The Data Sub-Project Abstract

Background

Many Canadians who require mental health care seek help through the primary health care system. Yet, while 25 per cent of primary care visits involve mental health problems and over 85 per cent of mental health service contacts occur in primary care, there is no system systematic method in place to measure the quality of service for this large sector of the health system.

Quality improvement using quality measures has a long history in other industries, however in health care, very little has been done to examine what constitutes a health quality measure and how information for measurement can be integrated into a health system. Even less has been done in a Canadian context for primary care.

Objective

The work of the data sub-project was focused on finding the basic information required to describe a health quality indicator or measure and recommend future directions for the implementation of PCMH quality measures into existing and planned health data systems. Specifically, the objectives were described as:

- To report on specifications and ways to measure, report, and/or summarize PCMHQM (i.e. general and specific approaches to mental health);
- To review literature and report on current information projects and future plans to develop/adopt modern systems of information within the overall Canadian health information infrastructures;
- To report on the immediate and intermediate steps required to implement potential PCMHQM into the existing data systems; and
- To ensure communication and conceptual information interchange between the Data, National Consensus and Knowledge Transfer groups.

Methods

Data Sources and Design

The main approach was a review of the literature. The literature search was focused on the current uses of health measures and the data systems necessary to support quality improvement. The primary data source for the Data Sub-project was a two phase literature review. Articles were selected for an 8 year period (1997 – 2004) with preference given to more recent articles. A search of known electronic databases using a combination of key words such as "health indicator", "quality indicator", and "continuous quality improvement" provided an initial sample of 753 potential articles. Specific criteria were placed in the inclusion of articles, namely the relevance to health care, primary care, mental health, and quality improvement. Articles dealing with health quality measures without a focus on mental health or primary care were examined for common concepts that could be applied to the project. After the application of this screening, the number of reviewed articles was reduced to 146. Additional hand searches were done to locate grey literature on specific measures and indicators. Key informant interviews were also conducted with health information experts in Canada to gauge both the gaps in health information management and planned developments for health data infrastructure.

Participants

The Data Sub-project members consisted of experts in the field of Canadian health data systems, clinicians and academics.

Results

One hundred and forty-six articles were reviewed that addressed quality measurement and mental health. Very little literature was found that addressed both primary care mental health and quality measurement. The current state of health information in primary care in Canada was captured in a report *Enhancing the Primary Health Care Data Collection Infrastructure in Canada* from the Canadian Institute of Health Information that was published in 2006. While much has been written about the development of quality improvement tools, the need for standard measurement approaches, and the value of electronic data capture as a tool for quality improvement, an approach that both meets the quality measurement needs of the mental health primary care sector as well as ensures standardized measurement practices across the country has yet to be developed.

Discussion

The literature was mixed on the value of using quality measures for quality improvement. In addition, much of the literature discusses the consistency, validity, reliability and utility of quality instruments. Some issues of data source quality, reporting, and interpretation of results were noted as barriers to the implementation of both standardized and non-standardized measures. The state of the health data collection in Canada as described in CIHI's Pan-Canadian Primary Health Care Indicator Development Project has shown gaps in the information that is available and the information that is needed to calculate measures in Primary Care. The Electronic Health Record is currently being developed; in a variety of forms, but it is not anticipated to be integrated into Canadian health systems for some years to come. We expect that the EHR when available, and if standardized in some manner, will become a possible source of data for quality improvement efforts (both in primary care settings and province wide initiatives designed to assess the quality of primary care) in the future.