Results

Several hundred process measures have been proposed for QA/QI in mental health care, but the majority of these examine clinical practices and processes that are not supported by research evidence. Few measures have been tested for validity. Measures based on research evidence are less likely to be used in routine QA/QI programs.

Conclusions

Several hundred process measures have been proposed for QA/QI in mental health care, but the majority of these examine clinical practices and processes that are not supported by research evidence. Few measures have been tested for validity. Measures based on research evidence are less likely to be used in routine QA/QI programs.

Significance

Spurred by policy makers, payers, and accreditors, healthcare systems and facilities are putting greater resources into QA/QI activities. These activities have been advocated as a means of improving patient outcomes by closing gaps in the use of EBPs. Fulfillment of this expectation may be limited by our finding that most quality measures for mental health QA/QI examine clinical processes not based on research evidence. This conclusion raises several questions for further study:

1. Is stakeholder interest in improving the use of EBPs in QA/QI?
2. How can barriers to addressing EBPs in QA/QI activities be overcome?
3. Is QA/QI may not be focusing on EBPs?
4. How can measures be selected and used to improve quality measures and their use in routine QA/QI.

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The National Inventory of Mental Health Quality Measures can be accessed through a searchable database at www.cqaimh.org.


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