Collaborative Mental Health Care in Canada's Primary Care Settings: An Updated National Quality Framework and Recommended Measures for Implementation in Primary Care

Nadiya Sunderji[1,2], Allyson Ion[3,4], Vincent Tang[2], Gwen Jansz[2,4], Matthew Menear[5], Pamela Wener[6], Michel Gervais[7], Abbas Ghavam-Rassoul[2,4], Ann Stewart[2,4]

Waypoint Centre for Mental Health Care[1]; University of Toronto[2]; McMaster University[3]; St. Michael's Hospital[4]; Université Laval[5]; University of Manitoba[6]; CIUSSS de la Capitale-Nationale[7]

BACKGROUND

To improve the quality of mental health and addictions care, specialists, primary care providers, service users, and other stakeholders must work together in structured ways – also known as collaborative mental health care (CMHC).

While CMHC is an evidence-based practice, its implementation varies considerably across Canada and frequently diverges from empirically supported models. Healthcare providers, leaders, and policy makers often struggle to identify evidence-informed and context-appropriate CMHC practices, and to evaluate and improve such care.

A quality framework could provide clear standards of care, and focus delivery and improvement efforts on issues that are meaningful to patients and families.

We developed and validated a quality framework to drive improvements in the implementation of CMHC in 'real world' primary care settings across Canada.

METHODS

This work occurred between April 2014 and March 2019.

Constructing a Quality Framework

The Quality Framework was initially developed by:

- Conducting a systematic review of literature to identify existing quality constructs (Sunderji et al. 2017, *Psychiatric Services*);
- Interviewing healthcare providers and people with lived experience of using CMHC (Ion et al. 2017, *Families, Systems & Health*);
- Building consensus with a diverse group of content experts based largely in the Greater Toronto Area.

Validating the Quality Framework

To assess the framework's national relevance, further refine, and validate it, we conducted a qualitative study:

- We conducted semi-structured phone interviews with 33 key informants including clinicians, administrators, policy experts, and researchers in primary care, family medicine, psychiatry, nursing, psychology, quality improvement, and healthcare management.
- Our sample reflected perspectives from providers in both urban and rural contexts, as well as different primary care and collaborative care models.
- We conducted a qualitative content analysis to validate or extend the framework based on participants' perspectives. We used a triangulated team analysis approach to minimize bias, validate our findings, and enrich our interpretation of the data.

Identifying Specific Measures

- Through our synthesis of multiple knowledge sources, we identified measures that would capture the quality dimensions being recommended.
- We sought measures that were valid, reliable, user-friendly (e.g., widely available, no- or low-cost), and would produce interpretable and actionable results. We aimed to distil a short list of recommended measures that a clinical or health-system leader could readily access and implement.

APPLYING THE FRAMEWORK TO ADVANCE CMHC

The Quality Framework can help planners and leaders:

- reach a shared understanding of the quality dimensions in CMHC services
- highlight the supports and structures needed for successful CMHC implementation
- identify measures for key quality targets to implement effective CMHC
- conduct quality measurement and quality improvement initiatives
- develop new practice-based evidence on CMHC

CONTACT:

For the project report, contact Dr. Nadiya Sunderji at nsunderji@waypointcentre.ca

More information available at www.qi4cc.com

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RESULTS

DOMAINS OF QUALITY FRAMEWORK

Domain	Definition
Client Care Outcomes	Care achieves good results for clients, based on outcomes that are important to clients.
Client and Family Experience	Care is geared toward providing the best possible experience for clients and their families (broadly defined).
Equity, Population Health Outcomes, and Population-Based Care Processes	The collaborative care team delivers care to the whole client population (e.g., it allocates services equitably to those in need and is attentive to any barriers to seeking help), including health promotion and preventative care. The organization engages in practice-level quality improvement supported by data about the client population.
Access and Timeliness of Care	Clients easily receive care within a reasonable time frame in relation to the severity of illness, level of risk, and level of function (e.g., timely identification of mental illness, wait time for psychotherapy after a recommendation is made). Potential barriers to accessing services (e.g., costs, geography, cultural appropriateness) are mitigated.
Value and Efficiency	From a systems perspective, the care delivered has good value relative to cost. Multiple perspectives, systems, and potential rewards are considered when measuring cost-effectiveness (e.g., health care, social support, justice, child protection, client-incurred costs).
Client Inclusion and Participation	The collaborative care team enables clients to play a meaningful role in their own care. Care is responsive to individual client needs and preferences. Clients are given ample opportunities to be included in the co-design, co-creation, collaborative evaluation, and quality improvement of services, regardless of their social positioning.
Team Functioning	The team of primary care and mental health service providers (which includes the client) work well together with mutual trust and respect.
Evidence-Based Practices	Programs and treatments are designed and implemented with the best available research and the local context in mind. Care is appropriate, avoiding unnecessary or insufficient treatment, and is tailored to the individual.
Quality Improvement	The collaborative care team continuously works to improve quality of care (e.g., routinely evaluating programs from multiple perspectives and incorporating the results into program development and provider training).
Collaboration for Patient Safety	The 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).
Capacity Building	Providers learn on the job in order to better care for clients over time.
Infrastructure, Leadership, and Management	Care is provided under appropriate conditions (e.g., appropriate physical space, skilled health-care providers from different disciplines). Leadership and accountabilities support collaborative care.
Level of Integration between Mental Health and Primary Care Services	Services are well coordinated within the collaborative care program, and between the primary care team and external mental health specialists (e.g., hospital-based psychiatric care) and other sectors (e.g., education).

RECOMMENDED DIMENSIONS FOR MEASUREMENT

CLIENT CARE OUTCOMES

Quality of life: Includes social and role functioning

Recovery: Includes wellness, hope, self-efficacy, social inclusion, meaning, and purpose

Symptom reduction: Based on validated rating scales

EQUITY AND POPULATION HEALTH

Infrastructure: The primary care organization has the infrastructure to collect, manage, and harness insights from data on the population of clients served.

Proactive care: The primary care organization uses available data to reflect on health needs of the population of clients served (e.g., including social determinants of health) and to become more proactive in planning and delivering services.

ACCESS

Triage: A mechanism or process to prioritize and sequence client care beyond a first-come, first-served basis, (e.g., urgency).

Decision support: The time between a primary care provider's request and their receipt of support (e.g., from a specialist) for managing client care (e.g., could involve direct client consultation or advice provided without seeing the client, depending on circumstances).

Wait time: The time between recognizing a need for service and receiving an appropriate treatment (from the client's perspective).

CLIENT INCLUSION AND PARTICIPATION

Clients are included in their own care.
E.g. Mental Health Toolkit available at **qi4cc.com/workbooks**

Clients are meaningfully involved in program planning, evaluation, and improvement at all stages.

INTER-RELATIONSHIP OF QUALITY FRAMEWORK DOMAINS