

Determining the evidence-base for national consensus primary care mental health quality domains: methods and preliminary results

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A PHCTF National Envelope Project

ABSTRACT

Objectives: As a Continuous Enhancement of Quality Measurement (CEQM) sub-project, identify evidence-based practices within CEQM priority primary care mental health domains.

Study Design: A formal academic and web-based gray literature search was completed using CEQM priority domain terms. High quality clinical practice guideline (CPG) evidence was converted into Evidence-base for Practice and Measure Templates (EBTs). A consultation process involving national/international experts was conducted to derive EBT practices for those domains not adequately covered by otherwise identified empirical evidence. Web data-based public domain EBTs will be made available.

Principal findings: EBTs are being prepared for each CEQM priority domain. Details of the protocol used to identify the evidence-base for practices and measures within these domains, as well as the results for each, is presented.

Conclusion: Using the EBT database those interested in enhancing quality measurement in primary care mental health will have the opportunity to efficiently identify the evidence-base for primary care mental health practices within the CEQM priority domains.
Implications: Primary care mental health stakeholders from various groups will be able to use this evidence-based CEQM database as a resource to support their quality improvement initiatives.

BACKGROUND

- 25% of people visiting primary care have a significant mental health condition.
- Growing gaps between what we know works and what is funded/practiced.
- Models of routine, measurement-based quality measurement/improvement have been advocated to narrow gaps and improve quality of care.
- Without evidence linking practice to outcome, improvement in practice would not be expected to improve outcome.
- Quality measures used for quality improvement in primary care mental health should address evidence based practices.

Continuous Enhancement of Quality Measurement (CEQM) in Primary Mental Health Care: Closing the Implementation Loop

CEQM project purpose:

Develop a set of quality measures (in primary mental health care) guided by:

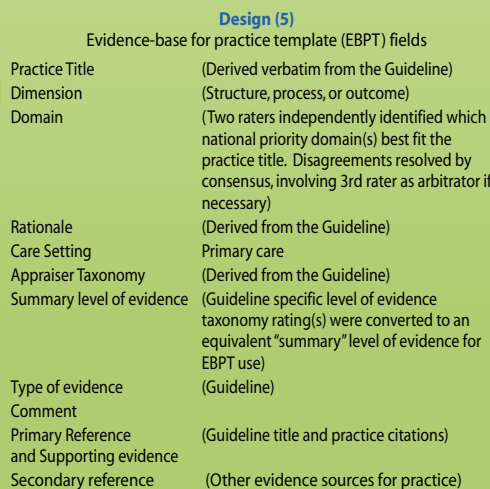
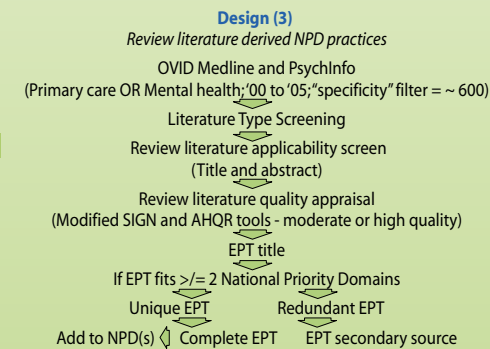
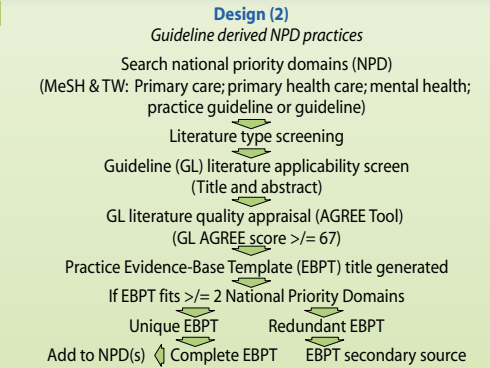
- survey and focus group input of diverse interest groups across the country,
- the evidence-base for primary mental health care

OBJECTIVES

To identify evidence-based primary care mental health practices within national (Canadian) consensus priority domains derived from the Continuous Enhancement of Quality Measurement (CEQM) in Primary Mental Health Care project.

DESIGN

A formal academic and web-based gray literature search was completed using priority domain terms. High quality clinical practice guideline (CPG) evidence was converted into Evidence-Base for Practice Templates (EBPT). Search identified review studies were appraised and the evidence used to generate EBPTs for domains inadequately covered by CPGs. A consultation process involving national/international experts was conducted to derive EBPT practices for those domains not adequately covered by otherwise identified empirical evidence. Public domain EBPTs will be made available using a web database.



PRINCIPAL PRELIMINARY FINDINGS

CEQM Stage 1:
CEQM consensus derived national (Canadian) system-wide priority domains for which the evidence-base for related practices was identified:

Process			
Accessibility	Appropriateness	Competence	Continuity
Outcome			
Effectiveness Patient-Centeredness			
Health Conditions			
Non-Medical Determinants of Health			
Personal Resources			
Equity			

No input/structural

Principal preliminary findings (2)

CEQM Stage 1:
CEQM consensus derived national (Canadian) special-area priority domains for which the evidence-base for related practices was identified:

Specific Conditions		
Comorbid Conditions	Acute Conditions	Mood Disorders
Psychosis	Child Mental Health Disorders	
Age Groups		
Youth		
Interventions		
Psychotherapy	Early Detection	Rehabilitation
Clinical Setting		
Shared Care	Emergency Services	Outreach Services
		Community Health Care Centre

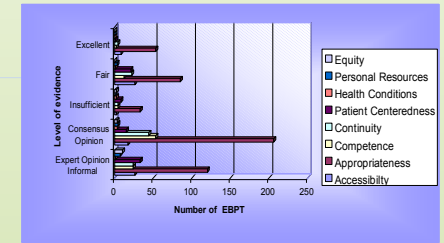
Principle Preliminary Findings (3)

Guidelines used to derive the evidence-base for NPD related practices

- Scottish Intercollegiate Network (SIGN) (2001). Attention deficit and hyperkinetic disorders in children and young people.
- SIGN (2002). Postpartum depression and puerperal psychosis.
- SIGN (2003). The management of harmful drinking and alcohol dependence in primary care.
- National Instit. Clinical Excell. (NICE) (2005). Post traumatic stress disorder.
- NICE (2004). Depression: management in primary and secondary care.
- NICE (2003). Core interventions in the treatment and management of schizophrenia in primary and secondary care.
- NICE (2004). Self-harm. The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care.
- NICE (2004). Clinical guidelines and evidence review for Panic Disorder and Generalized Anxiety Disorder.
- NICE (2004). Eating disorders. Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.
- Instit. for Clin. Systems Improvement (ICSI) (2005) Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents.

Principal preliminary findings (4)

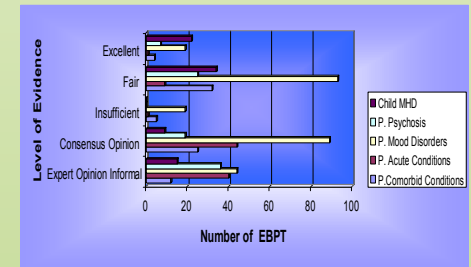
Guideline (N = 10) derived evidence-base for "System wide" national priority domain related practices



EBPT: Evidence-base for practice template

Principal preliminary findings (5)

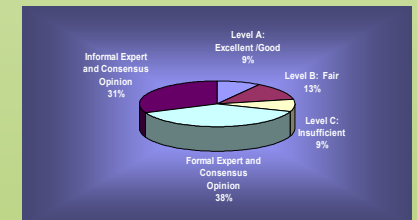
Guideline (N = 10) derived evidence-base for national priority "Specific Conditions" domain related practices



EBPT: Evidence-base for practice template

Principal preliminary findings (6)

Guideline (N = 10) derived evidence-base for national priority domain related practices



Evidence-base for practice (EBPT) templates: N = 700

CONCLUSIONS

- Quality measures used for quality improvement should address the evidence-base for these practices.
- CEQM National Priority Domains (N=22) have been populated with primary care mental health practices from 10 high quality practice guidelines (N = 700)
- Preliminary findings indicate that the proportion of practices rated as excellent or good, fair, insufficient, or expert opinion level of evidence are 9%, 13%, 9%, and 69%, respectively.
- Completion of this project will involve the generation of additional EBPTs from:
 - guidelines for several other conditions (e.g bipolar disorder)
 - systematic review and primary literature topics not covered by the guidelines
 - Expert (national and international) Consultation responses
- EBPTs will be made available in the public domain on a web database for query use by patients, service providers, funders, decision makers and academics.
- Specific National Priority Domain EBPTs will be selected (≈ 300) for conversion into indicators and used in the CEQM 3rd Wave Survey.