# Determining the evidence-base for national consensus primary care mental health qual methods and preliminary resu

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A PHCTF National Envelope Project



### ABSTRACT

Objectives: As a Continuous Enhancement of Quality Measurement (CEOM) sub-project, identify evidence-based practices within CEOM 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.

- 25% of people visiting primary care have a significant mental health
- · 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 (CEOM) in Primary Mental Health Care: Closing the Implementation Loop

### CEQM project purpose:

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

- · survey and focus group input of diverse interest groups across the
- 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.

#### Design (2)

Guideline derived NPD practices

Search national priority domains (NPD) (MeSH & TW: Primary care; primary health care; mental health; practice guideline or guideline)

Literature type screening

Guideline (GL) literature applicability screen (Title and abstract)

GL literature quality appraisal (AGREE Tool) (GL AGRE<u>E sc</u>ore >/= 67)

Practice Evidence-Base Template (EBPT) title generated If EBPT fits >/= 2 National Priority Domains

Unique EBPT Redundant EBPT

## Add to NPD(s) (Complete EBPT EBPT secondary source

### Design (3)

Review literature derived NPD practices

OVID Medline and PsychInfo (Primary care OR Mental health; '00 to '05; "specificity" filter = ~ 600)

Literature Type Screening

Review literature applicability screen (Title and abstract)

Review literature quality appraisal (Modified SIGN and AHQR tools - moderate or high quality)

EPT title

If EPT fits >/= 2 National Priority Domains

Unique EPT

Redundant EPT

Add to NPD(s) (Complete EPT EPT secondary source

### Design (4)

**Expert Consultant opinion** 

Potential Expert Consultant list

(Academic & grey literature search; CEQM Advisory Group; snowball = 300) Potential Expert Consultant recruitment

(Telephone screen and expertise coverage of NPDs) A Consultation with Expert Stakeholders

(Questionnaire: 81 Canadian and international participants - 5 stakeholder groups)

Follow-up call for clarification and/or completeness

Responses converted into EBPTs

Unique EBPT

Redundant EBPT EBPT secondary source

### Add to NPD(s)

Evidence-base for practice template (EBPT) fields

(Guideline)

Practice Title Dimension Domain

(Derived verbatim from the Guideline) (Structure, process, or outcome) (Two raters independently identified which national priority domain(s) best fit the practice title. Disagreements resolved by consensus, involving 3rd rater as arbitrator if necessary)

(Derived from the Guideline) Rationale

Appraiser Taxonomy

Primary care (Derived from the Guideline) Summary level of evidence (Guideline specific level of evidence taxonomy rating(s) were converted to an equivalent "summary" level of evidence for EBPT use)

Type of evidence Comment

Primary Reference and Supporting evidence Secondary reference

(Guideline title and practice citations)

(Other evidence sources for practice)

### PRINCIPAL PRELIMINARY FINDINGS

### CEQM Stage 1:

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



No input/structural

### Principal preliminary findings (2)

### CEQM Stage 1:

CEQM consensus derived national (Canadian) special-area priority domains

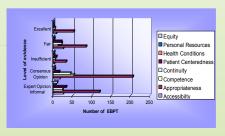
ioi which the evidence-base for related practices was identified.							
	Specific Conditions						
	Comorbid Conditions		Acute Conditions		Mood Disorders		
	Р	Psychosis Ch		ild Mental Health Disorders			
	Age Groups Youth						
	Interventions						
	Psychotherapy		E	Early Detection		Rehabilitation	
			Clinical Setting				
	Shared Care			Outreach Services		mmunity 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
- 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, bulemia 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)

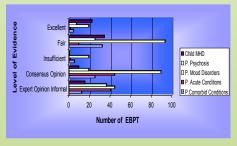
10) derived evidence-base for "System wide" national priority domain related practices



EBPT: Evidence-base for practice template

### Principal preliminary findings (5)

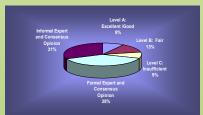
Guideline (N = 10) derived evidence-base for national priority "Specific Conditions" domain related practices



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
- 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
- Specific National Priority Domain EBPTs will be selected (≅ 300) for conversion into indicators and used in the CEQM 3rd Wave Survey.