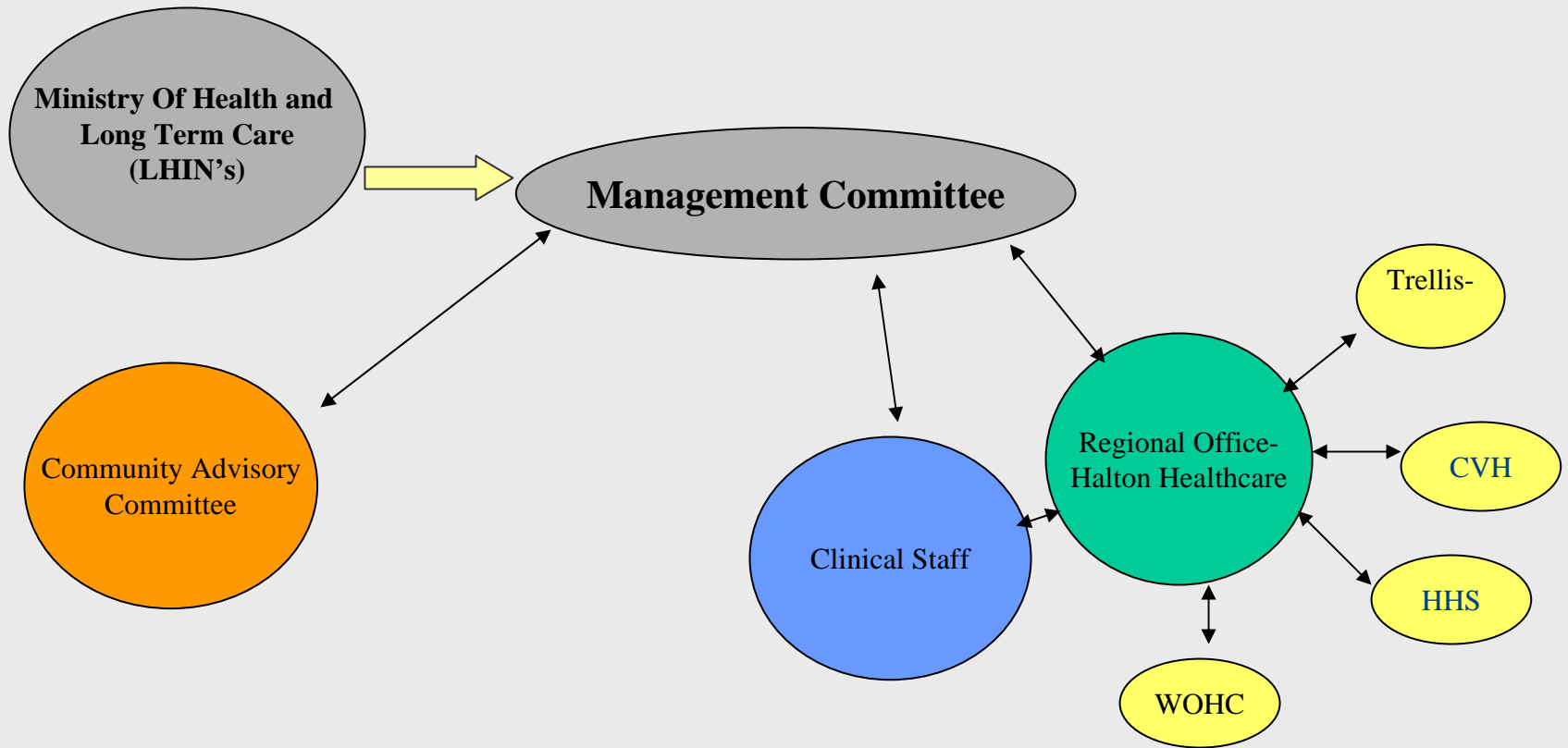


# CENTRAL | EATING DISORDER WEST | PROGRAM

Physician Development: Promoting Comfort and Confidence in  
the Early Identification and Medical Management of Patients with  
Eating Disorders

Alison Colavecchia, M.A. C. Psych. Assoc.  
Regional Coordinator

# Central West Eating Disorder Program



# **System Conceptualization and Development: Central West Eating Disorder Program**

- **Matching illness course, developmental stage and system delivery components.**
- **Building a system of care that is responsive to client need, age and stage of readiness/illness**

Continuum of Care: Eating Disorders CWEDP

Support Services: Danielle's Place  
Primary Care Providers  
Public Policy

Prevention

Early Identification

Early Intervention

Low Acuity

Moderate Acuity

Hi Acuity

Chronic Care

Palliative care

Public Health Education

Outpatient Treatment

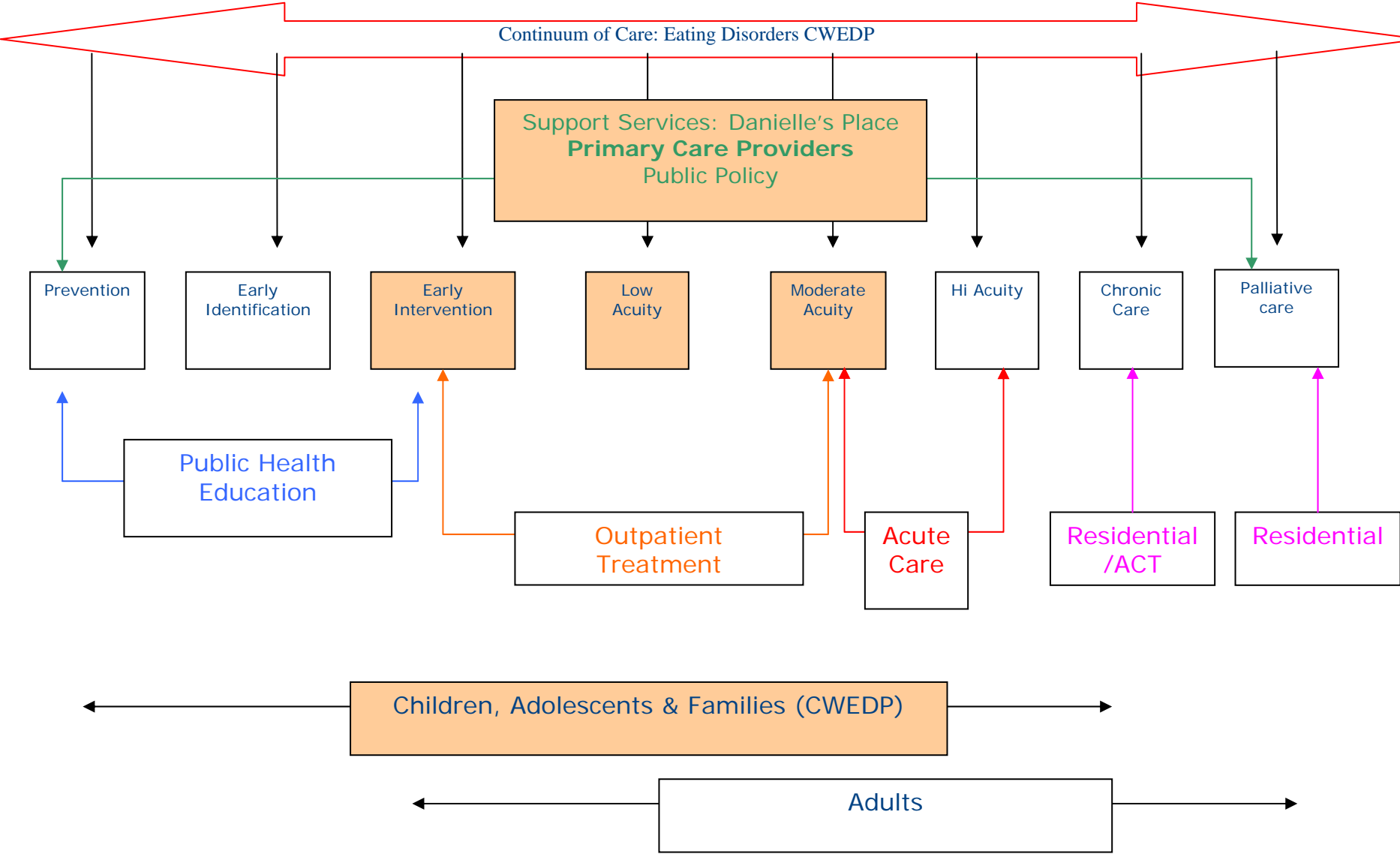
Acute Care

Residential /ACT

Residential

Children, Adolescents & Families (CWEDP)

Adults



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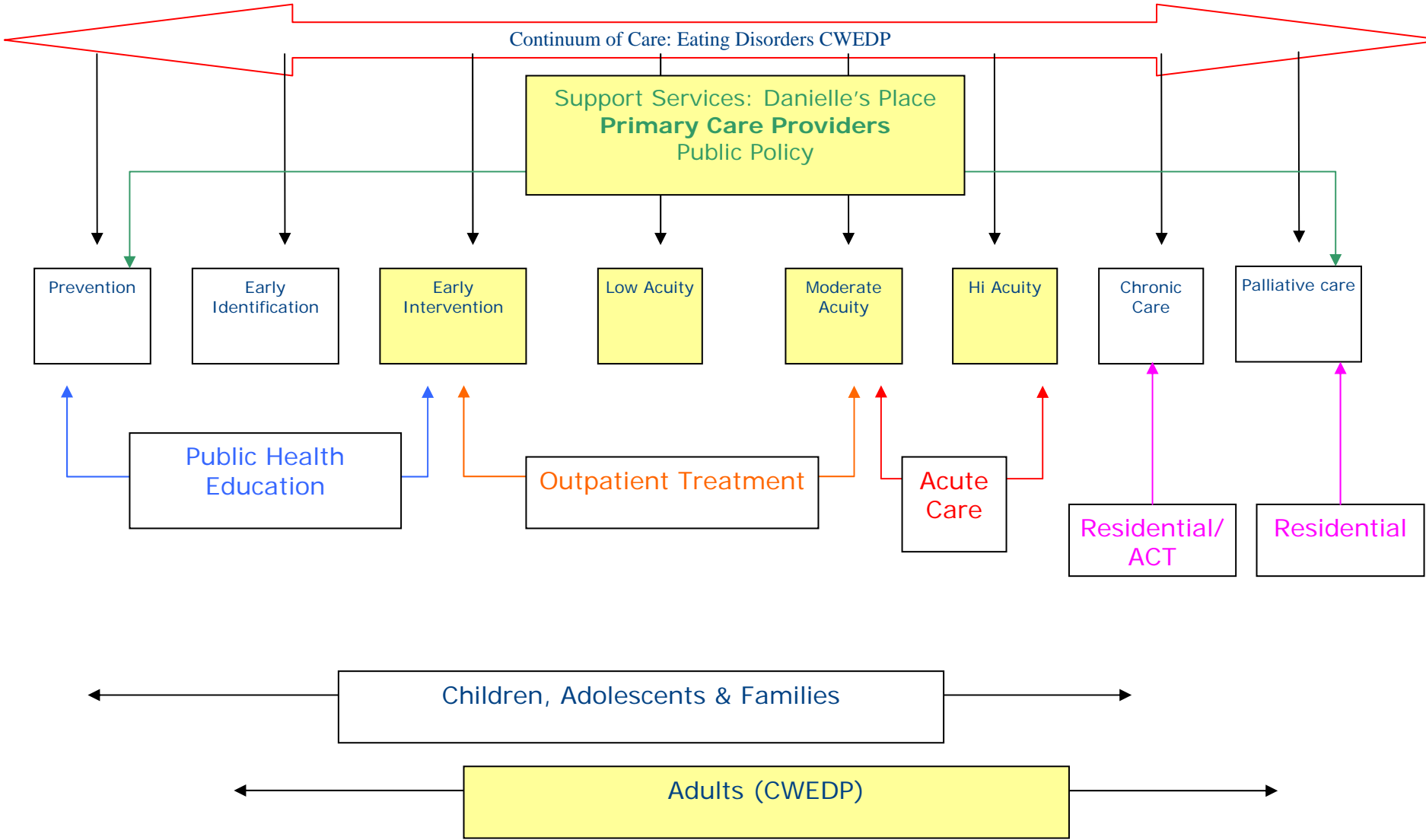
Acute Care

Residential/  
ACT

Residential

Children, Adolescents & Families

Adults (CWEDP)



# Collaboration is Vital

- Central West has no acute care for children and adolescents and just recently received funding for adult acute care (CVH)
- Our clients typically require both medical monitoring and specialized eating disorder outpatient care
- Our community physicians have not often expressed an interest or comfort in addressing the needs of this population and yet are the most consistent healthcare provider the client will typically have over the course of their illness

Primary care providers (PCPs) are often the first medical professionals to have contact with an eating disorder patient.

It is concerning that primary care providers frequently lack adequate training and the experience required to provide the necessary services to eating disorder patients.

Bursten, Gabel, Brose, & Monk, 1996;

Gurney & Halmi, 2001a; Gurney & Halmi, 2001b

The CWEDP is attempting to address these issues.

# Primary Care Provider Education & Support

- Motivation for the project
  - Contact from physicians- help!
  - Concerns raised by family's, clients
  - Issues raised by clinical staff
    - E.g. appropriateness of referrals
- Goals
  - to assist primary care providers with the care and management of their eating disorder patients
  - foster improved collaborative relationships between PCPs and CWEDP sites
  - Increase PCP confidence with providing care for ED patients
  - Improve access to support for PCPs

# Initial Project Format

- Conduct Needs Assessment to determine needs of the PCPs in CWEDP
- Provide training and educational materials based on results from the Needs Assessment
- Obtain funding to conduct the project
  - » Phase I needs assessment completed through CWEDP funding
  - » Phase II- funding received through PHCTF grant
  - » Phase III- additional PHCTF Grant
  - » Phase IV- Binder revenues and CWEDP to sustain future development
- Dissemination

## Phase 1 – Needs Assessment

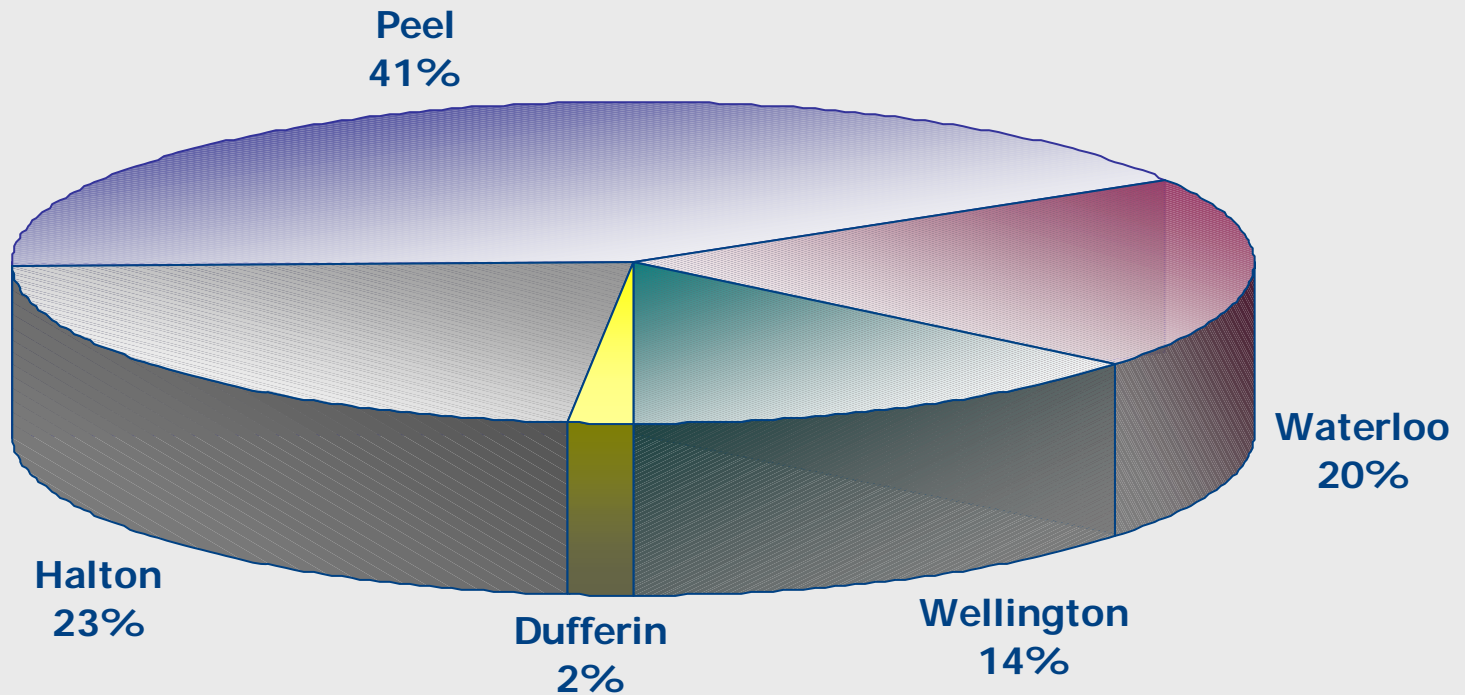
- 1508 packages mailed to physicians in region
- Packages included: introductory letter, 24-item questionnaire, return envelope, return post-card, contact information
- 11 packages returned with no known address, 1 returned but out of CWEDP area
- 167 respondents (11.2%)

# Results - Demographics

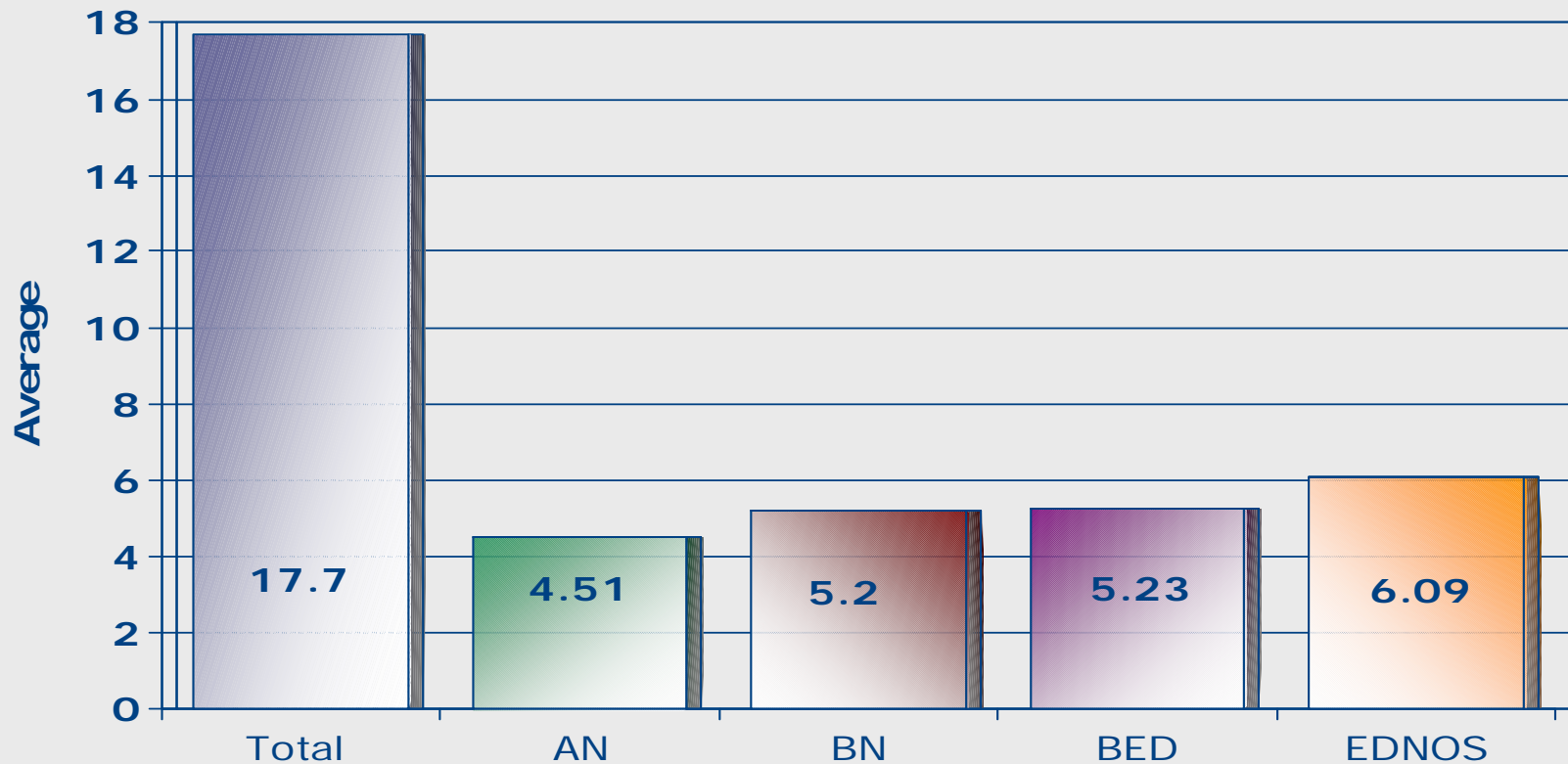
## Most respondents

- were General Practitioners (89.8%)
- Worked in a clinic (94.6%)
- Even split between male and female respondents
- 55 (32%) were between 45-54 years of age

# Regional Respondents



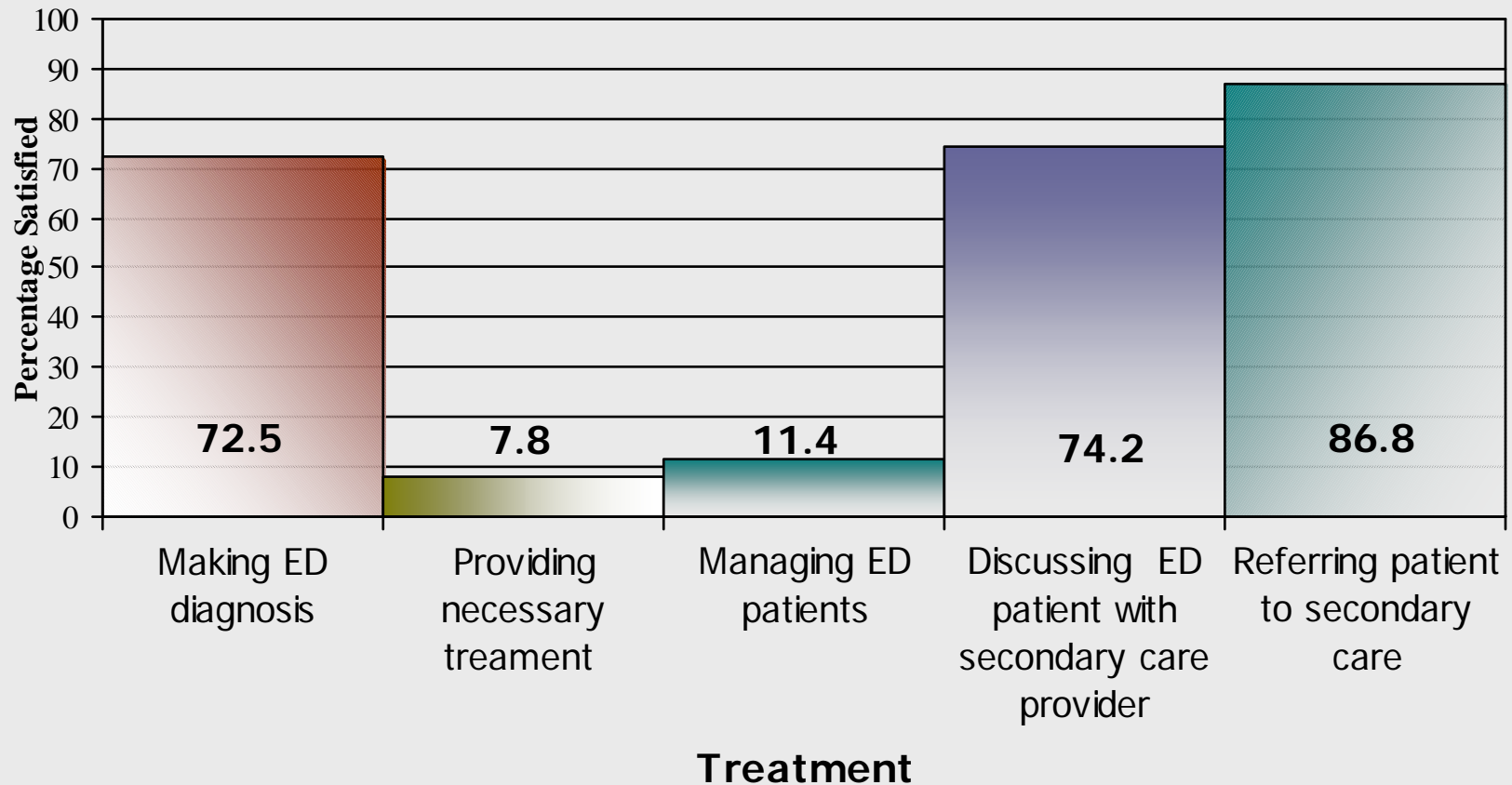
# Average Number of ED Patients



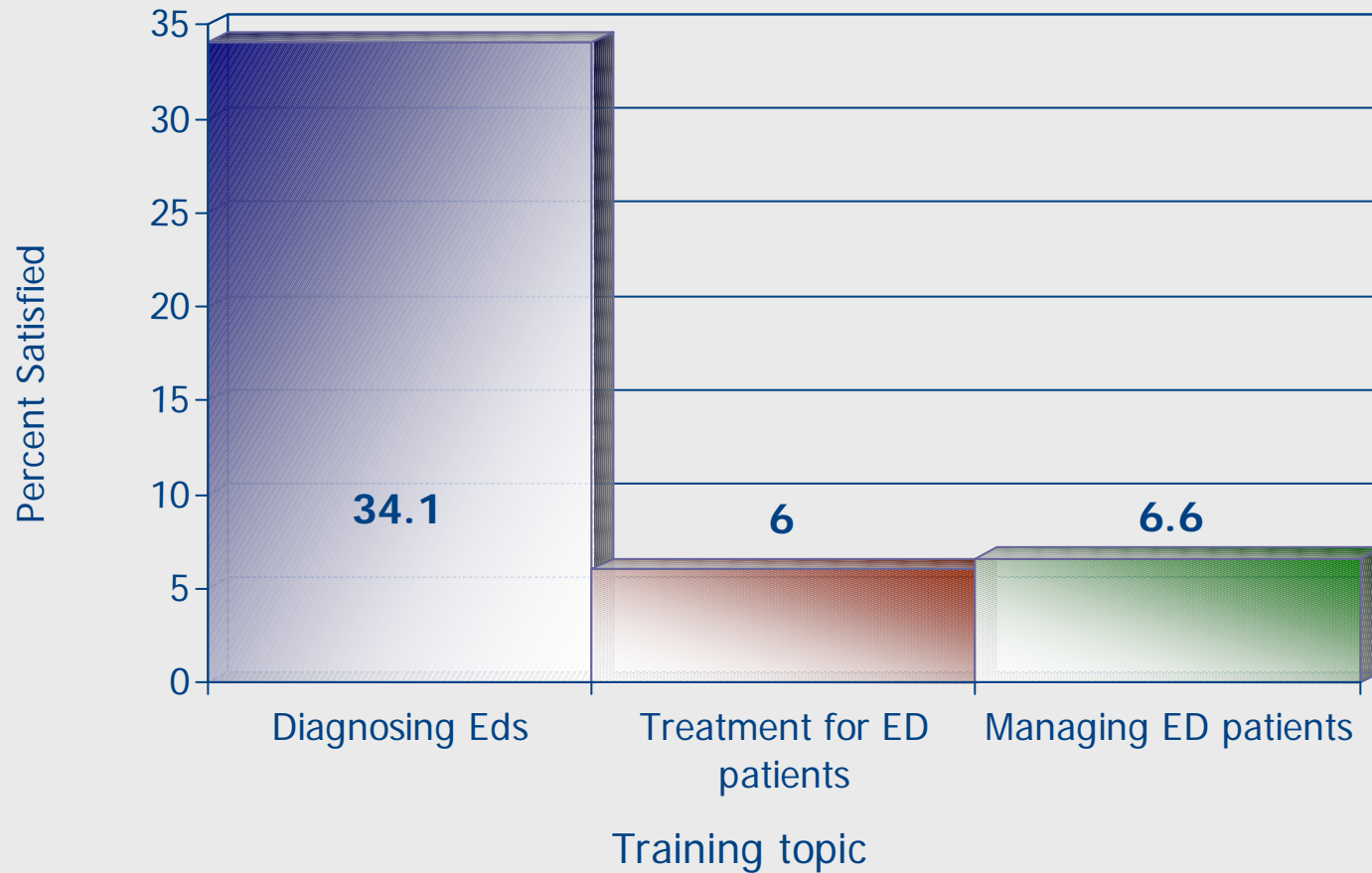
Note: These results do not include 1 respondent who reported 500 ED patients

Sample sizes - Total ( $n=126$ ), AN ( $n=107$ ), BN ( $n=106$ ), BED ( $n=90$ ), EDNOS ( $n=74$ )

# Comfortable providing specific treatment



# Satisfaction with prior training



- Top training requests included:
  - Outpatient Management, Pharmacotherapy, Outpatient Treatment, & Screening tools

# Phase II & III– Education & Support

Offered to primarily to PCP's from the Central West area

- Workshop #1
    - Presented by physicians
    - Information on diagnosing, management, treatment, pharmacotherapy, and screening tools for eating disorder patients
  - Mentoring Program ( 2 sessions/workshop)
    - Individual/small group sessions facilitated by a specialist physician knowledgeable in assessing, managing, and treating eating disorder patients. Case consultation format.
- \*\* combined workshop and mentoring session participation coupled with completion of learning questionnaires= 10 Mainpro-C credits

# Evaluation Goals: Phase II & III

To evaluate whether:

- a) clients are more satisfied with services provided by Primary Care Provider's following intervention
- b) Primary Care Providers (PCP) gained more knowledge and comfort as a result of the training day
- c) PCP retained and implemented the information obtained through the training day
- d) inappropriate referrals decrease and appropriate referrals increase following intervention
- e) CWEDP staff become more satisfied with services and relationships to PCPs following intervention

# Participation

	Attendance		
Offering	Workshop	Mentoring Sessions	
		#1	#2
#1	25	5	7
#2	70	5	4
#3	cancelled	To be scheduled	

## Phase III-Subsequent Training Initiatives

- Conference April 2006
- Mentoring sessions June and Sept. 2006
- Binder development #3

# Binder Development

- Phase II- thanks but no thanks! Too academic, not useable
- Phase III- better but ....
- Phase IV- dissemination of practical resource binder that seeks to assist with work in practitioner's setting
  - Develop companion binders:
    - Hospitals
    - Schools

# Phase IV- Dissemination Detail

- Site visits for binder distribution:
  - Family Health Teams
  - Community Health Centres
  - Individual Practitioners
- Evaluate satisfaction with site visits
- Evaluate practical utility of binder
- Evaluate continued need for mentoring sessions/workshops
- Development of Companion Binders:
  - Hospitals- Pediatrics, Psychiatry and General Medicine
  - Schools with identified ED kids

# Physician Development: Current

Ongoing support being provided through:

- Physician Resource Binder
- Site visits with local clinical team member
- Web site
- Resources
- Case consultations
- Support Service (phone and e-mail)

\* PHCTF Project Funding completed in March 2006

# Lessons Being Learned

- Physicians Practices are busy and sometimes less `well off' than you think
- Significant gap between last well child check and first visit with concerns of an ED
- Many physicians want to know more not less when a patient is being returned to their care
- Physicians offices are going electronic-opportunities to include questions in physical screenings
- More offices being organized as Family Health Teams/Community Health Centres- benefit is accessible multi-disciplinary staff
- Some clients do not wish to enter the treatment world and want to receive care exclusively from the physician
- Eager to receive learning and support but materials must be practical, sessions face to face (as with other efforts to educate about illnesses)
- Not many access support services

# CWEDP Contact Information

- [www.cwedp.ca](http://www.cwedp.ca)
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Halton Healthcare Services  
telephone: (905) 338-4432 x4819  
fax: (905) 815-5076  
[acolavecchia@haltonhealthcare.on.ca](mailto:acolavecchia@haltonhealthcare.on.ca)

# CWEDP Site Contact Information

<b>Treatment Programs</b>	<b>CONTACT #</b>
Trellis ( previously Community Mental Health Clinic) Kitchener (519-576-2333)	General Intake 519-821-3582 1-800-471-1732
Credit Valley Hospital Mississauga	905-813-4505
Halton Healthcare Services Oakville	905-815-5124
William Osler Health Centre Brampton	905-494-2120/ 905-453-1160