

**IIMHL Clinical Leaders
Mental Health Quality/Performance Measurement Survey**

Instructions

Welcome to the IIMHL Clinical Leads Mental Health Quality/Performance Measurement Survey. The intent of this survey is to obtain information about quality or performance measurement programs instituted in various countries around the world in the context of differing mental health care and quality assessment systems.

Quality/Performance Programs

The following list identifies the types of **programs** used to measure quality or performance that we are seeking to describe in this survey. **Programs** should meet **all criteria** noted in this list.

1. The **programs** are set up to measure quality or performance of the mental health system, not to provide descriptive information about the state of the system. For example, a program measuring the percentage of clients meeting criteria for a particular mental health diagnosis would **not** qualify as a program for this survey; however, a program measuring the percentage of clients experiencing symptom improvement as a means of measuring the performance of a particular class of facilities would qualify.
2. The purpose of the **programs** should be to measure quality or performance of the mental health system, not to guide clinical decisions. For example, serially measured Global Assessment of Function (GAF) scores to monitor clinical improvement of individual patients would **not** qualify as a program for this survey; however, using the percentage of patients demonstrating an improvement in GAF decile as a means of measuring outcomes for a mental health care provider, facility, or system would qualify.
3. The **programs** should measure quality or performance in an **ongoing, substantial, and organized** manner, rather than being one-time initiatives or assessments. They can be a section or a part of a larger ongoing, substantial, and organized program which may include elements broader than mental health quality or performance assessment.
4. The **programs** should be intended for measurement of quality or performance on the national level, rather than the state, provincial, district, or local level. While information can be collected on a more local level, the program should guide decisions made on the national level. State, provincial, or district level programs can be included if they are systematically utilized across the country. **However**, if national level measures are not generally available in your country, please include major state, provincial, or district level programs in the survey.

Survey Instructions

This survey is organized into four parts. **Part I** of the survey will ask you to provide some basic identifying information for yourself as well as any colleagues that assist you in completing this survey. **Part II** seeks to understand the mental health care system as it exists in your country.

Part III is divided into two sections:

Section A asks you to list all currently active or soon to be implemented programs/ initiatives including the date of implementation (or date of planned implementation) of each program.

Section B seeks to obtain specific information on each individual program currently in place to measure quality or mental health performance in your country. It provides you with specific instructions regarding how to complete the questions. Please complete all the questions listed under Section B **separately** for **each individual program**. The template is organized into two columns, the left column providing the general categories of the template, and the right column providing space for your responses as instructed.

Part IV seeks to further understand the context and future plans for mental health care quality or performance measurement as it occurs in your country.

Throughout this survey, you will be requested to provide information in different ways. For some questions, you will be provided with blank spaces where you will be asked to **write in** a response to a question or set of instructions.

In other areas, you will be provided with a list of choices, and will be asked to either **select the one item** that best answers the question or fits the instructions, or will be asked to **select all items** that answer the question or fit the instructions. Lists where you will have to **select the one item** will use circles (○), and lists where you will have to **select all items** will use boxes (□). For example:

1. In which of the following countries do you currently reside? Please **select the one item** that best answers the question.

- Australia
- Canada
- Denmark
- Japan
- Scotland

2. Which of the following countries have you previously visited? Please **select all items** that best answer the question.

- Australia
- Canada
- Denmark
- Japan
- Scotland

Although we understand that you may ask multiple other colleagues to provide information that will be used in responding to this survey, we are requesting that **only one** main contact for completing the survey is provided as the official response can only be from one single person. Please provide identifying information for colleagues assisting you in **Part I** of the survey as directed.

Part I: Identifying Information

1. Please **write in** the name, role or position, and contact information for the person completing this survey below.

Name	
Title and description of role or position	
Phone number (with country code)	
FAX number (with country code)	
Primary e-mail address	
Alternate e-mail address	

2. Please **write in** the names and role or position of any key contact people who assisted in providing information in completing this survey.

Name	
Role or position	
Name	
Role or position	
Name	
Role or position	

Part II: Description of Mental Health Care System and Services

Please answer the following questions to the best of your ability. Due to significant variations in health care systems between countries, some questions may not precisely or adequately describe the health care system in your country, and other questions may not be applicable to your country. Please feel free to **write in** any additional details that may more accurately reflect the system of care provided in your country.

1. Does your country guarantee universal coverage for mental health care services for citizens? Please **select the one item** that best applies.

- Yes
 - No – if responding no, please **write in** below what groups or classes of citizens, if any, are guaranteed coverage for mental health care services (e.g., the elderly, low-income individuals, unemployed, migrants, asylum seekers)
-

2. If your country does guarantee universal coverage, by which of the following means is universal coverage provided? Please **select the one item** that best applies.

- Universal coverage is not guaranteed by my country
 - Universal access to a public national and/or regional mental health system
 - Required enrollment in non-profit non-governmental mental health care organizations
 - Required enrollment in private health care insurance or organizations
 - Other (please **write in** a description below):
-

3. For those citizens of your country that are guaranteed coverage, which of the following mental health care services are included as part of this coverage? Please **select all items** that apply.

- Emergency mental health care services
 - Inpatient hospitalization for primary psychiatric illnesses
 - Inpatient hospitalization for substance abuse treatment
 - Outpatient psychiatric medication management
 - Outpatient psychotherapy services
 - Outpatient substance abuse treatment
 - Case management services
 - ACT team services
 - Supported employment programs
 - Medications
 - Other (please **write in** below):
-

4. For the mental health care services provided for citizens who are guaranteed coverage, which of the following represent sources of funding for this provided care? Please **select all items** that apply.

- User fees or co-payments at the point-of-service
- User fees or co-payments for prescription medications or devices
- Premiums paid by patients to insurances
- Employer payroll contributions, taxes or reimbursement
- General national or regional tax revenue
- Other (please **write in** below):

5. What approximate percentage of total national mental health care expenditures is represented by public vs. private mental health care? Please **write in** your responses below. If you do not know these percentages specifically for **mental health care** expenditures, please provide an approximate percentage for all health care expenditures and indicate that below as well.

Public mental health care expenditures: _____ %

Private mental health care expenditures _____ %

6. What is the role of private mental health care in your country, and how does it relate to the public mental health care system? Please **write in** your response below.

7a. With regard to services provided for citizens who are guaranteed coverage, how are **physician** providers reimbursed for services provided? Please **select all items** that apply.

- Fee-for service payments
- Capitated payments established by contract to non-governmental organizations or insurers
- Capitated payments determined by national or regional government agencies
- Fixed salaries
- Other (please **write in** below):

7b. With regard to services provided for citizens who are guaranteed coverage, how are **non-physician** providers reimbursed for services provided? Please **select all items** that apply.

- Fee-for service payments
- Capitated payments established by contract to non-governmental organizations or insurers
- Capitated payments determined by national or regional government agencies
- Fixed salaries
- Other (please **write in** below):

8. Are hospitals providing mental health services private or public institutions? Please **select the one item** that best applies.

- Exclusively public institutions
- Mostly public institutions, with some private institutions
- An equal mix of private and public institutions
- Mostly private institutions, with some public institutions
- Exclusively private institutions

9. Who is primarily responsible for the regulation of mental health care services in your country? Please **select the one item** that best applies.

- National government exclusively
- Regional/state/provincial government exclusively
- Combination of national and regional/state/provincial government
- Non-governmental organizations or insurers providing care (e.g., physician or hospital associations)
- Other (please **write in** below):

10. What is the role of each of these institutions or organizations in the regulation of mental health care services in your country? Please **write in** your responses below.

a. The national government

b. Regional, state, or provincial governments

c. Non-governmental organizations or insurers providing care (e.g., physician or hospital associations)

d. Other organizations not specified above

11. Are there other key elements to your country's mental health care system not fully addressed by the questions above? Please **write in** these elements in the space below.

Part III: Quality/Performance Programs

Please complete the following **questions separately** for **each individual program** in your country used to measure quality or performance of the mental health care system that is **currently active** or **will be implemented within the next two years** (before or during 2011).

Note: If a program is inactive, there is no need to fill out questions for this particular program.

1. Name of Program :	In this space, please write in the name of the program used to measure quality or performance.
2. Date of implementation	Is the program currently active, or will it be implemented in the near future (before or during 2011)? Please select the one item that best describes the program. <input type="radio"/> Program is currently active <input type="radio"/> Program will be implemented in the near future (before or during 2011) If applicable, please provide date of initial or planned implementation:
3. Name of organizational entity	In this space, please write in the name of the organizational entity responsible for this program.
4. Type of organizational entity	Please select the one item that best describes this organizational entity. <input type="radio"/> Governmental organization <input type="radio"/> Nongovernmental organization <input type="radio"/> Unsure <input type="radio"/> Not applicable <input type="radio"/> Other (please write in below):
5. Description of organizational entity	In this space, please write in a brief description of the overall function and responsibility of the organizational entity responsible for this program.

6. Description of program	In this space, please write in a brief, general description of the program.
7. Organizational entity deriving measures	In this space, please write in a brief description of the organizational entity that were or are involved in deriving the measures of quality or performance measurement used by this program.
8. Method of deriving measures	In this space, please write in a brief description of the means by which the measures used in this program are derived and constructed. Also, please include a brief description of the criteria used to accept or reject specific measures used in this program, and the process of making these measures official.

<p>9. Entities being measured</p>	<p>Please select all items that correspond to the entities whose quality or performance of mental health care is intended to be measured by this program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual psychiatrists or psychiatrist groups <input type="checkbox"/> Individual primary care physicians or primary care provider groups or clinics <input type="checkbox"/> Other individual non-physician mental health care providers <input type="checkbox"/> Outpatient mental health care clinics <input type="checkbox"/> Hospital (inpatient care) <input type="checkbox"/> Emergency care <input type="checkbox"/> Partial hospitalization program <input type="checkbox"/> Early intervention <input type="checkbox"/> Crisis management <input type="checkbox"/> Specific service or treatment programs (e.g., residential treatment, community teams) <input type="checkbox"/> Private health care plans or insurers <input type="checkbox"/> Local, state, or provincial mental health care systems or programs <input type="checkbox"/> The national mental health care system as a whole <input type="checkbox"/> Other (please write in below):
<p>10. Types of measures assessed</p>	<p>This section contains a list of categories and subcategories of measures assessed by this program. Please select all items that correspond to measures assessed by this program, and in the space to the right, please write in examples of measures assessed by the program. Please note that measures used in this program may fall within overlapping categories and subcategories; please select all items that apply. Examples are provided below.</p> <p>A) Symptom or diagnostic assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schizophrenia or other psychotic illness <input type="checkbox"/> Bipolar or depressive disorders <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Substance abuse <input type="checkbox"/> Suicide risk – <i>e.g. percent of patients with documented suicide risk assessment, etc.</i> <input type="checkbox"/> Other (write in here): <p>B) Evidence-based pharmacotherapy (EBP)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Selection of medications <input type="checkbox"/> Adequate medication dosage <input type="checkbox"/> Medication adherence - <i>e.g. medication possession ratio, gaps in therapy, etc.</i> <input type="checkbox"/> Polypharmacy <input type="checkbox"/> Occurrence of side effects <input type="checkbox"/> Monitoring - <i>e.g. annual lithium testing, thyroid testing, lipid testing, etc.</i> <input type="checkbox"/> Medication reconciliation <input type="checkbox"/> Other (write in here):

10. Types of measures assessed (continued)

C) Evidence-based psychosocial interventions

- Psychotherapy – *e.g. percent of patients with major depression receiving CBT, etc.*
- Assertive Community Treatment
- Integrated dual diagnosis treatment
- Case management
- Employment support or assistance
- Family psychoeducation
- Early intervention programs
- Mental health screening
- Other (**write in** here):

D) Other somatic interventions

- Electroconvulsive therapy
- Other (**write in** here):

E) Substance use

- Quantity/ frequency of use
- Engagement in care
- Blood/ urine monitoring
- Other (write in here):

F) General medical care

- Preventive medical care or screening
- Chronic illness medical care
- Other (**write in** here):

G) Continuity and coordination of care

- Inpatient discharge planning
- Outpatient follow-up after inpatient discharge – *e.g. percent of inpatients seen by an outpatient provider within 7 days of discharge, etc.*
- Coordination with outpatient mental health
- Coordination with primary care
- Coordination with substance abuse treatment
- Inpatient readmission - *e.g. within 30 days, etc.*
- Other (**write in** here):

10. Types of measures assessed (continued)

H) Access measures

- Access to primary care
- Access to emergency mental health care
- Access to/wait times for outpatient services – *e.g. percent of patients requesting an appointment seen within 10 days, etc.*
- Access to/wait times for substance abuse treatment
- Other (**write in** here):

I) Efficiency measures

- Utilization of outpatient services
- Utilization of substance abuse treatment
- Duration of hospitalization
- Other (**write in** here):

J) Patient safety

- Use of seclusion/restraints – *e.g. percent of inpatient days spent in seclusion, etc.*
- Medication errors or adverse events
- Non-medication adverse events
- Falls/ Injuries
- Other (**write in** here):

K) Forensic or legal issues

- Criminal justice encounters
- Involuntary or compulsory hospitalization
- Involuntary or compulsory community treatment
- Other (**write in** here):

L) Recovery

- Access to peer or consumer services
- Recovery environment
- Shared decision-making
- Other (**write in** here):

10. Types of measures assessed (continued)

M) Outcome assessment

- Change in reported symptoms
- Functioning – *e.g. HONOS, etc.*
- General health status
- Mortality
- Employment or income
- Housing
- Client or family self-assessment - *e.g. attainment of goals, etc.*
- Client or family satisfaction with care
- Other (**write in** here):

N) Cultural or ethnic issues

- Racial or ethnic disparities in care
- Training in cultural competency
- Access to culturally specific care
- Other (**write in** here):

O) Population based resources

- Total expenditure for mental health services/ population
- Mental health workforce (FTE)/ population - *e.g. psychiatrist/population ratio, psychologist/population ratio, etc.*
- Other (**write in** here):

- P) Other types of measures or domains (write in here):**

<p>11. Sources of data</p>	<p>Please select all items that correspond to the original sources from which data are obtained in order to determine the measures used by this program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client surveys or other direct consumer response <input type="checkbox"/> Chart reviews or abstractions <input type="checkbox"/> Physicians or physician group surveys <input type="checkbox"/> Compilation of patient clinical information (e.g., database containing patients' weights or GAF scores) <input type="checkbox"/> Insurance claims <input type="checkbox"/> Database/ or registry of mental health care utilization or encounters <input type="checkbox"/> Database/ or registry of non-clinical utilization or encounters (e.g., employment, housing) <input type="checkbox"/> Regional/national census, mortality, or other regional/national statistics <input type="checkbox"/> Other (please write in below):
<p>12. Method of data collection</p>	<p>In this space, please write in a brief description of the method by which data are collected for this program. Please specifically mention any organizations responsible for collecting data (e.g., interested or independent third-party organizations, governmental bodies), as well as the means by which this information is collected (e.g., directly from the source, accessed electronically, etc.).</p>
<p>13. Collection of results</p>	<p>Have indicator results for this program been collected? Please select the one item that best answers this question.</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

<p>14. Reporting of results</p>	<p>A. Please select all items that correspond to the level at which data are reported (or intended to be reported) for this program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> National or regional (e.g. state) level <input type="checkbox"/> Clinic/ organization/ hospital or health plan level <input type="checkbox"/> Individual provider level <input type="checkbox"/> By demographic cohort - <i>e.g. age, gender, ethnicity/ race, etc.</i> <input type="checkbox"/> By diagnosis <input type="checkbox"/> Other (please write in below) <p>B. Are data made (or intended to be made) public? Please select the one item that best answers this question.</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, and healthcare organizations or providers are identified <input type="radio"/> Yes, though healthcare organizations or providers are not identified <input type="radio"/> No, they are not (or are not intended to be made) public
<p>15. How collected data are used</p>	<p>In this space, please write in a description of how the collected data are used to make decisions on a regional or national level regarding the quality or performance of mental health care. Please specifically mention any organizations responsible for making these decisions, the role and structure of these organizations, and the specific actions taken by these organizations (e.g., public reporting of data, mental health policy implementation, funding allocation or reimbursement, physician or program reward systems).</p>

16. Additional description

In this space, please **write in** any additional description or elements of this program that you feel are particularly relevant and have not been addressed by other sections of this template.

Part IV: Mental Health Care Quality/Performance Measurement

Please answer the following questions to the best of your ability. These questions are open-ended questions to better assess the general state of mental health care quality or performance assessment in your country.

1. What is the **general perspective** taken by your country's government regarding the measurement of quality or performance of mental health care in your country? Please **write in** a brief description below.

2a. Does your country have an **established national structure** for the measurement of quality or performance of health care services generally? If it does, please **write in** a brief description of this structure below.

2b. Please describe **if and how mental health fits** into this national quality or performance measurement structure.

3. Are there potential **databases** that exist in your country that might be applicable and available for compiling data on the quality or performance of mental health care in your country, which are not being currently used for this purpose? If there are, please **write in** the names of these databases, as well as a brief description of the data contained.

4. Please **write in** a brief description of **future national initiatives or plans** that your country may have regarding the measurement of quality or performance of mental health care, not including those mentioned previously in question #3. Please provide specific examples, if available; if no specific plans or initiatives exist, please provide any general perspectives on the future course of national mental health care quality or performance measurement.

5. Please **write in** a brief description of **problems encountered** in your country in the measurement of quality or performance of mental health care. Please include any specific means by which these problems were solved or corrected.

6. Please **write in** below the names of specific mental health care quality or performance measurement programs that were **discontinued** in your country. Please include also a brief description of the programs, as well as the reason these programs were discontinued.

7. Please **write in** below any specific mental health care quality or performance measurement programs that were proposed and/or considered but **not implemented** in your country. Please include a brief description of the reason these programs were not implemented.

8. Please **write in** below a brief, general description of the role of quality or performance assessment of mental health care as performed by **private health care** organizations or other **non-governmental** mental health care organizations. Please include in your description what interaction, if any, exists between the public and private mental health care systems in the assessment of quality or performance.

9. Are there **other key elements** to the assessment of quality or performance of mental health care in your country that are **not fully addressed by the questions above**? Please **write in** these elements in the space below.

Thank you for your assistance!