Panel Discussion: Emerging Topics in the Implementation of e-Mental Health Services in Canada

Moderator:
Bonita Varga, Mental Health Commission of Canada

Panelists:
Dr. Danielle Impey, Mental Health Commission of Canada;
Elisabeth Smitko, Health Quality Ontario;
Dr. Allison Bichel, Alberta Health Services

Presented on April 12th, 2019
CADTH Symposium, Edmonton
e-Mental health (e-MH)

“...mental health services and information delivered or enhanced through the Internet and related technologies.”

Examples of e-MH services
Why e-Mental health?

• Access to mental health services continues to be a significant barrier to people getting the help they need

• E-mental health services are an effective and complimentary option

• Currently underused in Canada
Convening Roundtable Discussions

- The MHCC has been hosting meetings to raise awareness about e-MH, share promising practices and dialogue about barriers and opportunities.

- The 8th annual e-MH Conference: *New Generations, New Services: Shifting Mental Health to the Digital Age*

- The event focused on implementation strategies for tailoring e-MH services. Several key themes emerged as a representation of the e-MH landscape in Canada.
e-Mental Health in Canada – A Briefing Document
Briefing recommendations

- Person-centered care
- Scalability
- Quality assurance
- Research
- Knowledge translation & exchange
- Integration with health services
- Integration with wider health and tech framework
- Sustainability
- Privacy and security

Source: *E-Mental Health in Canada: Transforming the Mental Health System Using Technology* (MHCC, 2014)
Mental Health, Technology and You – A Companion Product
WHO ARE MENTAL HEALTH TECHNOLOGIES FOR?

In a word: everyone. Technology can help people of ALL AGES in ALL PLACES with ALL KINDS of mental health needs. Here are a few examples.

Remember, everyone’s mental health needs and experiences are different. These stories describe what worked for some people. Something else might work for you.

Abigail has struggled with body image issues since she was young. At 16, she started purging. She knew she needed help so she started looking online...

Hannah noticed she was drinking more, feeling worse and starting to think about suicide. Then her cousin told her about a way to get help...

Aditya began experiencing bipolar disorder symptoms after moving from India to Canada. When a major depressive episode left him unable to care for his children, his wife started looking for new solutions...

Benoît felt unfocused, anxious and cut off from his friends after coming home from university. After his symptoms led to a full-blown panic attack, his doctor referred him to an online therapist...

Phillip has never been comfortable with his own sexuality. At a high-stress time, racked by internalized homophobia, he found a crisis chat service online and things started to change...

Jacqueline never imagined she would spend her 70s alone. Angry, depressed and lacking the energy even to clean her apartment, she thought she’d never feel better. But a surprising suggestion changed all that...
Advancing research

RE-AIMing e-Mental Health: A Rapid Review of Current Research

Dr. Lori Wozney
Dr. Patrick McGrath
Dr. Amanda Newton
Dr. Lisa Hartling
Dr. Janet Curran
Dr. Anna Huguet
Dr. Sanjay Rao

July 2017

mentalhealthcommission.ca

Advancing the Evolution

Insights Into the State of e-Mental Health Services in Canada

Dr. Patrick McGrath
Dr. Amanda Newton
Dr. Lisa Hartling
Dr. Janet Curran
Dr. Lori Wozney
Dr. Anna Huguet
Dr. Sanjay Rao

2017
Convening Roundtable Discussions

- **The 8th annual e-MH Conference**: *New Generations, New Services: Shifting Mental Health to the Digital Age*

- Several key themes emerged as a representation of where Canada is at and where we need to go in the implementation of e-MH
Key Emerging Themes

✓ Empowering clients and families with information; Our true North;

✓ Valuing co-creation with end users and engaging people with lived experience; Fostering active partnerships

✓ Paying attention to context

✓ Pursuing “radical transparency” within mental health care: establishing value and trust
Key Emerging Themes

- Empowering clients and families with information and valuing data — especially client-generated data

- Recognizing that better outcomes require better data

- Deciding how we should think about early warning systems, big data and the promise of A.I.

- Keeping it simple without oversimplifying
Key Emerging Themes

- Implementing quality e-MH: the challenge of delivering compassionate mental health care through technology

- E-MH as a platform for change and care integration: providing access where it is absent

- Charting a new course collectively to provide quality access to care for those who need it most
Mental Health Apps: How to Make an Informed Choice

Purpose:
To provide a framework tool to support informed decision-making when evaluating, using, or recommending e-mental health apps.

The number of mental health apps is growing every day. Just knowing what’s available can be a challenge; determining which ones are reliable and actually work is even harder. That’s why the Mental Health Commission of Canada (MHCC) and the Canadian Institutes of Health Research (CIHR) have worked together to create an assessment framework that will make it easier for people to find the right apps for their specific needs — uniquely designed with the Canadian context in mind.

The guiding principles and assessment criteria set out in the proposed framework will help people across Canada make more informed app decisions. That includes individuals who want to manage their own mental health, healthcare providers looking to make good recommendations to patients and even app developers seeking to improve their products.

FACT: NOT ALL MENTAL HEALTH APPS ARE EQUAL
Some apps have proven mental health benefits. Some make mental health services more accessible by knocking down the barriers of cost, geography and stigma that keep people from getting support. But other apps are ineffective, potentially unsafe or have serious privacy/security flaws. The aim of this framework is to help people determine the difference.

App assessments based on this framework should also be:

- **User-centred**: Apps that are designed with and for the intended end user are more likely to meet their needs and expectations.
- **Risk-based**: The level of risk to a person’s health must be taken into account. An interventional app like a drug-dosing calculator, for example, has more risk and needs a more detailed assessment than a fitness tracker.
- **Innovation-friendly**: Assessments should not stifle innovation or burden developers. They should encourage the ongoing development and advancement of effective apps.
- **Open, transparent and fair**: Providing clarity about the nature of the assessment and its outcomes is essential to ensuring its integrity and usefulness.
- **Consistent with ethical norms**: If an app is part of a research study, it’s necessary to ensure that the guidelines for ethical research involving humans are followed.
- **Internationality-informed**: With so many apps developed and distributed globally, the assessment process should be aligned with international frameworks to promote greater user.
Purpose: To accelerate the awareness, uptake and implementation of e-MH among practitioners.

Toolkit for e-Mental Health Implementation

August 2018
mentalhealthcommission.ca
Roadmap for launching e-mental health

Objectives

- Identify the main steps involved in launching a successful e-mental health implementation project
- Identify possible sources of feedback and indicators to stop, hold or expand efforts
- Create a process to assess and act on quality of care issues in a meaningful way
RE-AIM Framework

Bridges the gap between research and practice by specifying the key steps involved in successfully applying programs and policies in real-world settings.

**Reach**
What is the proportion and representation of Canadians participating in e-mental health services and programs?

**Effectiveness**
What is the (positive and negative) impact of e-mental health on client outcomes, satisfaction and usability of health services?

**Adoption**
To what extent do mental health care organizations adopt e-mental health? How is e-mental health care facilitated and which efforts are made by organizations who adopt these services?

**Implementation**
To what extent are e-mental health services implemented as intended in routine practice? What are implementation barriers and facilitators from different stakeholder perspectives?

**Maintenance**
To what extent do e-health services become a sustained part of routine practice, and what are facilitating and hindering factors in their maintenance?
Engaging patients in e-mental health

Objectives

- Challenge prevailing myths about what patients think about e-mental health
- Identify practitioner role and impact on patient engagement with e-mental health
- Understand stages of patient engagement and how to support patients in using e-mental health
Module 4: Engaging Clients in eMH

FIG. 3 | Levels of engagement

1. Inform
   Attracting patients to e-mental health tools via online information and other media.

2. Engage
   Providing or recommending an e-mental health tool to a patient for a specific purpose.

3. Empower
   Helping patients create efficiencies in their self-management. Supporting patients to track and share their progress.

4. Partner
   Creating synergies so multiple practitioners or multiple care environments can communicate via e-health tools.

5. Support
   Promoting a practice environment where “the client defines their e-health community.”
Key take away: Co-design is key
Thank you!

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Visit our eMH webpage on the MHCC website:
https://www.mentalhealthcommission.ca/English/what-we-do/e-mental-health
Internet-Delivered Cognitive Behavioural Therapy for Major Depressive Disorder and Anxiety Disorders: A Health Technology Assessment

ELISABETH SMITKO, LIAISON OFFICER, HEALTH QUALITY ONTARIO
APRIL 15, 2019
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Presentation based on:


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**Patients’ Perspective and Experiences Review**
David Wells, Patient, Caregiver and Public Engagement
Arshia Ali, Patient, Caregiver and Public Engagement

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Objective

• Discuss the role of evidence and how evidence based reports and resources, including health technology assessment, can inform the implementation of e-Mental Health initiatives.
The Role of Health Technology Assessment (HTA)
Health Quality Ontario & CADTH HTA’s

• Health Technology Assessment
  – Systematically examines short-and long-term consequences of the use of a health care treatments to inform policy decision-making.

  – Systematic review of the clinical evidence; a cost effectiveness analysis; patient preferences and values review, implementation review, a review of the legal, social, and ethical issues.

  – Provides guidance by including recommendations from experts on the use of a technology and funding.

  – Allows for evidence based decision making.

  – Provides context and insights on feasibility.
HTA Implementation Support

• Environmental Scan
  – Provides jurisdictional insights, identify barriers and facilitators.

• Pan Canadian Lens
  – CADTH Liaison Officers connected within jurisdictions and can provide further insights and connections across the country.
  – Pan-Canadian HTA collaborative.

• Tools and Resources
  – Develop resources to support implementation of a technology.
Liaison Officers across the Country

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Christa Bergquist, Program Advisor
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CADTH-HQO Liaison Officer: Elisabeth Smitko (Toronto)
Overview - iCBT Health Technology Assessment
Background and Context

• A wide variety of iCBT programs are currently available in Canada. However, the effectiveness of iCBT is not well-established.

• iCBT not currently funded in a systematic way in Canada.

• Concrete frameworks for implementation and integration of iCBT into clinical practice have not yet been established.

• iCBT may offer ways for some people to overcome barriers to accessing timely and effective therapy.
Findings

• Clinical Effectiveness and Safety
  – Compared with waiting list, guided iCBT improves symptoms of mild-to-moderate major depression and select anxiety disorders.

• Cost-Effectiveness and Budget Impact Analyses
  – Guided iCBT represents the most economical option for the short-term treatment of adults with mild to moderate major depression or anxiety disorders in Ontario.

• Patient Preferences and Values
  – People with anxiety or depression with whom we spoke viewed iCBT as an effective treatment option.

• Ethical Analysis
  – Considerations included equity and access, trust and the therapeutic alliance, privacy and confidentiality.
Findings cont’d

• Implementation
  – Barriers
    • Financial costs for establishing required infrastructure.
    • Data security, privacy and confidentiality risks and concerns.
    • Lack of awareness or training.
    • Gaps in technical capability.
    • Legal restrictions to offering cross province service.
  – Opportunities
    • Engagement of multiple stakeholders in the development of strategies and standards for integrating iCBT into clinical care pathways may facilitate implementation and increase access to iCBT in Canada.
ICBT Recommendations

• HQO OHTAC Recommendation
  – Health Quality Ontario, under the guidance of the Ontario Health Technology Advisory Committee, recommends publicly funding guided internet-delivered cognitive behavioural therapy for mild to moderate major depression and anxiety disorders.

• CADTH HTERP Recommendation
  – HTERP recommends that guided Internet-delivered cognitive behavioural therapy be offered to adults with mild to moderate major depressive disorder and/or anxiety disorders.
How to Leverage the iCBT HTA to Support Implementation
Implementation Support

• Leverage HTA findings and resources to establish a strategy to integrate iCBT into your clinical care pathway.
  • CADTH Environmental Scan.
  • CADTH In Brief.
  • HQO Anxiety Disorders Quality Standard - Draft – Evidence informed implementation vehicle to reduce variation in practice.
• Connect with Liaison Officer in your jurisdiction for further support from CADTH.
Liaison Officers across the Country

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Thank you.

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Planning for Scale: eMental Health

eMental Health
Planning for Scale

David Johnson & Allison Bichel

April 2019
Agenda

- Research Design & Business Case
- Technology Assessment & Procurement
- Youth engagement
- Indigenous co-design
- Implementation
- Benefits Realization
- Implications
CREATE AN INTEGRATED VIRTUAL SYSTEM OF MENTAL HEALTH CARE
Planning for Scale: eMental Health

The Challenge

1 in 5 children & youth will experience some form of mental health problem

70% of mental illness has their onset during childhood or adolescence

5 out of 6 of children and youth will not receive needed treatment

63% of youth point to stigma as the most likely reason to not seek help

20,000 Albertans under the age of 25 presented to the ED with a Mental Health or Substance Problem

56% increase in mental health ED visits

47% increase in Hospitalizations

2007 – 2015
Planning for Scale: eMental Health

Leverage internationally recognized research
- Procure evidence-based tools, applications & resources

Innovative Clinical Trial Research
- Multiple baseline, nested prospective cohort trial design
- Theoretical Domains Framework; Longitudinal Case Study
- Sex and Gender Based Analysis
- Rural and Remote
- Indigenous

Scale & Spread
- Address institutional barriers to integrate e-mental health into service delivery
- Demonstrate benefits to the health system – access, appropriate service use, cost
- Enhance and sustain quality and outcomes
# Planning for Scale: eMental Health

## Scope and Approach

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>INTERVENTION</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth and Young Adults</td>
<td>Internet Delivered</td>
<td>Penetrance: adoption of e-mental health as a proportion of health service use</td>
</tr>
<tr>
<td>• Substance Misuse</td>
<td>• Screening &amp; Assessment</td>
<td>• Effectiveness: Quality of life, Anxiety, substance misuse, depression scores</td>
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<tr>
<td>• Anxiety</td>
<td>• Peer-to-Peer &amp; Family Support</td>
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</tr>
<tr>
<td>• Depression</td>
<td>• Cognitive Behavioral Therapy</td>
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<tr>
<td></td>
<td>• Brief intervention for substance misuse</td>
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</table>
Intervention Selection

• Contract Procurement and Supply Management: research vs request for proposals

• Health Technology Assessment:
  • AHS: process for determining best of breed Apps
  • CADTH

• Option Analysis:
  1. Newfoundland & MHCC model: outcome measurement feasibility
  2. Made in Alberta: Host Evidence Based Apps etc on a website
  3. Australia InnoWell Partnership
Selection Criteria

- Relevance
- Pathway Integration
- Evidence of Effectiveness
- User Experience
- Safety/Security
- Technology Considerations
- Cost
- Implementation and Feasibility
Intervention

- Research partnership to support the first Canadian trial of Innowell Platform
- Platform: promotes mental wellness, and act as a first point of contact for mental health support including screening, assessment and integrated, tailored e-interventions
- Community activation model: co-design provincial model, tailor integration into the local context and AMH pathways
- www.innowell.org
Intervention

• Referrals to eMH platform made through PCNs, AHS AMH Centres and contracted services, and Schools

• eMH platform: conduct assessment and use algorithm to assign most appropriate management App.

• Integrate eMH with AHS/community services: referral of patients with poor response to eMH apps to face-to-face mental health providers
Planning for Scale: eMental Health

INNOTHRIVE | INNOCARE

App: MyStudyLife  App: ReCharge


Website: E-Couch Depression

*Co-Design Specific Apps incorporated into the provincial platform (year 1)
Planning for Scale: eMental Health

Research Design

<table>
<thead>
<tr>
<th>Time-line</th>
<th>Baseline Assessment Pre-Study (3 Quarters)</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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</thead>
<tbody>
<tr>
<td>Matched pairs 1&amp;2</td>
<td>Intervention</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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<tr>
<td>Control</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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</tr>
<tr>
<td>Matched pairs 3&amp;4</td>
<td>Intervention</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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<tr>
<td>Control</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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<td>Intervention</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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<tr>
<td>Control</td>
<td>Q 1</td>
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<td>Q 3</td>
<td>Q 4</td>
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<td>Intervention</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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<tr>
<td>Control</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
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<tr>
<td>Matched pairs 9&amp;10</td>
<td>Intervention</td>
<td>Q 1</td>
<td>Q 2</td>
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<td>Q 4</td>
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<td>Control</td>
<td>Q 1</td>
<td>Q 2</td>
<td>Q 3</td>
<td>Q 4</td>
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- Pre-intervention phase in Intervention Communities, and entire study period for Control Communities
- Post-intervention phase in Intervention Communities
- Data retrieval, cleaning, study analysis
Planning for Scale: eMental Health

Intervention & Control Communities
## Research Outcomes

<table>
<thead>
<tr>
<th>Implementation Research Design</th>
<th>Effectiveness Research Design</th>
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<tbody>
<tr>
<td><strong>Outcome</strong></td>
<td><strong>Outcome</strong></td>
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<tr>
<td>Understand Barriers &amp; Facilitators in each community</td>
<td>Document Canadian adaptations of Synergy Platform</td>
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<tr>
<td>One quarter before intervention start</td>
<td>Year One Quarter 1&amp;2</td>
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<tr>
<td>Qualitative (TDF)</td>
<td>Qualitative</td>
</tr>
<tr>
<td>Understand process of eMH planning &amp; incorporation in each community</td>
<td>Document eMH platform roll-out issues</td>
</tr>
<tr>
<td>One quarter before intervention start</td>
<td>Year One Quarter 1&amp;2</td>
</tr>
<tr>
<td>Qualitative</td>
<td>Qualitative</td>
</tr>
<tr>
<td>eMH patient enrollment</td>
<td>eMH patient drop-out</td>
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<tr>
<td>Intervention time period from 18-30 months</td>
<td>Intervention from 18-30 months</td>
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<tr>
<td>Quantitative</td>
<td>Quantitative</td>
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<tr>
<td>Change in healthcare utilization</td>
<td>Effectiveness of eMH platform</td>
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<tr>
<td>48 Months</td>
<td>Intervention from 18-30 months</td>
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<tr>
<td>Quantitative</td>
<td>Quantitative</td>
</tr>
<tr>
<td>Understanding the ‘how &amp; why’ of change</td>
<td>Perceptions and experience of eMH platform</td>
</tr>
<tr>
<td>From Year 3 Quarter 1 to Year 4 Quarter 1</td>
<td>Intervention time period from 18-30 months</td>
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Youth Engagement

Patient and Community Engagement Research (PaCER)

- Cohort of youth, young adults, family members with lived experience
- Certificate program through the University of Calgary, Cumming School of Medicine
- Recruit youth and Young Adults from participating communities
- Training: 1 Year
- Co-design the intervention/platform, social media & communications campaign
- Conduct peer to peer research
- Provincial & local youth councils
Indigenous Research Design

- Co-design of Research Questions
- Ownership, Control, Access, Possession (OCAP principles)
- Consultation with Indigenous Communities
- Indigenous Populations with Study Communities
- Indigenous Populations On-Reserve
Benefits Realization

Identified two outcomes to ‘define success’:

- Number of youth on the platform
- Improvement in Mental Health ‘Functioning’
Planning for Scale: eMental Health

Collaborate: Wicked Questions

What policy direction can inform investment direction and decision making? What investment approaches best support integration of eMH?

Feasibility, strategy and infrastructure for a national approach to Health Technology Assessment

How to support national learning and collaboration to ideally benefit from leading, promising and emerging practice?

What are the issues & opportunities related to procurement and supply chain innovation?
Collaborate: Wicked Questions

What are approaches/key considerations related to decision making models, analysis?

How to engage Indigenous peoples in co-design? How do we share learnings and implications?

How to ensure people with lived experience are engaged in design and decision making?

How do we define benefits realized from eMH? What is the health economic case to be made?
Questions & Discussion

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