
POSTER ABSTRACT**Co-designing and implementing tools for an integrated approach to
managing mental and occupational health issues in primary care**

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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Introduction

Mental and stress-related disorders such as depression, anxiety and burnout are highly prevalent and often managed in primary care. These conditions often impact people's ability to work and are a primary cause of sick leave. Family physicians are the main prescribers of sick leave and play a critical role in managing their patients' mental health problems and deciding on the timing and conditions for a return to work. Yet, family physicians receive little training in work-related issues and their practices related to mental and occupational health issues can vary widely.

Aims Objectives Theory or Methods

The aims of our study were to co-design new digital tools to support a person-centered, evidence-based and integrated approach to the primary care management of mental health-related sick leave and to evaluate the implementation of these tools. This study is taking place in three primary care clinics in Quebec, Canada. In study phase 1, our interdisciplinary team used a user-centred design approach to develop EMR templates that could be used to improve the management of sick leave at the point of care. In phase 2, we are conducting a multiple case study examining implementation of the tools by family physicians.

Highlights or Results or Key Findings

Our co-design approach involved five design cycles that took place over an 18-month period. We have developed two digital tools (EMR templates): a) a tool to support the initial assessment and treatment of common mental disorders and the need for a sick leave from work, and b) a tool to support a systematic follow-up of the patient's sick leave and the preparation for a return to work. Phase 2 involves family physicians at each study site testing the tools with 10 of their patients experiencing a common mental disorder and work-related issues (e.g. sick leave, return to work). We are assessing organizational readiness for knowledge translation at each site and are performing ongoing interviews and follow-ups with physicians to collect data on their adoption of the tools, their acceptability, and the barriers and facilitators to their use in routine care. Phase 2 is currently ongoing.

Menear: Co-designing and implementing tools for an integrated approach to managing mental and occupational health issues in primary care

Conclusions

This study emerged from the concerns of family physicians and other primary care providers who recognized a need for greater supports to manage mental health-related sick leave and to improve the integration of mental health and occupational health care in primary care.

Implications for applicability/transferability sustainability and limitations

The digital tools that our team has created are available in both French and English and can be adapted to various electronic medical record (EMR) platforms. They can thus be easily integrated within the busy practices of family physicians and offer an evidence-based source of support at the point-of-care.