

### CONSUMERS /ADVOCATES

The quality measures found on the CEQM web site can help you advocate for new policy and program initiatives, particularly where the measures identify care gaps that cannot be addressed locally without additional funding. They can be also be used as a checklist to evaluate the mental health and addiction care you receive, and can be used to evaluate your own efforts in recovery.

### CLINICIANS

The measures will allow you to identify care gaps on the front lines of primary health care. Where you have some ability to address these gaps, the measures will allow you to prioritize your quality improvement efforts. Where you feel you cannot directly influence a care gap you can use these nationally agreed upon measures to advocate for more resources/programs for your patients.

### DECISION MAKERS

CEQM's Top 30 Measures have been achieved through a rigorous evidence informed process based on national, regional and multi-stakeholder consensus. Linkages with other leading primary health care projects and research literature have also helped to inform these results. The depth and scale of this approach gives you a "green light" on policy action.

This small set of specific measures can be used as a focus for primary mental health care reform. For example, funding agencies devoting new resources to primary mental health care could use the Top 30 measures as a checklist to screen project proposals for access to funds.

### ACADEMICS/RESEARCHERS

The Quality Measures Database on this website allows you to use a wide range of search terms to explore 160 quality measures. The Top 30 measures will assist you to prepare grant applications that accurately reflect national priorities in primary mental health care reform. For researchers that have a specific interest in a topic or intervention considered in the CEQM surveys (e.g. chronic disease management for depression), the regional ranking information provided with CEQM measures will tell you which regions share your interests.

### CEQM QUALITY MEASURES CASE STUDY

A team of primary health care (PHC) providers including family physicians, practice nurses and medical office assistants have embarked on a collaborative project to improve the quality of care for people with depression.

The PHC team already successfully uses the PHQ-9 scale to identify people with depression and the intensity of symptoms experienced. They now want to work on improving other aspects of ongoing depression care, using existing resources in their local area.

However, these providers struggle with information overload: they have to choose from many potential directions and hundreds of recommendations from depression practice guidelines.

Having heard about the CEQM project and its web-based online inventory of primary mental health care quality measures, the team plans to search this database using a filter for "mood" related measures and for "actionability" so that any measure they identify will relate to a practice change that they may be able to readily improve.

The PHC providers identify the CEQM measure "For individuals being treated with antidepressants, establish and maintain follow-up contact (office visits, phone calls, or other) at intervals tailored to their mental health status". They note that this measure is also one of the Top 30 measures across Canada in terms of relevance, actionability and overall importance for improvement in primary mental health care.

The team then proceeds to capture data on this measure by making it part of a depression care flow sheet – a tool developed locally by clinicians and patients with depression, which is reviewed at each visit after an antidepressant has been newly started.

At the start of their measurement process, the PHC team determines that they are following up at appropriate intervals 35% of the time. Over a one year period the rate of successful follow-up continues to increase.