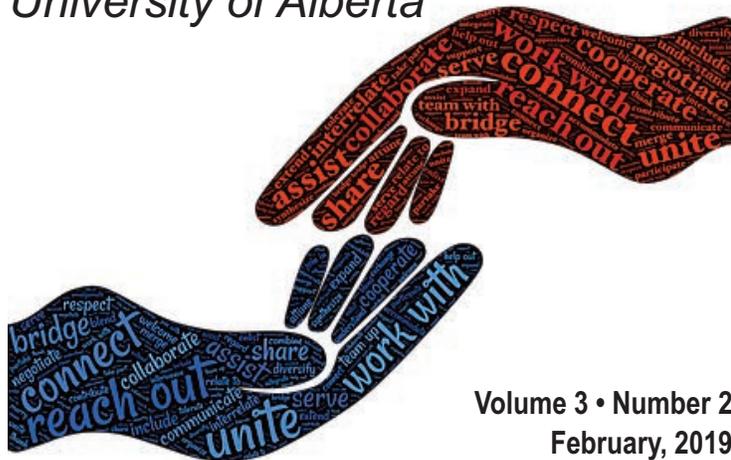


# CONNECTIONS

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## Message from the Leadership Team



(From left) Mark Snaterse, Executive Director for Addiction  
and Mental Health, AHS, Edmonton Zone;  
Dr. Xin-Min Li, Chair, Department of Psychiatry, U of A;  
and Dr. Daniel Li, Interim Zone Clinical Department Head  
– Addiction and Mental Health, AHS.

### Dear colleagues and friends,

As discussed in previous issues of *Connections*, the province's  
first Academic Medicine and Health Services Program (AMHSP)  
for Alberta's practicing psychiatrists is about to be launched  
on April 1st.

This is obviously a complex, multi-dimensional process, and al-  
though it follows more than a year of intense negotiations and detailed  
planning, we don't yet have all the relevant information we need to  
provide complete answers to your many legitimate questions.

We are trying, however.

To illustrate the potential benefits of the AMHSP to specific Alberta  
Health Services (AHS) programs, this issue features an interview with  
Mark Snaterse, Executive Director for Addiction and Mental Health,  
AHS, Edmonton Zone, outlining how the AMHSP may help to  
strengthen AHS's Urgent Care Clinics and Crisis Teams, among other  
services.

Still, we can't predict how many psychiatrists in the Edmonton  
Zone will be attracted to the new AMHSP remuneration structure; how  
their annual contracts or Individual Service Agreements (ISAs) will ul-  
timately be designed; or what impact the AMHSP may have on specific  
programs within the Department of Psychiatry.

Simply put, the rollout of the AMHSP remains a work in progress.  
As Dr. David Zygun, Edmonton Zone Medical Director at AHS and Co-  
Chair of the AMHSP Provincial Operations Committee so aptly put it  
at a recent Department of Psychiatry Town Hall session, we're essen-  
tially building this plane while we're flying it.

Given that, while we understand and sympathize with the frustra-  
tion some Faculty members and Residents may feel about the lack of  
clarity around the AMHSP, we ask for your continued patience and  
support as we do our best to sort through the outstanding issues.

Among the key remaining challenges is the need to ensure that  
the terms of the AMHSP are consistent with, and adhere to the hir-  
ing policies, rules and regulations of the University of Alberta and  
AHS, so the launch of the new compensation scheme is as seam-  
less as possible.

Meanwhile, a document outlining the terms of the AMHSP's remu-  
neration grid placement and grid movement, along with draft terms of

*Continued...*

## Message from Leadership Team

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reference for the AMHSP Operations Committee – including the committee's scope, its responsibilities and deliverables, and its governance structure – is available from the Chair of the Department.

The AMHSP Operations Committee, comprised of representatives from key Alberta AMHSP stakeholder organizations, is a decision-making and recommending body that reports to the Provincial AMHSP Strategy Committee.

As previously reported in *Connections*, the compensation grid structure will apply province-wide. Equitable budgets have been established by AHS for the Calgary and Edmonton Zones, although each Zone will have the power to determine their own processes, priorities and staffing needs.

By making remuneration levels consistent for both of Alberta's major cities, this will ensure both Zones remain competitive for recruitment purposes, while enhancing the sustainability of the AMHSP program.

As you know, the overriding objective of the AMHSP scheme is to ensure that physicians who teach, do research, or assume leadership and administrative roles at Alberta's faculties of medicine are not financially penalized for taking on such activities, compared to traditional fee-for-service work.

Although it has taken a lot of work to get to this point, we remain enthused and excited about the possibilities the new AMHSP will create as psychiatrists across the Edmonton Zone assess how it may serve to better support their individual career objectives, interests, personal goals and lifestyle preferences.

It's important to reiterate that the AMHSP may not be available to all who apply for it. Successful applicants will then work with the AHS

and Department leadership to develop and design their ISAs. The ISAs will outline the tasks and duties for which an individual psychiatrist is remunerated, and will be reviewed annually.

We hope to provide additional details about the rollout of the AMHSP in the March issue of *Connections*. The next issue will also feature a story on proposed changes to the process under which appointments, renewals and promotions for Clinical Academic Colleagues (CAC) are made. The changes will affect all 13 clinical departments in the Faculty of Medicine and Dentistry.

Discussions on the proposed CAC changes have been underway for the past year. Although a firm date has not yet been announced for implementing them, Dr. Jonathan Choy, Clinical Professor, Associate Dean, Clinical Faculty in the Department of Medicine, says the current target date is the summer of 2020.

We're also extremely pleased to announce that the Stollery Children's Hospital Foundation recently promised to contribute \$26 million toward a new, long-sought \$226 million Child and Adolescent Mental Health (CAMH) Centre in downtown Edmonton. It marks one of the largest philanthropic gifts in Alberta history.

Construction of the transformative new CAMH Centre is expected to start on an AHS-owned site next to the Glenrose Rehabilitation Hospital by 2021, with completion slated for 2024. It will include 101 inpatient beds, child and adolescent crisis services, a mobile response team, outpatient support, and many other services, replacing aging, capacity-constrained existing facilities at the nearby Royal Alexandra Hospital and various other locations in the city.

This is very exciting news for our city and our province. We wish to commend all the dedicated mental health professionals and others who have worked long and hard to bring the vision of the new CAMH Centre to fruition. **C**

## Innovation Spotlight

### It Started With a Text Message from his Sister; Now Dr. Vincent Agyapong's Text4Mood Program is Fathering Spinoffs

It is winning kudos in Alberta and beyond as an innovative, easy-to-use, technology-based tool to help patients fight the crippling effects of depression and anxiety.

Since Dr. Vincent Agyapong's Text4Mood program was launched by Alberta Health Services (AHS) in early 2016, the daily supportive text messaging service has attracted tens of thousands of subscribers, and growing praise from mental health professionals worldwide.

AHS subsequently honoured Dr. Agyapong – Clinical Professor and Director, Residents Quality Improvement Projects in the Department of Psychiatry – with its Spirit of Excellence Award in 2016.

The Edmonton Zone Mental Health Staff

Association (EZMSA) followed by naming him their Physician Innovator of the Year for 2018.

The Text4Mood program has also won recognition from the Mental Health Innovations Network, which is affiliated with the World Health Organization's (WHO's) Department of Mental Health and Substance Abuse.

"One of the reasons we introduced the Text4Mood program was to offer people support while they were on a waiting list to receive counselling. At the time the wait list to see a therapist in Fort McMurray was about 13 weeks. But we could deliver text messages to people the very next day, after they contacted us for help," says Dr. Agyapong, who also serves as AHS's Edmonton Zone Clinical Section Chief, Com-

munity Mental Health.

Patients who subscribe to the program receive regular supportive text messages for six months, starting the day after they subscribe. Individuals can self-subscribe to the program by simply texting the word 'mood' to (760) 670-3130. They can unsubscribe by texting the word 'stop' to the same number.

"Our initial aim was to enroll about 500 people over six months, but within just two months we had about 5,000 people subscribing to the program, and by early 2018 that number had grown to almost 20,000," he says.

The growth of the Text4Mood program is a fascinating example of how technology can be harnessed to deliver mental health

*Continued...*

## Dr. Vincent Agyapong

*Continued from page 2*

and addictions services to those who can't readily access them. But the story behind the birth of the program is almost as fascinating, and it starts not in Alberta, but in Dublin, Ireland.

That's where Dr. Agyapong was posted between 2010 and 2012, prior to his move to Canada in 2013. "I was an Assistant Professor at the University of Dublin and I had a supervisor, Professor Declan McLoughlin, who encouraged me to pursue a Doctorate in Clinical Psychiatry," he says.

"While I was on holiday in Sweden, I received an email from him saying I should have some idea what I would do for my Doctoral project, which I had to submit in six weeks. So I was thinking about that when I received a text message from my sister. It was a motivational thing she forwarded to me. That's when I realized that sending text messages to people who are depressed might be a potential subject for research," he explains.

"So after my holiday I went to the ward where I worked at St. Patrick's University Hospital – it was a dual diagnosis mental health and addictions ward – and I went to the manager, and said what do you think about this idea? If patients are discharged from here, could we send them supportive text messages as part of their follow up care? She thought it was a fantastic idea." That started the ball rolling, he says.

"I wrote up a proposal, and a review article for publication. Then I did my first Doctorate degree with that and we did a randomized controlled trial where we recruited patients who had completed the dual

diagnosis program. We divided them into two groups: half received daily supportive text messages, the other half did not. And we found that the group that received the messages did better. They reported improvements in mood, and they also consumed less alcohol after they had been discharged from their program."

After Dr. Agyapong moved to Alberta in 2013, he was eager to continue that research. So he applied for, and secured a Quality Improvement Grant for the AHS



*Dr. Vincent Agyapong*

North Zone.

"We wanted to replicate the study we had done in Dublin. So I got a number of stakeholders together and we did two clinical trials. One was in Grande Prairie, focusing on those who had been discharged from the addiction treatment centre. And then we also ran a depression study in Fort McMurray," he explains.

"For the depression study it was very similar to the results we obtained in Dublin. Those who received the daily supportive text messages did much better. There was a statistically significant difference in the reduction of mood symptoms as measured by The Beck Depression Inventory, compared

to those who followed their treatment as usual."

As for the Grande Prairie alcohol study, results showed those who received daily supportive text messages took a longer period of time to consume their first alcoholic drink after discharge from the centre, versus those who didn't receive such messages.

"With our results in hand, we then launched the Text4Mood program in 2016 and the number of subscribers has just continued to grow since then. I'm very

happy that AHS is sustaining the program. I'm very sure that wouldn't be the case if they didn't find some value with it."

Now that the concept behind the Text4Mood program has proven itself, Dr. Agyapong is exploring other potential targeted applications in which similar supportive text messages might be used as an effective tool for fostering improved mental health.

"We are trying to improve on the Text4Mood program. Since I came to Edmonton I received

a grant of \$75,000, and we recently obtained another grant of \$20,000 from Telus, through the Edmonton Mental Health Foundation. With those funds we've developed the Text4Support program. Unlike Text4Mood, people don't self-subscribe to it. Instead, AHS Addictions and Mental Health inputs patients' numbers into their system, and we've designed buckets of text messages targeting various conditions including anxiety, depression, situational crisis, addiction and psychosis. Depending on the particular problem you have, you get to choose which text messages you want delivered to you."

*Continued...*

**Dr. Vincent Agyapong***Continued from page 3*

Text4Menopause is a second targeted application for supportive text messages that is currently being considered, thanks to a donor who contributed funds through the Royal Alexandra Hospital Foundation.

“Elizabeth Lidstone-Black was experiencing menopause and unaware she was living with depression. She died by suicide. Her husband, Ken Black, wants to do something for patients who are going through the

same thing,” Dr. Agyapong explains.

“So, we are designing the Text4Menopause program to target that group, in conjunction with researchers at the Women and Children’s Health Research Institute, the Department of Obstetrics and Gynecology at the University of Alberta, and the Royal Alexandra Hospital Foundation.”

A third potential spinoff from the Text4Mood program has been branded Text4Hope. It would target people who have been traumatized or otherwise negatively af-

ected by wildfires, floods and other natural disasters.

“A Regional Health Authority in B.C. has made contact with us and asked us to develop this. Several communities in B.C. have been hit by wildfires or flooding, but they don’t have enough mental health therapists to meet the needs of the people who live there. So we held a teleconference and agreed to do a presentation there. Hopefully we can extend the benefits of Text4Mood into the new Text4Hope program.” **C**

**Services News**

## New Day Hospital at Alberta Hospital Edmonton Experiencing Steady Growth in Demand for Services

**P**atient referrals to the new Day Hospital at Alberta Hospital Edmonton (AHE) are on a slow-but-steady upswing, two months after this first-of-its-kind treatment facility in Edmonton opened its doors.

“We opened the Day Hospital on Jan. 7th. It has been a gradual, staged opening but over the last three or four weeks we’ve been getting steadily busier,” says AHE Medical Director Dr. P.J. (Patrick) White.

“What we’re seeing is a significant effect on volumes among EIPs (Emergency Inpatients) and the local ERs (Emergency Rooms), so there has been a lot of positive satisfaction coming back from the ER physicians.”

The Day Hospital – formally known as the Addictions and Mental Health Edmonton Day Hospital – offers group and individualized daytime programming for acutely ill patients, seven days a week, as an alternative to full hospitalization. Patients go home each evening and return the following morning, with transportation provided as needed.

“This is an acute facility, so all of our patients are acutely mentally ill or unstable. But the average length of stay in the day program is just three weeks. Then patients move on to the community or to outpatient care or various psychotherapy groups. The reason for that is the program needs to be a moving beast, so to speak, so our patients keep flowing through. We don’t want it getting blocked,” explains Dr. White.

Comprehensive patient data for the first two months of operation isn’t yet available. But Dr. White did offer an initial snapshot. During the first two weeks of operation, he says, a total of 73 patients were referred to the Day Hospital, located on the ground floor of 12 buildings on the AHE campus.

A little over half (53%) of those patients were referred by local Hospital Inpatient Units, 30% were referred by Emergency Departments, and 17% came from the community. About 71% of all referrals were accepted.

Key reasons why patients were referred to the Day Hospital include: mood and anxiety stabilization; emotional dysregulation (including high ER use); medication management / adjustment and treatment for Psychosis (reflecting decreased length-of-stay in Inpatient Units); addictions identification, stabilization and management; and need for urgent access to the Day Hospital’s two rTMS machines.

The rTMS (Repetitive Transcranial Magnetic Stimulation) machines provide an effective, less invasive option for treating major depression than traditional ECT (Electroconvulsive therapy) treatments.

Although Ponoka’s Centennial Centre for Mental Health and Brain Injury has had an rTMS machine for some time, the Day Hospital units are the first two publicly funded rTMS devices in Alberta Health Services’ (AHS’s) Edmonton Zone. Psychiatrists Dr. Kevin Morin and Dr. Karthikeyan Ganapathy are overseeing the rTMS treatments.

*Continued...*

*Dr. P. J. (Patrick) White*

## New Day Hospital

*Continued from page 4*

“The Day Hospital fills a very important gap. We have acute Inpatient Units and we have Community Clinics. Some people may be so unwell they can’t make it to scheduled appointments, yet they need to be seen every day. Until now we’ve had no alternative but to admit those people to an Inpatient Unit,” says Mark Snaterse, Executive Director for Addiction and Mental Health, Alberta Health Services (AHS), Edmonton Zone.

“But these patients may have a supportive family and a home where they can sleep in at night. So instead of occupying an acute bed 24/7, we can refer them to the Day Hospital, where they’ll get all the intensive acute interventions they need, but still go home at night and sleep in their own bed.”

Dr. White, a former Alberta Medical Association (AMA) President, Past President of the Canadian Psychiatry Association (CPA) and previous Chair of the University of Alberta’s Department of Psychiatry, says he is pleased with the early results from the Day Hospital.

“The Day Hospital seems to be functioning exactly the way we wanted it to. We’re catering to people who are acutely mentally ill but who are not at risk, and we’re also dealing with patients who are transitioning from Inpatient Care into the community,” he says.

“We’ve also had a number of patients who have had to be certified and sent to hospital. That’s where the risk assessment process (for suicide or potential self-harm) is so important. Each patient is seen by a psychiatrist at the time of referral, and we do a formal risk assessment then. I’ve been involved in two cases where we had to send patients back to hospital.”

To meet the expected growth in demand for services, AHE has offered positions to a number of physicians at the Day Hospital. One is expected to start in early March, and two others are likely to begin working on a half-time basis in April, says Dr. White.

Like similar facilities in Calgary and Vancouver, the Day Hospital will ultimately be staffed by a full multi-disciplinary team including psychiatrists, psychologists, social workers, occupational therapists and others, with an emphasis on rapid patient transition back to the community.

The Day Hospital is the first of several major initiatives being launched by AHE as part of its Ambition 2023 project. It was unveiled last year, in response to a challenge from Dr. Verna Yiu, AHS’s President and CEO, to make AHE more relevant and responsive to individuals and families in the Edmonton Zone who are grappling with complex addictions and mental health challenges.

“Our core strength at Alberta Hospital Edmonton is dealing with the chronically mentally ill, but Ambition 2023 is widening the template here, into the Zone and the broader community. It’s an Edmonton-based Zone initiative,” says Dr. White.

“The initial vision with Ambition 2023 was to have two Day Hospitals, one here at Alberta Hospital and the other in the city. Funding was only available for one at present, but additional funding may be available if the Day Hospital makes clinical and economic sense.”

Ambition 2023 is built around five “pillars” or key priorities. In addition to the Day Hospital, they include:

### Neuropsychiatry & Neuropsychology

Under the Edmonton Neuro-Cognitive Disorders Enterprise (ENCoDE), clinicians aim to address a major gap in diagnostic, treatment and monitoring services for people whose psychiatric disorders are linked to cerebral pathology.

### Redefining Tertiary Care in Psychiatry:

Physicians and staff in Tertiary Care are working to realign rehabilitation treatment, programming and clinical processes to better meet the needs of those with intellectual disabilities and/or mental health issues.

### Young Adults:

AHE has a unique acute care unit for patients aged 16 to 26, complementing various community-based young adult services. Inpatient enhancements at AHE are planned.

### Targeting Treatment-Resistant Psychosis:

AHS Addiction and Mental Health and the Department of Psychiatry are working jointly on an evidence-based holistic treatment for treatment-resistant psychosis.

“What we will be doing in the very near future is a research project where we will be looking at all the data that is now being collected from a systemic perspective to see what effect the Day Hospital is having, not only clinically but statistically, so we get a clearer picture of the difference it is making on demand for Inpatient beds. But the initial anecdotal evidence is that it’s already having a very positive effect.”

Dr. Melanie Marsh-Joyal, President of the Alberta Psychiatric Association and Emergency & Consultation Liaison Psychiatrist at the Royal Alexandra Hospital, welcomes the new Day Hospital and applauds the collaborative approach taken by team leads Mike Mach and Dr. Daniel Li in bringing it to life.



*Dr. Melanie Marsh-Joyal*

*Continued...*

## New Day Hospital

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“What we have appreciated about Dr. Li and Mike is the value they have clearly placed on the importance of collaboration between our teams. They have been actively seeking our feedback and looking for ways to enhance process and ultimately enhance our ability to provide safe, evidence-based, seamless patient care,” says Dr.

Marsh-Joyal, who also serves as an Assistant Clinical Professor in the Department of Psychiatry.

Nonetheless, she says it’s too early to know with certainty if the Day Hospital will ease demand for Emergency Psychiatric Services in the Edmonton Zone. “We will have a much better sense of the impact on our Emergency Departments after a solid eight to 12 months of the Day Hospital being operational.” **C**

## In Focus

### How Might the AMHSP Offer Benefits to Psychiatrists, and Improve Access to Mental Health and Addictions Services?

**C**onnections asked Mark Snaterse, Executive Director for Addiction and Mental Health, Alberta Health Services (AHS) Edmonton Zone, to explain the potential benefits of the province’s first Academic Medicine and Health Services Program (AMHSP) for both patients and psychiatrists.

Below is a slightly edited and condensed version of that conversation:

**Q:** I recognize the benefits of the AMHSP from the Department of Psychiatry’s perspective, since it offers a more competitive compensation structure for practicing fee-for-service psychiatrists who wish to teach, do research or take on academic leadership positions. But what are the benefits of the new AMHSP from the AHS perspective?

**A:** The AMHSP is going to be a great enabler for us to really foster good academic activity within our clinical programs. So you could look at the AMHSP narrowly, as just a different way of reimbursing people, but it will also become an enabler. Doctors who have an interest and a passion for research, education, academics and scholarly activity will now have an opportunity to embed that as a formal part of their practice, without the concern that it will be time spent without compensation.

We want the entire Addiction and Mental Health program within the Edmonton Zone to be a strong academic program. We want to see strong academics and strong clinical practice going hand-in-hand, and that’s why we (AHS) are really approaching this different reimbursement strategy jointly with the De-

partment of Psychiatry. I think there’s a very strong mutual interest in this, and it could be quite transformational in the long run.

**Q:** But from a practical perspective how do you see the AMHSP helping you to de-



Mark Snaterse

liver more or better addictions or mental health services to patients?

**A:** Well, when we look at where our system needs psychiatrists to be working with our teams, sometimes in the current fee-for-service world, it’s difficult to entice psychiatrists to participate, since there are fiscal consequences to that. Quite often that relates to programs of ours that desperately need good access to psychiatrists, but in a

rather unpredictable way in terms of patient volumes.

Let me explain it this way. If a psychiatrist is working in a typical clinic they can fill up their day with scheduled appointments. In a fee-for-service world that becomes kind of the benchmark for them.

But in other areas of the system – involving say an Urgent Care Clinic, or access to our ACT (Assertive Community Treatment) Team, our Inner City Team, our Community Outreach or our Crisis Teams – these are areas where we desperately need to have really good linkages to psychiatry for urgent, community-based assessment. But because a lot of the activity in these areas is unpredictable and unscheduled, it creates challenges for us. There are some days where if you can’t keep the psychiatrists busy seeing lots of patients, that creates a fiscal disadvantage to them.

**Q:** What about the patient billing side though? Some individuals the psychiatrists see won’t even have Alberta Personal Health Card numbers, so how does that work?

**A:** We’ll often know the Alberta Health Care numbers, so we can access that when needed. It’s not a matter of a psychiatrist not being able to bill. It’s a matter of us not being able to predict how many patients they’re going to see in a given afternoon. A physician working in their regular clinic will normally be able to predict how many patients they’re going to see, which correlates

*Continued...*

## AMHSP Benefits

*Continued from page 6*

with the income they'll generate for that afternoon.

For physicians to be available to an Outreach Team, an Inner City Team, a Crisis Team, a Stabilization Team, or for Urgent Care referrals, we might not be able to guarantee that they are going to see X number of patients on a given day. So there could be days when they're very busy, and days when we desperately need them to be available, but perhaps they won't be as busy. And if it's an unpredictable volume of patients for the psychiatrist, that creates a fiscal disadvantage.

So the AMHSP provides that level of certainty. It allows the psychiatrist to say, 'I can commit to spending a couple of half-days making myself available for urgent consults to our Inner City Team or our Crisis Team, and I won't have to worry because I'll know what my income is going to be for that time.' In addition, the psychiatrist will also have the ability to become involved in program development; in bringing Residents and trainees into this unique clinical practice; in Quality Improvement initiatives; or in measuring outcomes and bringing clinically-based research into some of these really great practice environments.

**Q:** So you're saying the AMHSP remuneration structure would also apply to activities like program development then?

**A:** Yes. So if you're working with the Crisis Team, let's say, you may want to spend a couple of hours working with them on program planning or on an evaluation framework. Today, if a physician participates in those activities, it could be perceived as lost income, since they could instead be seeing patients during that time. So in this kind of different reimbursement system we can say, 'Here's what we need you to do and we can collectively build a job description for it.' Or we could say, 'We'd

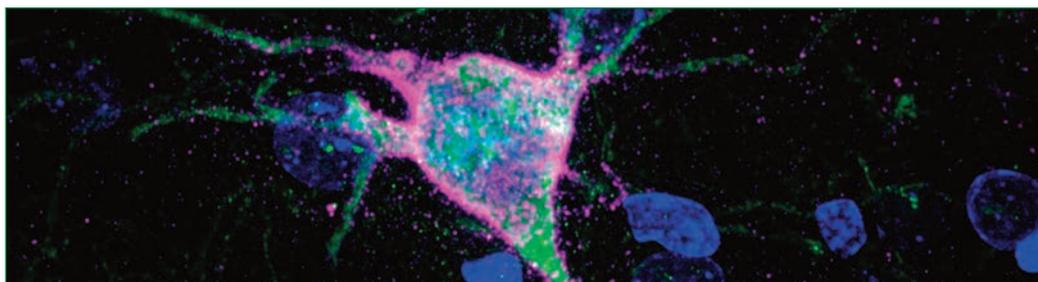
like you to allocate a lot of time to direct patient care, but we'd also love to have you spend a focused amount of time on things like program planning, program leadership, training and team development.'

**Q:** So how much demand do you expect from traditional fee-for-service psychiatrists who may be interested in applying for positions under the new AMHSP structure?

**A:** Right now I don't have a good idea what the interest level is going to be. I hear that people are waiting for further details at

this point and we're hoping to be able to give them those details very quickly. That said, I think there will be interest in it among psychiatrists who are currently in our system.

This will also give us opportunities to create new positions in future that we can recruit for. So those types of positions would be for local psychiatrists, Residents who are just completing their training, and also for persons with an academic interest and background who are considering coming to Edmonton from other places in Canada or outside the country. **C**



**UNIVERSITY OF ALBERTA**  
**FACULTY OF MEDICINE & DENTISTRY**

18th Annual  
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Research Day  
*"Precision Medicine in Mental Health"*

Keynote Speaker  
**Dr. Raymond Lam**  
University of British Columbia

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