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

September 26, 2018 MHCC Webinar
Carol E. Adair
Guest Speaker

Dr. Carol Adair

Department of Psychiatry and Community Health Sciences, Cumming School of Medicine University of Calgary
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)
Acknowledgements

Core Research Team
Janet Durbin, MSc. PhD (CAMH and U of Toronto)
Elizabeth Lin, MSc. PhD (CAMH, U of Toronto and ICES)
Frank Sirotich, MSW PhD (CMHA Toronto Branch and U of Toronto)
Carol Adair, MSc. PhD (University of Calgary)

MHCC Team Members
Christopher Canning, PhD (Manager, Policy & Research, KEC)
Lara di Tomasso, MA (Research & Policy Analyst, KEC)
Francine Knoops (Lead Analyst, Policy & Stakeholder Relations, KEC)
Nicholas Watters, MBA (Director, KEC)
Brandon Hey, MA (Research & Policy Analyst, KEC)
Acknowledgements

Special thanks to the following 20 subject matter experts, including people with lived experience and family members:

Krystine Abel, MEd., Aboriginal Engagement and Outreach, Provincial System Support Program, CAMH
Julie Bull, MAHSR, Aboriginal Engagement and Outreach, Provincial System Support Program, CAMH
Amanda Butler, PhD Student, Faculty of Health Sciences, Simon Fraser University
Steven Clelland, MA, Director, Provincial Addictions and Mental Health, Knowledge Performance and Planning, Alberta Health Services
John Dick, Patient Advisory Coordinator, Ontario Shores Centre for Mental Health Services
Cheryl Forchuk, MScN, PhD, Professor, Lawson Health Research Institute, Western University
Joanna Henderson, PhD C Psych, Director, Margaret and Wallace McCain Centre, CAMH
Wayne Jones, Data Analyst, Centre for Applied Research in Mental Health, Simon Fraser University
Steve Kisely, MD FRCPC, PhD, School of Medicine, University of Queensland, Australia
Alain Lesage, MD FRCPC M Phil., Professor, Dept. of Psychiatry, Université de Montréal
Steve Lurie, MSW MM, Executive Director, Canadian Mental Health Association, Toronto
Ian Manion, PhD C Psych, Director Youth Mental Health Research, Institute of Mental Health Research, School of Psychology, U of Ottawa
Kwame McKenzie, MD FRCPC, Professor, Division of Equity Gender and Population, Dept. of Psychiatry, University of Toronto
Gail McVey, PhD C Psych, University Health Network, Associate Professor, Dalla Lana School of Public Health, University of Toronto
Brian Rush, PhD, Professor, Depts. of Psychiatry and Public Health Sciences, University of Toronto
Gillian Mulvale, MA PhD, Assistant Professor, Health Policy and Management, McMaster University
David Streiner, MS PhD C Psych, Professor, Depts of Psychiatry, Clinical Epidemiology and Biostatistics, McMaster U and U of Toronto
Helen-Maria Vasiliadis, MSc. PhD, Dept. of Community Health Sciences, Faculty of Medicine and Health Sciences, Sherbrooke University
Charlotte Waddell, MSc. MD CCFP FRCPC, Director, Children’s Health Policy Centre, Simon Fraser University
Samantha Yamada, PhD C Psych, Child Development Institute, York University

Financial contribution from

Health Canada  Santé Canada
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
The Context

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Lead Org</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998/99</td>
<td>CAMIMH/PHAC</td>
<td>Call for better MHA data/workshop/discussion paper</td>
</tr>
<tr>
<td>2001</td>
<td>FPT MH Network</td>
<td>Resource Kit by Goldner &amp; McEwan</td>
</tr>
<tr>
<td>2002</td>
<td>Stats Can</td>
<td>CCHS – National Survey on MH/Wellbeing</td>
</tr>
<tr>
<td>2005</td>
<td>PHAC</td>
<td>Follow-up workshop for surveillance indicators</td>
</tr>
<tr>
<td>2006</td>
<td>PHAC</td>
<td>Human Face of Mental Illness in Canada report</td>
</tr>
<tr>
<td>2006</td>
<td>Senate Committee</td>
<td>Out of the Shadows at Last</td>
</tr>
<tr>
<td>2007 -</td>
<td>PHAC</td>
<td>Surveillance of major disorders via CCDSS +</td>
</tr>
<tr>
<td>2009/2012</td>
<td>MHCC</td>
<td>Framework for a Strategy and Strategy for Canada – 2 tracks of work going forward</td>
</tr>
<tr>
<td>2013/2014</td>
<td>CIHI</td>
<td>Reports on MI and SU hospital indicators</td>
</tr>
<tr>
<td>2014</td>
<td>CCSA</td>
<td>National Treatment Indicators Report</td>
</tr>
</tbody>
</table>
A Brief History of MHA PM Initiatives in Canada (con’t)

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

- Increasingly impractical – 1000s of MHA indicators....
“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?
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
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
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:
  o Children and youth (perhaps a separate framework?)
  o Substance-related problems and addictions services (must be integrated)
  o 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)

“OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC)”
(www.FNIGC.ca/OCAP)
4. Define the Framework’s Key Dimensions and Domains...

PT MHA priorities and frameworks can inform content....
## Macro-level Priorities

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

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

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

* 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?
Thank You

Please contact us for more information:

Carol Adair: ceadair@ucalgary.ca
Christopher Canning (MHCC): ccanning@mentalhealthcommission.ca
Brandon Hey (MHCC): bhey@mentalhealthcommission.com