

**BEST PRACTICE SURVEY OF CAPHC CENTRES
Integrated Interdisciplinary Models of Care**

QUESTION	CENTER ANSWER	
	SickKids Toronto	BC Children's
Have you organized any interdisciplinary clinic that unite these 3 services?	IN PART	NO
<p>If YES, how is it organized? How was this achieved? What are the outcomes? If NO, do you plan to implement one? If YES, what is envisioned? Do you have info re other Hospitals outside Canada that could be useful?</p>	<p>We have a Centre for Brain & Behaviour that brings Neurology, Neurosurgery and Psychiatry together. The Division Chiefs and myself meet regularly to try and come up with common approaches and bring these staff together whether for research, education or clinical care. Presently, Neurology and Neurosurgery are located on the same in-patient unit and some patients are co-managed. We want to work towards more patient populations being co-managed by Neurology and Neurosurgery. We are starting to have Neurology and Psychiatry work together more formally and are in the process of setting up a combined clinic. As for Developmental Paeds – that is no longer located here at SickKids – it is at Bloorview Kids Rehab.</p> <p>Efforts to bring together Neurology and Psychiatry underway. It is going to be a collaborative approach to our Neurology patients who have Psych issues and might be on Psych medications. It will help in caring for these patients to have a Psychiatrist physically in our clinic. We are working on developing guidelines as to which patients would be referred to this clinic.</p>	<p>In our organization, these services work together around specific patient populations, such as children with neuromuscular disorders. Neurology generally oversees the tertiary care and makes referrals to psychiatry as necessary. Results and direction for ongoing management is communicated to the pediatrician for the patient.</p> <p>There is a pediatrician that works within Neurology. This position assists with seeing neurology referrals that may not actually require a neurologist, but need a specialist consult. The pediatrician can also be consulted by the neurologists on some cases.</p> <p>Apparently Nottingham Child Development Centres in the UK have had some success with achieving some integration.</p> <p>Some examples of interdisciplinary clinics that we have had success with include meningomyelocele and neurometabolic. A different example is the mind clinic (led by genetics, including biochemical & neurology). Patients are not actually seen within the mind clinic, but the arrangement allows for clinical review by the various specialists and care planning.</p>
<p>Do you have a clinic/center to assess and treat Tourette + Tic patients? If YES, how is it organized? How was this achieved? What are the outcomes? If NO, do you plan to implement one? If YES, what is envisioned? Do you have info re other hospitals outside Canada that could be useful?</p>	<p>We have a Neuropsychiatry program that does see/care for pts with Tourette's syndrome.</p> <p>Clinical services provided by the <u>Neuropsychiatry Team</u> (SEE ANNEX 1) include diagnostic consultations, meds management, family based therapy + parent based therapy. Many of the families served by our clinic also have the option to participate in a variety of research projects.</p> <p>SPECIFIC PROGRAMS</p> <p>Comprehensive assessment – clinical-research program: Children participating in this program receive a comprehensive evaluation. This assessment consists of diagnostic interviews with parents and teachers, as well as evaluation of the child's cognitive and language abilities, as well as emotional factors affecting the child and family. At the end of a full-day evaluation, the clinical team shares the results with the family.</p> <p>Evaluation of the effectiveness of medication for ADHD: Provides comprehensive diagnostic assessments + psychiatric monitoring, including meds management for children with ADHD, tic disorders (Tourette), & associated emotional, behavioral, & learning problems. Care is provided by a multidisciplinary treatment team, incl.: child psychiatrists, a child psychologist, a nurse practitioner, & senior psych residents.</p> <p>Parenting group: A six-week parent education program to help parents improve the way their family functions, influence their child's behaviour, and develop supportive networks. Before entering this program, parents meet with one of our clinical teams for a diagnostic assessment. Following the initial program, an on-going follow-up group is offered in the form of a Graduates' Group that parents can choose to attend.</p> <p>Medication Follow-up Clinic: Children who have undergone a diagnostic assessment by the Neuropsychiatry Team and meet criteria for ADHD have the option of coming to the medication follow-up clinic. An Advance Practice Nurse, as well as staff psychiatrists and senior psychiatry residents provide initiation and clinical monitoring of medication as a treatment intervention for ADHD.</p>	

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	Lakebridge Health Oshawa	Kingston Child Dev. Centre	Bloorview Kids Rehab	Children's Treatment Centre of Chatham-Kent	Sunny Hill Health Centre for Children
Have you organized any interdisciplinary clinics/centers that bring these 3 services together?	NO	NO	NO – we don't have psych services. We consult with Sick Kids if required.	NO	NO. We have integrated Psychiatry, Developmental Peds, and other professional disciplines around the populations of Autism and Complex Developmental Behavioral Conditions.
If YES, how is it organized? How was this achieved? What are the outcomes? If NO, do you plan to implement one? If YES, what is envisioned? Do you have info re other Hospitals outside Canada that could be useful?		Not at this time		NO	NO. We do not have plans to integrate Neurology at this time but have an established working relationship with the Neurology Dept at BCCH.
Do you have a clinic/center to assess and treat Tourette + Tic patients? If YES, how is it organized? How was this achieved? What are the outcomes? If NO, do you plan to implement one? If YES, what is envisioned? Do you have info re other hospitals outside Canada that could be useful?	NO. We do have some patient's with Tourette that see our Child Psychiatrist.	NO Not at this time.	No – no plans to have this clinic	NO	NO and we do not envision having one here at SHHC.

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	McMaster Children's Hospital Hamilton
<p>Have you organized any interdisciplinary clinics/centers that bring these 3 services together?</p>	<p>We are meeting in such a configuration (Child neurology, Dev. Peds and child psychiatry) on a regular basis (3 times a year) to discuss similar questions as you listed above. We are right now discussing a clinic model that we called combined clinic to serve clients who have crossover needs. This clinic is not yet established. Also apart from clinic activities, we have organized in may 2008 a multidisciplinary conference involving these three divisions that dealt with the clinical approach to the child with behavioral problems. A next multidisciplinary conference in this format is planned for may 2010. In the past there was a trial for about 1 year of a Tourette clinic that involved these three disciplines. (see below)</p>
<p>If YES, how is it organized? How was this achieved? What are the outcomes? If NO, do you plan to implement one? If YES, what is envisioned? Do you have info re other Hospitals outside Canada that could be useful?</p>	<p>Plan of our combined clinic: is to allow joint assessments for clients who have symptoms that need involvement of all of our services. We are envisioning to do this not on a diagnosis basis (such as "Tourettes syndrome") but rather a symptom approach. We are currently discussing that the different disciplines might have different length of evaluating a client and are therefore currently discussing different models such as joint assessment, versus parallel assessment in separate rooms with follow up discussion. Also possibly an asymmetric distribution of manpower. 1 neurologist on 2 psychiatrists and 2 developmental pediatricians? This is still very preliminary, but we would also be very interested to hear from your ideas as they seem to be very similar to ours.</p> <p>I personally have worked in Tel Aviv, Israel, as part of a joint clinic of neurosurgery and neurology. The child would be known to one of the parties, and would be assessed by the other party on the day of our joint discussion. The case was then presented, reviewed by the neuro-radiologist, discussion took place first between all the staff then the parents were called in and participated in further joint discussion about further procedure. We all felt that this type of joint clinic was giving very good patient management but also a great educational tool to all of us, the experts and the learners.</p>
<p>Do you have a clinic/center to assess and treat Tourette + Tic patients? If YES, how is it organized? How was this achieved? What are the outcomes? If NO, do you plan to implement one? If YES, what is envisioned? Do you have info re other hospitals outside Canada that could be useful?</p>	<p>About 4 years ago we had a pilot trial of a multidisciplinary Tourette clinic that was staffed by a pediatric neurologist, a developmental pediatrician and a child psychiatrist. Patients were seen during one visit by 2 or all 3 of the specialists, either sequentially or concomitantly. The experience was deemed to be a positive one by the involved physicians, who valued the opportunities to discuss with, and learn from, their colleagues. Families also appeared to value the knowledgeable multidisciplinary team approach.</p> <p>However it became clear that there was an obvious mismatch between the hopes and expectations of the group of referring physicians, and the limited ability to meet those expectations on the part of the clinic staff. Specifically, referring doctors were interested in sending children with tics / Tourette's (those that were complex as well as those that were less so) for not only assessment but also ongoing management. In other words, they hoped to be able to essentially transfer care of the patient to the Tourette clinic. However the clinic did not have the resources to be able to take on and respond to the ongoing behavioral, psychological and educational concerns of this population. Not coincidentally, these same issues constituted a draw on the time of the referring family doctor or pediatrician, and hence served as a motivator for the referral.</p> <p>Additional resources for the Tourette clinic, specifically in the form of a dedicated full-time nurse, social worker, and psychologist (as well as, ideally, behavioral therapists), would have permitted that model of longitudinal care. But since those resources were unavailable, the model offered was one of assessment and therapeutic advice, with return of care back to the referring physician for implementation of the care plan.</p> <p>As It became clear to referring physicians that 'ownership' of the patients would not reside with the Tourette clinic, referrals tapered off. The clinic was thus not continued past the pilot phase. If funding can be secured in the future for additional personnel as described, we may re-initiate the clinic with a mandate to assess as well as follow patients longitudinally.</p> <p>I am aware that Schneider children's Hospital in Petach Tiqva, Israel runs a multidisciplinary Tourette's clinic that is well known in Israel. It is mainly driven by child psychiatry.</p>

SickKids
Psychiatry

Full Time and Major Part Time Staff

[Abel Ickowicz](#), Psychiatrist-in-Chief

Paul Arnold, Psychiatrist

Diane Benoit, Psychiatrist

[Susan Bradley](#), Psychiatrist

Ahmed Boachie, Psychiatrist

Pier Bryden, Psychiatrist and Professional Development

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[Katharina Manassis](#), Psychiatrist and Director, Anxiety Disorders

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Anthony Pigniatello, Psychiatrist and Medical Director, Telepsychiatry Program

Leora Pinhas, Psychiatrist and Psychiatric Director, Eating Disorders Program

Johanne Roberge, Psychiatrist, Director, Emergency and Crisis Service, and Director, Postgraduate Program

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