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# The SHAReD Study

Lessons from a shared-care trial with mental-health services, consumers and GPs

Equally Well 2023

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# Content



## **Project Background by Andy**

- Shared Care in Sydney Local Health District
- Shared Care Plan
- SHAReD Study



## **What have we done and learned? by Snow and Kizzy**

- Progress so far
- Barriers to recruitment
- Case study



## **Conclusion by Snow**

# Mental Health Shared Care

- ✓ 'Business as usual' in SLHD since 2018
- ✓ Supported by sector based shared care clinicians (CNCs)
- ✓ Annual cycle of care



Artwork: Anastassia Balachova



# The Shared Care Plan

Tasks assigned to GP or Practice Nurse

Tasks assigned to mental health service

Name		Date of Birth	
General Practitioner		GP Practice	
MH <sup>2</sup> Care Coordinator		MH Team	

Task	Responsible	How Often	Completed
Physical health check: Pulse, BP, weight, waist circumference (unless provided by MH <sup>2</sup> Service)	GP/Practice Nurse	Yearly	<input type="checkbox"/>
Review blood test results for preventable risk and complications	GP	Yearly	<input type="checkbox"/>
Assess and advise on lifestyle behaviours (smoking, alcohol & other drugs, diet, physical activity)	GP/Practice Nurse	Yearly	<input type="checkbox"/>
Review following ccCHIP <sup>2</sup> appointment (may double as annual physical health check)	GP/Practice Nurse	As required	<input type="checkbox"/>
Order/review other preventive screening as required (e.g., colorectal, breast, cervical, prostate, skin)	GP	Yearly	<input type="checkbox"/>
Review vaccinations – Covid, influenza, pneumococcal	GP	Yearly	<input type="checkbox"/>
Referral to allied health	GP	As required	<input type="checkbox"/>
Complete scripts - physical health medications	GP	As required	<input type="checkbox"/>
Ensure fasting metabolic blood tests are ordered (HbA1c, Lipids, +/- FBC, EUC, LFTs, Troponin, CRP)	MH Care Coordinator	Yearly <sup>3</sup>	<input type="checkbox"/>
Ensure cardiac screening (ECG, echocardiogram) occurs for people prescribed Clozapine or with risk factors	MH Care Coordinator <sup>4</sup>	Yearly	<input type="checkbox"/>
Metabolic screening including assessment of blood pressure, weight, waist circumference	MH Care Coordinator	6 monthly	<input type="checkbox"/>
Arrange ccCHIP referral [GPs may refer directly: <a href="http://ccchip.clinic">http://ccchip.clinic</a> ]	MH Care Coordinator	As required	<input type="checkbox"/>
Arrange GP physical health check annually or four weeks post ccCHIP attendance (once report complete)	MH Care Coordinator	Yearly	<input type="checkbox"/>
Ensure mental health medications are prescribed by treating psychiatry registrar / staff specialist	MH Care Coordinator	As required	<input type="checkbox"/>
Ensure lithium levels are taken and copy results to GP	MH Care Coordinator <sup>4</sup>	6 monthly	<input type="checkbox"/>
Send GP a copy of MH Review Module which includes a description of the care team	MH Care Coordinator	Yearly	<input type="checkbox"/>

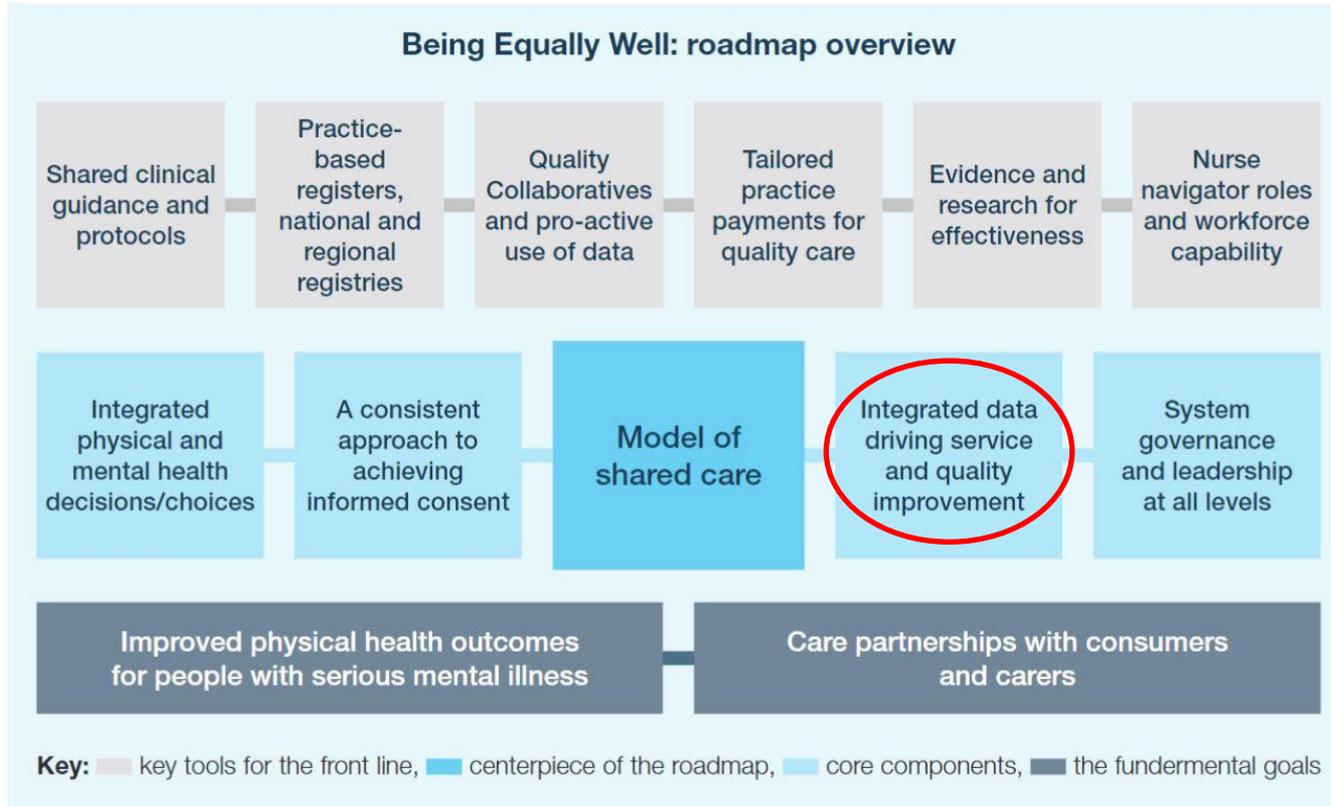
# Enhanced Communication?

## All parties agree to:

- NOTIFY EACH OTHER OF SIGNIFICANT CHANGES IN CONDITION/ TREATMENTS/ STAFF
- EXCHANGE OF HEALTH SUMMARY INFORMATION ANNUALLY (OR AS AGREED). GP: HEALTH SUMMARY, TEAM CARE ARRANGEMENT; MHS: MENTAL HEALTH REVIEW
- **COPY PATHOLOGY RESULTS / SPECIALIST REFERRALS BETWEEN GP AND MHS**



# Being Equally Well Roadmap



Morgan, M; Peters, D; Hopwood, M; Castle, D; Moy, C; Fehily, C; Sharma, A; Rocks, T; Mc Namara K; Cobb, L; Duggan, M; Dunbar, JA; Calder, RV. Better physical health care and longer lives for people living with serious mental illness. Mitchell Institute, Victoria University, Melbourne, August 2021

# SHAReD Study

‘Shared Health Arrangements Research & Development’

- Web-based care plan shared between consumer, GP, and mental health service
- Automatically synchronised with GP practice software
- Consumer can access, and decide who else should be part of the ‘care team’



SHAReD Study



## What is it?

We have teamed up with researchers to develop an online tool so we can better communicate with your GP about your health care. This study is to see how well the tool works.



## Do I have to be in this study?

It is completely up to you!  
You can say ‘no’ and it won’t affect your current health care. If you say yes, you can also stop at any time.



## What information are you collecting?

We are collecting information from surveys and medical records about the health care you receive and your health. The data we analyse will not have your name in it and will be stored securely.

## Study Steps

1

You agree to be part of the study.



2

The research team will contact your GP.  
Your GP needs to agree to be part of the study.



3

We will have a short 20 minute interview with you.  
After the interview, you will receive a \$20 shopping voucher.

\$20

4

One year later, we will interview you again and you will receive another \$20 shopping voucher.

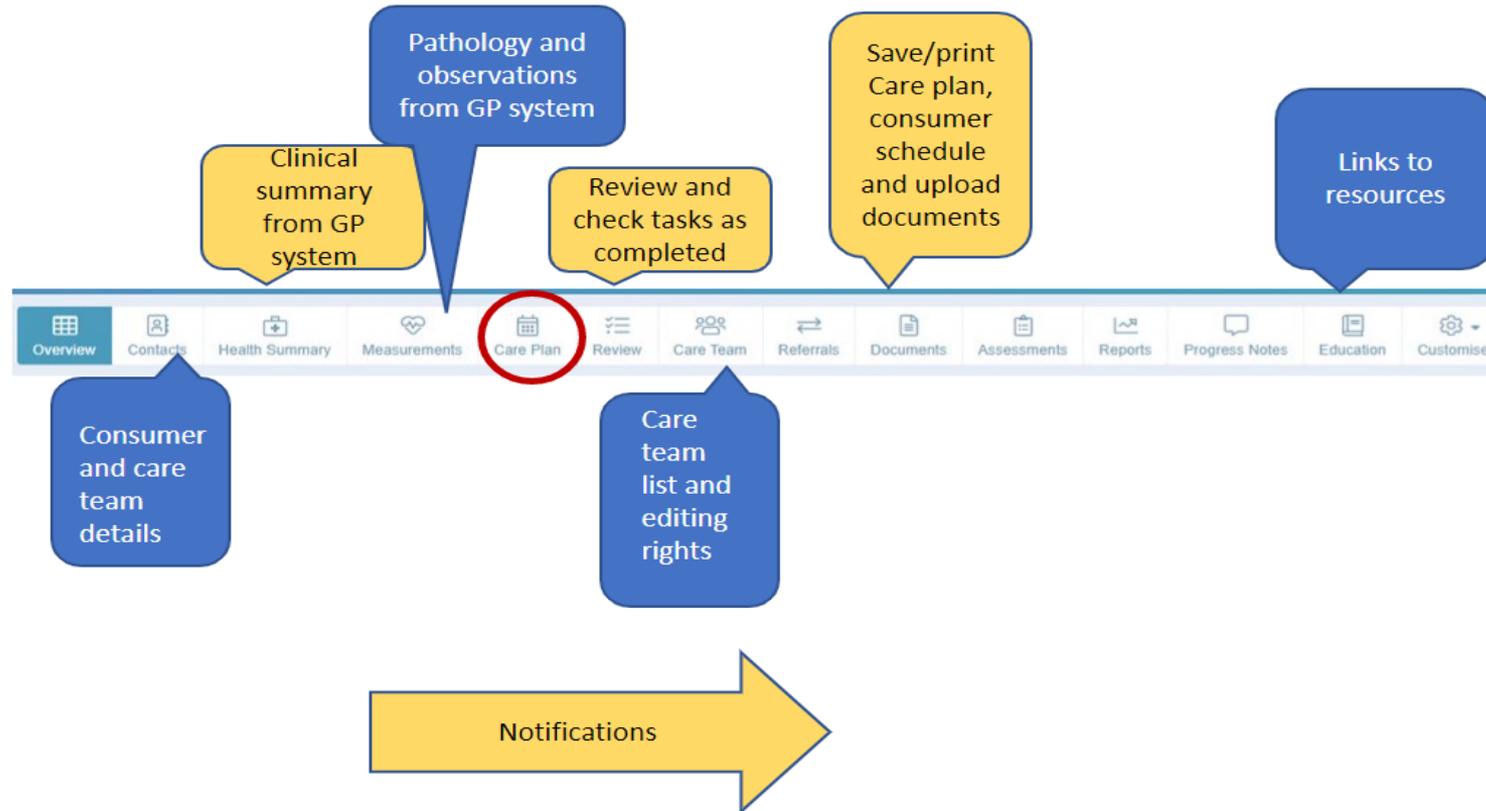


If you have any questions, please contact your Care Coordinator or  
Stella Jun, Research Manager 0460 014 502.  
SLHD Ethics approved X21-0166 & ETH01006

For full details of the patient information form, you can access it through the QR code next to this sentence



# Inca Shared Care Tool from Precedence Healthcare



# Study Questions

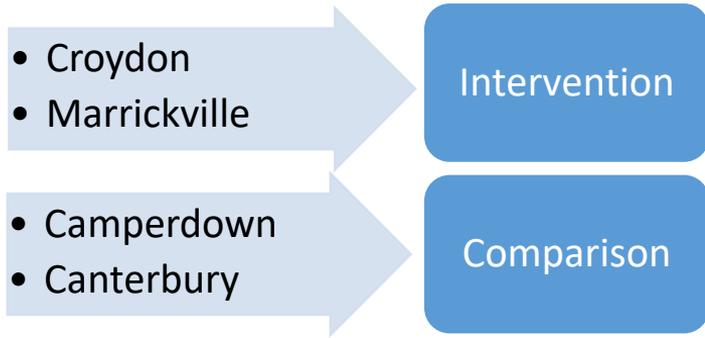
Does the intervention improve:

- Primary and preventive care received by consumers in general practice?
- Integration of care between mental health service and GP?
- Consumer health and health service use?
- Cost-effectiveness?



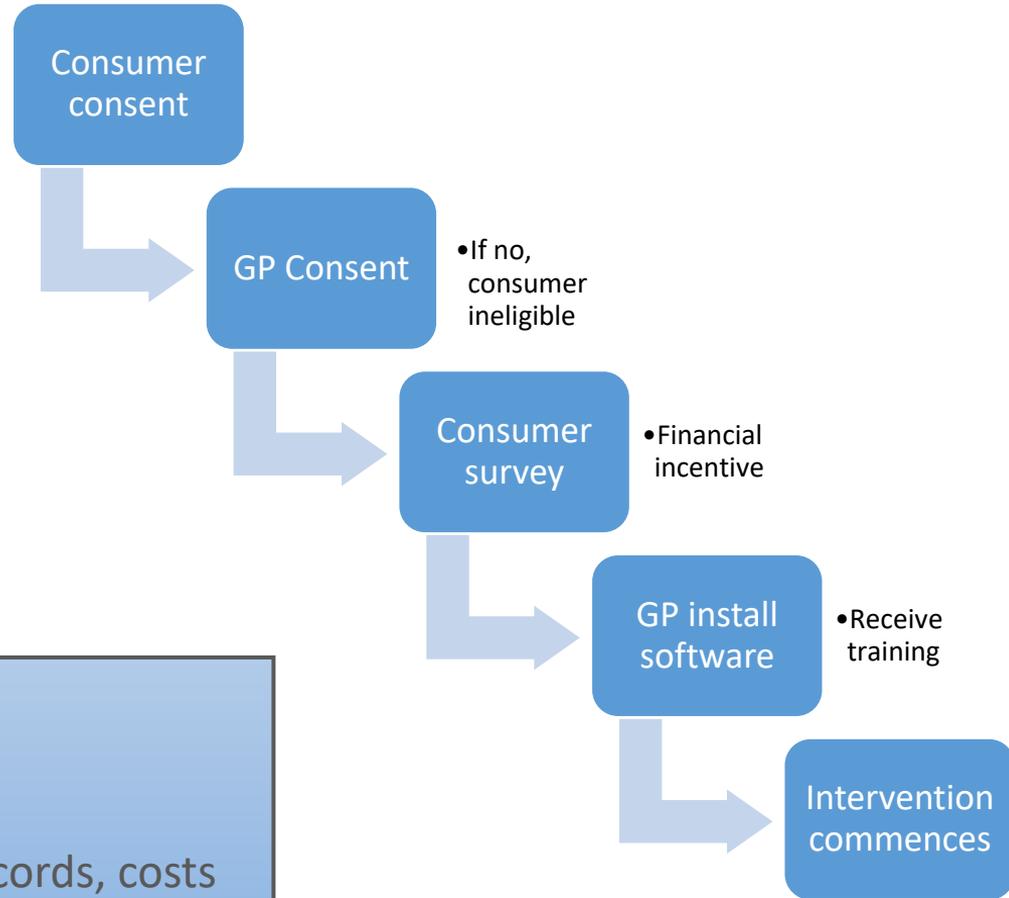
# Study Design

Pragmatic randomised controlled trial with randomisation of four community mental health teams



Mixed methods:

- Quantitative surveys
- Qualitative interviews
- Secondary data: GP records, SLHD records, costs



# Progress so far



## Consumer



159 individuals completed the baseline survey



## GP

34 GPs (23 practices) completed baseline survey



### Baseline



### Intervention



Intervention: 27  
Control: 43

Intervention: 15  
Control: 15



# Analysis Framework

- **Barriers & facilitators for different tasks:**
  - Shared Care
  - SHAReD Research
  
- **Barriers & facilitators relating to different groups:**
  - GPs and their practices
  - Mental health team
  - Consumers

# General Practices & GPs

	Barriers	Facilitators
Shared Care	<ul style="list-style-type: none"><li>● Highly stressed and busy</li><li>● Workforce capacity</li><li>● Consumers see multiple GPs</li></ul>	<ul style="list-style-type: none"><li>● Motivation to improve shared care</li><li>● Strong relationship with consumer</li></ul>
SHAReD Research	<ul style="list-style-type: none"><li>● Lack of appropriate remuneration</li><li>● Concerns about the software</li><li>● Approval from practice manager to install software needed</li><li>● Difficulty using the software</li><li>● Consumer privacy concerns</li><li>● Negative experience with Inca</li></ul>	<ul style="list-style-type: none"><li>● Financial remuneration</li><li>● Personal contact from senior level investigators with medical training</li><li>● Support to use Inca</li></ul>

# Mental Health Team

	Barriers	Facilitators
Shared Care	<ul style="list-style-type: none"><li>● Highly stressed and busy</li><li>● Limited workforce capacity</li><li>● Lack of confidence in the SC model</li></ul>	<ul style="list-style-type: none"><li>● Support the vision</li><li>● Confidence in their role to support SC</li><li>● Targeted repeat training</li></ul>
SHAReD Research	<ul style="list-style-type: none"><li>● Lack of confidence in research</li><li>● Lack of confidence in their capacity to support the study</li><li>● High turnover of staff</li><li>● Time required</li><li>● Concern of existing relationship with GPs</li></ul>	<ul style="list-style-type: none"><li>● Value research</li><li>● Weekly newsletter and incentives</li><li>● One on one support</li><li>● Able to meet the research team</li><li>● Training</li><li>● Peer support</li><li>● Presence of the research team</li><li>● Confidence in supporting GP navigating Inca</li><li>● Existing rapport with GP/practice</li></ul>

# Consumer

	Barriers	Facilitators
Participating in Shared Care	<ul style="list-style-type: none"><li>● Change of GP or health district</li><li>● Too clinically focused</li><li>● Coordinating CC, consumer &amp; GP availability</li><li>● Other health topics taking over</li><li>● Short sessions over extended periods</li><li>● Difficulty attending appointment</li></ul>	<ul style="list-style-type: none"><li>● GP - consumer relationship<ul style="list-style-type: none"><li>○ Health conversations usually wouldn't have</li></ul></li><li>● Support from CC to attend appointments<ul style="list-style-type: none"><li>○ Planning what to say</li><li>○ Advocating for shared conversations</li></ul></li></ul>
Participating in Shared Research	<ul style="list-style-type: none"><li>● Privacy concerns: access to records; control over what is shared</li><li>● Paperwork &amp; consent forms</li><li>● Understanding the study</li><li>● Confusion over who the shared GP is</li></ul>	<ul style="list-style-type: none"><li>● Financial remuneration</li><li>● Rapport building from research team</li><li>● Purpose of study</li></ul>

# Case Study - Recruitment

- Consumer engaged with mental health service, receiving assistance with medication and housing
- Currently unable to participate in study due to other priorities
- After two months, new care coordinator took over
- Consumer contacted for consent: concerns about privacy and information sharing & no regular GP
- Allocated a regular GP, but GP declined to participate
- Consumer could not be included in study

# Our Responses



EXTENDED TIME FOR  
RECRUITMENT AND  
INTERVENTION



INCREASED  
REIMBURSEMENT FOR  
GPS



ADDITIONAL SUPPORT  
TO GPS TO INSTALL  
AND USE SOFTWARE



TARGETED REPEAT  
TRAINING OF MHS  
CLINICIANS



ONE-ON-ONE  
SUPPORT FOR MHS  
CLINICIANS

# Lessons



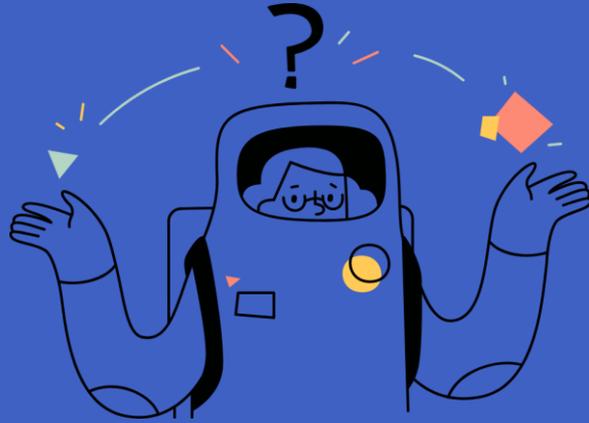
Shared care and research on shared care for PWLE is recommended, but very difficult – need sufficient timelines, resources and work with clinicians and practice humble enquire – build incrementally together systems that work



“It depends” – need to be flexible and adaptive to the needs of the consumer and the dysfunction in the ‘system’



COVID exacerbated problems due to pressure on health system



Thank you  
and  
Questions?

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