

STAGE ONE RESULTS

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- Canadian Mental Health Association
- Mental Health Consultation and Evaluation in Primary-care Psychiatry (MHCEP)
- l'Institut national de santé publique du Québec (INSPQ)
- Groupe de recherche sur l'intégration sociale, l'organisation des services et l'évaluation en santé mentale (GRIOSE-SM)
- University of Calgary
- University of Saskatchewan
- University of Toronto
- University of Western Ontario

Project Sponsor

Primary Health Care Transition Fund
(National Envelope), Health Canada

CEQM

CONTINUOUS ENHANCEMENT OF QUALITY MEASUREMENT IN PRIMARY
MENTAL HEALTH CARE: CLOSING THE IMPLEMENTATION LOOP

MAY 2005

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PROJECT DESCRIPTION

An innovative project is underway to improve the quality of mental health care for all Canadians. The *Continuous Enhancement of Quality Measurement (CEQM) in Primary Mental Health Care: Closing the Implementation Loop* project intends to foster quality improvement in primary mental health care through quality measurement. The project aims to reach stakeholder consensus on a small set of measures. These efforts will support quality improvement at the practice level across Canada.

STAGE ONE

The project is being implemented in three stages. Stage one combined a paper-based survey (Fall 2004) with group discussions (Winter 2004/2005). The purpose of this stage was to determine the project focus by narrowing the number of potential health care variables to a subset of priority areas (domains). The 145 individuals who participated in stage one represented clinicians, decision-makers and people who use mental health care services from regions across the country. Though the survey process was intensive, the 91 per cent response rate highlighted the significant interest in this project among regions and stakeholder groups.

RESULTS

Following the survey and group discussions, national consensus was achieved on 22 priority domains out of a possible 81. These include 9 system-wide domains and 13 special areas of focus (a complete list appears on the following pages).

While national consensus was reached on 22 priority domains, there was also regional diversity regarding the importance of the remaining domains. It is outside the scope of the project to extensively focus on domains identified as very important by only one or a few regions (e.g., self-management support – Alberta, British Columbia, Ontario; substance misuse – Saskatchewan). There will be some coverage of these issues through overlap with system-wide domains (e.g., access is an important issue for people with substance abuse). However, provinces and territories may need to consider how to best address their unique priorities for quality measurement.

NEXT STAGES

Stage two of the project will review existing best practices and measures related to the domains selected in stage one. Stage three will involve the final selection of a small set (e.g., up to 40) of specific quality measures using criteria such as evidence, actionability and feasibility.

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SELECTED PRIORITY DOMAINS FROM STAGE ONE OF THE PROJECT

SYSTEM WIDE

domains focus on general aspects of the health system.

DIMENSION*	DOMAIN	DEFINITION
Process	Accessibility	Clients/patients are able to obtain care/service at the right place and the right time, based on respective needs. <i>(e.g., waiting times, doctor availability)</i>
	Patient-Centeredness	Establishing a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs and preferences. Patients have the education and support they need to make decisions and participate in their own care. <i>(e.g., meetings between providers, patients and families when desired, education sessions provided for self-management of health condition)</i>
	Competence	The care provider's knowledge and skills are appropriate to the care/service being provided. <i>(e.g., staff are knowledgeable about the use of evidence-based psychotherapy, and techniques to improve quality of care)</i>
	Continuity	Services are offered as a coherent and coordinated succession of events in keeping with the health needs and personal context of patients. Health care is linked to other services to support successful treatment. <i>(e.g., contact with patient is made after missed appointment, patient referred to peer support groups)</i>
	Effectiveness	The care/service, intervention or action achieves the desired results. <i>(e.g., improved mood, decreased readmission rate for psychosis)</i>
	Appropriateness	Care/service provided is relevant to the clients'/patients' needs and based on established standards. <i>(e.g., medication prescriptions based on established standards)</i>
	Outcome	Health Conditions
Non-medical Determinants of Health	Personal Resources	Characteristics of personal life, such as social support, life stress and school readiness, related to health.
Equity	Equity Applies Across All Domains	Individuals get the care they need, without inappropriate bias based on their social status or other personal characteristics such as age, gender, ethnicity or place of residence.

*A dimension is a broad area or aspect of health that contains a number of domains.

SPECIAL AREA

domains selected by participants that require additional attention.

DIMENSION*	DOMAIN	DEFINITION	
Age Groups	Youth	Young people 12 to 19 years of age.	
	Clinical Setting	Shared Care	Collaborations between providers from primary care and mental health disciplines who share the responsibility for the care an individual receives.
		Community Health Care Centre	Health care delivered by a multidisciplinary team of providers and specialists, typically offering services to a geographic area or special population.
		Emergency	A hospital room or mobile crisis response unit equipped for the reception and treatment of persons requiring immediate medical care.
Interventions	Outreach	Primary care service provided in non-traditional settings, usually more accessible to vulnerable populations. <i>(e.g., home-based care, Assertive Community Treatment teams, street nurses)</i>	
	Early Detection	Diagnosis and initiation of treatment at very early stages of the disease, when little or minimum intervention can bring therapeutic results. <i>(e.g., within the first two years of illness)</i>	
	Psychotherapy	The treatment of mental or emotional problems using psychological techniques. <i>(e.g., cognitive behavioral therapy, or talking therapy)</i>	
Specific Conditions	Rehabilitation	The restoration of a person by therapeutic measures and re-education to participation in the activities of a normal life within the limitations of the person's disorder or disability.	
	Psychosis	A serious mental disorder (such as schizophrenia) characterized by defective or lost contact with reality often with hallucinations or delusions.	
	Child Mental Health Disorders	Conditions common in children and youth. For example, conduct disorder, autism, attention deficit hyperactivity disorder, obsessive-compulsive disorder.	
	Acute Conditions	Patients whose conditions require an immediate medical intervention. <i>(e.g., an emergency room visit)</i>	
	Comorbid Conditions	A condition in which a person has both a major mental illness and another health problem. <i>(e.g., developmental disability, substance abuse, personality disorder, or other general medical conditions such as heart disease or cancer)</i>	
	Mood Disorders	Any of several psychological disorders characterized by abnormal emotional states and including especially major depressive disorder and bipolar disorder. Also called affective disorder.	

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