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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

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 gaps 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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