

Measuring Mental Health System Performance in British Columbia Using Linked Health Data

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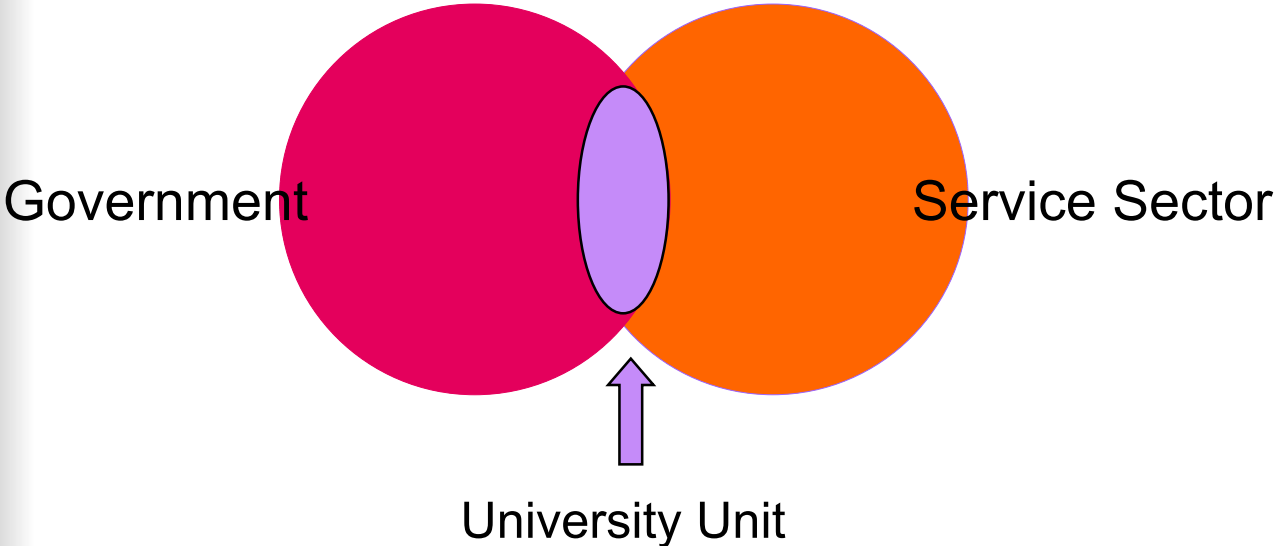
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Bridging Model



Bridging Model





F/P/T Advisory Network on Mental Health Survey 1999

- Indicated a range from minimal to substantial progress in mental health reform across the country
- Most regions have released a formal implementation plan for system reform
- These plans did not always include specific objectives for change, nor did they necessarily identify strategies for monitoring progress toward reform objectives

F/P/T Advisory Network on Mental Health Survey 1999 (cont)

- Many jurisdictions have declared an intent to improve accountability within the mental health sector yet few have a concrete plan to achieve this
- The extent of actual performance monitoring activity within the mental health sector varies widely among provinces and territories as does the degree of reporting to stakeholders





F/P/T Advisory Network on Mental Health Survey 1999 (cont)

- No jurisdiction currently releases regular formal reports on mental health sector performance to stakeholders
- In some cases, a small number of mental health indicators are reported in the context of a ministry- or government-wide report on health service performance

Resource Kit

- Accountability and Performance Indicators for Mental Health Services & Supports – A Resource Kit
- Health Canada – Mental Health Promotion Website
- F/P/T Advisory Network on Mental Health




Table A – Sections of CIHI Health Indicators Framework Adopted for Advisory Network on Mental Health Resource Kit Developmentⁱ

Health System Performance

Acceptability	Accessibility	Appropriateness	Competence
Care/service provided meets expectations of community, providers and paying organizations	Ability of clients/patients to obtain care/service at the right place and right time, based on needs	Care/service provided is relevant to client/patient needs and based on established standards	Individual’s knowledge/skills are appropriate to care/service provided
Continuity	Effectiveness	Efficiency	Safety
Ability to provide uninterrupted, coordinated care/service across programs, practitioners, organizations and levels of care/service, over time	Care/service intervention or action achieves desired results	Achieving desired results with most cost-effective use of resources	Potential risks of an intervention or the environment are avoided or minimized

Community and Health System Characteristics

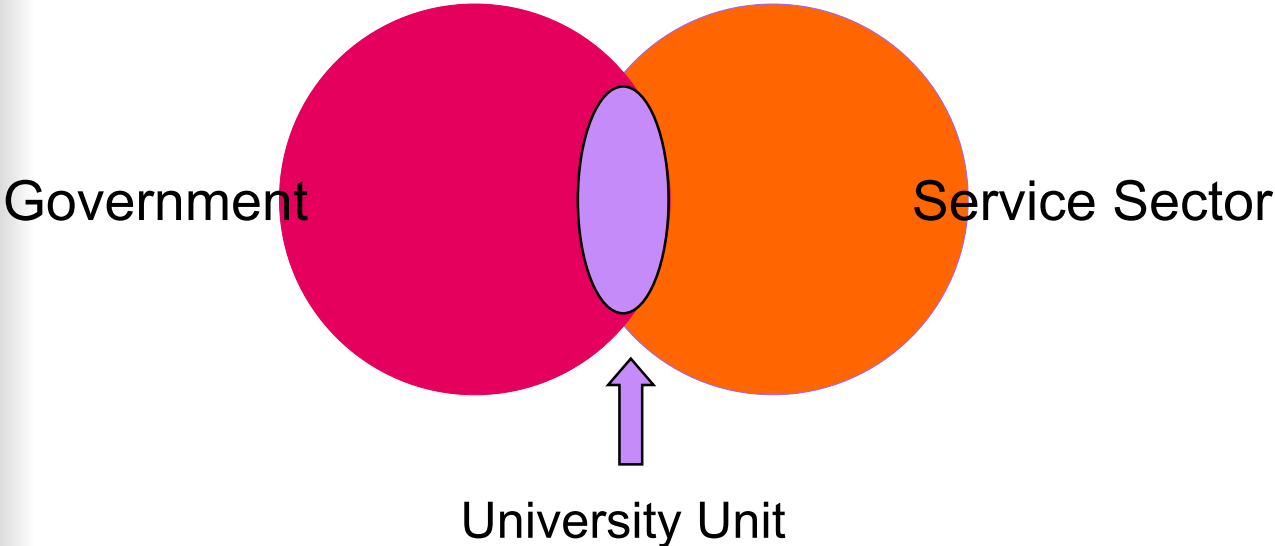
Characteristics of the community of the health system that, while not indicators of health system performance in themselves, provide useful contextual information.



British Columbia Mental Health Reform Performance Measurement

- Performance Monitoring Report
- Knowledge Translation Activities

Bridging Model



PM Report Objectives

- take a reading of the mental health system as it was in fiscal year 1997/98 (prior to the mental health reform initiative) and then in subsequent years
- based on administrative data
- provide data against which the success of the reform effort may be gauged





Major Data Sources

- Hospital In-Patient
- Medical Service Plan
 - Selected only claims from GP and psychiatrists
- Client/Patient Information Management (CPIM)
- Pharmacare
- Other
 - Sessional fees, budgets, etc. from the Ministry of Health
 - PM used data for specific indicators from other sources (e.g., Mental Health Advocate, Mheccu) – all identified in the report



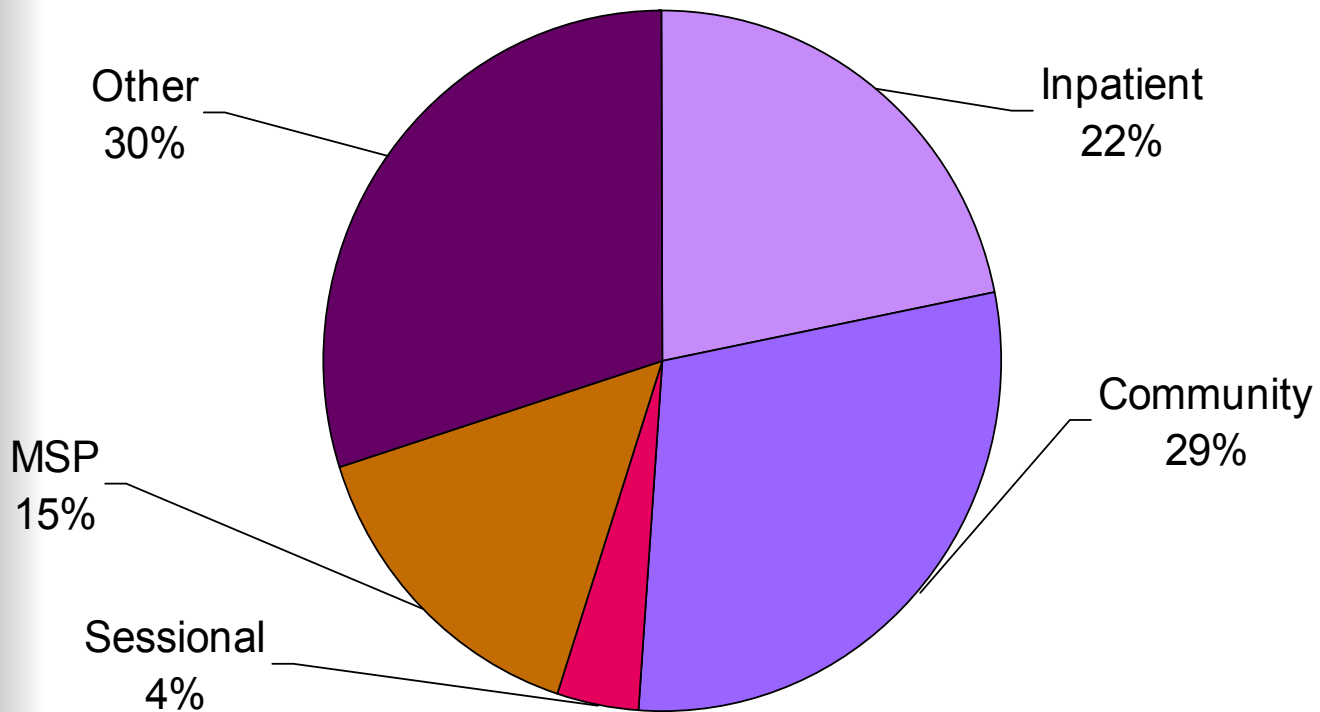
Case Selection Criteria

- Based on diagnosis
 - Specific criteria described in both reports
 - In general it was most of the ICD 9 Chapter 5 codes plus a couple of V codes used for counselling
- Special emphasis was placed on schizophrenia in both reports

Health Authority			Total # of Mental Health Hospital Separations	Open Care Episodes			New Care Episodes			% of Total Hospital Separations Seen Within 30 Days
				Open Care Episodes	Service Within 30 Days	% Seen Within 30 Days	No Open Care Episode	New Care Episodes Within 30 Days	% Seen Within 30 Days	
RHB	001	North Okanagan	648	385	137	35.6%	263	40	15.2%	27.3%
RHB	002	Okanagan Similkameen	1,432	580	192	33.1%	852	123	14.4%	22.0%
RHB	003	Thompson	829	254	147	57.9%	575	62	10.8%	25.2%
RHB	004	Fraser Valley	1,508	537	110	20.5%	971	148	15.2%	17.1%
RHB	005	South Fraser	2,183	783	443	56.6%	1,400	237	16.9%	31.1%
RHB	006	Simon Fraser	1,882	561	237	42.2%	1,321	178	13.5%	22.1%
RHB	007	Central Vancouver Island	1,151	660	396	60.0%	491	65	13.2%	40.1%
RHB	008	Northern Interior	990	437	18	4.1%	553	77	13.9%	9.6%
RHB	009	Vancouver/Richmond	3,444	1,117	18	1.6%	2,327	223	9.6%	7.0%
RHB	010	North Shore	487	152	10	6.6%	335	27	8.1%	7.6%
RHB	011	Capital	1,998	329	6	1.8%	1,669	60	3.6%	3.3%
CHSS	001	East Kootenay	525	210	147	70.0%	315	37	11.7%	35.0%
CHSS	002	Kootenay Boundary	597	299	223	74.6%	298	53	17.8%	46.2%
CHSS	003	Coast Garibaldi	475	272	207	76.1%	203	31	15.3%	50.1%
CHSS	004	Upper Island/Central Coast	706	188	108	57.4%	518	52	10.0%	22.7%
CHSS	005	Cariboo	489	205	148	72.2%	284	54	19.0%	41.3%
CHSS	006	North West	795	313	180	57.5%	482	54	11.2%	29.4%
CHSS	007	Peace Liard	468	199	169	84.9%	269	49	18.2%	46.6%
		BC Unspecified	194	49	7	14.3%	145	16	11.0%	11.9%
		British Columbia	20,801	7,530	2,903	38.6%	13,271	1,586	12.0%	21.6%



Health Authority	Total Separations	Re-admissions within 1 – 30 days	%
CARIBOO	546	105	19%
N WEST	782	119	15%
PEACE LIARD	416	54	13%
N. INTERIOR	860	101	12%
<i>B.C. TOTAL</i>	19,915	2,976	15%

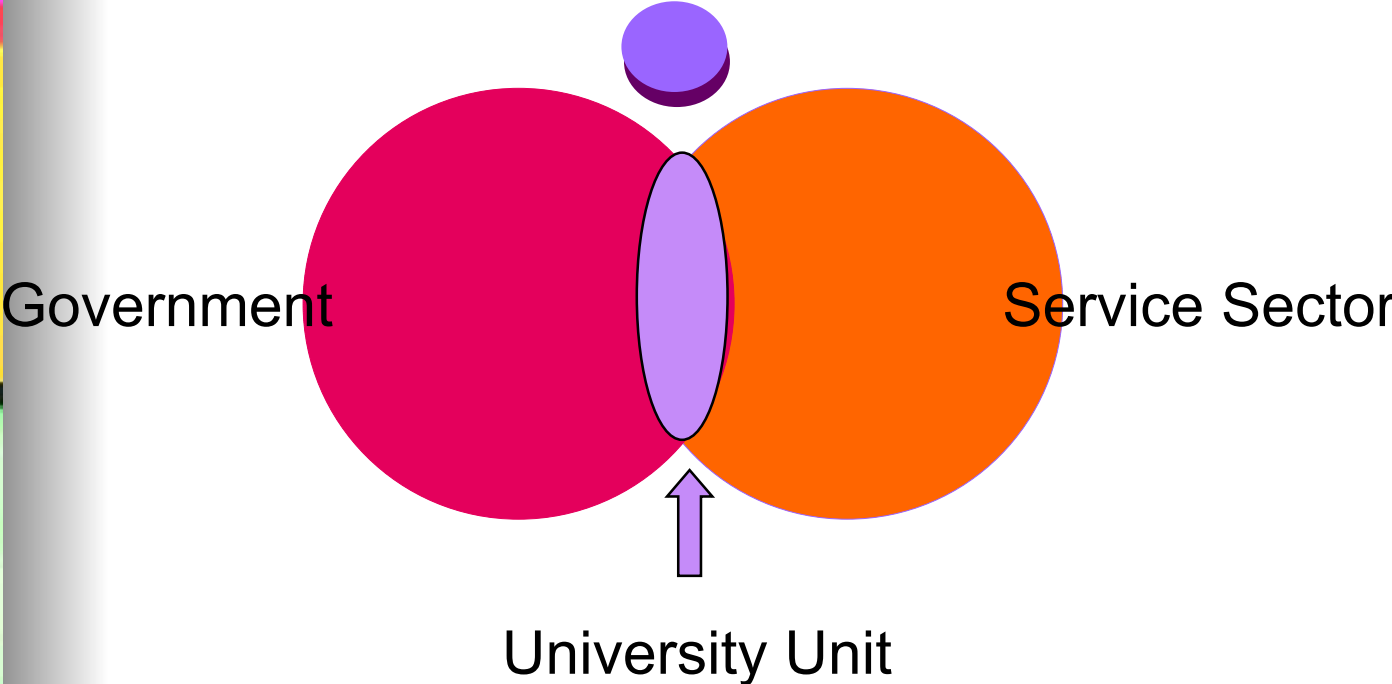


Intervening variables

- Structural aspects of governance



Bridging Model

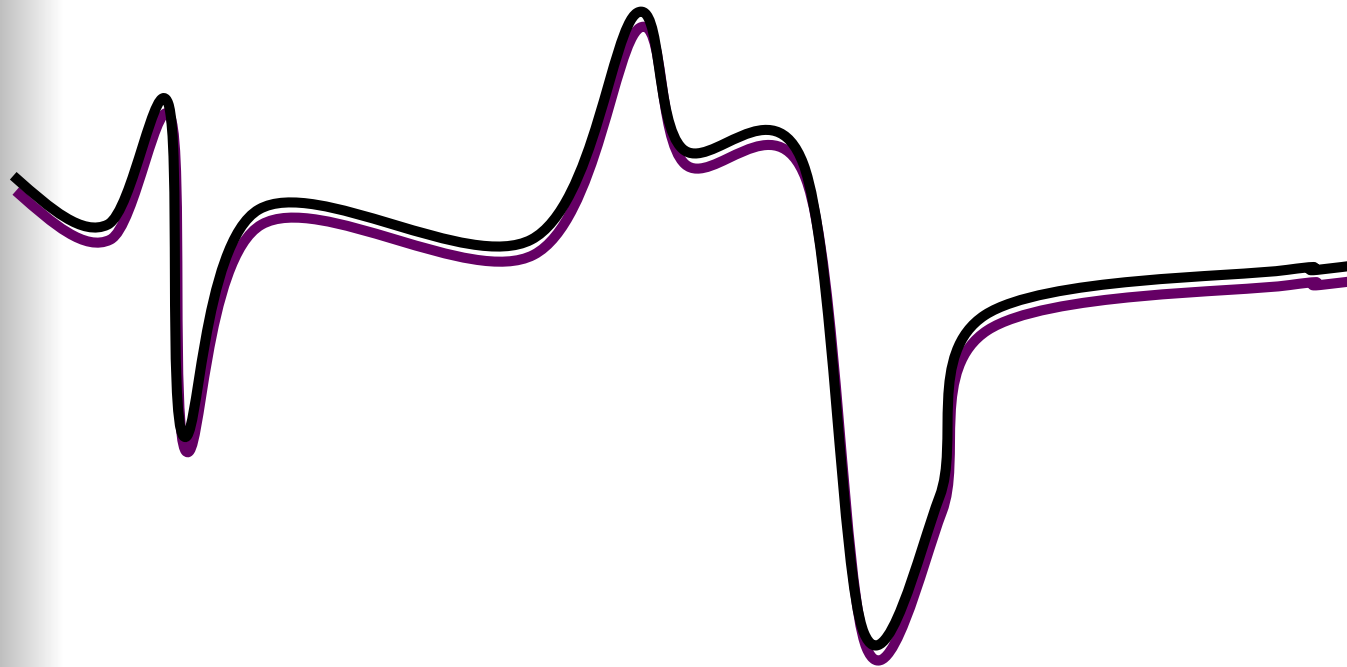


Intervening variables

- Structural aspects of governance
- Timing within the government *policy cycle*



Policy Cycle





Intervening variables

- Structural aspects of governance
- Timing within the government *policy cycle*
- Commitment to evidence-based decision-making



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- Timing within the government *policy cycle*
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- Political philosophy and policy directions



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- Structural aspects of governance
- Timing within the government *policy cycle*
- Commitment to evidence-based decision-making
- Political philosophy and policy directions
- Quality of available evidence
- Quality of links between researchers and decision-makers