

Supplemental File

Sample Search String (Medline search)

1. exp Interprofessional Relations/
2. exp Patient Care Team/
3. exp "Delivery of Health Care"/
4. consultation liaison.mp.
5. (share adj3 care).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
6. (integrat* adj3 care).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
7. (collaborat* adj3 care).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]

8. exp Primary Health Care/
9. exp Community Health Services/
10. exp General Practice/
11. exp Community Medicine/

12. exp Psychiatry/
13. exp Mental Health/
14. exp Mental Health Services/
15. exp Mental Disorders/
16. (mental adj2 ill*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]

17. exp Quality Control/
18. exp Quality Improvement/
19. exp Quality Indicators, Health Care/
20. exp Quality Assurance, Health Care/
21. quality chasm.mp.
22. quality framework.mp.
23. structure.mp.
24. process.mp.
25. outcomes.mp.
26. 23 and 24 and 25

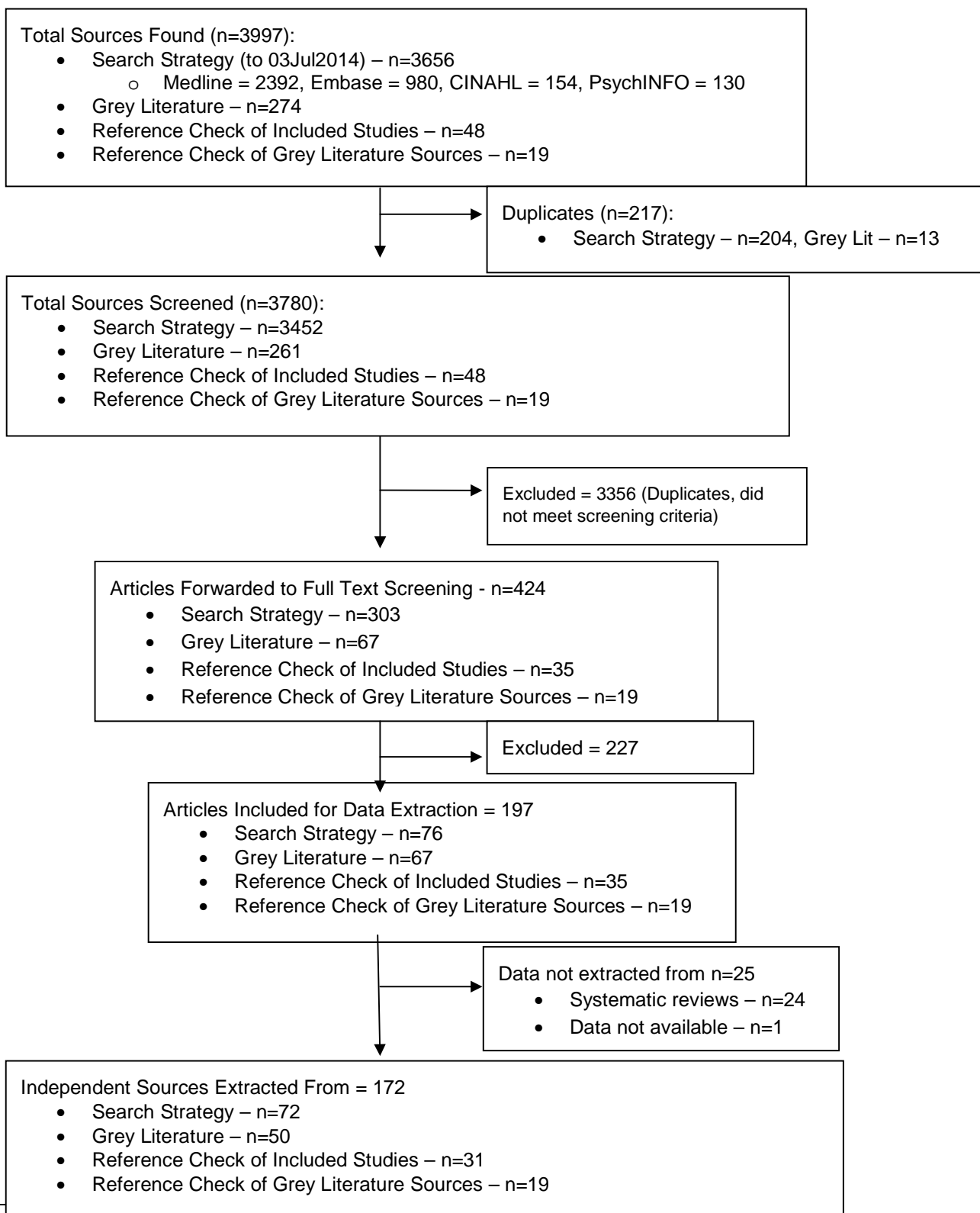
27. 1 or 2 or 3 or 4 or 5 or 6 or 7
28. 8 or 9 or 10 or 11
29. 12 or 13 or 14 or 15 or 16
30. 17 or 18 or 19 or 20 or 21 or 22 or 26
31. 27 and 28 and 29 and 30
32. limit 31 to (english language)
33. remove duplicates from 32

2205 results

Web-Based Grey Literature Sources

Academy of Psychosomatic Medicine; Advancing Integrated Mental Health Solutions (AIMS) Center; Advancing Recovery; Agency for Healthcare Research and Quality (AHRQ); American Academy of Family Physicians; American College of Physicians (ACP) Journal Club (2002-2008); Association of Family Health Teams of Ontario; Canadian Collaborative Mental Health Initiative (including annual Collaborative Mental Health Care conference 2009 to 2014); Canadian Institute for Healthcare Information; Canadian Patient Safety Institute; Centers for Medicare and Medicaid Services Physician Quality Reporting System; Centre for Effective Practice; Commonwealth Fund; Health Quality Ontario; Improving Primary Care; Mental Health Commission of Canada; National Quality Forum; National Quality Framework; National Quality Measures Clearing House; Primary Care Practice-Based Research Network (PBRN); University of York Centre for Reviews and Dissemination.

PRISMA Diagram¹



¹ Note that our 'grey' literature search also found some published articles, which is why the final numbers for data extraction as per the last box in this PRISMA diagram do not line up with the table on characteristics of included studies

Criteria and Definitions for Critical Appraisal of Quality Indicators

The seven dimensions were drawn from Stelfox and Straus, and the definitions were informed by McGlynn and the National Quality Forum.(1–3)

Targets important improvements - refers to the extent to which the measure addresses areas where performance improvement is likely to have a significant impact on the health of specified populations. The measure has an explicit rationale that is consistent with the goal of protecting and improving the health and/or health care of individuals or populations. The measure has justification as to its rationale in addressing important areas of health care (e.g., high-risk, high-volume, problem-prone, inappropriate variation in performance).

Precisely Defined & Specified - refers to the extent to which the measure is standardized with explicit pre-defined requirements for data collection and for calculation of the measure value or score. e.g. clear and understandable statements (e.g., numerator, denominator) of what it measures, rules to identify specific targeted populations; defined data elements, corresponding data sources, and allowable values; defined sampling procedures (if applicable).

Reliable - refers to the ability of the measure to identify consistently the events it was designed to identify across multiple participating health care organizations over time. Evidence is provided demonstrating that the measure has minimal random error and is consistently reproducible when applied across multiple health care organizations and delivery settings. For example, the measure includes description of data quality evaluation process, description of reliability evaluation such inter-rater reliability, internal consistency, test-retest.

Valid - evidence is provided demonstrating that the indicator measures what it purports to measure with respect to the targeted health care construct. This evidence includes:

- a description of the validity evaluation process (e.g., face; content; construct; criterion; convergent/divergent; predictive) including testing history, frequency and settings; and
- documentation of test results, including evidence that the measure is low in both random and systematic error so that it can detect differences in the targeted construct at a specific point in time and changes over time.

Appropriate Risk adjustment (aka case-mix adjustment, risk stratification) - means controlling for factors that could affect outcomes (e.g. based on demographic variables, illness severity, or co-morbidity). If a quality indicator measures an outcome (e.g. remission rate from depression) then it should have a way of accounting for other things that influence the likelihood of achieving that outcome, so that different groups or subgroups of patients can be compared.

Reasonable Cost Data Collection Effort - refers to the availability and accessibility of required data elements, and the effort and cost of abstracting and collecting data. Evidence is provided demonstrating that the measure can be implemented and maintained by health care organizations with reasonable data collection effort. This evidence includes: information on the number of data elements, the number and type of data sources, and the amount of data (e.g., sample data) required to construct the measure; information on the data system(s) required to support the measure; and information on the costs (e.g., financial, personnel, time) required to collect the measure.

Results Easily Interpreted - refers to the extent to which the measure rationale and results are easily understood by users of the data including accreditors, providers and consumers. This evidence includes measure demonstrating statistically significant differences that are meaningful to health care processes and/or outcomes between organizations and/or over time; and if it is an outcome measure, data indicating that the variability is correlated with differences in processes of care. Evidence is provided demonstrating that the measure results are reportable in manner useful to health care organizations and other interested stakeholders. This evidence

includes documentation that the reports were found to be understandable and useful for decision making purposes.