

“At a Glance”
Synopsis of CCIH Proceedings
Session XV, November 22 and 23, 2005, Toronto

CCIH Mission: The Canadian Council on Integrated Healthcare is dedicated to helping Canadians understand emerging healthcare issues.

CCIH Vision: Our vision is for an integrated healthcare system that balances quality, access and cost, and creates better health for Canadians.

Taking action:

Focus topic: Employer engagement in the Canadian healthcare system

Review of Payers’ Forum background paper

Council reviewed the background paper, “Let’s Get Engaged: Getting Canada’s Public Policy Makers and Employers Together on Healthcare” that had been written by a Council sub-committee following previous meeting. With several changes, paper was approved.

Payers’ Forum planning

Council agreed to use the questions highlighted in the Payers’ Forum paper as background to the discussion at the Forum – and maybe as focus for morning session (broader look at issue of public-private payer interaction). Council agreed the forum would really be a demonstration project – that is, to demonstrate utility of such collaboration between employers and government. Intent is to make recommendations and gain agreement on next steps. Detailed discussion took place about the Forum agenda, including keynote speaker suggestions, and the invitation list and process.

Gathering information:

Topic for consideration – Mental health

Expert resource: **Dr. Larry Myette, Director of Employee and Workplace Health Services at the Healthcare Benefit Trust (and CCIH member)**

- Dr. Myette’s presentation opened by placing the topic of mental health within overall frame of integration. He discussed current findings in occupational epidemiology, and considered mental health in the workplace, its relation to disability claims, and health and productivity management. In terms of treatment, he reviewed traditional approaches, clinical intervention strategies, the chronic disease management model, and integrated workplace depression management (and use of the tool *Integrated Workplace Health Management System*).

Engaging in reflection:

In its discussion of Dr. Myette’s presentation, Council looked at gaps in current approaches to mental health –

- in benefit plan coverage
- in EAP programs

- public system has inadequate access -- no process for case management (unlike private system in terms of disease management)
- not enough time or resources for proper diagnosis, screening, monitoring
- research community – knowledge transfer gap – need to move from best practice to real practice more quickly
- management and leadership gaps (need to be trained to identify symptoms but also not to cause or exacerbate symptoms)
- gaps when family members claim through an employee plan and may not get adequate treatment, and this affects the employee.
- gap in terms of inadequate number of professionals to provide services

Council also considered -

- notion that workplaces need to be engaged in healthcare – recognition that workplaces can accelerate employees into bad state, but can also help move people back to health
- notion of whole dynamic within organizations
- mental health a condition that is a problem across workplace spectrum (including high performers who are at work to their own detriment); particularly a problem in certain industries; recognition that in some workplaces, there just are certain basic attributes employees need to survive/thrive that are unique to the organization – points to importance of companies properly screening employees before hiring
- integrated data just not available (particularly re. workplace); could possibly look at mental health within public sector workplace
- prime area for intervention – relationships that exist at bottom of organization – practices between supervisors, staff, and each other
- the challenge of creating alignment for employees; also important to look the other ‘noise’ in their lives – to help assist with other challenges they may have (ex. elder care, personal life stuff; need a critical mass in your cohort and then identify common issues)
- there seems to be a failure to integrate thought – government, employer, healthcare system

Council next deliberated on its own next steps in terms of. mental health and integration. One possible approach to take on this topic was the idea of integrating the workplace health approach into an integrated clinical approach (since integration already happening at clinical level). The question here: **How can employers – through integration within workplace, and beyond – contribute to managing chronic disease (beyond just mental health, though could certainly use mental health as illustrator)?**

- this could be underscored by a business case (as justification for the argument); including an emphasis on productivity
- one possible resource – Round Table on Return to Work, Return to Function
- whether you go at this from integration, with mental health as example, or look at mental health and advocate integration, both reasonably similar approach

Bottom line: What would an integrated approach to healthcare look like (what does success look like)? Consider the ideal and how to get there... and the real (using mental health as an example).

There would be a connection to Payers’ Forum – CCIH will have already looked at employer/public collaboration re. funding. Through a topic such as the one above would also be moving forward into practice.

INTEGRATION ----- CHRONIC DISEASES ----- MENTAL HEALTH
(building a case)

Council decided it would revisit the mental health topic and this possible approach at upcoming meetings.