How to use a quality framework to guide implementation and evaluation of integrated behavioral health care

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2017

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

1. Discuss the role for quality measurement and quality improvement in integrated care, and identify relevant domains and dimensions of quality.

2. Apply a quality framework for integrated care in order to select a specific dimension of quality as a target for improvement or evaluation in their own setting.

3. Develop a plan for implementing integrated care measurement in their own setting.


Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.
Outline

1. Evaluation and improvement in integrated care
2. Introducing a framework for measuring and improving integrated care
3. Develop your evaluation (individual & small group)
   • Apply the framework to determine a focus
   • Strategically plan your evaluation
4. Wrap up
5. Questions
Evaluation in Integrated Care

- New programs are continually being implemented to improve the quality of care.
- It is important to understand the impact of these programs within real-world settings and continue to improve them.
- Program Evaluation – are services meeting intended objectives?
  - Quality Improvement (QI) – specific process to improve a program
Evaluation In Collaborative Healthcare

- Useful in examining:
  - Extent to which a program is meeting intended objectives
  - Program strengths / weaknesses
  - Best ways to refine and improve performance
  - Best approaches for implementing and sustaining a program
  - Whether a program is worth investment of time, effort, money

Quality in Health Care

Timely

Effective

Safe

Patient-Centered

Efficient

Equitable
Model for Improvement

Institute for Healthcare Improvement (IHI)
PDSA Ramp

“RAMP”
A series of PDSA cycles that follow in a progression of testing, refining and implementing changes that result in improvement.

Changes That Result in Improvement

Increasing complexity --- number of people different situations

Evidence
Hunches
Theories
Ideas

Time
Small data

NARRATIVE REVIEW

Value of small sample sizes in rapid-cycle quality improvement projects

E Etchells,¹,² M Ho,² K G Shojaie,¹,²

Quality improvement initiatives can become bogged down by excessive data collection. Sometimes the question arises—are we doing an adequate job with respect to a recommended practice? Are we complying with some guideline in at least X% of our patients? The perception that one must audit large numbers of charts may present a barrier to initiating local improvement activities. The model for improvement and its Plan–Do–Study–Act (PDSA) cycles typically require frequent data collection to test ideas and refine the planned change strategy. The perception that data collection must

<table>
<thead>
<tr>
<th>Observed system performance (%)</th>
<th>Desired system performance</th>
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<tbody>
<tr>
<td>95</td>
<td>26</td>
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<tr>
<td>90</td>
<td>70</td>
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<td>85</td>
<td>260</td>
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</table>

The table shows the approximate sample size required to reject the null hypothesis that observed performance (from an audited sample) is consistent with the desired system performance, shown here as being either 80% or 90%. If you wish to calculate an exact p value for your
Quality Framework For Collaborative Mental Health Care
Methods

- **Systematic review**
  - Peer reviewed & grey literature
  - Identify empirically supported quality dimensions / existing frameworks

- **Qualitative phase**
  - CMHC providers (n=14)
  - Clients (n=9)

- **Modified Delphi process**
  - Consensus of framework content
  - Relevance to adopting, sustaining, scaling IC in real-world settings

**Quality Framework**

11 Domains
52 Dimensions
Quality Framework

- **Infrastructure**
  - Infrastructure, Leadership and Management

- **Systems of Care**
  - Level of Integration Between Mental Health and Primary Care Services

- **Quality of Care**
  - Evidence-Based Practices
  - Quality Improvement
  - Collaboration for Patient Safety
  - Population Based Care (processes)

- **Collaboration in Practice**
  - Client Inclusion & Participation
  - Team Functioning

- **Outcomes**
  - Client Care Outcomes
  - Population Based Care
  - Access and Timeliness
  - Value and Efficiency
Domains of Quality

**Client Care Outcomes**
Care achieves good results for clients (e.g. improves symptoms of mental illness, improves quality of life).

**Population-Based Care**
Appropriate care is delivered to the whole population of clients who are (or who should be) served by the primary care team (e.g. services are allocated equitably to those in need).

**Evidence-Based Practices**
Programs and treatments are designed and implemented with consideration of the best available research and the local context.

**Client Inclusion & Participation**
The extent to which care is geared toward providing the best possible experience for clients, and achieving outcomes that are important to clients (e.g. care is appropriate to their culture, literacy level, and socioeconomic status).
# Domains of Quality

<table>
<thead>
<tr>
<th>Access and Timeliness of Care</th>
<th>Infrastructure, Leadership and Management</th>
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<tbody>
<tr>
<td>Clients can easily receive care within a reasonable timeframe considering their illness severity, level of risk, and level of function (e.g. wait time for psychotherapy after recommendation is made).</td>
<td>The conditions under which care is provided (e.g. appropriate physical space, having skilled healthcare providers from different disciplines).</td>
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<table>
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<tr>
<th>Level of Integration between Mental Health and Primary Care Services</th>
<th>Team Functioning</th>
</tr>
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<tbody>
<tr>
<td>How well coordinated services are within the collaborative mental health program in primary care, and also how well coordinated care is between the primary care team and outside mental health specialists (e.g. hospital-based psychiatric care).</td>
<td>How well the clinical team of primary care and mental health providers work together.</td>
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Domains of Quality

**Collaboration for Patient Safety**
Collaborative care program is organized to provide the safest possible care (e.g. promotes safe medication prescribing practices, engages all team members in improving patient safety).

**Quality Improvement**
Collaborative care program / team is continuously working to improve quality (e.g. program is routinely evaluated from multiple perspectives and the results inform program development and provider training).

**Value and Efficiency**
From a system perspective care delivers good value considering the costs. Multiple perspectives and systems are considered when measuring cost effectiveness (e.g. health care, social support, justice, child protection, client incurred costs).
Access and Timeliness of Care –Dimensions

Clients can easily receive care within a reasonable timeframe considering their illness severity, level of risk, and level of function (e.g. timely identification of mental illness, wait time for psychotherapy after recommendation is made).

1. Team monitors attendance and seeks to understand and minimize no show rates.

2. Written and oral communications between team members are timely and facilitate client care.

3. Mental health services are available in a range of intensities according to client needs (e.g. severity of illness) and provider needs (e.g. for assistance making a specific diagnosis).

4. Wait times from referral to mental health assessment, and from assessment to service (e.g. psychotherapy) are minimized and clients are offered relevant supports while awaiting specialized services.
Client Outcomes - Dimensions

Care achieves good results for clients (e.g. improves symptoms of mental illness, improves quality of life).

1. Care reduces mental illness symptom severity and increases remission rates (illness specific).
2. Care improves physical health status.
3. Care improves quality of life.
4. Care improves social and role functioning.
5. Clients achieve the outcome they hoped for.
Application In Practice

Developing and piloting specific measures in 4-5 primary care settings across Ontario

Providing basis for QI projects and programmatic decisions

Examples:

**Rates of benzodiazepine prescribing for elderly patients**
- Rationale: Choosing Wisely, low resource intensity interventions
- Measurement via EHRs
- PDSA cycles of deprescribing

**Wait times from mental health referral to receiving service, and from assessment to service (e.g. psychotherapy)**
- Rationale: important to clients, emphasizes evidence-based treatment (versus role of one-off psych consult)
- Examining flow and re-examining prior decisions re: order in which services are provided
Application in Practice (2)

Examples:

**Optimal preventive care, reducing mental health-related disparities in care**
- Measurement of cancer screening rates via EHRs
- Existing QI effort to increase cancer screening rates in low SES → potential to extend to mentally ill population

**Meaningful engagement of clients and families in program development & evaluation, and QI**
- Structural indicator
- Hiring FHT staff to provide leadership in this area

**Mental health service availability in a range of intensities according to need**
- Cataloguing group psychotherapy offerings and assessing appropriateness for population served, duplication, gaps, etc
Now Your Turn

1. On your own, 5 min
   ◦ Review the quality framework domains and reflect on how they apply in your practice setting

2. Groups of 2-3, 10 min
   ◦ Introduce yourself
   ◦ Very briefly describe your integrated care setting
   ◦ Describe an area that you’re interested in improving based on assessment – why?
Strategically Plan Your Evaluation – Group Work

Groups of 2-3, 10 min

▪ What are you specifically evaluating?
  ▪ Entire program or specific component?

▪ What are your objectives or key questions?

▪ Who is your audience for the evaluation? What do you hope the evaluation will do?
Q & A

Questions regarding the Quality Framework?

Questions / Learnings pertaining to applying the QF in your practice setting?

Questions / Learnings regarding evaluating integrated care in your practice setting?
Thank you!

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References & resources


Donabedian, A. Selecting approaches to assessing performance. *In: An Introduction to Quality Assurance in Health Care, Chapter 4, pp. 45-57.* (Oxford University Press, 2003).


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