



This material is intended for general information only and is provided on an “as is”, “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information.

This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.



Alberta Health Services

Knowledge Bites Lunch 'n' Learn

March 12, 2020



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

A Coherent and Effective Performance Measurement Framework for Mental Health and Addictions in Canada: Inevitable or Impossible?

March 12, 2020



C. E. Adair

Outline

- **Resources for a Pan-Canadian Framework**
- Limitations of the current MHSUA measurement landscape
- Benefits of a Framework (and System)
- Features of an exemplary system: CPAC
- Discussion: Implications for Alberta

Acknowledgements

Core Research Team

Carol Adair, MSc. PhD	(U of Calgary)
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)

MHCC Team Members

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

Financial contribution from

Acknowledgements

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



Resources for a Pan-Canadian Framework

Materials Compiled/Analyzed

- ✓ Recent peer-reviewed & grey literature
 - ✓ 19 MHSUA **PT policy documents**
 - ✓ 10 MHSUA **PT measurement frameworks**
 - ✓ Tabulated and classified > 300 indicators
 - ✓ Five systematic framework development **processes**
-
- Draft report to 20 **SMEs** for review/input/revision
 - Stakeholder symposium
 - Publications in Healthcare Management Forum

Working Definitions:

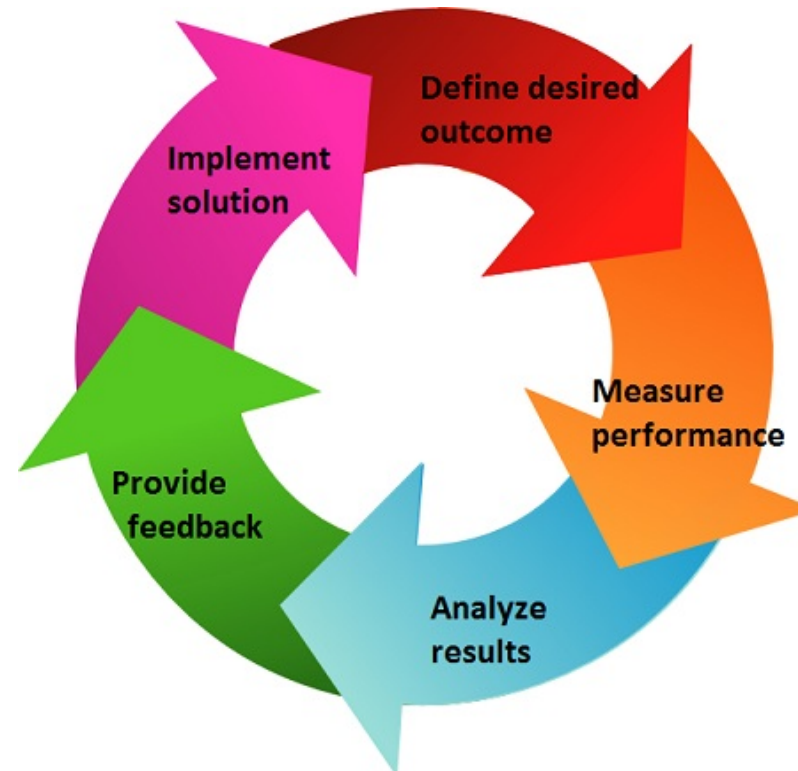
Measurement *Framework*

*“a tool which provides a structure for conceptualizing and categorizing indicators, which will ordinarily have several domains/dimensions; to specify relationships among indicators, to ensure balance across important priority areas, and for planning the measurement process”**

*Adapted from Adair CE, Simpson L, Birdsell J, Omelchuk K, Casebeer A, Gardiner HP, Newman S, Beckie A, Clelland S, Hayden KA, Beausejour P. Performance Measurement in Health and Mental Health Services: Models, Practices and Effectiveness. A State of the Science Review. (Report) Jan. 2003

Framework vs. 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 measurement in MHSUA in Canada.”



Measurement *System*

- X NOT just conceptual, includes the capacity and a plan for ongoing data collection, analysis and reporting
- X NOT a single data source or necessarily housed in a single organization
- X NOT necessarily a single locus of analysis
- X NOT a single computer system in all services/settings across the country

- ✓ Pulls together and reports on measures from multiple sources
- ✓ Ideally includes collaborative processes to choose indicators as well as to take action on results
- ✓ Ideally includes validation research and evaluates its own effectiveness

The MHSUA Measurement Landscape in Canada:



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Pan-Canadian Initiatives



Hospital indicators: ~8
Shared Health Priorities: 6



Statistics
Canada

CCHS-MH 2002 ~30
CCHS-MH 2012 ~30+
CCHS-MH 2024?



Canadian Centre
on Substance Use
and Addiction

Nat'n Treatment Indicators: ~39



Public Health
Agency of Canada

Surveillance of 2 disorders
Positive MH Framework: 40



Fondation
Graham Boeckh
Foundation

(with researchers):
6 x 5 provinces



Overview of Data
Informing the Future: 55
Resources for a Framework

P/T Frameworks



- Reporting and Action on Mental Health Data



- Rapport sur les Indicateurs de Performance in Sante Mentale: **109**
- Portrait Statistique de la sante mentale des Quebecois: **25**



- Mental Health and Addictions Programs Performance Indicators: **39**



- Creating Comprehensive Children's MH Indicators for BC : **90**

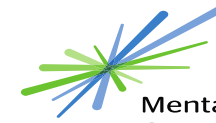


- OMHLTC – Strategy for PM Strategy MHA System: **17**
- ICES – Taking Stock: **18**
- ICES – MH of Children and Youth in Ontario: **26**



- AHS Performance of the AMH System: **8**
- AH Performance Monitoring and Evaluation Framework (**in development**):

Indicator Chaos

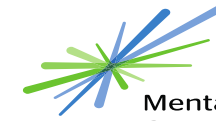


Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Indicator Chaos



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

2011 National Summit on Indicator Chaos by
Canada's Health Quality Councils

“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.”

Not only sheer numbers, but *many different types of indicators* and ways to characterize them:

Structure/Process/Outcome; Forward-looking/backward looking; Leading/Lagging; Short term/medium term/long term; Narrow/broad; Ambiguous/non-ambiguous; Existing/aspirational; Low level/high level; Big dot/small dot; Strategic; Actionable; Tipping point; High impact/low impact; Available; Interpretable; Relevant.....

Other Limitations

- Multiple players; no lead organization; no defined roles & responsibilities
- Mostly disconnected initiatives
- No coherence in how all the indicators fit together
- Many initiatives are conceptual only, one-offs or very long intervals
- Most indicators are not tied to strategy or policy directions
- Major gaps (Indigenous, C & Y, integration of MH and SUA services)
- Lack of balance (most indicators based on adult and acute care)
- Inability to benchmark (unequal technical capacity)
- No mechanism for collaborative action on the findings
- Lack of validation:
(incl. understanding them in context, and links to outcomes including unintended effects)

Other Limitations

- Multiple players; no lead organization; no defined roles & responsibilities
- Mostly disconnected initiatives
- No coherence in how all the indicators fit together
- Many initiatives are conceptual only, one-offs or very long intervals
- **Most indicators are not tied to strategy or policy directions**
- Major gaps (Indigenous, C & Y, integration of MH and SUA services)
- Lack of balance (most indicators based on adult and acute care)
- Inability to benchmark (unequal technical capacity)
- No mechanism for collaborative action on the findings
- Lack of validation:
(incl. understanding them in context, and links to outcomes including unintended effects)

High-level Priorities in PT Policies

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

Priorities also echo the National Strategy: promotion/prevention; recovery and rights; access to services; disparities and diversity; First Nations, Inuit and Métis; and leadership/collaboration

Other Limitations

- Multiple players; no lead organization; no defined roles & responsibilities
- Mostly disconnected initiatives
- No coherence in how all the indicators fit together
- Many initiatives are conceptual only, one-offs or very long intervals
- Most indicators are not tied to strategy or policy directions
- Major gaps (Indigenous, C & Y, integration of MH and SUA services)
- Lack of balance (most indicators based on adult and acute care)
- **Inability to benchmark (unequal technical capacity)**
- No mechanism for collaborative action on the findings
- Lack of validation:
(incl. understanding them in context, and links to outcomes including unintended effects)

Inability to Benchmark

- Lack of comparable data
- Lack of shared definitions for measures even if comparable data
- Lack of consensus on which measures to compare
- Lack of mechanisms for collaboration
- Unequal capacity to participate

Inability to Benchmark?



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Toward Quality Mental Health Services in Canada

**A COMPARISON
OF PERFORMANCE
INDICATORS ACROSS
5 PROVINCES**



JULY, 2017

Other Limitations

- Multiple players; no lead organization; no defined roles & responsibilities
- Mostly disconnected initiatives
- No coherence in how all the indicators fit together
- Many initiatives are conceptual only, one-offs or very long intervals
- Most indicators are not tied to strategy or policy directions
- Major gaps (Indigenous, C & Y, integration of MH and SUA services)
- Lack of balance (most indicators based on adult and acute care)
- Inability to benchmark (unequal technical capacity)
- No mechanism for collaborative action on the findings
- **Lack of validation:**
(incl. understanding them in context, and links to outcomes including unintended effects)

Lack of Validation

Unintended Effects

Smith 1995 – 8 types:

tunnel vision, sub optimization, myopia, measure fixation, misrepresentation, misinterpretation, gaming, ossification

Mannion 2012 – 20 types in 4 categories

Smith P. On the unintended effects of publishing performance data in the public sector. *Int J Publ Admin* 1995; 18 (2-3): 277-310

Mannion R, Braithwaite J. Unintended consequences of performance measurement in healthcare: 20 salutary lessons from the English National Health Service. *Int Med J* 2012; 42(5): 569-74.

A pan-Canadian MHSUA *Framework* should help address....

- Indicator Chaos
- Incoherence
- Imbalance
- Disconnects with Strategy/Policy
- Gaps

A pan-Canadian MHSUA *System* should help address....

- One-offs/lengthy intervals
- Inequality of Capacity/Inability to benchmark
- Lack of Action
- Lack of Validation

A Pan-Canadian Framework

- ✓ Measurement is at the system/population-level (**NOT** local QI)
- ✓ Complementary to measurement at other levels (PTs/regions)
- ✓ Collaborative, consensus-based measurement, not imposed

An Exemplary System



- **System Performance Initiative:**

37 indicators in 8 health care domains by disease site and by P/T:

<http://www.systemperformance.ca/>

- **Domains:** *Prevention, screening, diagnosis, treatment, person-centered perspective, research, appropriateness, long-term outcomes*

Features of CPAC's System

- ✓ A conceptual framework connected to strategy
- ✓ Collaboration between the national group and PTs
- ✓ Shared terms and operational definitions
- ✓ Data from multiple sources (*Stats Can, CIHI and PTs submit*)
- ✓ Indicators based on available data but ALSO identified gaps and aspirational indicators development and regular review
- ✓ Clear delineation of the types of indicators relevant at each level and logic models that connect indicators across levels A coherent plan for analysis and reporting (*online to all stakeholders*)
- ✓ Shared technical capacity
- ✓ Engagement of patients, families and other stakeholders
- ✓ Collaborative processes across PTs to set priorities for action and shared best practices aimed at improvement
- ✓ Evaluation (*of the system*)



Impossible for MHA?

- Too many diverse stakeholders
- Complexity of conditions and services too great
- Many with MHA conditions are not receiving services
- Most existing data not comparable

Inevitable?

- Greater policy recognition of MHA federally and in PTs
- Most PTs have a commitment to measurement in their MHA policies
- Good work to build on e.g. Stats Can CCHS surveys
- Several players with complementary contributions

Comments, Questions?



Dr. Carol Adair

ceadair@ucalgary.ca