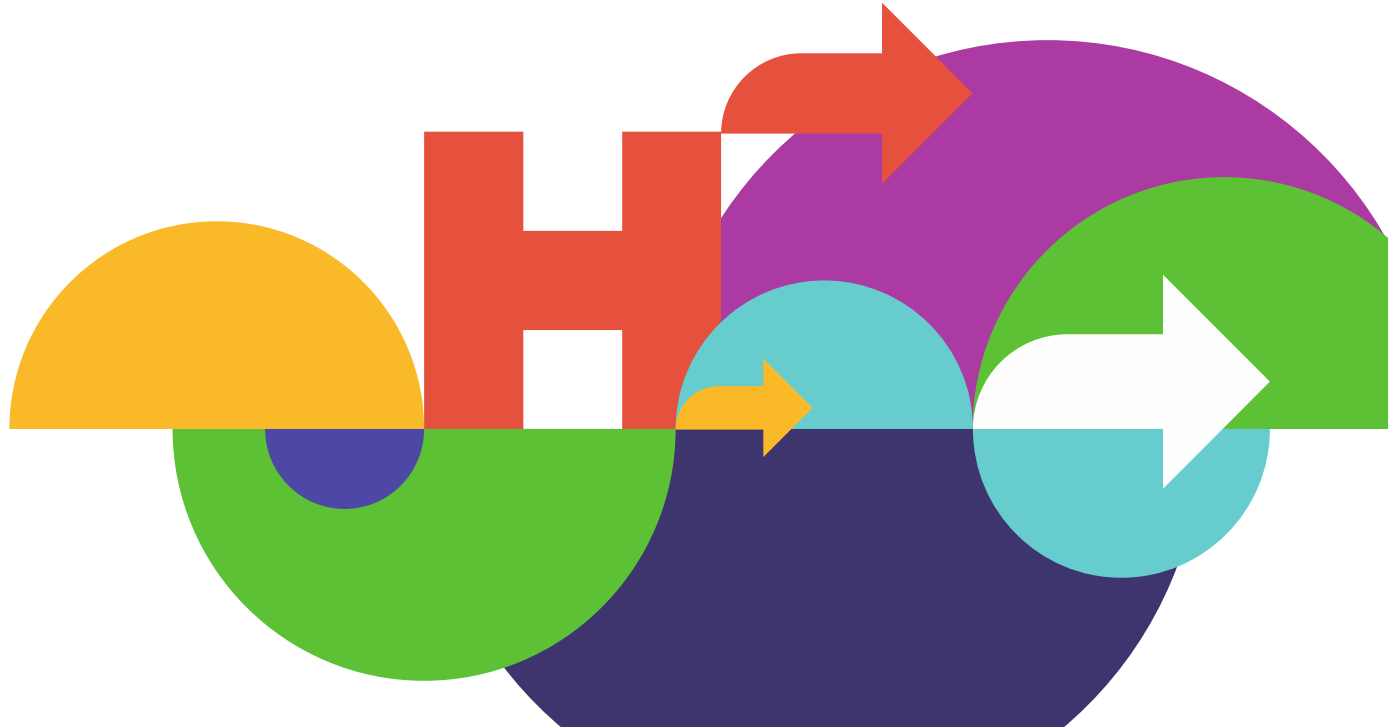


Improving Quality of Care for People Living with Schizophrenia Through Value-Based Funding Methodologies

March 11, 2022



Agenda

1. Welcome and Introductions
2. Opening Remarks
3. Through the lens of Riley's journey living with schizophrenia
4. What have we achieved: Linking quality to funding in mental health and addictions
5. What's next: Seamless care transition throughout a patient's journey
6. Q&A session
7. Closing Remarks



Health System Reconfiguration

Creating A High Performing Healthcare System for Ontario: Evidence Supporting Strategic Changes in Ontario

PREPARED BY:
G. Ross Baker, Ph.D. and Renat

Institute of Health Policy, Management
University of Toronto

OCTOBER 2015

In 2010, Ontario enacted a landmark piece of legislation called the Excellent Care for All Act

The Excellent Care for All Act (ECFAA) sets out principles and levers to embed a culture of quality and accountability in the delivery of patient-centred health care services.



2ND SESSION, 39th LEGISLATURE, ONTARIO
59 ELIZABETH II, 2010

2^E SESSION, 39^E LÉGISLATURE, ONTARIO
59 ELIZABETH II, 2010

Bill 46

Projet de loi 46

The people of Ontario and their Government:

...
Believe that the **patient experience** and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of our health care system

...
Recognize that a **high quality health care system** is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe

...
Believe that quality is the **goal of everyone** involved in delivering health care in Ontario

...
Share a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care

...
integrated, patient centred, population health focussed, and safe

...
Believe that quality is the **goal of everyone** involved in delivering health care in Ontario

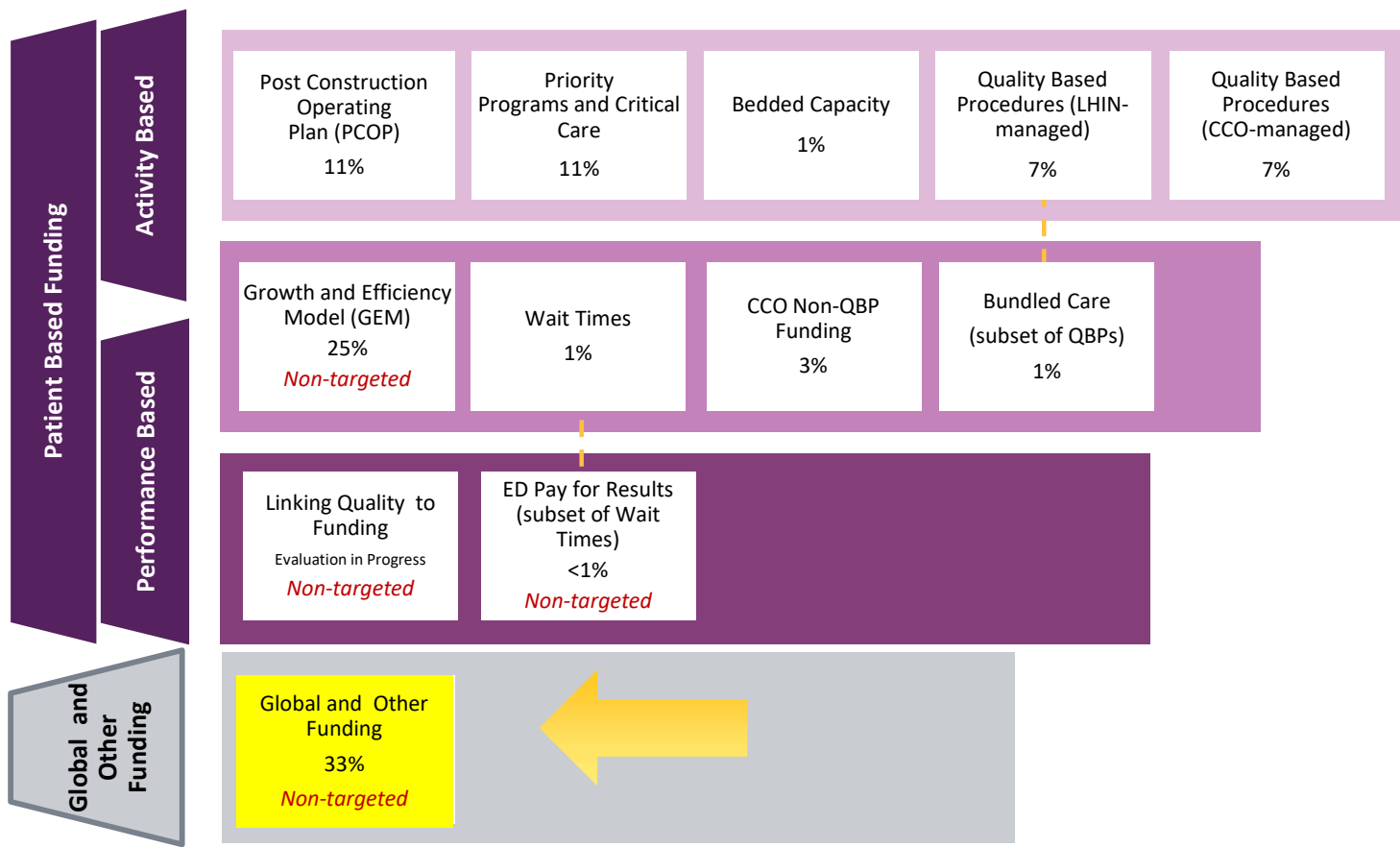
...
Share a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care

Source: Baker, G.R., Axler, R., (2015). *Creating a High Performing Healthcare System for Ontario: Evidence Supporting Strategic Changes in Ontario*. Ontario Hospital Association.
<https://www.oha.com/Documents/OHA%20High%20Performing%20Healthcare%20System%20Paper.pdf>

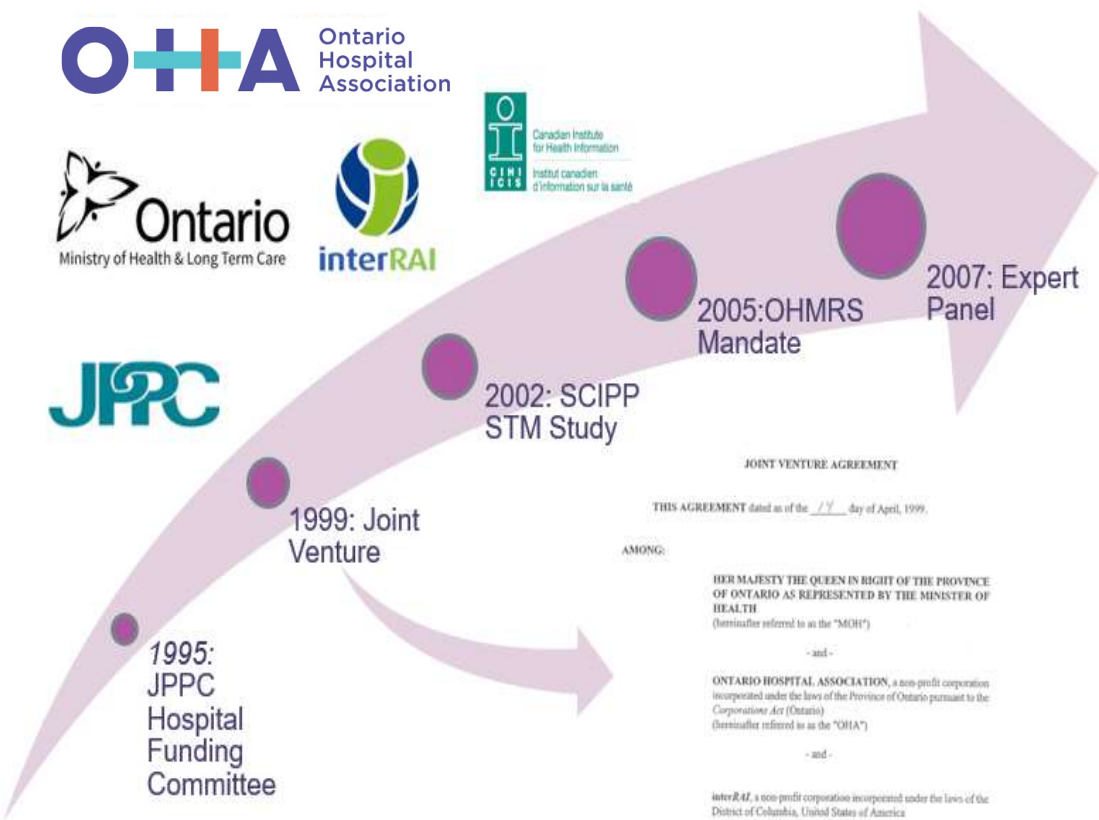
Source: Ontario Ministry of Health. (2016). *Linking Quality Standards and Ministry Program Development*. AGHPS Leadership Summit. <https://www.scribbr.com/examples/powerpoint-slides/>



How are hospitals currently funded in Ontario?



Evolution of Ontario's Mental Health Patient Classification System and its associated weights



Inpatient Mental Health Funding Task Group (IMHFTG) Directional Recommendations (2017)

Recommendation 1:

Partnering with various subject matter experts within the health system, **develop a strategy to create an appropriate mental health case-mix system and its associated weights.**

Recommendation 2:

Develop a strategy to improve data quality and reporting of OHMRS and patient-level costing data for mental health.

Recommendation 3:

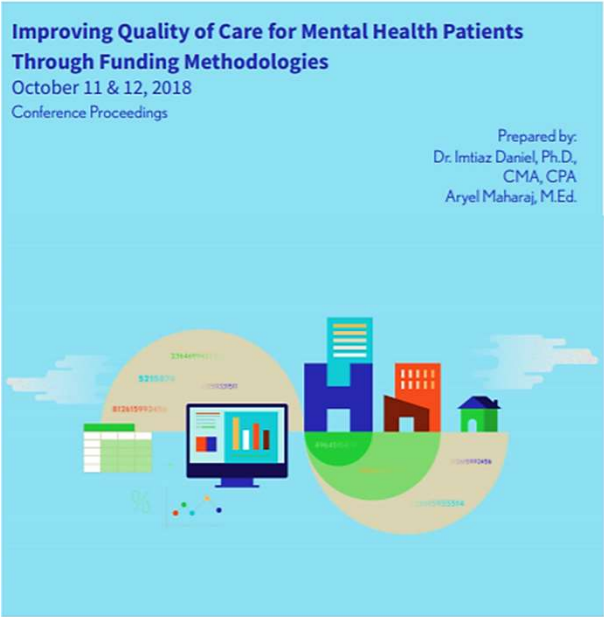
In the short-term, focus on the field's adoption of Health Quality Ontario's **quality standards for mental health and explore potential future use for funding.**

Recommendation 4:

To ensure continued progress and accountability, link the oversight of a mental health funding strategy to the mandate of a provincial council such as the OHA's Mental Health and Addiction Provincial Leadership Council.



OHA's 2018 Improving Quality of Care for Mental Health Patients through Funding Methodologies conference



Please click on [this link](#) to access the PDF version of the proceedings.



Shared learnings on mental health funding methodologies

- Need **strong leadership** to take responsibility for the strategic development, implementation, and evaluation to carry through mental health and addictions funding
- Funding methodologies and service deliveries should incorporate the **continuum of care**; it is a way to tie hospitals and communities together
- Great desire to **pay for value and quality** in mental health and addictions services
- There is a need to address on **data standards and quality** throughout the continuum of care in order to consolidate at a system-wide level.

Overview

Mental Health and Addiction (MHA) Funding Initiative:

- A Hospital Advisory Committee initiative to develop short-term and long-term strategies that will allow mental health and addictions clinical activity to be incorporated into patient-based funding for Ontario

MHA Pay for Quality Approach (P4Q):

- A funding methodology that links to quality where organizations will receive funding based on quality process indicators. This will inform a patient-based funding model for mental health and addictions in the future, starting with schizophrenia care

Inpatient Mental Health Funding Task Group (IMHFTG) Directional Recommendations

- In 2017, the HAC technical funding task group concluded that inpatient mental health cost model should remain ‘turned off’ in the 2018-19 Health-based Allocation Model (HBAM).

Recommendation 1:

Partnering with various subject matter experts within the health system, **develop a strategy to create an appropriate mental health case-mix system and its associated weights.**

Recommendation 2:

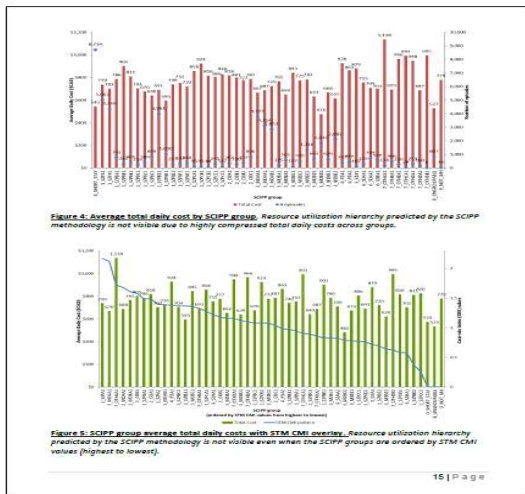
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MHA Funding Advisory Committee and its Working Groups

- The Committee oversees the deliverables of the Working Groups and advises the HAC
- Actions the recommendations of the 2017 report on Inpatient Mental Health and Addictions for patient-based funding in Ontario.

Funding Advisory Committee

- (1) exploring funding approaches using Ontario Health's quality standards in mental health
- (2) developing a strategy to improve data quality and reporting for mental health and addictions services.

Quality Standards Funding Working Group

Case-Mix
(Converted to Administrative Data Quality WG)

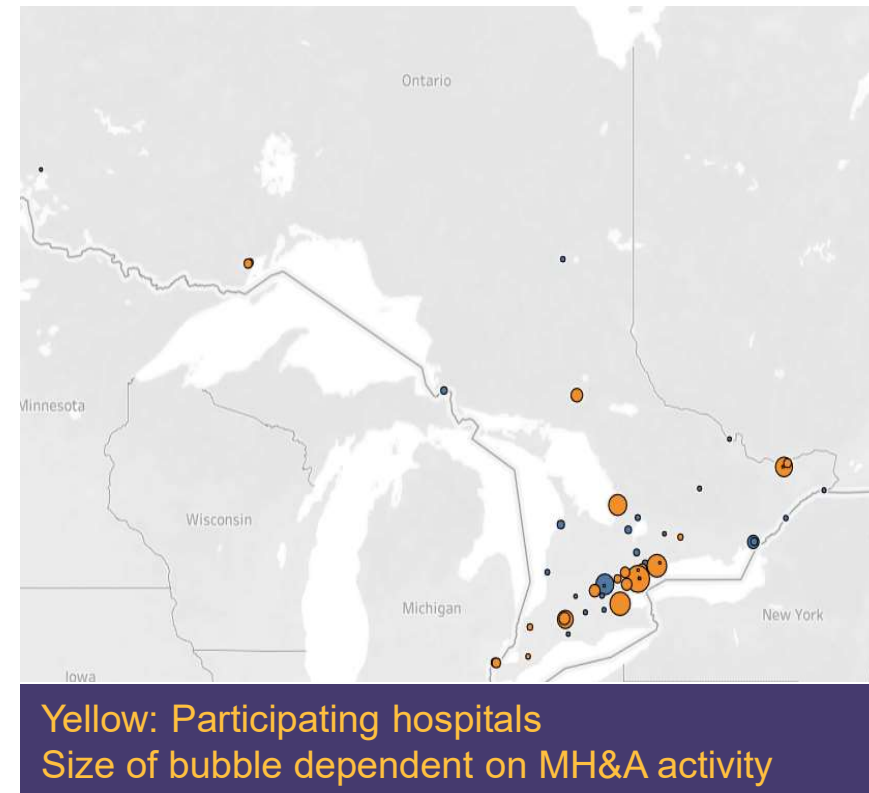
Administrative Data Quality Working Group

- Providing research and different perspectives on funding approaches for mental health and addictions services

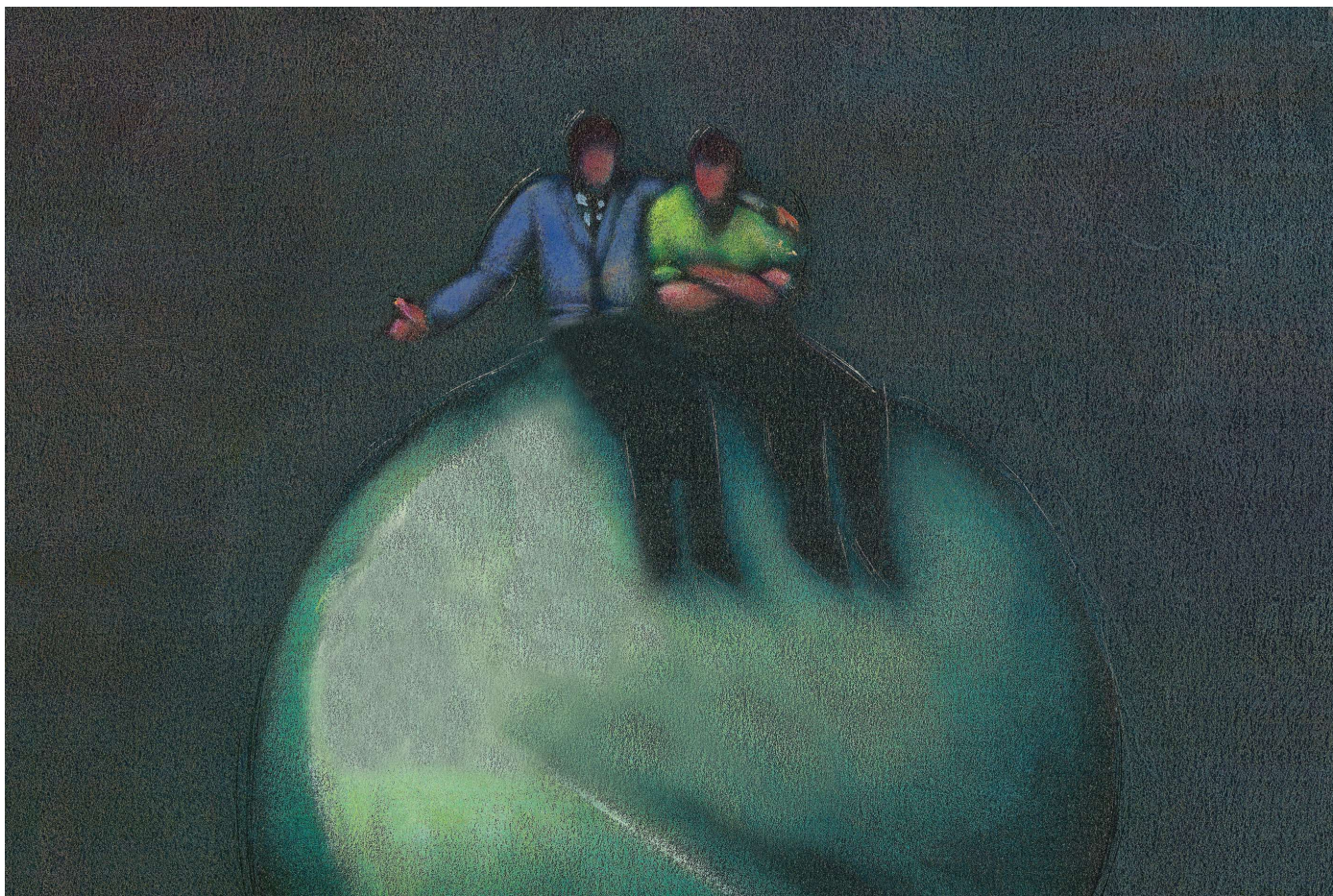
International Collaboration Group (Virtual Collaboration)

Mental Health and Addictions Funding Initiative Membership

- There are 58 hospitals in Ontario that provide Mental Health and Addictions services.
- 23 hospitals are participating in the MHA Funding Advisory Committee and its Working Groups:
 - 10 Large Community
 - 7 Teaching
 - 4 Specialty Mental Health
 - 1 Chronic/Rehab
 - 1 Medium
- Other organizations included:
 - 7 MH&A Community Organizations (AMHO, LOFT CS, FourCAST, CMHAs and IAMH)
 - Academic Institutions (UofT, UWaterloo)
 - 2 Provincial entities (MoH and OH)
 - 1 National organization (CIHI)



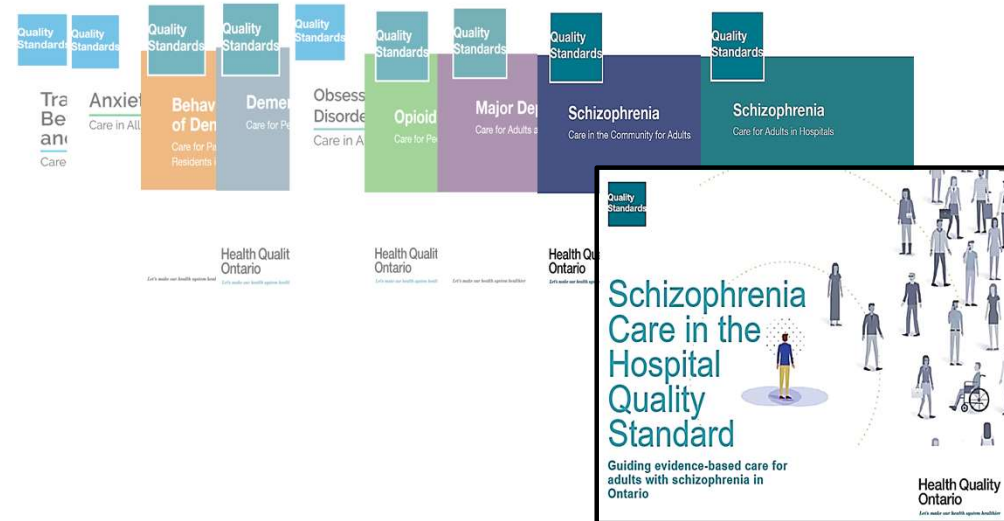
Why focus on Schizophrenia Care?



Need for Mental Health Quality Standards

Ontario Auditor General Report 2016 made recommendations on mental health standards:

- *“clear definitions and guidelines specialty psychiatric hospitals should be required to follow in terms of which patients they admit to their hospitals (such as requiring hospitals to use the Level of Care Utilization System at admission);*
- *how similar patients should be treated; and*
- *how and when they should be discharged from the hospital.”*



Health Quality Ontario developed condition-specific mental health standards for the purpose of ensuring high-quality care planning and delivery

MHA – P4Q: Scale to Ontario Health’s Quality Standards for Mental Health and Addictions



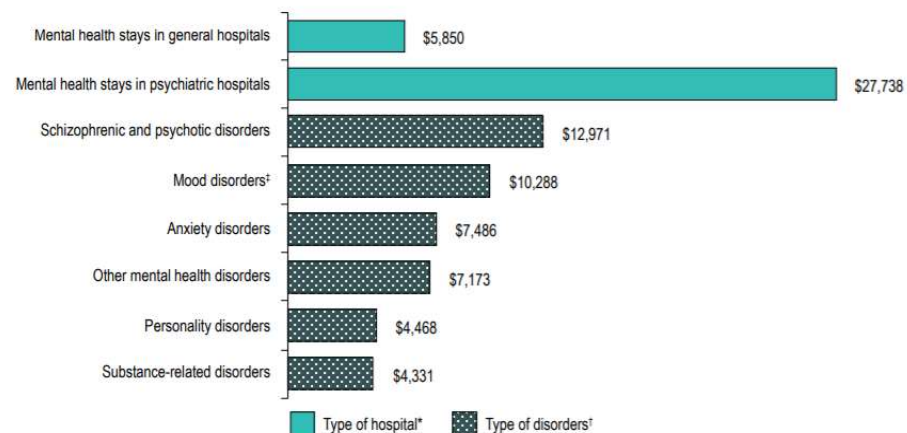
Patients diagnosed with schizophrenia

- Schizophrenia, schizotypal and delusional disorders were listed as **top 10** high-volume inpatient hospitalizations with the longest average length of stay

| Province | Rank | Most responsible diagnosis for inpatient hospitalizations in 2020–2021 | Number of inpatient hospitalizations in 2020–2021 | Percentage* of inpatient hospitalizations in 2020–2021 | Average acute length of stay of inpatient hospitalizations in 2020–2021 |
|----------|------|--|---|--|---|
| Ont. | 1 | Giving birth | 131,753 | 13.2 | 1.9 |
| | 2 | Heart failure | 24,790 | 2.5 | 8.3 |
| | 3 | Acute myocardial infarction | 23,009 | 2.3 | 4.4 |
| | 4 | Osteoarthritis of the knee | 19,931 | 2.0 | 1.8 |
| | 5 | Mood (affective) disorders | 19,810 | 2.0 | 10.7 |
| | 6 | COVID-19 | 18,506 | 1.9 | 10.8 |
| | 7 | Schizophrenia, schizotypal and delusional disorders | 17,342 | 1.7 | 14.3 |
| | 8 | Neurocognitive disorders | 17,198 | 1.7 | 13.6 |
| | 9 | Other medical care (e.g., palliative care, chemotherapy) | 15,720 | 1.6 | 7.7 |
| | 10 | COPD and bronchitis | 15,239 | 1.5 | 6.4 |

- 50%** of cost for hospital stays related to mental health are for services that help patients with schizophrenia and psychotic disorders.

Estimated average cost of hospital stays by type of hospital and disorders (2017–2018)



- This mental health condition was also **third** most prevalent for age group 18-64 in Canada

| Age group | Rank | Most responsible diagnosis for inpatient hospitalizations in 2020–2021 | Number of inpatient hospitalizations in 2020–2021 | Percentage* of inpatient hospitalizations in 2020–2021 | Average acute length of stay of inpatient hospitalizations in 2020–2021 |
|-----------|------|--|---|--|---|
| 18–64 | 1 | Giving birth | 342,775 | 25.1 | 2.1 |
| | 2 | Substance use disorders | 47,509 | 3.5 | 4.9 |
| | 3 | Schizophrenia, schizotypal and delusional disorders | 39,311 | 2.9 | 16.4 |
| | 4 | Mood (affective) disorders | 33,485 | 2.5 | 11.3 |
| | 5 | Diseases of the appendix | 27,136 | 2.0 | 2.0 |

Identifying Inpatient Mental Health services in hospital

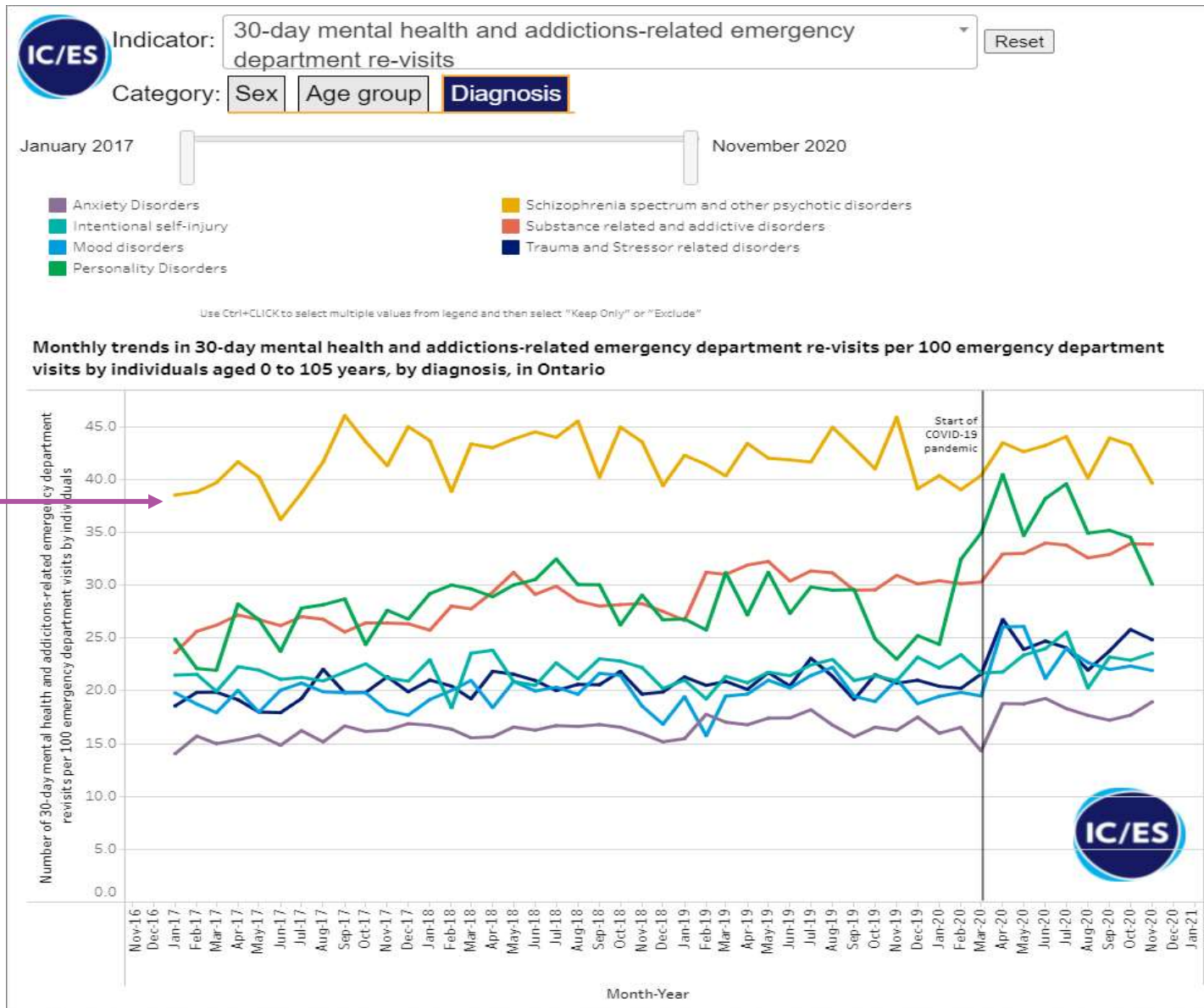
- The **majority of inpatient MHA services** provided in Ontario (2018) are for patient visits related to **schizophrenia and other psychotic disorders** and for **bipolar and depressive disorders across all adult age groups**
- The **3rd most common diagnostic category** for which inpatient MHA services are provided are **neurocognitive disorders mainly for the older age groups**

Inpatient Mental Health Patient Days (excl. Forensic) FY1819

| CIHI SCIPP Category (DSM-V) | Age Category | | | | | Proportion of Total Patient Days | Total Patient Days |
|--|--------------|-------------|-------------|-------------|-------------|----------------------------------|--------------------|
| | 0-14 | 15-24 | 25-44 | 45-64 | 65+ | | |
| 0. Short Stay assessments | 0.0 | 0.8 | 1.2 | 0.5 | 0.1 | 2.6 | 33,650 |
| 1. Schizophrenia and other psychotic disorders | 0.1 | 6.6 | 16.7 | 13.8 | 5.7 | 42.9 | 554,861 |
| 2. Neurocognitive Disorders | - | 0.1 | 0.3 | 2.5 | 8.2 | 11.1 | 144,042 |
| 3. Bipolar and Depressive Disorders | 0.1 | 4.3 | 9.7 | 10.8 | 5.7 | 30.6 | 396,072 |
| 4. Personality disorders | 0.0 | 0.8 | 1.0 | 0.4 | 0.1 | 2.3 | 29,910 |
| 5. Feeding and Eating Disorders | 0.1 | 0.4 | 0.4 | 0.1 | 0.0 | 1.0 | 12,661 |
| 6. Substance-Related and Addictive Disorders | - | 0.9 | 2.7 | 1.6 | 0.2 | 5.3 | 68,685 |
| 7. Other disorders | 0.1 | 1.0 | 1.4 | 1.1 | 0.6 | 4.2 | 54,187 |
| 9. Not mental health | - | - | - | - | - | - | - |
| Grand Total | 0.3 | 14.9 | 33.3 | 30.8 | 20.7 | 100 | 1,294,068 |

30-day ED department re-visits for Schizophrenia

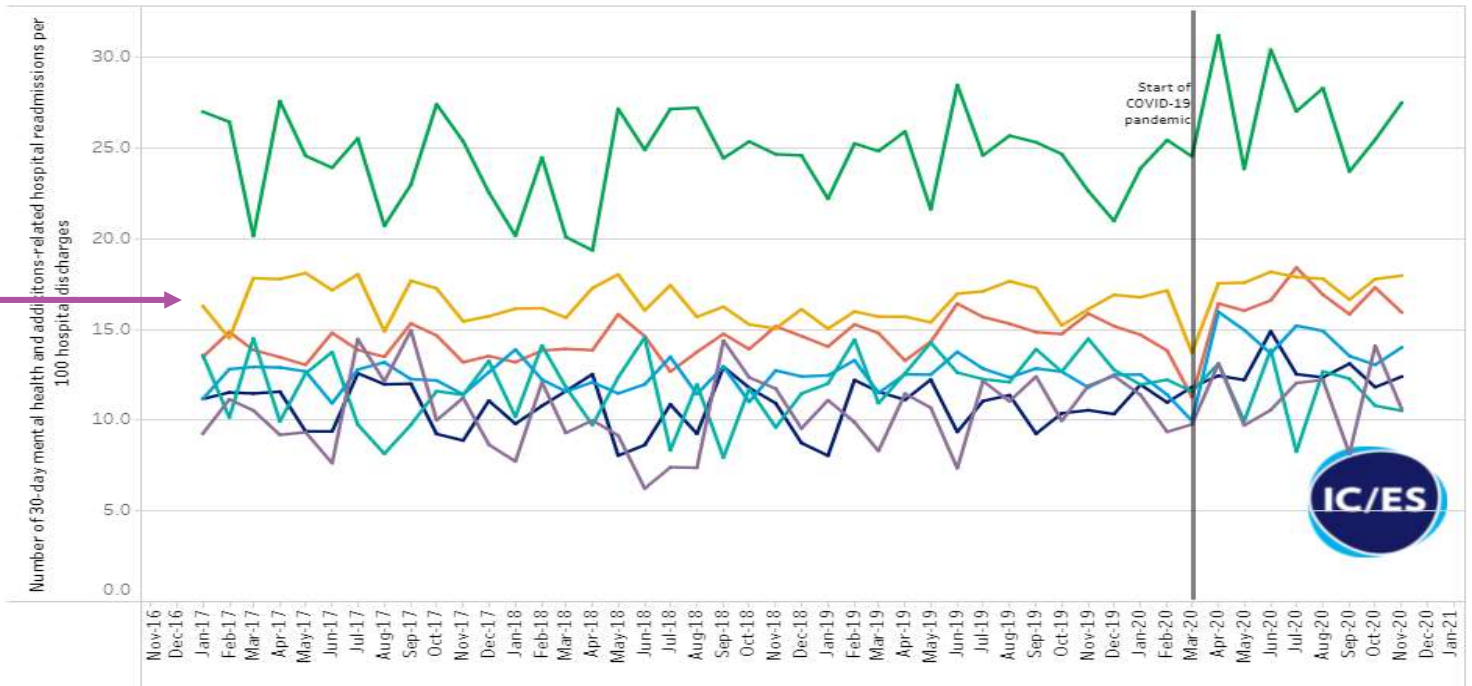
Over 40 ED patients per 100 in Ontario return after 30-days for schizophrenia.



Schizophrenia Readmissions



Monthly trends in 30-day mental health and addictions-related hospital readmissions per 100 hospital discharges aged 0 to 105 years, by diagnosis, in Ontario



- Approximately 17% of Schizophrenia Patients are readmitted within 30-days.
- One of the highest readmissions for MHA related hospital readmissions

What are some of Ontario's Funding Approaches linking to Quality?



Approaches for Paying for Quality – Ontario’s Experience

Quality Based Procedures



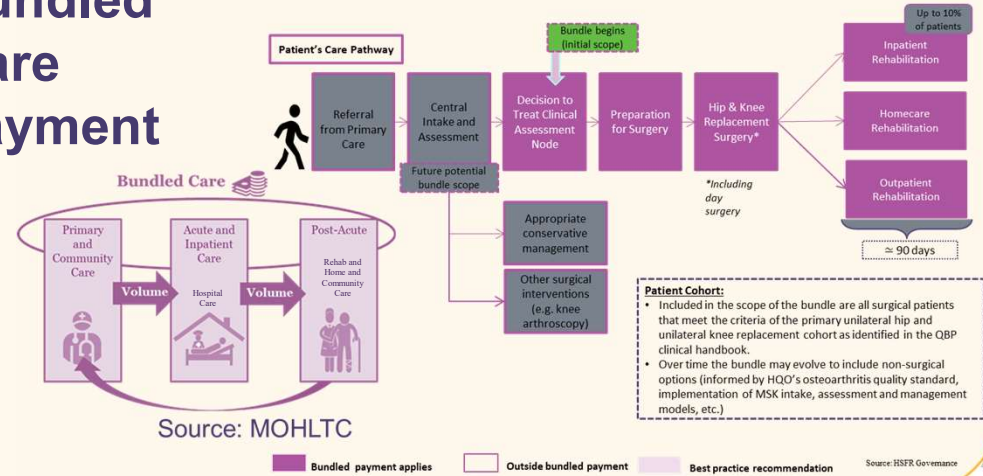
- Does the clinical group contribute to a significant proportion of total costs?
- Is there significant variation across providers in unit costs/ volumes/ efficiency?
- Is there potential for cost savings or efficiency improvement through more consistent practice?
- How do we pursue quality and improve efficiency?
- Is there potential areas for integration across the care continuum?



- Are there clinical leaders able to champion change in this area?
- Is there data and reporting infrastructure in place?
- Can we leverage other initiatives or reforms related to practice change (e.g. Wait Time, Provincial Programs)?
- Is there a clinical evidence base for an established standard of care and/or care pathway? How strong is the evidence?
- Is costing and utilization information available to inform development of reference costs and pricing?
- What activities have the potential for bundled payments and integrated care?
- Is there variation in clinical outcomes across providers, regions and populations?
- Is there a high degree of observed practice variation across providers or regions in clinical areas where a best practice or standard exists, suggesting such variation is inappropriate?

Bundled Care payment

Hip & knee replacement bundle pathway

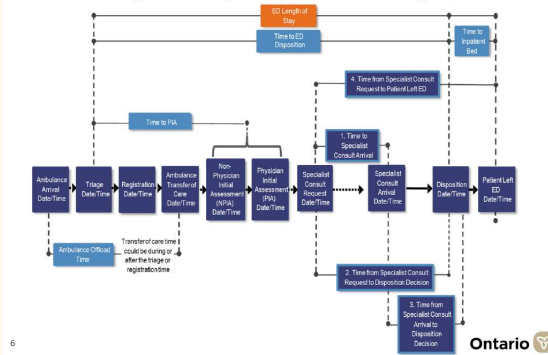


Source: MOHLTC

Legend: Bundled payment applies (dark purple), Outside bundled payment (light purple), Best practice recommendation (white). Source: ISSFR Governance 46

Pay for Results

Total ED Length of Stay Diagram and Component Parts



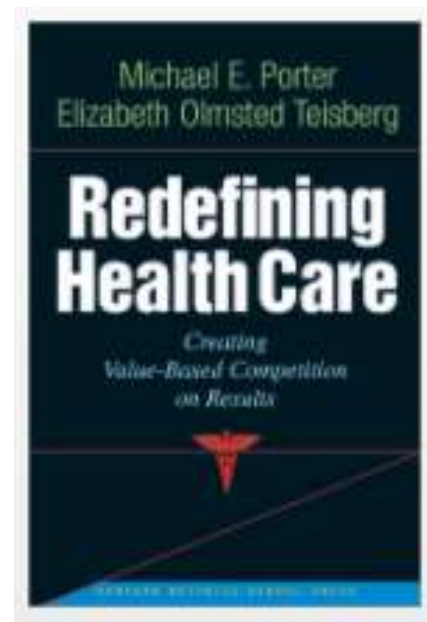
Supporting Value and Improving Patient Outcomes

$$\text{Value}^* = \frac{\text{Outcomes that Matter to Patients}}{\text{Costs Throughout the Patient Journey}}$$

- Measurement of outcomes needs to be connected to a strong quality improvement approach.
- If an Integrated Care Funding Model is to improve patient outcomes, funding for quality of care requires a strong **performance management** infrastructure that includes:

- **Reporting**
- **Benchmarking**
- **Targeted Management**
- **Prioritizing change ideas** for improvement and providing coaching, if required
- **Audit and Feedback**

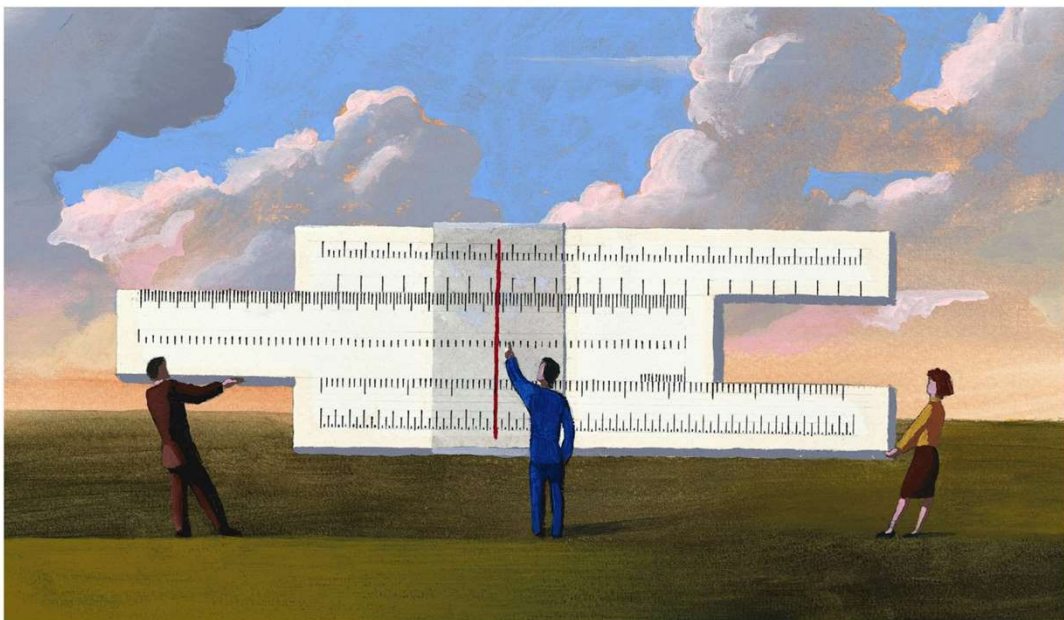
The process will be an iterative and phased approach to incorporate lessons learned.



* “lays out a breakthrough framework for redefining health care competition based on patient value”

**Aligning Outcomes And Spending: Canadian Experiences with Value-Based Healthcare” Canadian Foundation for Healthcare Improvement, August 2018

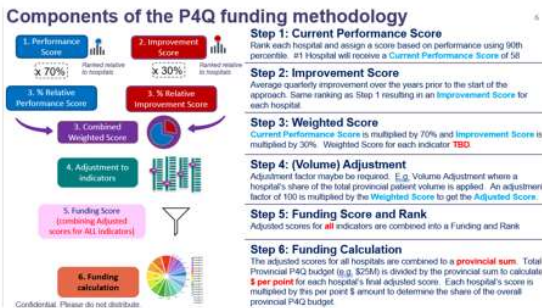
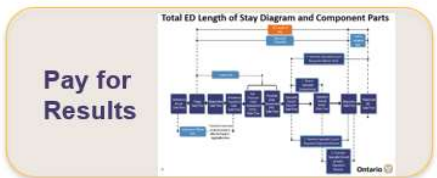
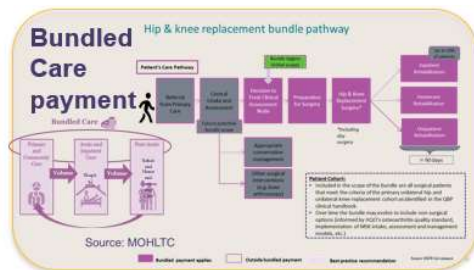
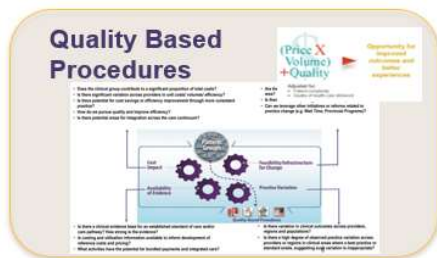
Exploring how to link quality to funding in MHA



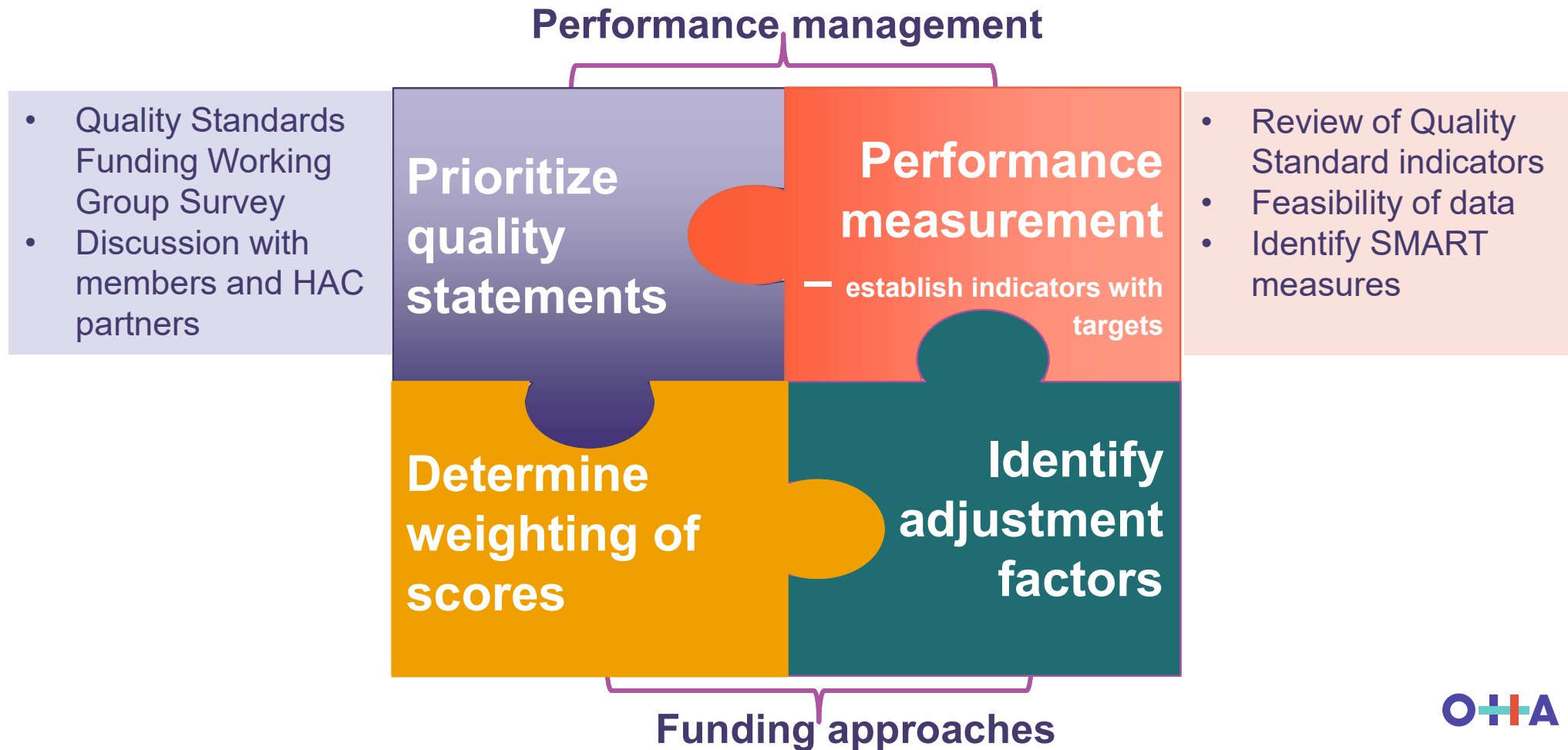
The development of the MHA Pay for Quality (P4Q) funding methodology

1. Explored existing funding approaches in Ontario to link funding to quality

2. Conducted modified Delphi process to select quality statements and its indicators to measure performance into the MHA P4Q funding model



The development of the MHA Pay for Quality (P4Q) funding methodology



Schizophrenia Care in Hospital - Quality Statements (in brief)

Quality Statement 1: Comprehensive Interprofessional Assessment

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a comprehensive interprofessional assessment that informs their care plan.

Quality Statement 2: Screening for Substance Use

Adults who present to an emergency department or in an inpatient setting with a primary diagnosis of schizophrenia are assessed for substance use and, if appropriate, offered treatment for concurrent disorders.

Quality Statement 3: Physical Health Assessment

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a physical health assessment focusing on conditions common in people with schizophrenia. This assessment informs their care plan.

Quality Statement 4: Promoting Physical Activity and Healthy Eating

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered interventions that promote both physical activity and healthy eating.

Quality Statement 5: Promoting Smoking Cessation

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered behavioural and pharmacological interventions to alleviate nicotine-withdrawal symptoms and to help them reduce or stop smoking tobacco.

Quality Statement 6: Treatment With Clozapine

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia who have failed to respond to previous adequate trials of treatment with two antipsychotic medications are offered clozapine.

Quality Statement 7: Treatment With Long-Acting Injectable Antipsychotic Medication

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered the option of a long-acting injectable antipsychotic medication.

Quality Statement 8: Cognitive Behavioural Therapy

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered individual cognitive behavioural therapy for psychosis either in the inpatient setting or as part of a post-discharge care plan.

Quality Statement 9: Family Intervention

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered family intervention.

Quality Statement 10: Follow-Up Appointment After Discharge

Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a follow-up appointment within 7 days.

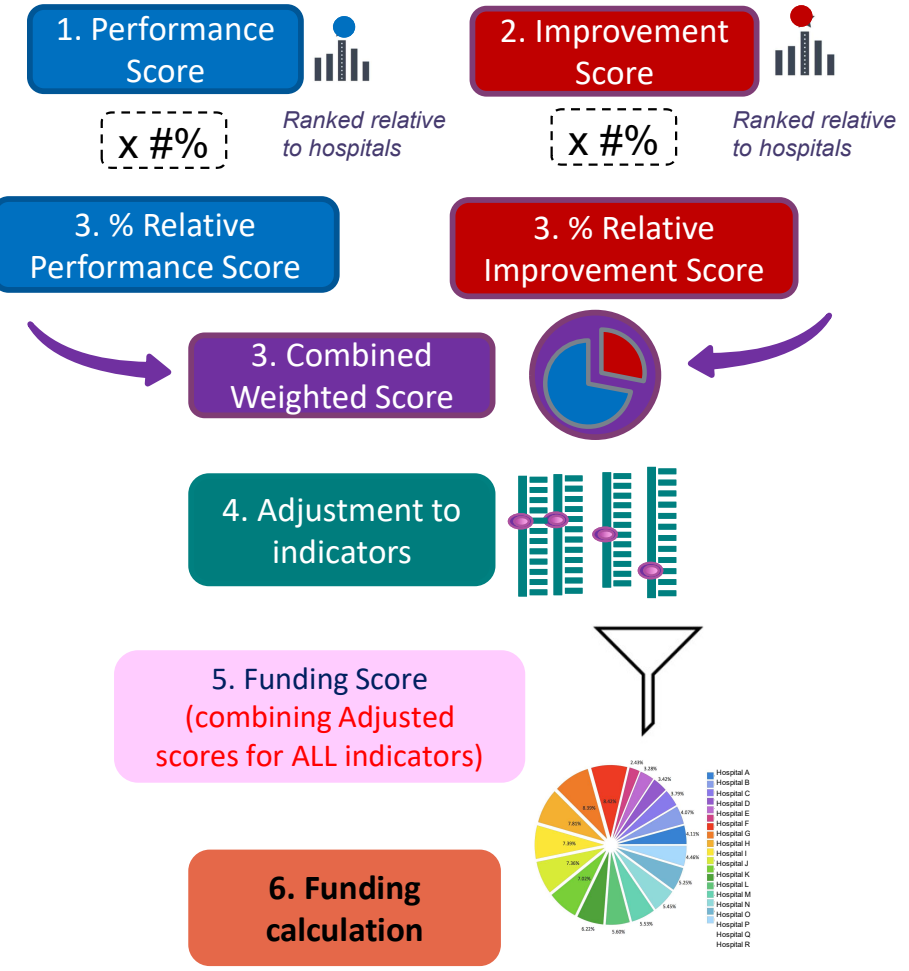
Quality Statement 11: Transitions in Care

Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a team or provider who is accountable for communication and the coordination and delivery of a care plan that is tailored to their needs

MHA – P4Q Indicators for funding considerations (Phase 1)

| | |
|---|---|
| <p>Quality Statement 6: Treatment With Clozapine</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 6-1 Clozapine offered <input checked="" type="checkbox"/> 6-2 Clozapine received <ul style="list-style-type: none"> • Recommended by panel of pharmacy experts • Primary data collection until standardized data mechanism available |
| <p>Quality Statement 7: Treatment With Long-Acting Injectable Antipsychotic Medication</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 7-1 LAI offered <input checked="" type="checkbox"/> 7-2 LAI received <ul style="list-style-type: none"> • Recommended by panel of pharmacy experts • Primary data collection until standardized data mechanism available |
| <p>Quality Statement 10: Follow-Up Appointment After Discharge</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 10-1 Follow-up with any care provider (to be monitored) <ul style="list-style-type: none"> ○ Potential future indicator when community data available <input checked="" type="checkbox"/> 10-2 Follow-up with physician <ul style="list-style-type: none"> • Proceed with IC/ES consultation |
| <p>Quality Statement 11: Transitions in Care</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 11-1 Care plan made available <ul style="list-style-type: none"> • Primary data collection until standardized data mechanism available <input type="checkbox"/> 11-2 Homelessness (to be monitored) |

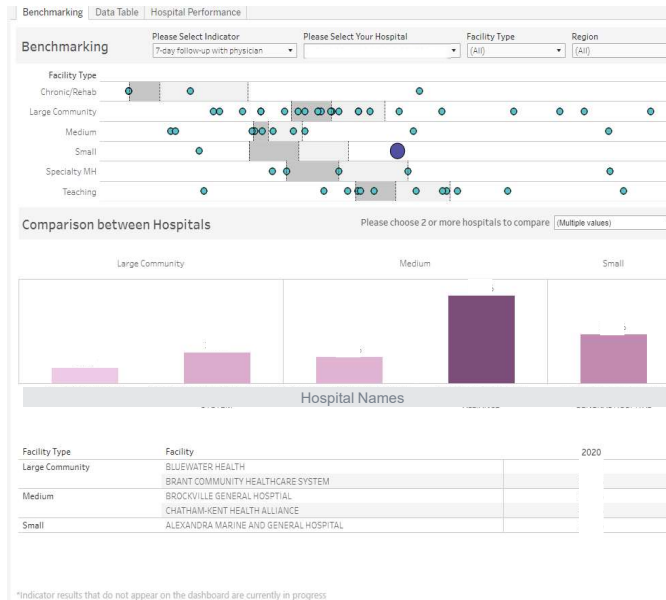
The P4Q Approach for Schizophrenia



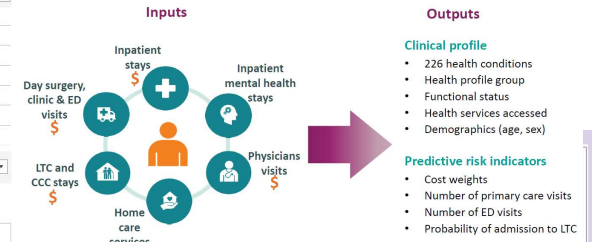
- ✓ Links funding to quality
- ✓ A funding approach to incentive quality improvement in the mental health and addictions sector, a first for Ontario
- ✓ Uses quality statement developed by Ontario experts based on consensus of opinion and best practice evidence.
- ✓ Learnings can be scaled to other chronic diseases with similar or less severity and complexity

Development of the MHA P4Q for Schizophrenia Care

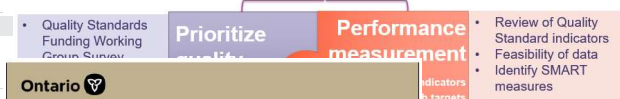
- Consultation with clinical, financial, and data leaders
- Engagement with hospital, community, government, and academic members across Ontario
- Learning from international jurisdictions
- Establishing a standardized data collection and performance measurement system



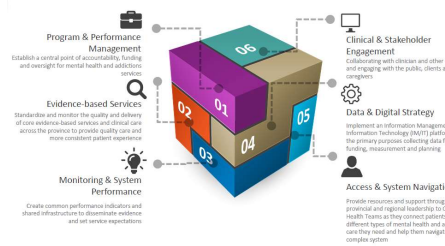
CIHI Population Grouping Methodology



Exploring Pay for Quality for Mental Health and Addictions



The COE's Programmatic Approach: Using the approach from the cancer system to apply to programs like the Ontario Structure Psychotherapy Program



Ontario Health Data Branch Service Announcement

Ontario Mental Health Reporting System (OMHRS) - Resident Assessment Instrument - Mental Health (RAI-MH) Update

With more than one million Ontarians experiencing mental health and addictions challenges each year, the government has prioritized these as a crucial need to support mental health and addictions.

The Ministry of Health, Ontario Hospital Association (OHA) and Capacity Institute for Health Information (CIHI) in consultation with the Chairs of the Hospital Advisory Committee's Mental Health Funding subtable, have been collaborating to collect manually reported mental health quality data for Ontario quality standards (incorporating the Health Quality Ontario Quality Statements based on the Quality Standard - [OHA's Quality Statements](#)).

Next steps:

- CIHI will add 5 new mandatory data elements to the RAI-MH instrument.
- This change is effective 7/1/2024.
- Submissions received after 7/1/2024 will be accepted.

The new data elements will inform the strategies needed to ensure value to mental health and addictions.

Please share with the relevant staff:

- For questions related to the RAI-MH instrument, please contact the Health Data Branch.
- For questions on the Mental Health Quality Statements, please contact the Quality Standard - [OHA's Quality Statements](#).
- For Guidance on completing the RAI-MH instrument, please contact the Health Data Branch.

Health Data Support Team
Capacity Planning & Analytics Division
Ministry of Health | Ministry of Long-Term Care

Need more information?
Contact us at: AskHealthData@ontario.ca



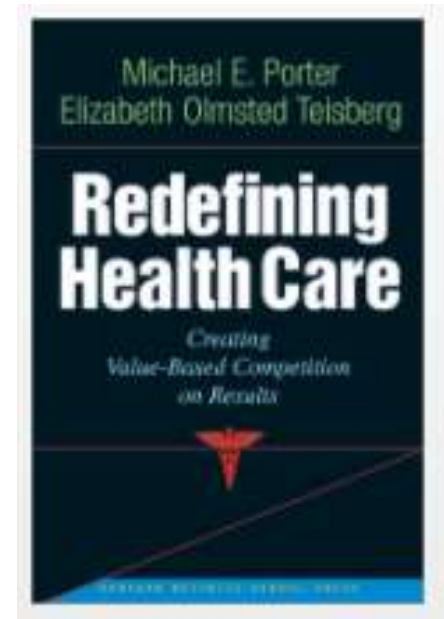
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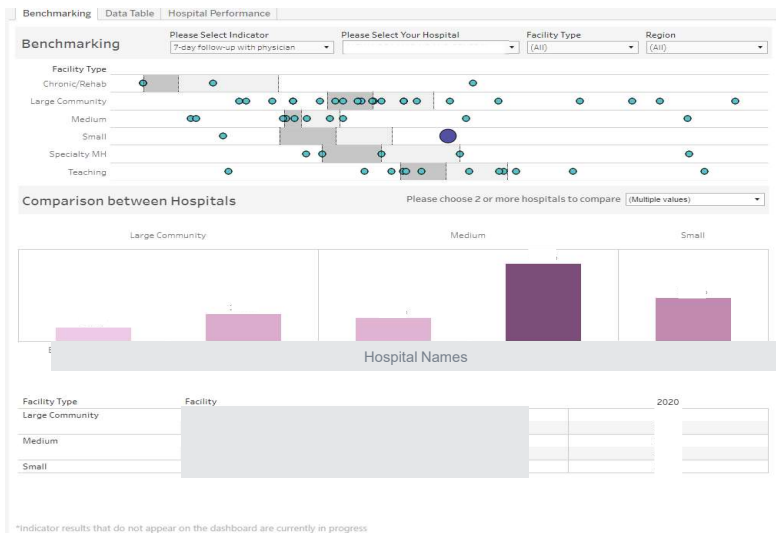
The process will be an iterative and phased approach to incorporate lessons learned.



* “lays out a breakthrough framework for redefining health care competition based on patient value”

Reporting back: OHA Quality Standard Schizophrenia Care in Hospital Dashboard

A dashboard was developed to provide hospitals the ability to review the results of their quality measures and allow comparisons to others. This allows hospitals to connect with peers to learn about their successes on adoption of the quality statements.



*Indicator results that do not appear on the dashboard are currently in progress

| Indicator | Hospital | | Province | | | |
|--------------------------------|----------|--|-----------------|-----------------|-----------------|-----------------|
| | Result | | 25th Percentile | 50th Percentile | 75th Percentile | 90th Percentile |
| Care Plan made available | 36.8% | | 80.8% | 92.6% | 99.6% | 100.0% |
| Treatment received with LAI | 93.5% | | 46.2% | 68.5% | 83.6% | 96.0% |
| Treatment with Clozapine | 35.7% | | 48.6% | 65.0% | 89.4% | 100.0% |
| 7-day follow-up with physician | 16.4% | | 15.2% | 23.0% | 32.6% | 46.1% |

| Facility Type | Facility | Region | Result |
|-----------------|-----------------|----------|--------|
| Large Community | [Facility Name] | [Region] | 0.0% |
| | | [Region] | 33.3% |
| | | [Region] | 7.0% |
| | | [Region] | 0.0% |
| | | [Region] | 9.6% |
| | | [Region] | 29.2% |
| | | [Region] | 21.5% |
| | | [Region] | 30.8% |
| | | [Region] | 14.8% |
| | | [Region] | 15.0% |
| Medium | [Facility Name] | [Region] | 10.3% |
| | | [Region] | 27.4% |
| | | [Region] | 21.3% |
| | | [Region] | 22.9% |
| | | [Region] | 21.6% |

*Indicator results that do not appear on the dashboard are currently in progress.


<https://www.oha.com/data-and-analytics/finance-tools/mental-health-and-addictions-quality-standard-schizophrenia-care-dashboard>



Changes to reporting for hospitals with inpatient mental health activity

- Clozapine and LAI indicators will be calculated using record level data from OMHRS
- OMHRS changes April 1st, 2022

| | |
|--|--|
| Quality Statement 6: Treatment With Clozapine | <input checked="" type="checkbox"/> 6-1 Clozapine offered <input checked="" type="checkbox"/> 6-2 Clozapine received <ul style="list-style-type: none"> • Recommended by panel of pharmacy experts • Primary data collection until standardized data mechanism available |
| Quality Statement 7: Treatment With Long-Acting Injectable Antipsychotic Medication | <input checked="" type="checkbox"/> 7-1 LAI offered <input checked="" type="checkbox"/> 7-2 LAI received <ul style="list-style-type: none"> • Recommended by panel of pharmacy experts • Primary data collection until standardized data mechanism available |
| Quality Statement 10: Follow-Up Appointment After Discharge | <input checked="" type="checkbox"/> 10-1 Follow-up with any care provider (to be monitored) <input type="checkbox"/> Potential future indicator when community data available <input checked="" type="checkbox"/> 10-2 Follow-up with physician <ul style="list-style-type: none"> • Proceed with IC/ES consultation |
| Quality Statement 11: Transitions in Care | <input checked="" type="checkbox"/> 11-1 Care plan made available <ul style="list-style-type: none"> • Primary data collection until standardized data mechanism available <input checked="" type="checkbox"/> 11-2 Homelessness (to be monitored) |

Ontario 

Health Data Branch Service Announcement

Ontario Mental Health Reporting System (OMHRS) - Resident Assessment Instrument – Mental Health (RAI-MH) Update

With more than one million Ontarians experiencing mental health and addictions challenges each year, the government has prioritized these population to be served under the integrated care agenda. As such, there is a crucial need to support measurement-based care, quality improvement and performance measurement for mental health and addictions.

The Ministry of Health, Ontario Hospital Association (OHA) and Canadian Institute for Health Information (CIHI), in consultation with the Chairs of the Hospital Advisory Committee’s Mental Health Funding initiative, have been collaborating to collect manually information from mental health facilities on the following quality standards (incorporating the Health Quality Ontario Quality Statements based on the [Quality Standard – Schizophrenia: Care for Adults in Hospitals](#)):

- Statement 6: Treatment with Clozapine
- Statement 7: Treatment with Long-Acting Injectable Antipsychotic Medication
- Statement 10: Follow-Up Appointment After Discharge
- Statement 11: Transitions in Care

The Ministry has worked with CIHI to integrate the collection of 5 new data elements into the existing Ontario Mental Health Reporting System (OMHRS) to standardize the collection of this important quality of care information. OMHRS is a valuable tool implemented by CIHI on behalf of the Ministry to standardize the collection of mental health clinical and administrative information within a singular reporting framework.

Next steps:

- CIHI will add 5 new mandatory data elements (related to treatment for schizophrenia) to the OMHRS Discharge Assessment, Short Discharge Assessment, and Short Stay Record.
- **This change is effective April 1, 2022.** New validation rules to support this change will only apply to submissions received after this date, and submissions that reference assessments received after this date. More information on these changes will follow.

The new data elements will inform evidence-based provincial benchmarks for these interventions and support the strategies needed to ensure value-based care from hospital to community for patients with conditions related to mental health and addictions.

Please share with the relevant staff within your organization.

- For questions related to the Service Announcement, please contact AskHealthData@ontario.ca
- For questions on the Mental Health Funding initiative, please contact HSF@ontario.ca
- For Guidance on completing assessments, please contact specializedcare@cihi.ca

Health Data Support Team
 Health Data Branch
 Capacity Planning & Analytics Division
 Ministry of Health | Ministry of Long-Term Care

Need more information?
 Contact us at: AskHealthData@ontario.ca

Report Recommendations from the MHA Funding Advisory Committee

Recommendation 1: *Use a multi-year payment approach to incentivize quality of care commencing in FY2022/23 using the Quality Standard – Schizophrenia Care for Adults in Hospitals and proceed to integrate the Quality Standard – Schizophrenia Care in the Community for Adults within 3 years.*

Recommendation 2: *Commitment to a dedicated incremental funding envelope that would fund the adoption of the Quality Standards taking into consideration projected volume increases, evolving models of care, and inflationary costs.*

Recommendation 3: *Ensure standardized, reliable and timely data are available for measuring performance of care across settings as identified by the Quality Standards.*

Recommendation 4: *The Ministry, Ontario Health, OHA, and community mental health and addictions associations should collaborate with health providers to provide the necessary tools and communication to health care providers across care settings to ensure knowledge translation and supports for the P4Q program.*

Recommendation 5: *There should be an annual review and adjustments of the MHA P4Q funding methodology to ensure transparency and continuous improvement of the initiative.*

Recommendation 6: *In the Fall 2021, the MHA Funding Advisory Committee will pursue exploration of an integrated care funding approach: creation of an integrated care funding model for schizophrenia care.*

Recommendation 7: *Within FY2021-2022, The MHA Funding Advisory Committee will engage with the Ministry to develop a plan for the refinement/development of a case-mix system and its associated weighting methods to fund resource utilization for adult mental health and addictions care activities.*

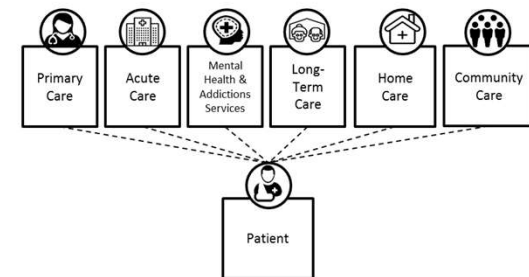
Recommendation 8: *The MHA Funding Advisory Committee will develop a multi-year workplan for other MHA Quality Standards using the MHA-P4Q approach.*

What's next – Momentum Grows for Value-Based Care in Mental Health in Ontario



Seamless care transition throughout a patient's journey

- Development of schizophrenia care pathway to inform funding at a provincial level for potential integrated care model
- Requires clinical experts advising on the care processes based on available evidence
- Evaluation of the quality of care
 - Metrics, benchmarks etc



Schizophrenia Care in Hospital - Quality Statements (in brief)

| | |
|--|---|
| Quality Statement 1: Comprehensive Interprofessional Assessment Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a comprehensive interprofessional assessment that informs their care plan. | ✓ |
| Quality Statement 2: Screening for Substance Use Adults who present to an emergency department or in an inpatient setting with a primary diagnosis of schizophrenia are assessed for substance use and, if appropriate, offered treatment for concurrent disorders. | ✓ |
| Quality Statement 3: Physical Health Assessment Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a physical health assessment focusing on conditions common in people with schizophrenia. This assessment informs their care plan. | ✓ |
| Quality Statement 4: Promoting Physical Activity and Healthy Eating Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered interventions that promote both physical activity and healthy eating. | ✓ |
| Quality Statement 5: Promoting Smoking Cessation Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered behavioral and pharmacological interventions to alleviate nicotine withdrawal symptoms and to help them reduce or stop smoking tobacco. | ✓ |
| Quality Statement 6: Treatment With Clozapine Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia who have failed to respond to previous adequate trials of treatment with two antipsychotic medications are offered clozapine. | ✓ |
| Quality Statement 7: Treatment With Long-Acting Injectable Antipsychotic Medication Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered the option of a long-acting injectable antipsychotic medication. | ✓ |
| Quality Statement 8: Cognitive Behavioral Therapy Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered individual cognitive behavioral therapy for psychosis either in the inpatient setting or as part of a post-discharge care plan. | ✓ |
| Quality Statement 9: Family Intervention Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered family intervention. | ✓ |
| Quality Statement 10: Follow-Up Appointment After Discharge Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a follow-up appointment within 7 days. | ✓ |
| Quality Statement 11: Transitions in Care Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a team or provider who is accountable for communication and the coordination and delivery of a care plan that is tailored to their needs. | ✓ |

Schizophrenia Care in Community - Quality Statements (in brief)

Quality Statement 1: Care Plan and Comprehensive Assessment
Adults with schizophrenia have a care plan that is regularly reviewed and updated, and that is informed by a comprehensive assessment.

Quality Statement 2: Physical Health Assessment
Adults with schizophrenia receive a physical health assessment on a regular basis.

Quality Statement 3: Self-Management
Adults with schizophrenia have access to information and education that supports the development of self-management skills.

Quality Statement 4: Family Education, Support, and Intervention
Families of adults with schizophrenia are given ongoing education, support, and family intervention that is tailored to their needs and preferences.

Quality Statement 5: Access to Community-Based Intensive Treatment Services
Adults with schizophrenia have timely access to community-based intensive treatment services based on their needs and preferences.

Quality Statement 6: Housing
Adults with schizophrenia have a safe, affordable, stable living environment that reflects their needs and preferences.

Quality Statement 7: Antipsychotic Monotherapy
Adults with schizophrenia are prescribed a single antipsychotic medication, whenever possible.

Quality Statement 8: Treatment With Long-Acting Injectable Antipsychotic Medication
Adults with schizophrenia are offered the option of a long-acting injectable antipsychotic medication.

Quality Statement 9: Treatment With Clozapine
Adults with schizophrenia who have not responded to previous adequate trials of treatment with two different antipsychotic medications are offered clozapine.

Quality Statement 10: Continuation of Antipsychotic Medication
Adults with schizophrenia whose symptoms have responded with antipsychotic medication are advised to continue their antipsychotic medication for the long term.

Quality Statement 11: Cognitive Behavioral Therapy for Psychosis and Other Psychological Interventions
Adults with schizophrenia are offered cognitive behavioral therapy for psychosis and other evidence-based psychological interventions, based on their needs.

Quality Statement 12: Promoting Physical Activity and Healthy Eating
Adults with schizophrenia are offered readily accessible interventions that promote physical activity and healthy eating.

Quality Statement 13: Promoting Smoking Cessation
Adults with schizophrenia who smoke tobacco are offered pharmacological and nonpharmacological interventions to help them reduce or stop smoking tobacco.

Quality Statement 14: Assessing and Treating Substance Use Disorder
Adults with schizophrenia are assessed for substance use disorder and offered treatment.

Quality Statement 15: Employment and Occupational Support
Adults with schizophrenia who wish to find work or return to work are offered supported employment programs. Adults with schizophrenia who are not seeking paid work are supported in other occupational or educational activities, in accordance with their needs and preferences.



Need to create a coherent, integrated care approach - Recovery-Oriented Model

Gives patients the knowledge, tools and support they need to become more independent and overcome many of the symptoms they struggle with each day.

The recovery model could help bring down the social and economic costs of the illness by encouraging self-sufficiency and lessening dependence on families and social assistance programs.

Multimodal or “holistic” early interventions are viewed as the best approach for improving outcomes and possibly for relieving negative symptoms.

- Require greater coordination and collaboration among clinicians, families, providers and researchers to ensure that patients receive the treatments that best address their needs.
- Require the creation of a strategy that clearly outlines stakeholders’ roles and responsibilities in providing better service delivery and care.

Integrated Care Prototypes

**Ontario
Shores-
SHN-CMHA
Durham
Partnership**



**Central OHT
for
Specialized
Populations**

**Southlake
Community
OHT**

**Greater
Hamilton
Health
Network**

Schizophrenia Care in Community - Quality Statements (in brief)

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Quality Statement 1: Care Plan and Comprehensive Assessment

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Quality Statement 2: Physical Health Assessment

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Quality Statement 3: Self-Management

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Quality Statement 4: Family Education, Support, and Intervention

Families of adults with schizophrenia are given ongoing education, support, and family intervention that is tailored to their needs and preferences.

Quality Statement 5: Access to Community-Based Intensive Treatment Services

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Quality Statement 9: Treatment With Clozapine

Adults with schizophrenia who have not responded to previous adequate trials of treatment with two different antipsychotic medications are offered clozapine.

Quality Statement 10: Continuation of Antipsychotic Medication

Adults with schizophrenia whose symptoms have improved with antipsychotic medication are advised to continue their antipsychotic medication for the long term.

Quality Statement 11: Cognitive Behavioural Therapy for Psychosis and Other Psychosocial Interventions

Adults with schizophrenia are offered cognitive behavioural therapy for psychosis and other evidence-based psychosocial interventions, based on their needs.

Quality Statement 12: Promoting Physical Activity and Healthy Eating

Adults with schizophrenia are offered readily accessible interventions that promote physical activity and healthy eating.

Quality Statement 13: Promoting Smoking Cessation

Adults with schizophrenia who smoke tobacco are offered pharmacological and nonpharmacological interventions to help them reduce or stop smoking tobacco.

Quality Statement 14: Assessing and Treating Substance Use Disorder

Adults with schizophrenia are asked about their substance use and, if appropriate, they are assessed for substance use disorder and offered treatment.

Quality Statement 15: Employment and Occupational Support

Adults with schizophrenia who wish to find work or return to work are offered supported employment programs. Adults with schizophrenia who are not seeking paid work are supported in other occupational or educational activities, in accordance with their needs and preferences.



