CEQM

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

NATIONAL CONSENSUS SUMMARY

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BACKGROUND

Most people with mental health problems are seen in primary health care (PHC) settings. Yet significant discrepancies exist between the services currently provided and current knowledge about effective care.

OBJECTIVE

CEQM was intended to help address this care gap through building consensus regarding a set of quality measures that are evidence-informed.

DESIGN

A three stage consensus process lead to a final list of 30 consensus measures. Stage One employed a two round process that built consensus around priority areas (domains) for measurement. Stage Two populated these domains with potential measures through literature reviews and an expert survey. In Stage Three, a subset of these measures was incorporated into a two round postal Delphi survey which used ratings of relevance, “actionability” and overall importance to identify the final measures.

PARTICIPANTS

Over 500 people from every province and territory in Canada - representing consumers/advocates, clinicians, academics and government decision makers from regional, provincial and federal levels, actively participated in this project. A small group of people with expertise in First Nations and Rural health issues was also included. A rigorous sampling strategy to ensure balanced participation amongst regions and stakeholders was utilized.

RESULTS

Stage One had a 91% response rate and identified 20 priority domains. In Stage Two several hundred potential measures were identified. In Stage Three 160 measures were rated by 212 final respondents (80% response rate) leading to a final set of 30 consensus quality measures. Respondents placed special emphasis on measures associated with self harm and depression.

The highest degree of variation in ratings occurred around “actionability”. Consumers and Quebec respondents had the most distinct results. The largest differences between stakeholders were for measures associated with the domains of personal resources, co-morbidity and rehabilitation. The most significant consideration used by respondents to rate measures was “quality of life” for people in care.

CONCLUSIONS

Respondents emphasized an actionable, pragmatist orientation to measurement that may be appropriate for primary mental health care. The significant inter-stakeholder and inter-regional variation meant that consensus methods were important to achieving nationally agreed upon results. All measures will be available in a web based inventory allowing the end-user to search for individual measures best suited to their respective interests. These findings, achieved through a rigorous, evidence informed process based on national, regional and multi-stakeholder input, give a “green light” for action in primary mental health care reform.