Plan.

Summary

The following action areas form the basis of this action plan.

- 1) LHIN Direction
- 2) OCAN Community of Interest (CoI)
- 3) Adoption Support “OCAN reCAP”

Priority Setting - Results



Base recommendations

- 1) Establish collaboration group / community of interest
- 2a) Communication on the value of OCAN
- 2b) Importance of having the assessment uploaded / accessible via IAR
- 3) Common (shared) eHR
- 4) Support for agencies to revisit policy and practices to facilitate adoption of OCAN and the IAR
- 5) LHIN to communicate clear direction on the use of OCAN and IAR
- 6) Client Self-Assessment
- 7) Support agencies in a "re-launch" of the OCAN Shared-Assessment model
- 8) Measure progress / usage
- 9) Leverage aggregated reporting

Recommendations & Key considerations

Preface

The evaluation has found that 2 recommendations are possible Quick Wins. This means that these 2 activities are thought as having the highest impact to the adoption of the tools while requiring less resources. In other words, the system should be in a position to support advancement on these 2 initiatives at any moment.

- *Communication on the value of OCAN, including client self assessment*
- *LHIN to communicate clear direction on the use of OCAN and IAR*

While these initiatives may gain momentum on their own, they should not be implemented independently of other initiatives which are similarly themed. Having a similar potential to improve adoption - these other initiatives are considered as projects as they are thought to require additional effort to implement.

Recommendations & Key considerations (continued)

Action Area 1 – LHIN Providing Direction

The NE LHIN should communicate clear expectations regarding the adoption of OCAN / IAR as part of the Shared Assessment model. This direction is to enforce the needs for HSPs to have guidelines and processes to ensure that there is a single OCAN assessment for each consumer regardless of the number of HSPs they access. This direction should include:

- *The importance / value of OCAN*
- *a requirement to upload all assessment information to the IAR*
- *A requirement of HSPs that have not implemented/adopted OCAN / Shared Assessment to prepare and submit an adoption plan*

Key Considerations

- The “direction” needs to be inclusive of support mechanisms to assist agencies to complete the implementation and work towards adoption. This direction would need to work in tandem with the Action Area 3 – Adoption Support.
- There may be a need to establish a project committee to oversee the implementation activities and to advise on the acquisition / provision of implementation support.

Recommendations & Key considerations (continued)

Action Area 2 – OCAN Community of Interest



Some HSPs indicate that they have been working in isolation towards adoption and process changes since the conclusion of the provincial roll-out of the common assessment tool. A mechanism is required to be able to leverage the information and practice exchange available in the existing OCAN Community of Interest (**Col**) currently being facilitated by EENet.

The current objectives of the **Col** are aligned with the findings of this project. The **Col** provides a mechanism to share information and practices related to the use of OCAN while aiming for increased quality of client information and sustaining the use of OCAN to inform care planning and delivery.

Key Considerations

There may be an opportunity to establish an extension of the Col to “brand” a North East presence which could encourage HSPs to partake in “their own” community and at the same time be active in the provincial community.

There seems to also be need to have a Col which can reach-out beyond the virtual realm and assist with or lead the development of “in-person” interactions. (training, on-site support, etc.)

The Col could also be an engagement point to:

- review use of LHIN level aggregated reporting available through the IAR
- Advise on the establishment and the monitoring of metrics
- Steer the development of communication to OCAN stakeholders (consumers and HSPs)

Recommendations & Key considerations (continued)

Action Area 3 – Adoption Support “OCAN reCAP”

Some HSPs seem to be struggling with either completing the implementation of OCAN and/or the adoption of the client-centered assessment practice. For these agencies, the application of OCAN is considered as a highly administrative task with little value to the provision of services.

Coupled with the NE LHIN’s communication / direction (see Action Area 1), all HSPs need to review their practices to ensure that:

- *Only one OCAN is produced per client regardless of the number of service providers accessed by that consumer (one OCAN per consumer within the system);*
- *HSPs have a completed adoption plan (if applicable) which addresses any technical (IT), training and/or any other support that is lacking to facilitate adoption of OCAN and shared assessment practices.*

Key Considerations

A support mechanism needs to be available to HSPs that may need insight or hands-on assistance with the development of the adoption plan or its implementation.

The focus is not simply on activating the assessment tool and it’s connection to the IAR but rather on the consumer’s experience in a client-centric care setting.

Client-centric approach to assessment

Re-iterating the importance that the IAR should reflect all of the assessment information for a consumer is paramount. The various service stages (Intake | Referral | Care planning | Reassessment | Transfers) are opportunities to consult the IAR to leverage the consumer’s current assessment information or to initiate OCAN to then add to the client’s IAR. The integration of the IAR into these stages is essential to ensure that HSPs are working towards the client-centric use of common assessment all the while avoiding assessment overburden for the consumer with duplicate assessment activities.

Thank You!

NE LHIN OCAN | IAR Project Steering Committee

Michel (Mike) O'Connor, Project Lead

michel.oconnor@lhins.on.ca

705-840-2554