AFMC Submission to Minister Philpott

Recommendations for mental health care delivery metrics for the new Health Accord

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THE ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA
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Metrics for Accessibility, Quality of Care and Outcomes – Mental health care delivery

Preamble

Mental health problems affect approximately 1 in 4 Canadians, with depression affecting 1 in 10 Canadians and severe conditions such as schizophrenia, bipolar, and self-harm behaviour affecting nearly 1 in 20 Canadians. Furthermore, the life span of people with mental health illness is 25 years less compared to the general population. The AFMC applauds the Federal Government for focusing on this important component of the health care system in our country.

As requested by the Federal Minister of Health, the AFMC engaged with a panel of experts from our Faculties of Medicine, including psychiatrists, family physicians, nurses, occupational therapists, PhD scientists, and economists from British Columbia to Newfoundland. They provided information on research and initiatives underway in their individual provinces, as well as key literature in the field. There was resounding support for instilling greater accountability in the new Health Accord. While there are different paradigms and schools of thought to consider (and therefore multiple potential metrics to employ), we obtained consensus from our expert panel that the following would be the most appropriate to include in the new Health Accord.

The following key principles should help guide the selection of mental health performance indicators and metrics, including an emphasis on: 1) health and wellness as well as illness and impairment 2) the broad spectrum of mental illness and addictions that affect Canadians, as opposed to an exclusive focus on serious mental illness 3) services provided in communities as well as those in hospitals 4) data collected from multiple sources (administrative, clinical, patient self-reported) and a concern for 5) equity and whether particular vulnerable populations are also receiving better care and seeing improvements in their mental health.

Our panel of experts strongly supported the report of the Mental Health Commission of Canada: *Informing the Future: Mental Health Indicators for Canada* (2015).[1] The report describes many specific data points currently being captured and their importance, their source and their limitations. Many of the metrics identified by our experts are included in this report (e.g. mental illness hospital readmissions within 30 days, suicide rates, employment among people with common mental health conditions).

Alberta and Quebec were provided as good examples of provinces that have a strong process for measuring the performance of their addiction and mental health system.

Patient-reported outcome measures (PROM) and patient-reported experience measures (PREM) are survey instruments used by patients to self-report on the outcome of their health care and their perception of the health care experience. These tools are increasingly being used internationally to help answer important questions about how best to improve health care systems. The Canadian Institute on Health Information (CIHI) has created excellent documentation regarding PROM and PREM and their value in determining quality of care.[2] Our panel considers that patient reports should be included in the metrics of mental health care in Canada.

Recommended Metrics:

Accessibility

Accessibility (timely and equitable service provision) is one of the eight dimensions in Accreditation Canada's quality framework for health care. Measuring and reporting on patient experience is now a requirement for accreditation in the mental health sector, and these types of surveys were mentioned multiple times by our expert panel. However, there is no pan-Canadian standard for PREMs, and this gap needs to be filled to allow for useful comparisons. Metrics related to accessibility are often subjective and process-related, rather than outcomes-focused, however they do provide insight into how and when patients are accessing mental health care services and how they perceive the service they've received. Investigating and measuring unmet needs of care would be a good metric to include and has been previously collected as part of the Canadian Community Health Survey (CCHS).[3] Guidelines around wait times are necessary, but do come with inherent caveats.

Metric #1) Acceptable Wait Time Benchmarks

- % of children and youth offered an appointment within 30 days of their initial request to receive scheduled community mental health services
- % of people with major depression able to access a psychiatrist within 4 weeks after referral from a family doctor
- % of people with first episode psychosis able to access a psychiatrist within 2 weeks after referral from a family doctor
- % of people with acute mania able to access a psychiatrist within 1 week after referral from a family doctor
- Inferential indicators such as Emergency Department use and Alternate Level of Care (ALC) days for mental health and addictions hospitalizations

Current resources include the CIHI report *Health Care in Canada, 2012: A Focus on Wait Times* [4] and the June 2014 report card on wait times in Canada from the Wait Time Alliance. [5]

Metric #2) Patient experience and satisfaction measures (e.g. PREMs)

- % of respondents with mental disorders or addictions who report that in the past 12 months they had a need for help for their mental health or addictions problems bud did not receive it
- % of respondents with mental disorders or addictions who report that in the past 12 months they had a need for help for general health care but did not receive it

Metric #3) Spending for mental health care services relative to spending for all health care services and programs in a particular province/territory.

Metric #4) Access to primary care for mental health/addictions patients (data from the CCHS)

- % of respondents with mental health or addictions problems that report having access to a regular family doctor

Metric #5) Access to psychotherapy for mental health/addictions patients (data from the CCHS)

- % of respondents that report having received counseling or therapy for mental health or addictions problems in the past 12 months

Metric #6) Access to psychosocial rehabilitation for mental health/addiction patients

Quality of Care

The federal government can consider adopting either Accreditation Canada's Qmentum quality framework or a CIHI-based quality framework based on 6 domains: accessibility, acceptability (i.e. satisfaction), appropriateness (i.e. alternate levels of care), efficiency (i.e. ALOS), effectiveness (i.e. admission acuity, patterns of improvement, readmission rates), and safety.[6] The appropriateness of care is very important to take into consideration.

Metric #1) Whether clinical practices are consistent with best practice guidelines and use of standardized tools?

- % of clinicians using a given evidence-based DSM 5 tool

Metric #2) Appropriateness of care/Follow-up care during the acute phase of illness

- % of people with mental health or addictions problems that had three or more contacts with the same provider in the 3 months following initial diagnosis

Metric #3) % of mental health and addictions patients utilizing services

Metric #4) Readmission rates after discharge from hospital, or repeat visits to an Emergency Department for the same mental health condition

Metric #5) Follow-up visit rates by a family doctor or psychiatrist after discharge from hospital (e.g. 1 week post-discharge is the metric being used by Health Quality Ontario)

Metric #6) Patient safety/Patient Engagement/Patient Centeredness

- % of people with mental disorders or addictions that report that their healthcare professional involved them in decisions about care or treatment as much as they could have been

Metric #7) Patient-centered, dynamic, culturally appropriate, and integrated care measures

- % of patients that have a care plan
- % of patients that have a care plan that they were involved in developing
- % of patients that report unmet general health care needs
- % of patients that have a dynamic care plan that can support transition of the individual across services

**Suggestion to implement the Health of the Nation Outcome Scales (HoNOS) in every province's minimal data set (& HoNOSCA for Child and Adolescent)

**Suggestion to collect national ACE (Adverse Childhood Events) data, using a validated 10-question screening tool

Outcomes

The outcomes of mental health care delivery are really the most important metrics, as we want to know if the care being provided is making a positive difference in the lives of patients. These metrics are also the most difficult to capture, as they often require longitudinal assessments and many years to gain an accurate picture. The federal government should consider tracking outcome measures for different population groups (general population, child and youth population, correctional facilities population), and are encouraged to look at indicators for both system-level and individual-level outcomes.

Metric #1) Standardized Patient Reported Outcome Measures (PROMs)

Metric #2) Measures of personal recovery and psychosocial rehabilitation needs, such as social participation and reintegration measures

- % of mental health and addictions patients that reported working in the past 12 months
- % of mental health and addictions patients going back to school
- % of mental health and addictions patients securing safe and stable housing

Metric #3) Suicide and mortality rates / Years of Life Lost

**Suggestion to look at Canadian Community Health Survey (CCHS) data for multiple positive mental health outcome indicators

The AFMC hopes that these recommendations are helpful to the Federal government. We look forward to continuing to support work on the Health Accord as requested.

We would like to acknowledge our Expert Panel for contributing to the creation of this report, including:

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