

# Increasing collaboration and conversations between Ontario's Early Psychosis Intervention (EPI) programs and primary care providers

The primary care sector is a critical partner for EPI programs in supporting mutual clients. Communication is the cornerstone of an effective relationship to support comprehensive care and transition between services.

**What we did:** EPION's Partnership, Education, Access and Knowledge exchange (PEAK) working group developed a simple correspondence template to help EPI programs share a comprehensive snapshot of a client's progress with their primary care providers in a concise and timely manner. This template was developed based on information gathered through an Ontario-wide survey of primary care providers in November 2017. This should be used ideally every six months, and when a client is preparing to transition out of EPI services.

**What we're hearing from users:** Preliminary evidence from EPI programs show that the tool has very simple structure to capture all the domains and next steps, providing a comprehensive snapshot of the client to their primary care providers. It's easy to use because it is brief, provides prompts, and it can be tailored to suit the program and client. Programs have also seen an increase in the number of primary care teams following up with them after receiving the completed tool.

**How Ontario EPI programs are using the tool in their practice:**

<https://bit.ly/32Vwbsf>

**How to start using the tool:** <https://bit.ly/3kE1yNS>

Collaborative Family Healthcare Association Conference, October 2020

Brian Cooper, Cleghorn Early Intervention Clinic & SCIS Inpatient Rehab Team, St. Joseph's Healthcare Hamilton; and EPION PEAK working group chair  
Angela Yip, Centre for Addiction and Mental Health

**EPION**  
EARLY PSYCHOSIS INTERVENTION  
ONTARIO NETWORK

After Client Label Here

PRIMARY CARE PROVIDER

Date

Dear Dr./Ms./Mr. Recipient Name,

Re: Client First & Last Name, Client DOB Date of admission to program, Date

Further to our letter dated [Date], the client's current status and updates in care [Statement on status of shared client]

Comments should note both current and changes in each category since last update (include any specific data)

CATEGORIES	COMMENTS
MEDICATION (INCL. SIDE EFFECTS, ADHERENCE)	Consider: All current medications prescribed; any med changes since last update; comments on adherence and side effects
SYMPTOMS AND DIAGNOSIS OF MENTAL ILLNESS (INCL. CAPACITY, DIAGNOSIS, CTO...)	Consider: current and changes in Sx, diagnosis, capacity, CTO status, insight into illness...
PHYSICAL WELLBEING (E.G. METABOLIC MONITORING, DIABETES, BLOOD WORK...)	Consider: Metabolic monitoring, bloodwork results, diet activity, diabetes, weight, cardiometabolic risk management tool...
ENGAGEMENT IN CARE IN EPI PROGRAM (E.G. PARTICIPATION IN GROUPS AND THERAPIES, ATTENDANCE)	Consider: How the client has engaged in care within the EPI program. Has he/she attended appts, participated in groups, followed treatment recommendations...
OUTSIDE SERVICE ACCESS (E.G. OTHER PROGRAM INVOLVEMENT, HEALTHCARE PROVIDERS, ER VISITS, ADMISSIONS...)	Consider: How client has become involved in care outside of EPI program. E.g. inpatient admissions, ER visits, links with other community agencies such as vocational, parole, academic supports...
CLIENT GOALS AND PROGRESS	Consider: Clients goals and their progress in achieving them (school, social, symptom management), use of OCAN data...
FAMILY AND SOCIAL INVOLVEMENT	Consider: How family is engaged in care with care team as well as how client is engaged with family, clients' social involvement would include interactions with peers, partners and other communities
OTHER PSYCHOSOCIAL ISSUES (E.G. HOUSING, LEGAL ISSUES...)	Consider: Other notable issues such as housing, legal involvement, finances, barriers to care, independent living skills...
SUBSTANCE USE	Consider: Any current substance use (including smoking) and changes in substance use, as well as treatment plans
SAFETY CONCERNS (INCL. SAFETY TO SELF, OTHERS)	Consider: Current suicidal or homicidal ideation, responsive behaviours, consider include any screens (e.g. C-SSRS) as well as safety planning
TREATMENT PLANS	Consider: Outlining planned interventions and treatments going forward with client

[Transitional statement]

[Recommendations for primary care]

We hope you find this update helpful to you. Please do not hesitate to contact us if you have any questions or need to update or clarify concerns on this client.

Sincerely,  
[Name, Title, Signature]

Consider adding comments about the time the client was last seen, on length of time in program, current status and/or expectation for time within program (if applicable)

Comments should note both current and changes in each category since last update (include any specific data)

Consider adding comments on any preparation for transition (e.g. time remaining in program), invitation to care conferencing and other relevant information/concerns to support transition. If this letter is being used for discharge, use this portion to outline transfer of accountability

Consider adding specific recommendations for follow up by primary care providers (e.g. abnormal blood work, physical health concerns...)



EPION is a network of people who work in EPI services in Ontario, individuals who have received EPI services, and their family members and caregivers.

We help strengthen early intervention services across Ontario and support the implementation of the Ministry of Health and Long-Term Care's Early Psychosis Intervention Program Standards.

🏠 [help4psychosis.ca](mailto:help4psychosis.ca)  
 ✉️ [info@epion.ca](mailto:info@epion.ca)  
 🐦 [@help4psychosis](https://twitter.com/help4psychosis)  
[www.eenet.ca/initiatives/EPION](http://www.eenet.ca/initiatives/EPION)  
[www.eenetconnect.ca/g/the-epion-group](http://www.eenetconnect.ca/g/the-epion-group)

