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MEASURING PROGRESS:

Resources for Developing a Mental Health and Addiction
Performance Measurement Framework for Canada

September 26, 2018 MHCC Webinar

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Guest Speaker



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Financial contribution from



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Quick history on MHA data in Canada

Organizations that have tackled mental health & addictions (MHA) data:

- Canadian Institute for Health Information
- Public Health Agency of Canada
- Canadian Centre on Substance Use and Addiction
- Statistics Canada

Related policy and research undertaken by the Mental Health Commission:

- Changing Directions, Changing Lives – Mental Health Strategy (2012)
- Overview on Mental Health Data in Canada (2014)
- Towards Quality Mental Health Services in Canada: Comparison of Performance Indicators across Five Provinces (2017)
- Measuring Progress: Resources for Developing a MHA Performance Measurement Framework (2018)

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Acknowledgements

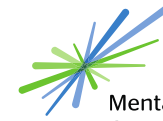
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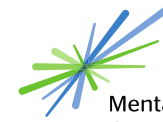
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Main Messages

- Big challenges, still fragmented but encouraging progress
- Committed FPT players with complementary contributions
- PT policy priorities, frameworks and exemplary processes can inform a collaborative way forward
- We are ready for a pan-Canadian MHA PM framework

Outline

- The Context
 - A brief history of PM-related initiatives in Canada
- The current project and how it fits
- What we did
- What we found
- What's next?
- Q & A/discussion/your advice



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The Context

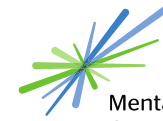
A Brief History of MHA PM-related* Initiatives in Canada

A Brief History of MHA PM Initiatives in Canada

Year	Lead Org	Description
1998/99	CAMIMH/PHAC	Call for better MHA data/workshop/discussion paper
2001	FPT MH Network	Resource Kit by Goldner & McEwan
2002	Stats Can	CCHS – National Survey on MH/Wellbeing
2005	PHAC	Follow-up workshop for surveillance indicators
2006	PHAC	Human Face of Mental Illness in Canada report
2006	Senate Committee	Out of the Shadows at Last
2007 -	PHAC	Surveillance of major disorders via CCDSS +
2009/2012	MHCC	Framework for a Strategy and Strategy for Canada – <i>2 tracks of work going forward</i>
2013/2014 -	CIHI	Reports on MI and SU hospital indicators
2014	CCSA	National Treatment Indicators Report

A Brief History of MHA PM Initiatives in Canada (con't)

Year	Lead Organization	Description
2012	Stats Can	CCHS – National survey – Mental Health
2014	MHCC	Overview on MH Data in Canada
2015	MHCC	Informing the Future – 55 pan-Canadian indicators
2016	PHAC	Positive Mental Health Indicator Framework (33 adult and 40 youth)
2017	Cross-province research collaboration w/ GBF/MHCC/CIHI	Toward Quality MH Services in Canada 6 consensus MHA indicators for 5 provinces
2018	CIHI	Shared Health Priorities – 6 indicators of access to be reported by PTs as per Federal Health Accord funding
2018	MHCC	Resources for Developing a MHA PM Framework



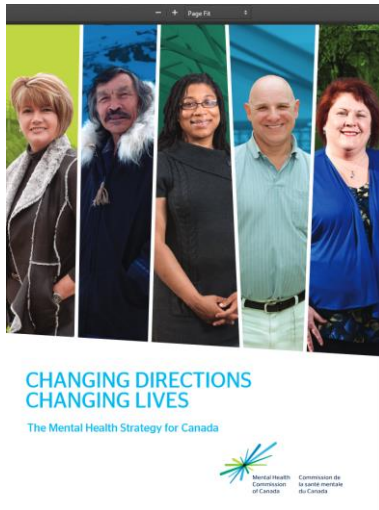
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Overview of the Current Project

And how it fits

Overview of the Current Project and How it Fits

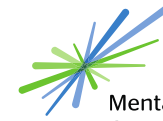


MH Strategy for Canada – 2 tracks:

1. Identifying an initial set of indicators to track progress (Informing the Future)
2. Developing a framework for reporting on outcomes over the longer term

Key issues at outset:

- Complexity/enormity of MHA services
- No one organization with lead responsibility
- Confusion among players about roles and levels
- Lack of a shared understanding among stakeholders
- Lack of connection between existing indicators and policy directions (key message from the literature)



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Initial Thoughts

- Lots of prior work identifying indicators
- Downsides of the traditional approach to choosing indicators:
 - (availability bias - focus on formal and acute parts of system, services for adults) rarely get to development of aspirational indicators
 - Indicators aren't well connected with policy directions/desired change



Illustration: www.welcometobooks.com/dawg

- Increasingly impractical – 1000s of MHA indicators....

Indicator Chaos



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“There was broad agreement at the summit that indicator chaos is a symptom of the increasing commitment to improvement and measurement from all sides—provincial systems and organizations at all levels - because of their lack of coordinated priorities and planning.”

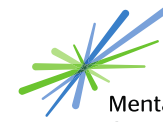
2011 National Summit on Indicator Chaos by Canada’s HQ Councils

Rationale for the Project

- Wanted to turn this around, where policy priorities ***held in common*** across PTs and anchored in the 6 strategic directions of the Strategy would drive a pan-Canadian MHA PM conceptual framework and then later indicator selection
- Wanted to draw in the knowledge and practice in Canada more deliberately, more comprehensively, ***especially PT-level work***

Our practical questions:

- What info/tools/resources are needed to inform the development of a pan-Canadian PM framework?
- Where is there common ground in **PT MHA policies** that can inform framework development?
- What can be learned from **PT MHA frameworks** that are already developed or in development?
- What can be learned from systematic **framework development processes** that have been undertaken in Canada?
- What **indicators** are being used or aspired to in PTs?



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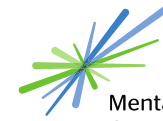
What We Did

Systematic compilation of resources



Methods in Brief

- Systematic rapid review methods for **latest research** on MHA PM and national and international incl. grey lit
- Systematic search and consensus selection of **PT policy documents and frameworks**
- Validation of capture of documents from key informants
- Systematic coding of policy priority areas (macro and micro)
- Validity checks by 2 team members
- Check on alignment with the strategic areas of the MH Strategy for Canada
- Tabulation of features of PT Frameworks
- Description of features of exemplary framework development processes
- Draft report to 20 SMEs in major policy priority areas with standard questions
- Incorporated SME input



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What We Found

Organized by Five Steps of Framework Development

Core Material

- ✓ Foundational pan-Can documents esp. the MH Strategy
- ✓ Recent peer-reviewed literature
- ✓ 19 MHA PT policy documents
- ✓ 10 MHA PM frameworks
- ✓ Five exemplary processes

(Indicators tabulated separately with preliminary coding by policy priority areas and other attributes)

The Report

Making the Case for a Framework

Key Steps in Framework Development

1. Recognize and acknowledge key issues
2. Cultivate shared language/common understanding of key concepts
3. Define the overall scope of PM
4. Define the framework's key dimensions and domains
5. Select indicators

Insights about Systematic Engagement/Consultation Processes

Getting from Framework to System

Making the Case for a pan-Canadian MHA Framework

- To define the scope for measurement of a complex MHA service system
- To articulate a 'system' vision that ideally aligns with policy
- To ensure balance across sets of indicators and protect against unintended effects
- To clarify the relationships among indicators/make gaps evident
- To specify complementary roles and responsibilities among the many partners doing work in this area
- To define the appropriate level of the system for specific types of measures
- To allow PTs to benchmark with each other
- To share know-how/capacity across partners

Making the Case for a pan-Canadian MHA Framework

Some SME perspectives on making the case....

- Consensus on value of a pan-Canadian framework
- Should be based also on population needs not just policy
- Complexity of system not the principal barrier; more about collective will to invest

1. Recognize and Acknowledge Key Issues

- What is the ultimate purpose of performance measurement?
- Will comparisons be fair and take local conditions into account?
- Will there be sufficient capacity to support action on the results?
- Whose performance will be measured?
 - ✓ We are all responsible for MHA
 - ✓ Performance of MHCC in shifting policy (Strategy & other work)
 - ✓ Performance of PTs in reforming delivery systems
 - ✓ Performance of communities and individuals in changing attitudes and supporting those in need
 - ✓ How we are doing as a society/country?

1. Recognize and Acknowledge Key Issues

Some SME perspectives on recognizing key issues....

- Who will lead and fund framework development?
- Who will benefit most and least from such a system?
- How will buy-in be achieved?
- How will quality of the work be assured?

2. Cultivate Shared Language/Common Understanding of Key Concepts

Working definitions needed for:

- MHA conditions/health statuses
- MHA services and systems
- PM-related concepts themselves...

E.g. What is Performance Measurement?

- ✓ use of information to assess *change in response* to an intervention (i.e., policy, practice etc.)

E.g. What is a Performance Measurement *Framework*?

- ✓ *a conceptual structure which would ordinarily have several domains/dimensions; a tool for conceptualizing and categorizing indicators, to ensure balance across a set of indicators, and for planning the measurement process*

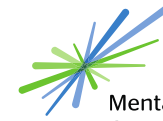
E.g. What is a Performance Measurement *System*?

- ✓ Capacity for ongoing reporting and processes to take collaborative action on the results
- ✓ **NOT** a single computer system in all services across the country

E.g. What is meant by ‘**System-level**’ PM Framework?

- ✓ Measurement is at the system/population-level
- ✓ **NOT** about payer-provider accountability mechanisms
- ✓ **NOT** about program/service level or local QI processes*
- ✓ **NOT** about individual outcomes*

* although sometimes roll-up is possible; determining the level of measurement is an important task of framework development



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2. Cultivate Shared Language/Common Understanding of Key Concepts

Some SME perspectives on cultivating shared language....

- Shared language critical, but shared *principles and values* are also important
- “Stakeholders need to be able to put forth additional concepts, especially those whose views of mental health have not been well represented to date”

3. Define the Overall Scope of PM

Vertical Scope

- Various models of MHA 'systems' with different levels

Horizontal Scope

- How broad across the possible continuum of services measurement will reach (e.g. population-health model)

Temporal Scope

- Time-lines for expected outcomes, time-lines for reporting

3. Define the Overall Scope of PM

Some SME perspectives on defining scope....

- Scope discussions need to attend meaningfully to some important areas:
 - Children and youth (perhaps a separate framework?)
 - Substance-related problems and addictions services (must be integrated)
 - Indigenous peoples (must honor principles and processes of reconciliation and meaningful engagement; this includes the right to lead relevant parts of a framework or do something separate)

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4. Define the Framework's Key Dimensions and Domains...

PT MHA priorities and frameworks can inform content....

Macro-level Priorities

Policy Priority (of 24 priorities)	# (of 13 PTs)
Access	11
Promotion/Prevention/Early Intervention (PPEI)	10
Children & Youth	8
Needs-based Person-Centered Care	8
Indigenous Peoples	7
Close Gaps/Integration	6
Collaboration across Boundaries	6
Diversity	5
Quality/Better Outcomes	5

Service System Definitions: 11 included addictions; 11 included pop. health approach
 Priorities also echo the Strategy: promotion/prevention; recovery and rights; access to services;
 disparities and diversity; First Nations, Inuit and Métis; and leadership/collaboration

PT MHA PM frameworks

- 10 from six provinces (BC, AB, ON, QC, NB, NL)
- few concepts/dimensions/domains in common
- each had unique features
- half explicitly included SU-related problems/addictions
- half mentioned the importance of equity

*we also tabulated national and international frameworks and extracted indicators

PT MHA PM frameworks

Some SME perspectives on the PT frameworks....

- Drawing too much from past frameworks may result in a non-progressive framework
- Broaden searches to find more Indigenous and equity-seeking groups' related work
- Important domains are the ability of health services to **respond to changing needs** and how **person-centered services** are

5. Select Indicators

Four common approaches in the literature (usually without a framework):

- Ad-hoc - a project team chooses
- A consensus expert panel w/ or w/o explicit criteria
- Systematic ranking methods (Delphi) experts or broader stakeholders
- More complex concept mapping approaches

No consistency in selection criteria

5. Select Indicators

Some SME perspectives on indicator selection....

- Traditional indicators are not visionary; need more aspirational indicators
- Need to move from process indicators to outcomes indicators
- Need more indicators based on voices of PWLE
- Existing indicators fail Indigenous and other equity-seeking groups; they need to design and lead their own processes for culturally-relevant indicators
- Indicators for children and youth need to cross systems

Exemplary Development Processes

Lead Author/Year*	Project Name	Key Features
Lin 2009	POWER Study Depression Module	Search for indicators based on most meaningful care issues then Delphi process.
Waraich 2010	Quality Measures for Primary Mental Healthcare	Multi-stakeholder, multi-jurisdiction consensus process including multiple Delphi rounds.
Waddell 2013	Creating Comprehensive Children's Mental Health Indicators for BC	Conceptual framework developed based on theory and population-health model and indicators reviewed for meaningfulness and actionability and gaps identified.
Mulvale 2015	A C&Y MHA Framework for the Yukon	Three phases of document review, interviews and deliberative discussion with multiple Stakeholders and Delphi
Orpana 2016	Development of the Positive Mental Health Surveillance Indicator Framework	Started with identifying related frameworks and then definition of key concepts, followed by Delphi rounds and consultation with stakeholder groups.

* See our report for references

Exemplary Development Processes

Some SME perspectives on development processes....

- Meaningful engagement means that it is paramount to include youth (has positive outcomes in its own right)
- Must include co-design/participatory/culturally safe processes with reflection on assumptions and biases
- Success requires excellent communication, time and resources
- Focus should be on innovation and transformation, not just simple performance

* See our report for references

Getting from a Framework to a System

Indicators and a one-off report are not enough. The capacities/ infrastructure for repeated measurement and reporting, continued consultation and engagement, and collaborative action on results are essential to realizing the promise of PM in MHA in Canada.



Getting from Framework to System

Some SME perspectives on getting to a system....

- A mechanism for getting beyond simple reporting to taking action on findings is essential
- Infrastructure/technical capacity critical for indicator development and validation
- Getting from framework to system will require strong leadership and collaboration
- Any system will need to evaluate and report on the quality of its own processes and the value of its contributions

One Possible Model



- System Performance Initiative:
37 indicators in 8 health care domains by disease site and by PT:

<http://www.systemperformance.ca/>
- **Domains:** *Prevention, screening, diagnosis, treatment, person-centered perspective, research, appropriateness, long-term outcomes*
- Developed through systematic collaborative process grounded in policy
- Shared understanding and definitions, multiple data sources, collaborative action

Is something like this possible for MHA?

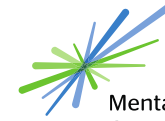
- So many diverse stakeholders
- Complexity is massive
- Many with MHA conditions are not receiving services
- Most existing data not comparable

Reasons to be Optimistic

- Can build on good work/information already in hand
- Several players with complimentary contributions and expertise
- Greater policy recognition of MHA federally and in PTs
- Most PTs have enshrined a commitment to PM in their MHA policies



Q & A/Discussion/Advice?



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Thank You

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