DRIVERS AND FACILITATORS OF QI AT TWO FHTs: A MENTAL HEALTH LENS

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CCMHC CONFERENCE

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St. Michael's
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OUTLINE

1. Describe how internal and external drivers influence selection of mental health measures for quality improvement (QI) at two Family Health Teams (FHTs)

2. Describe facilitators of implementing QI at FHTs

3. Stimulate reflection in your own practice setting related to implementation of mental health QI

METHODS

- Qualitative interviews with 12 staff at 2 FHTs who are involved in quality improvement
- Coding of transcripts by 3 team members
- Reflexive team discussions
- Thematic analysis to articulate drivers and facilitators of quality improvement in primary care organizations

Drivers

- External, Internal

Facilitators

- Leadership, Team, Culture, Infrastructure, Feasibility

QI Implementation

EXTERNAL DRIVERS TO QI

"A really big driver of course is Health Quality Ontario just because they kind of dictate what it is that we should be focusing on and prioritizing."

EXTERNAL DRIVERS TO QI

"Other than HQO indicators, we have also lots of indicators from [Association of FHTs of Ontario] [Data 2 Decisions] report. And, you know, based on Choosing Wisely indicators, some clinical indicators."

INTERNAL DRIVERS

1. Patient-Centered Outcomes
2. Provider-Identified Issues
3. Meaningful Measurement

INTERNAL: PATIENT-CENTERED OUTCOMES

"The first thing is that we engage multiple stakeholders in the discussion, **and we determine what is the best measure for us to measure for our patients**... how do we know that the work or the service that we're providing is actually working? So we need to understand that we're actually doing the right things, we're actually delivering the right programs, we're actually offering the right care. Because **ultimately we want to see an improvement in the patients**."

INTERNAL: PATIENT-CENTERED OUTCOMES

"We take a really active approach and **we really encourage patients to give us feedback** about our style, about how we do things so that we have the best outcomes possible. And then **we use that data to change things and to change processes** and improve on things hopefully."

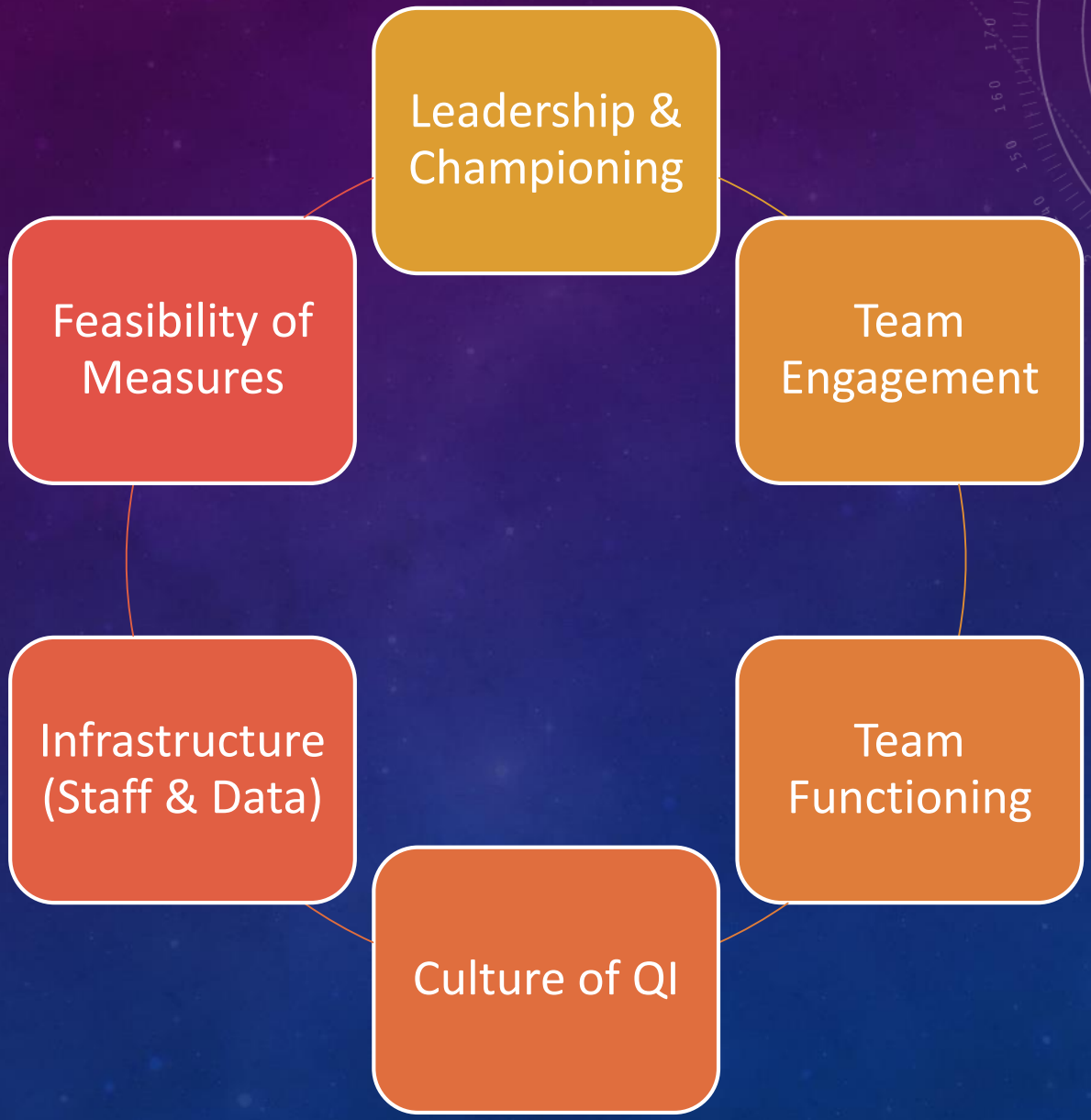
INTERNAL: PROVIDER-IDENTIFIED ISSUES

"We've tried to …apply an equity lens to some of our measures. So for example, with diabetes, we've taken an equity lens to try and understand our patients with severe mental illness less likely to achieve blood pressure control. …**We've tried to take an equity lens to understand why a patient with severe illness are less likely to achieve blood pressure control**."

INTERNAL: MEANINGFUL MEASUREMENT

"For example, if HQO says, 'Well, you should be…this is the diabetes indicator that you should use.' So we from the outset had issues with their diabetes indicator. And we said this is not an evidence-based indicator…They suggested a process indicator that looks at a percentage of patients who had 2 A1Cs in the last year. And so **there's no evidence that getting A1Cs means better control**."

FACILITATORS



FACILITATOR: LEADERSHIP & CHAMPIONING

"**I think [the lead] has been really instrumental in, you know, pushing our group towards quality improvement**. It's been a number of years now. [They are] constantly learning and bringing in new ideas, and is always willing to work with the teams. So I think through their support we've really been able to, you know, adapt well to quality improvement – bringing it in and incorporating it into our practices and workflows."

FACILITATOR: TEAM ENGAGEMENT

"A big part of it is **where is the energy in the family health team**? Where am I going to get people to care?... The people inside the family health team, the people that work here. **If they don't care about it, you can't make improvements**. It's really important for the indicators, that if you don't have their energy."

FACILITATOR: TEAM ENGAGEMENT

"The way that we prepare people [for measurement] is engaging people from the beginning. So it's not… a top down approach. We strongly believe that in order for people to get excited about measures, it has to mean something for them. They have to understand why we're collecting it. It has to resonate with them. And so part of our strategy is to **ensure that people are brought into the discussions when creating measures from ground zero**."

FACILITATOR: TEAM FUNCTIONING

"I think things work really well here because everybody has bought into the idea that working as a team and having a very kind of open, respectful culture works and helps everyone to kind of do their jobs and to feel satisfied. And **there's really great teamwork and collegial support**."

"We're a fairly what I would describe as a non-hierarchical organization, and **people feel like they can contribute and feel empowered to speak up**…we have that culture where people feel like they can provide feedback in a safe way."

FACILITATOR: CULTURE OF QI

"**Staff are really motivated to always improve the processes** and procedures and all the ways that we do things. And there seems to be a systems focus…on the way that we do things… there just seems to be…discussions about potential opportunities for us to improve many things that we **do…It seems to be an environment where questions are welcome**. So it kind of lends itself to continuous improvement."

FACILITATOR: INFRASTRUCTURE (STAFF)

"**Dedicated time and resources to be able to organize, measure**, come up with an intervention, do all the PDSA in thinking about that intervention, disseminating it out to the team…these are all things that hinge on time…**having the resources or people to dedicate themselves to that work I think has been helpful**."

FACILITATOR: INFRASTRUCTURE (DATA)

"The data is standardized in the EMR from the collection point of view. And **we do make sure that it's extractable too. It's not only about inputting it**. We should be able to get it out. So there's a whole process we go through – what do we need and what we do not need. We do not need to collect extra data. Is it extractable? We do run some trials to make sure it's working. And then we definitely collect almost everything quarterly."

FACILITATOR: FEASIBILITY OF MEASURES

"We'll come up with a measure and see if it's feasible, can we track it, is it something that we would see value in and improvement, can we increase the target, can we get staff buy-in to sort of work on this area? Because it's also it's really dependent on resources as well. Do we have the people to make things happen? If not… You know, **it's great to have an idea but can we put it into action**?"

HOW DOES MENTAL HEALTH FIT IN ALL OF THIS?

- Mental health is a priority: 10/12 respondents
- Mental health is not necessarily on the QI agenda: 4/12 mentioned QI goals

"I think [mental health] is a very important part of what we do on a daily basis and it should be better represented in our … formal quality improvement program"

"[Mental health is] a huge priority but it's something that we haven't been able to rectify or solve because the demand outweighs the supply"

Drivers

- External, Internal

Facilitators

- Leadership, Team, Culture, Infrastructure, Feasibility

QI Implementation

REFLECTIONS

- What drives QI in your organization?
- Is mental health on your QI plan?
- Has your organization engaged in mental health related QI?
- What are your success stories?

QUESTIONS? THANK YOU!

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MODEL FOR UNDERSTANDING SUCCESS IN QUALITY (MUSIQ)

- Conceptual model that can help organizations to understand and optimize contextual factors affecting the success of QI projects (25 contextual factors)
- Synergy between our data and the MUSIQ framework

Kaplan et al. 2012