Evaluating Existing Efforts to Implement Quality Indicators in Behavioral Health Settings

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Published In/Presented At

Ahmed, A. Norris, E. (2018, March). *Evaluating Existing Efforts to Implement Quality Indicators in Behavioral Health Settings*. Poster Presented at: 2018 SELECT Capstone Posters and Presentations Day. Kasych Family Pavilon, Lehigh Valley Health Network, Allentown, PA.

Evaluating Existing Efforts to Implement Quality Indicators in Behavioral Health Settings

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Background

Increased focus on quality improvement in today's healthcare climate. In psychiatry quality can be hard to assess and evidence based guidelines are not always implemented. Efforts to measure quality are limited but there have been initiatives to develop formal indicator schemes. Evaluating these initiatives could lead to better understanding of the quality of evidence and gaps in the literature.

Problem Statement

What is current state of published quality assessment for psychiatric care and what commonalities exist with indicators and outcomes?

Methods

- Retrospective analysis of efforts to implement indicators for quality measures
- Studies from the US and Europe from the past 20 years were chosen based on the PRISMA checklist graded on quality using the Cochrane GRADE guidelines as high, moderate, or low, or very low quality. Indicators reviewed to see what was found in the greatest percentage of the literature
- A subset of most common subdomains was determined by the researcher and compared across the studies.

Results

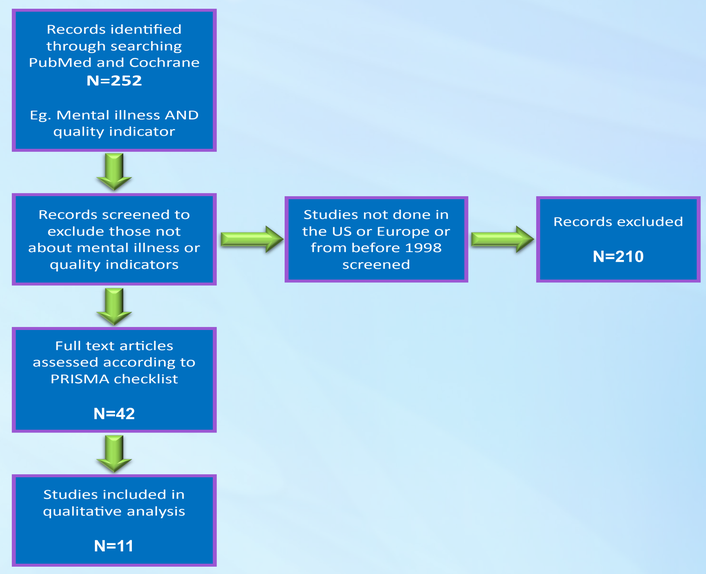
- Indicators from 11 programs in 4 countries compiled →179 total measures
- Framed into 7 domains with 29 subdomains
- Figure 1 shows the PRISMA flow diagram for the initial selection of papers.
- Cochrane GRADE process systemized quality analysis of each paper, a simplified version of the results of this can be seen in Table 1
- While there was variation of quality among the literature, most of the studies were of moderate to high quality and were either systematic reviews or retrospective analyses
- After sorting each study, 7 were found in over 70% of the papers and the most common subdomains can be seen in Table 2
- No one study included every domain and domains included did not follow any pattern

Table 1. Timing of Various Health System Steps

		IIML	VA Mental Health	University of Tubingen	NICE	RAI-MH	OCED	SAMHSA	AMBHA	NCQA	NQF	AHRQ
Disease Symptoms	Depression/Bipolar	X	X	X	X	X	X	X	X	X	X	X
	Anxiety	X	X	X	X			X	X	X	X	X
	Psychosis	X	X	X	X			X	X	X	X	X
Pharmacology	Med rec	X			X		X					
	Selection of meds	X	X	X	X	X	X	X	X	X	X	X
	Dosing	X			X			X				X
	Side effects	X	X	X	X			X	X		X	X
	Monitoring	X	X		X		X			X	X	X
Substance	Screening	X	X					X				X
	Psychosomatic tx	X	X					X	X			X
	Pharmacological tx	X	X					X		X		X
	Dual diagnosis tx	X	X				X	X				X
	Access/wait times for treatment	X		X				X	X			
Patient safety	Suicide		X				X	X	X		X	X
	Restraints	X				X					X	X
	Med errors or adverse events	X			X			X			X	X
	Elopement		X									
Evidence Based Practice	Family Involvement	X	X	X								X
	Psychotherapy	X	X	X		X	X	X	X	X	X	X
	Case management			X	X			X	X		X	X
	Employment/housing support	X	X									
	ACT teams	X										X
Continuity and coordination	Discharge planning	X		X				X	X		X	X
	Outpatient follow-up	X	X	X	X	X	X	X	X	X	X	X
	Coord with primary care	X						X			X	X
	Patient functioning	X	X	X		X	X	X	X	X	X	X
	Change in symptoms	X				X	X			X	X	
	Readmission rates				X		X	X	X		X	X
	Relapse	X	X					X				

AHRQ – Agency for Healthcare Research
NQF – National Quality Forum
NCQA – National Committee for Quality Assurance
AMBHA – American Managed Behavioral Healthcare Association
SAMHSA – Substance Abuse and Mental Health Services Administration
OCED – Organization for Economic Co-operative and Development
NICE – National Institute for Clinical Excellence (UK)
RAI-MH – Resident Assessment Instrument for Mental Health (Canada)
IIMCH – International Knowledge Exchange Network for Mental Health

Figure 1. Prisma Flowsheet



PRISMA flow diagram for selection of literature for review of quality indicators in psychiatric settings

Table 2. Grading Evidence

Study	Description of Study	Specify Study Question	Reproducible	Assess Risk of Bias	Summary of Findings	Validity Assessment	Strength of Evidence
IIMHL	Created list of indicators through compilation of existing measurement programs across various countries	Yes	Yes	Yes	Yes	Yes	High
VA Mental Health	Set of 52 quality indicators to assess veterans diagnosed with at least 1 psychiatric diagnosis	Yes	No	No	Yes	No	High
University of Tubingen	Developed questionnaire with 46 items for inpatient psychiatric patients in Germany	Yes	Yes	No	Yes	No	Low
NICE	Used 60 indicators to create treatment guidelines for all scopes of mental illness in the UK	Yes	Yes	Yes	Yes	Yes	Moderate
RAI-MH	Assessment system for deriving MHQIs in Canada	Yes	Yes	Yes	Yes	No	High
OCED	Used structured review process, to select set of 12 indicators to evaluate patient treatment and outcomes.	Yes	No	No	No	No	Moderate
SAMHSA	Guided identification of 24 indicators to monitor behavioral health in the US	Yes	Yes	No	Yes	No	Moderate
AMBHA	National committee which created 51 performance measures for behavioral health programs	Yes	Yes	No	No	No	Moderate
NCQA	Government level agency who created 20 indicators for performance improvement tool	Yes	Yes	No	Yes	No	Moderate
NQF	Evaluated set of 56 behavioral health measures across the country	Yes	Yes	No	Yes	No	High
AHRQ	Database of 78 indicators that was used by multiple studies	No	Yes	No	Yes	No	N/A

Quality of evidence categorized as: 1. High — Cochrane or systematic review, randomized control trial. 2. Moderate — non-randomized control study or unsystematic review. 3. Low — expert opinion, uncontrolled studies. 4. Not applicable — measure was extracted from grey literature (eg government organizations or databases).

Discussion

Meaningful efforts to standardize mental health care quality measurement exist however it has been challenging to create indicators that are standardized, evidence-based, and inclusive of the scope of practice. Schemes encompass structure, process, and outcomes measures however outcomes are the least tested variable. The quality of is also of moderate to high quality. Ideally, schemes could fill gap in quality of psychiatric services but have to be easily measurable, evidence driven, and not limited to focused areas of psychiatry.

Conclusion

There are significant gaps in the current literature for psychiatric quality assessment. While existing indicator schemes are a start in the creation of a formal framework to provide higher quality care, many of the indicators are not evidence based, are not fully inclusive of the various aspects of behavioral health treatment, and are lacking in outcome assessment. Addressing these concerns could help guide patient treatment, improve patient functioning and satisfaction, and lower costs.

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