

OCAN Version 3.0

Summary Report

February, 2018

Background

Under the strategic and operational direction of the Ministry of Health and Long-Term Care (MOHLTC), Community Care Information Management (CCIM) supports the delivery of business and technology solutions to the community care health sectors. CCIM focuses on:

- Improving patient outcomes;
- Enhancing patient-centered experience;
- Building management capacity; and
- Facilitating use of standardized data, processes and tools.

The Common Assessments Program (CAP) within CCIM promotes the continued use of evidence based standardized tools that facilitate the collection and use of client assessment information. In 2009, the CAP team led the implementation of the Ontario Common Assessment of Needs (OCAN), the standardized assessment tool selected by and for the community mental health (CMH) sector.

OCAN includes the Camberwell Assessment of Need (CAN), an internationally used and widely researched tool that identifies areas of client need and actions to address those needs. The tool includes a clinician-led assessment, along with a consumer/client self-assessment to support a client driven approach to service delivery and planning. Additional elements were added to CAN to better reflect the client population in Ontario.

In 2009, OCAN version 1.0 was piloted by 16 health service provider (HSP) organizations across the province. In 2010, based on the results from the pilot evaluation, OCAN version 2.0 was developed and implemented by 201 HSP organizations across the province. Since implementation, CCIM has been supporting OCAN version 2.0 for the CMH sector and has been gathering feedback on the tool.

OCAN Version 3.0

In April, 2017, CCIM initiated the process of updating the OCAN tool in order to further enhance the clinical value and the quality of client information being collected. Revisions to OCAN version 2.0 are based on multi-stakeholder consultations, including input from people with lived experience, HSP organizations, Local Health Integration Networks (LHINs), and the MOHLTC.

Objectives for OCAN 3.0 are as follows:

- Improve the consumer experience
- Improve the clinical value of OCAN in supporting consumers' recovery
- Align with current standards and terminology
- Enhance the quality of client information collected in OCAN to support service delivery and planning at the organization, LHIN and provincial levels.

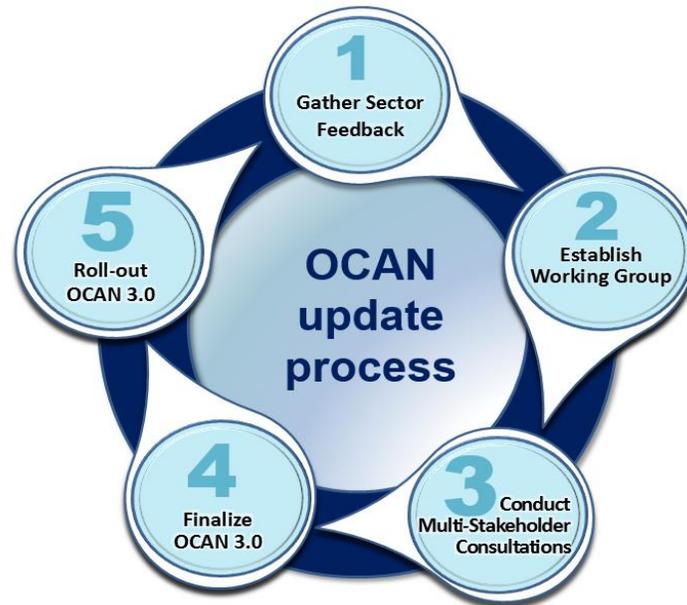


Continous Improvement

Following the release of OCAN version 3.0, CCIM will establish a process for ongoing updates to OCAN. This process will ensure the OCAN tool continues to align with the latest standards and best practices, and incorporates sector feedback in a timely manner.

OCAN Version Update Process

The process for updating the OCAN 3.0 consisted of 5 steps identified in the diagram below. As demonstrated, as the cycle for 3.0 ends, a new cycle of gathering feedback begins to allow for ongoing improvement of the tool



In the development of OCAN 3.0, these steps were carried out as follows:

1. Gather Sector Feedback:

From the initial implementation of OCAN in 2009, CCIM has collected and logged sector feedback on recommended changes to the tool. Feedback was gathered from the following sources:

- Consumers/clients
- HSP organizations completing OCANs
- LHINs
- OCAN Community of Interest (CoI)
- The Racialized Populations and Mental Health & Addictions CoI
- The OCAN Aboriginal Working Group Report
- Mental Health and Addictions Data and Performance Measurement Task Group

2. Establish Working Group:

To take action on the above feedback, an OCAN Version Update Working Group was established. Formed in April, 2017, the purpose of the working group was to develop, explore and recommend OCAN changes to the MOHLTC for consideration.

There were 16 members on the Working Group with representation from:

- Hospital and community-based HSP organizations completing OCANs:
 - OCAN trainers
 - Direct service providers
 - Managers and directors
 - Service providers working with indigenous populations
 - Service providers working in urban and rural settings
- Research scientists currently working on projects that include OCAN data analysis
- LHINs
- MOHLTC: Mental Health and Addictions Branch and Health Data Branch

The Working Group submitted recommendations for OCAN 3.0 to the MOHLTC in June, 2017. The recommendations were informed by:

- Sector feedback collected by CCIM in step 1 of the version update process*
- Consultation with Dr. Mike Slade, the developer of the CAN tools
- OCAN data analysis by the Institute for Clinical Evaluative Sciences (ICES)
- The Centre for Addiction and Mental Health (CAMH) OCAN Interrater Reliability Study
- The Tri-Hospital + Toronto Public Health (TPA) Health Equity Data Collection Research Project
- Working group members' expertise and experiences

*Note: While the Working Group reviewed all sector feedback submitted to date, some recommendations were prioritized for Version 3.0, while others were documented for consideration in future version updates.

3. Conduct Multi-Stakeholder Consultations

Stakeholder consultations were held based on the OCAN Version Update Working Group's recommendations. The purpose was to validate the initial recommendations and gather any additional feedback before finalizing.

Consultation Summary:

A summary of the consultations are as follows:

1. Consultations with people with lived experience of mental illness

In June and July, 2017, four focus groups were held with a total of 30 participants. The purpose of the focus group was to collect service user and peer feedback on the recommended changes to the self-assessment component of OCAN.

Three focus groups were held in the Greater Toronto Area and were coordinated by the Peer Program Evaluation Project (PPEP) team at Canadian Mental Health Association (CMHA) Toronto. PPEP works in partnership with service providers to evaluate mental health services. Peers and service users from CMHA Toronto and the Fred Victor Centre participated in the focus groups.

One focus group was held in Welland, Ontario and was coordinated by Oak Centre clubhouse. The focus group was based on questions developed by PPEP and was used to gather feedback from service users living in a rural setting.

2. Consultation with HSPs and LHIN stakeholders

The OCAN Think Tank event was held in June, 2017. The event was hosted by the OCAN Col, a partnership between CAMH Evidence Exchange Network (EENet), Oak Centre and CCIM. A total of 130 LHIN and HSP stakeholders from across the province participated in the event. The OCAN Version Update Working Group recommendations were presented for feedback. Information was gathered through participant responses to the following questions: *What do you like about the proposed changes? What are your concerns with the proposed changes?*

3. Consultation with Dr. Mike Slade

Dr. Mike Slade, the developer of the CAN tool, was consulted on recommended updates to OCAN to ensure that changes did not negatively impact the integrity of the evidenced-based content of the tool. He also provided clarification on the definition of some OCAN domains to ensure that revised questions accurately reflect the intent of the domains.

Key Themes:

The key themes identified in the consultations are as follows:

Agreement with the need to update OCAN: Overall, there was unanimous agreement that it is important to update the OCAN to better reflect the current environment. Stakeholders were appreciative that some recommendations have been deferred because decisions on those changes require further information and consultation. These have been outlined in the next section. There was also agreement that in the future, OCAN requires regular updates in order to respond to stakeholder feedback in a timely manner.

Consultation process: Stakeholders were pleased with the process of gathering input from diverse sector representatives. Stakeholders were particularly supportive of gathering direct input from people with lived experience of mental illness to inform changes to OCAN.

Clinical value: Much appreciation was expressed for focusing on changes that improve the clinical use of OCAN to support recovery oriented direct service. For example, stakeholders supported the inclusion of a question to support practices that identify and build on a client's strengths, skills and resourcefulness. Service users and providers were instrumental in revising domain trigger questions to address current version challenges. Stakeholders agreed that the revised questions help clients identify their needs and facilitate conversations with their service provider about areas hindering their recovery and formulating actions to address these needs.

Use of updated terminology: Stakeholders shared positive feedback in regards to changes to the socio-demographic questions that reflect updated terminology and align with other sectors information gathering (e.g. addictions services and community health centres). There was similar positive feedback for updating diagnostic categories to from the DSM 4 to the DSM 5 and including the ability to specify the source of the diagnosis.

5. Finalize OCAN 3.0

CCIM consolidated the feedback from the multi-stakeholder consultations and provided it to the OCAN Version Update Working Group for review. The Working Group was responsible for reviewing the original recommendations in combination with the consultation feedback and providing final recommendations to the MOHLTC. The Working Group found the consultation feedback particularly valuable when refining the original recommendations. OCAN version 3.0 was finalized by the MOHLTC in September, 2017.

OCAN Version 3.0 Update Summary

The following changes were incorporated into OCAN version 3.0:

- Modified socio-demographic questions to align with the questions developed by the Tri-Hospital + Toronto Public Health (TPH) Health Equity Data Collection Research Project.
- Trigger questions for the 24 OCAN domains in the self-assessment and staff assessment were changed to better meet the objectives of identifying areas of client need and determining the kind of support required.
- Added the question: “*What are your strengths*” to identify clients’ strengths.
- Updated diagnostic categories to align with the current version of the Diagnostic and Statistical Manual (DSM-5).
- Added a question to identify the source of the diagnosis.
- Added to the dropdown list of options for “Referrals” (e.g. “cultural healing services”)
- Removed separate questions where responses can be captured in the “comments” section of the appropriate domain in order to avoid duplication. (e.g. “*How has drinking had an impact on your life?*” (Alcohol Domain) and “*Have there been any changes to your social patterns recently?*” (Company Domain))

The OCAN version 3.0 forms with highlighted changes are attached in:

- Appendix A for the Core OCAN
- Appendix B for the Core + Self OCAN
- Appendix C for the Full OCAN

Further orientation and training will be provided to HSPs as they transition from OCAN version 2.0 to OCAN version 3.0.

Recommendations for future improvements to OCAN

The following stakeholder recommendations were gathered and flagged as priorities to be explored for future updates to OCAN:

Strengths-based focus

Although a question has been added to gather information about a person's strengths, there was feedback gathered that indicated that this was not enough. Currently, the OCAN focuses on identifying the problems a person is experiencing. Service users recommended that there should be more of a strengths-based focus identifying individuals' strengths, abilities, knowledge, and personal resources. This recommendation has been deferred for further exploration.

Trauma

There was a strong recommendation to add a specific question about traumatic experiences that impact a persons' mental health. The OCAN Version Update Working Group began working towards developing question(s) to be incorporated, but decided that more time was required for research and consultation to determine the appropriate question(s). This has been flagged as a priority for the next version update. Training on OCAN version 3.0 will include direction on including information about trauma within the "comments" section of the appropriate domain, for example, "Psychological Distress".

Education and employment goals

Some stakeholders recommended adding new domains to identify needs related to employment and education. Needs and actions related to leisure, education and employment are collected within the same domain from the CAN called "Daytime Activities". The domain itself cannot be changed as it would impact the integrity of the evidence-based tool. In light of this, stakeholders have recommended adding additional questions to capture leisure, employment and education goals. This has been flagged as a priority for the next version update.

6. Roll Out OCAN 3.0

With OCAN version 3.0 finalized, CCIM has initiated the roll out phase of the update. OCAN 3.0 will be available for upload as of April 1, 2018. To allow adequate time for transition, HSPs and their respective software vendors have one year to implement the changes. To ensure a successful roll out, CCIM will be implementing ongoing communications, training and support to a range of stakeholders, including LHINs, HSPs and software vendors. Key activities required to support the transition include:

Communications: CCIM has developed webinar sessions, summary reports, detailed change documents and specification documents for a range of audiences. Some of these items have been shared, while others are scheduled for distribution in advance of the go-live date.

Training: Newly developed training sessions for OCAN version 3.0 will be available for

HSPs as of April 1, 2018. HSP's OCAN trainer(s) are required to attend the training and disseminate knowledge to staff administering the tool before using OCAN version 3.0.

Technology: As vendors upgrade to version 3.0 there will be validation activities completed in partnership with the CCIM team. OCAN version 2.0 and OCAN version 3.0 will be supported in the Integrated Assessment Record (IAR) for the fiscal year 2018/19. On March 31, 2019, OCAN version 2.0 will no longer be accepted into the IAR.

Conclusion

The process for updating OCAN involved many stakeholders with diverse skills and experience in the mental health and addictions sector. CCIM appreciates the time and effort stakeholders have contributed to the development of OCAN 3.0. We look forward to connecting with stakeholders to understand the impact of the new tool, and hope that anticipated improvements in experience, clinical value, and data quality are realized. CCIM will be collecting feedback on OCAN 3.0 to prepare for future updates. Stakeholders are encouraged to provide CCIM with feedback by contacting servicedesk@ccim.on.ca.