

Where is CIHI going next?

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Canadian Institute for Health Information

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Part I: Shared Health Priorities

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Objective

Upon completion of this presentation, you will have

Part I

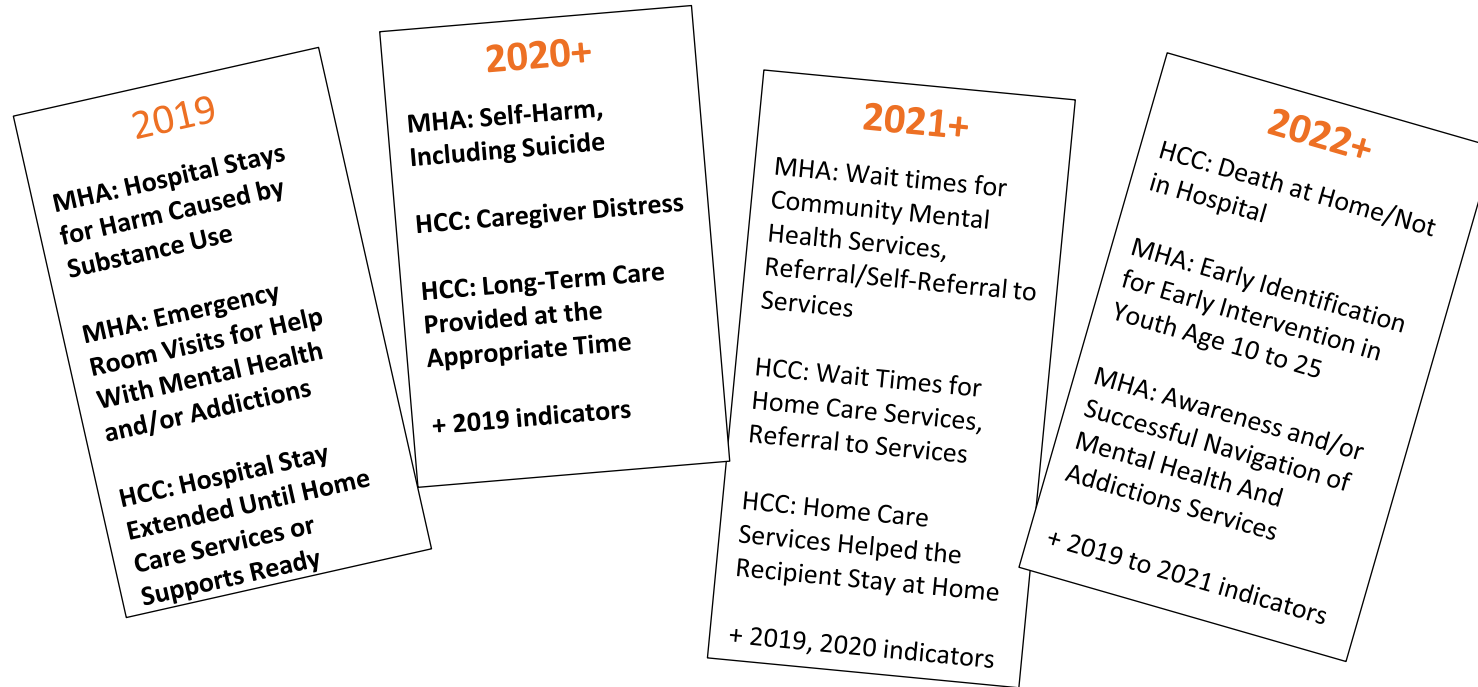
- **increased understanding of CIHI indicators and shared health priorities.**

Shared Health Priorities

Background

- In late 2017, the FPT governments reached a 10-year agreement with an investment towards improving access to **mental health and addiction services** and to **home and community care**
- CIHI was asked to work with the FPT governments to select and develop a set of pan-Canadian indicators aligning with CIHI's mandate to deliver meaningful, comparable information that will accelerate improvement in health care, the performance of health systems and the overall health of the population

Shared Health Priorities indicator release



Public reporting

Your Health System: In Brief interactive web tool

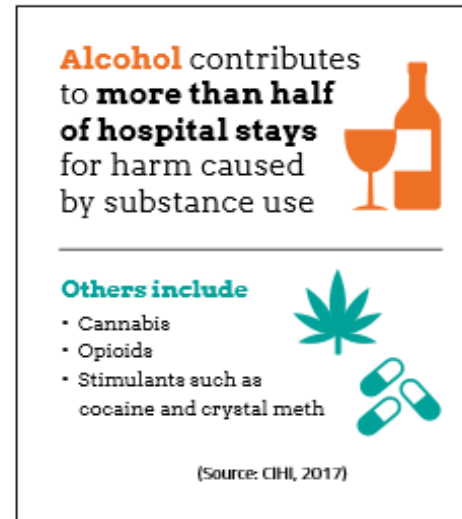
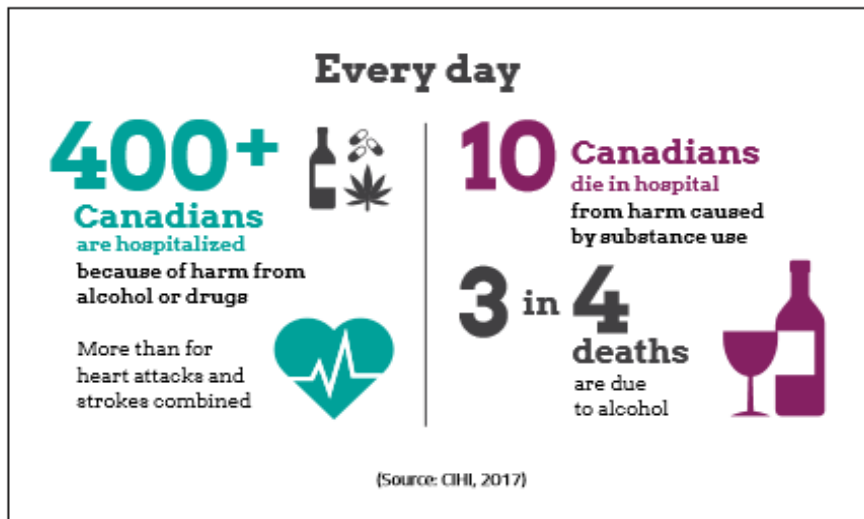
Audience: General public

The screenshot shows the 'Your Health System' web tool interface. At the top, a teal banner contains the title 'Your Health System: In Brief interactive web tool'. Below this, the main content area is titled 'Your Health System'. On the left, a dark grey box asks 'How well is your health system actually working?' and provides instructions: 'Look at the big picture for your health system. Check out your province or your territory, your city or even your local hospital. Explore the 5 themes that Canadians told us were most important...'. To the right of this box is a map of Canada with provinces and territories labeled. Below the map is a search bar with the text 'Start by entering your province, territory, city or hospital' and a placeholder 'Please enter 2 or more characters...'. The main content area is divided into five sections, each with a title, a question, and an icon: 1. 'Access' with a clock icon, asking 'Can you get the health services you need when you need them?'. 2. 'Quality of Care' with a thumbs up icon, asking 'How good is the care you are receiving, and is it safe?'. 3. 'Spending' with a calculator icon, asking 'How much do the health services you use cost the system?'. 4. 'Health Promotion and Disease Prevention' with an apple icon, asking 'How well is the system working to help you stay healthy and avoid getting sick?'. 5. 'Health Outcomes' with a heart and arrow icon, asking 'Are Canadians actually getting healthier?'. Each section has a right-pointing arrow next to the question.

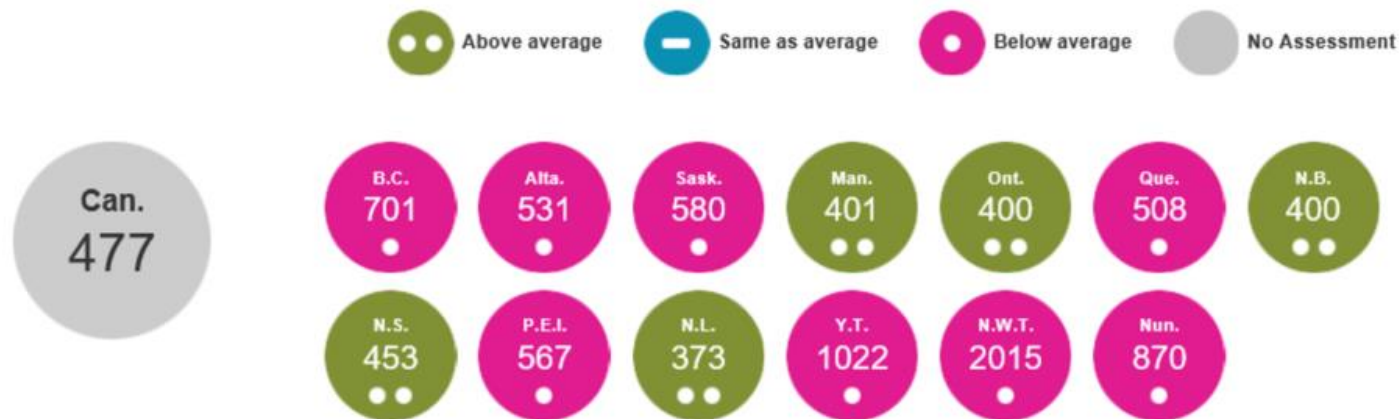
[Your Health System: In Brief](#)

Key pan-Canadian results for Year 1 indicators

Hospital Stays for Harm Caused by Substance Use



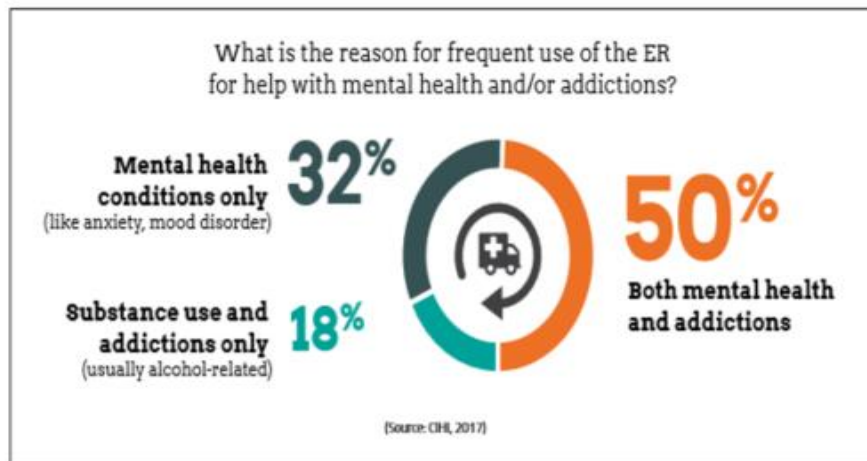
Hospital stays for harm caused by substance use in 2017-2018



per 100,000

Key pan-Canadian results for Year 1 indicators

Frequent Emergency Room Visits for Help With Mental Health and/or Addictions



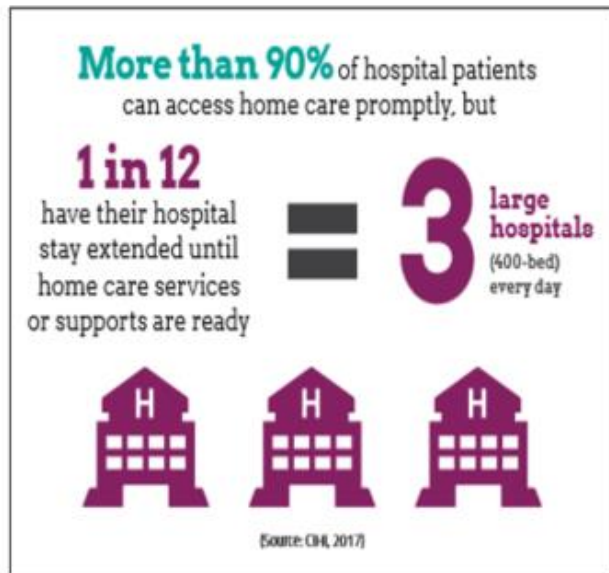
Frequent emergency room visits for help with mental health and/or addictions in 2017-2018



percentage

Key pan-Canadian results for Year 1 indicators

Hospital Stay Extended Until Home Care Services or Supports Ready

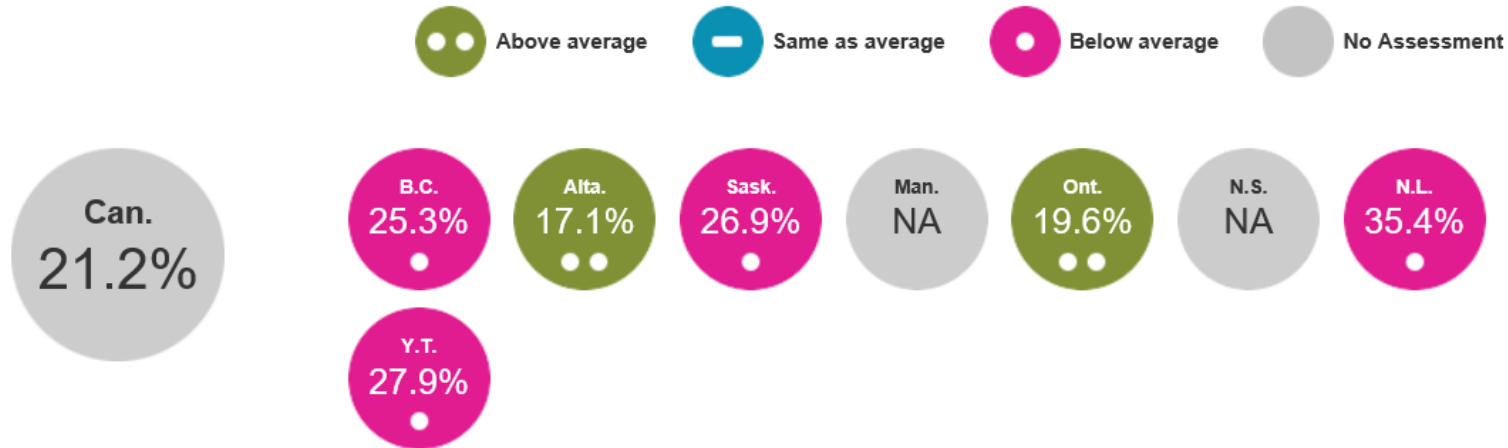


Hospital stay extended until home care services or supports ready in 2017-2018

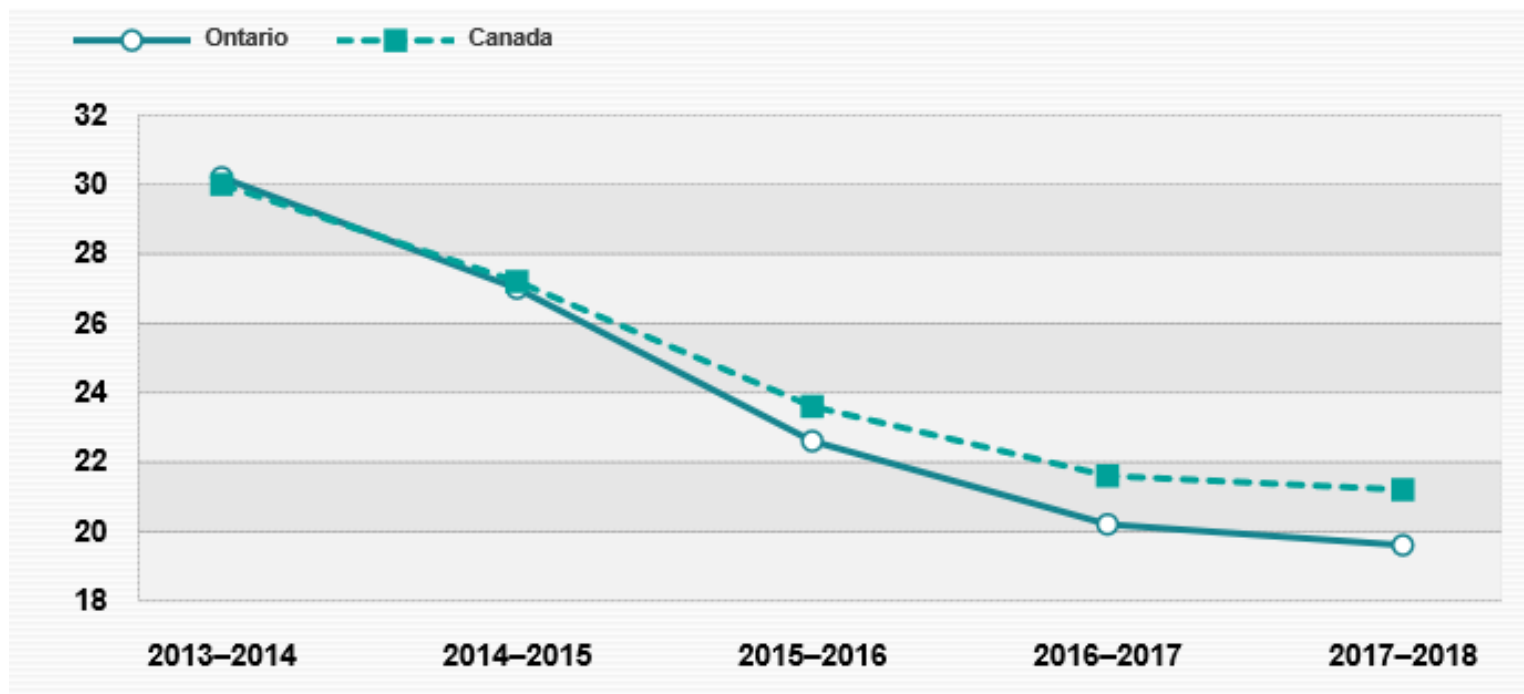


median, in days

Residents on antipsychotics drugs in LTC without a diagnosis of psychosis 2017-2018



Potentially inappropriate use of antipsychotics in LTC



Summary

- **Canadians have more information about mental health and addictions and home care in their province or territory**
- **May 2020 next set of indicators scheduled for release include 2019 indicators plus:**
 - Self-harm, including suicide
 - Caregiver distress in home and community care
 - Long-term care provided at the appropriate time

Where is CIHI going next?

Part II: Defining Mental Health and Addictions in Canada

Jennifer Berger, Specialized Care

Canadian Institute for Health Information

Objective

Upon completion of this presentation, you will have

Part II

- **opportunity to provide input into the development of a clinical standard definition for mental health and addictions.**

Background

There is inconsistency in mental health and addictions definitions used for reporting.

- NACRS and DAD use ICD-10-CA codes, and OMHRS uses Diagnostic and Statistical Manual of Mental Disorders (DSM)–5.
 - This requires a crosswalk to align classification (ICD-10-CA) and diagnostic (DSM-V) codes.
- There is variation in what is included with a mental health definition i.e., substance use, addictions and self-harm.
- Researchers base definitions on areas of interest i.e., depressive disorders, schizophrenia.

The Issue: Stakeholders approach CIHI for this information and assume there is a standard.

Summary of literature scan

- **Canada**

- Inclusion criteria vary within and across jurisdictions
- Inconsistent inclusion of self-harm

- **United States**

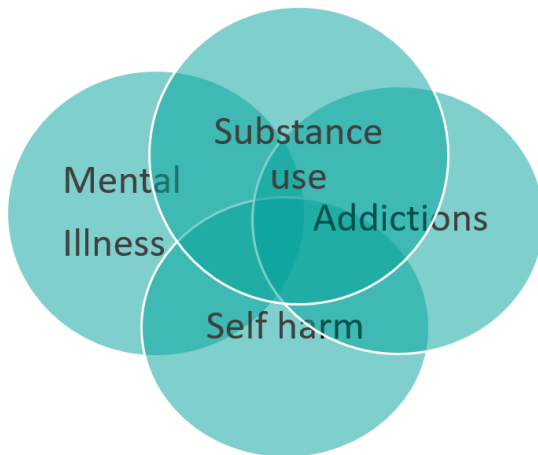
- National Institute of Mental Health recognizes substance use as a mental illness
- Suicide is one of the leading indicators for mental health
- Substance Abuse and Mental Health Services Administration (SAMHSA) do not include substance use disorders in their criteria for having a mental illness

- **Europe**

- World Health Organization (WHO) includes self-harm as a key term in mental health
- WHO presents ICD-10 categories which include substance use

Proposal

- **Establish a standard definition for mental health and addictions** (*including mental disorders, substance use disorders, addictions and self-harm*) **reporting based on CIHI's mandate to:**
 - Partner with pan-Canadian and international stakeholders to transform and accelerate improvements in health and health care
 - Promote quality health data and actionable analysis
 - Be a trusted source of standards in data quality



What we have done so far

- Developed a **crosswalk** for ICD-10-CA to DSM-5 (both ICD-9-CM and ICD-10-CM versions)
- Established categories – i.e. Substance use disorders
and sub-categories -i.e. Alcohol
- **Provincial consultations** in BC, SK, AB, NL, ON
- Internal consultations

Sample crosswalk

DSM-5 category	ICD-10-CA	ICD code not in DSM	DSM-5 (ICD-10-CM version)	DSM-5 code not in ICD	Notes
Schizophrenia	F20.x, F22.x - F25.x; F28.x-F29.x ; F53.1	F53.1, F25.8, 25.9	F20.81, F20.9, F22, F23, F25.0, F25.1, F28, F29, F06.0 F06.1 F06.2		F53.1 Severe mental and behavioural disorders associated with puerperium not otherwise classified (Puerperal psychosis NOS) in DSM-5 but can be mapped to F23 in ICD-10-CA.
Personality disorders	F21, F60.x-F62.x, F68.0, F68.8, F69	F61x-F62, F68.0, F68.8, F69	F60.x; F60.81, F60.89; F21, F07.x	F60.81, F60.89	F61 Mixed and other personality disorders, F62 Enduring personality changes, not attributable to brain damage and disease in ICD-10-CA can be mapped to F60.89 Other Specified Personality disorder in DSM-5

CIHI indicators that use MH&A crosswalk and standard

Program Area	Indicator or Project
Shared Health Priorities	Frequent ED visits Hospital stays caused by substance use Self-harm including suicide
Health Indicators	30 Day readmission mental illness Repeat hospital stays for mental illness Self-injury hospitalizations Alcohol-attributable hospitalizations
Hospital Mental Health Database Quick Stats	Length of stay Total days in hospital Number of discharges
Analytical Reports & Methodologies (examples)	Opioid reporting Primary Care EMR Proof-of-Concept on MH&A POP grouper

Specifics of the definition

Mental Health and Addictions				Categories	Sub-Categories
Mental disorders	Substance use disorders	Addictions	Self-harm		
Schizophrenia	Alcohol	Gambling	Intentional self-harm by poisoning		
Bipolar disorder	Opioid		Intentional self-harm by hanging		
Depressive disorder	Sedative		Intentional self-harm by jumping		
Anxiety disorder	Stimulant		Intentional self-harm by sharp object		
Trauma related disorders	Cannabis		Intentional self-harm by explosive material		
Obsessive compulsive disorders	Hallucinogens		Intentional self-harm by other means		
Plus other sub-categories	Plus other sub-categories		Plus other sub-categories		

Benefits

- Establish a **consistent and comparable standard** for reporting and analysis
- Stakeholders can make an informed decision on **inclusion/exclusion criteria**
- There would be a **standard for each concept** i.e., mental health, substance use, addictions, self-harm
- **Efficiencies** in resource use responding to internal and external requests for crosswalks and definitions

Next steps

- **Verification** with experts including:

Institute of Clinical Evaluative Sciences

Centre for Applied Research in Mental Health and Addictions

- Consideration for maintaining definitions (i.e. for ICD-11)
- **Internal promotion** of definition and plan for adoption and implementation





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