

Accountability Frameworks and Performance Indicators for Mental Health Systems: An Ontario Perspective



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BACKGROUND

- *Making it Happen (1999)* ⇒ accountability framework
- MOHLTC committee accountability framework
- MOHLTC committee on minimum data set
- MOHLTC funding of PSR toolkit adaptation
- MOHLTC funding of RAI-MH

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BACKGROUND

- Major ways of defining accountability?
- Strengths & limitations of frameworks?
- Necessary elements of accountability framework?*
- Adequacy of information base to measure health & health-related outcomes?*

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METHOD

- Search of electronic databases & internet
- Unpublished papers
- Interviews with key informants
- 700 items reviewed & entered into Reference Manager database (deliverable)
- Relevant items reviewed on standardized grid
- Client focus group, MOH Steering Committee

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DEFINITION

- Continuum
- Top-Down - lines of authority, organizational chart
- Bottom-up - to clients and families
- Need guiding values (Thornicroft & Tansella, 2000).
Take into account variety of stakeholders. Important to include clients & their perspectives in system planning, performance monitoring & evaluation.

☑ Assumption met in Making It Happen

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INFORMATION AVAILABILITY: STATE OF ART

“The general trend is that the availability of health information for mental health and addiction services is *inversely proportional to the importance* of the information.”

(Pullen & Walsh, 2001: Development of indicators for mental health & addiction services. Ottawa;ON. Canadian Institute for Health Information. P. 5)

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INFORMATION AVAILABILITY

- Review of Four Decades of Ontario Mental Health Policy History (Hartford, Schrecker, Wiktorowicz, Hoch & Sharp, 2002. Submitted)
- Only in *Making it Happen* (1999) did the word ‘outcome’ appear. Emphasis formerly on structure & process.

Mental Health Matrix

Thornicroft & Tansella, 2000; reprinted with the permission of Cambridge University Press.

TEMPORAL DIMENSION

Geographical Dimension	Inputs	Process	Outcomes
Country/ Regional level			
Local level			
Patient level			

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INFORMATION AVAILABILITY: OBSTACLES

- Lack of computers & computer skills
- Time to enter data “borrowed” from clinical activities
- In US, “restrict time ...for data collection:” for outcome measurement .. “to five minutes for both the clinician and the patient.” (Brown et al, 2001:926).

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INFORMATION AVAILABILITY: OBSTACLES

- Use of different instruments; lack of comparability
- Incentive not to gather standard info to market
unique QA procedures in US

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INFORMATION AVAILABILITY: US PROGRESS

- Commission Accreditation Rehab Facilities (CARF)
- American College of Mental Health Administration (ACMHA) proposed set of consensus indicators
- Mental Health Services Information Program consumer-oriented report card (MHSIP) – 45 states
- Ohio Outcomes Model
- National Association of State Mental Health Program Directors (NASMHPD) Framework of performance indicators – 16 states

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INFORMATION AVAILABILITY: US PROGRESS

Competence: definition of knowledge, attitudes and understanding appropriate for care of people with severe mental illness (Coursey et al., 2000)

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INFORMATION AVAILABILITY: CANADIAN PROGRESS

- Federal/Provincial/Territorial (FTP) Resource Kit on Accountability & Performance Measures (McEwan & Goldner, 2001) 8 domains:
Acceptability, Accessibility, Appropriateness, Competence, Continuity, Effectiveness, Efficiency and Safety. Not currently available.
- Acknowledges omission of indicators of competencies.

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INFORMATION AVAILABILITY: CANADIAN
PROGRESS

Assessing the Performance of BC's Mental Health

System. 6 domains:

Access/responsiveness

Appropriateness

Early Intervention

Outcomes

Participation

System Management

(Government of British Columbia, 2000)

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INFORMATION AVAILABILITY: CANADIAN PROGRESS

CIHI (2001) nationally, 6 indicators related to general hospitals & 1 related to suicide rates.

Similarly Health Canada's 2002 Report on Mental Illness.

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LIMITATIONS OF HOSPITAL-RELATED DATA

“For a long time, the Ministry would say measure accountability or success in the system by saying...you reduce stay in hospital

...Well and good, but [if] the person is living in poverty and is still depressed about living in poverty, how do you really affect their quality of life?” (Client focus group participant).

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INFORMATION AVAILABILITY: ONTARIO PROGRESS

- Overview of outcome measures. 4 domains: symptoms, functioning, quality of life & satisfaction (Durbin et al., in press).
- Hospital Report: 40 indicators (9 available). 4 Quadrants: System integration & change, Clinical investigation & outcomes, Client satisfaction, Financial performance & condition (Lin et al., 2001).

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INFORMATION AVAILABILITY: ONTARIO PROGRESS

PSR toolkit Ont. Federation of Community Mental Health & Addiction Programs. 6 domains:

Education

Hospital

Employment

Incarceration

Financial

Residential

+ Consumer Survey Demographics

Used in provincial PACT team evaluation.

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INFORMATION AVAILABILITY: ONTARIO PROGRESS

Resident Assessment Instrument-Mental Health (RIA-MH) developed for in-patient use. 18 domains: referral, service history, assessment information, mental state indicators, substance use & excessive behaviours, harm to self & others, behaviour disturbance, cognition, self-care, communication/vision patterns, health conditions & possible side effects, stressors, service utilization & treatments, control procedures/observation, role functioning & social relations, resources for discharge, psychiatric diagnostic information, medications.

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INFORMATION AVAILABILITY: ONTARIO PROGRESS

Minimum data set – provincial dataset. Piloted in 1998 on 89 organizations using modifications of PSR toolkit & RIA-MH (much was paper-based). Halted to wait for accountability framework.

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INFORMATION AVAILABILITY: ONTARIO RECOMMENDATIONS

- Core dataset
- Substantial **new** resources; hardware, software, training & technical support and time allocation
- Client-specific information across silos requires *province-wide case registry with unique identifiers.*

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RECOMMENDATIONS FRAMEWORK SHOULD INCLUDE EMPHASIS ON:

- Feedback loop between findings & services
- Expanding opportunities for client involvement
- Exploring service integration via single envelope funding