A Grounded Theory Study to Develop an Incentive Model that Can Help Improve Quality of Care for Common Mental Disorders in Family Health Teams

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BACKGROUND [1-7]

Common mental disorders (CMDs) such as major depression and anxiety disorders are highly prevalent in the Canadian population.

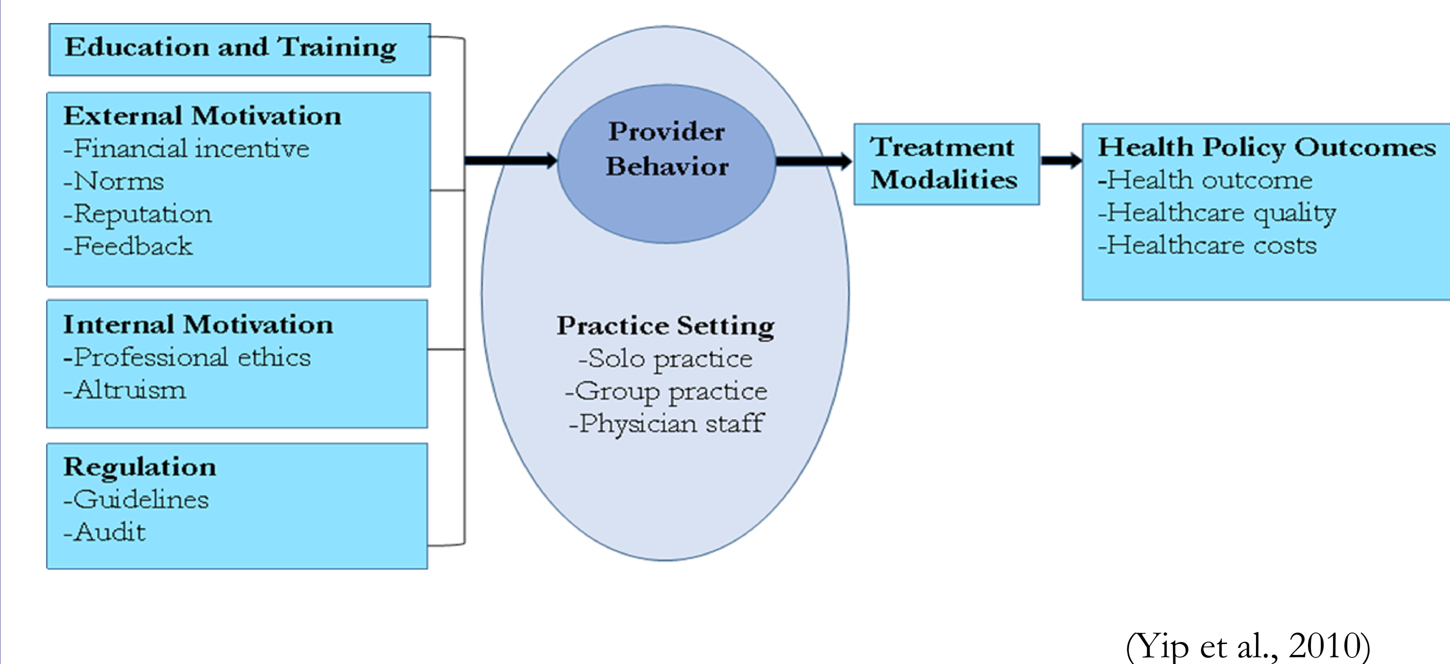
There is a strong consensus that prevention and management of CMDs should occur primarily in primary care and evidence suggests that treatment for CMDs in these settings can be effective.

Incentives and Disincentives

Incentives refers to a catalyst that encourages healthcare professionals, healthcare teams and organizations to take a particular action. A disincentive refers to something that discourages or deters a particular action, makes it less likely that an individual will do something.

Understanding motivators that promote as well as the mitigating forces that deter quality of care for CMDs in the primary care context will help to achieve goals of greater access to quality mental health care.

EXAMPLES OF SOME TYPES OF INCENTIVES IN PRIMARY CARE



(Yip et al., 2010)

METHODOLOGY [8-9]

- Qualitative methods
- Constructivist grounded theory
- Individual semi-structured interviews

Study Timeframe

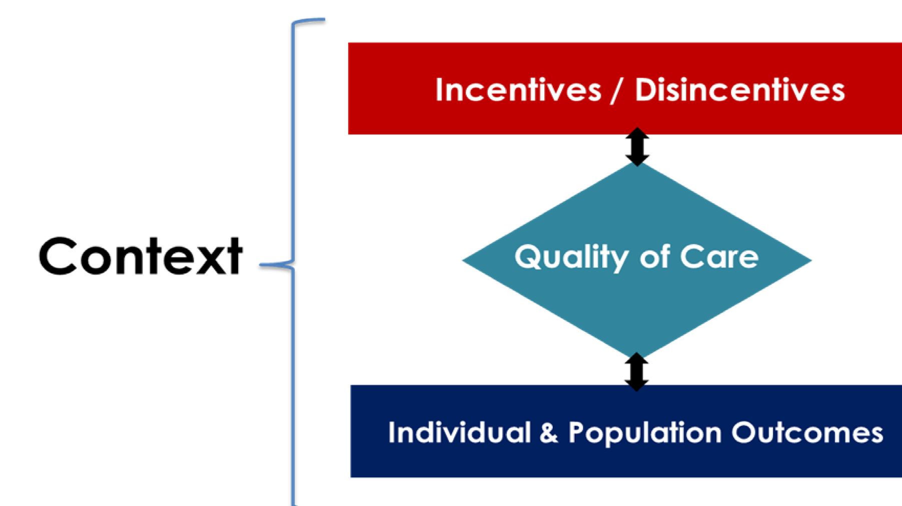
- **Phase 1: 2015-2017**
  - Descriptive
  - Initial Sampling (n=50)
- **Phase 2: 2017-2018**
  - Explanatory
  - Theoretical Sampling (n=50)

Sample Population

- Family Health Teams in Ontario
- N = approximately 100 interviews

STUDY PURPOSE

To develop a model that describes the system of incentives that can be leveraged by stakeholders to improve access to high-quality care for depression and anxiety in interprofessional primary care teams.

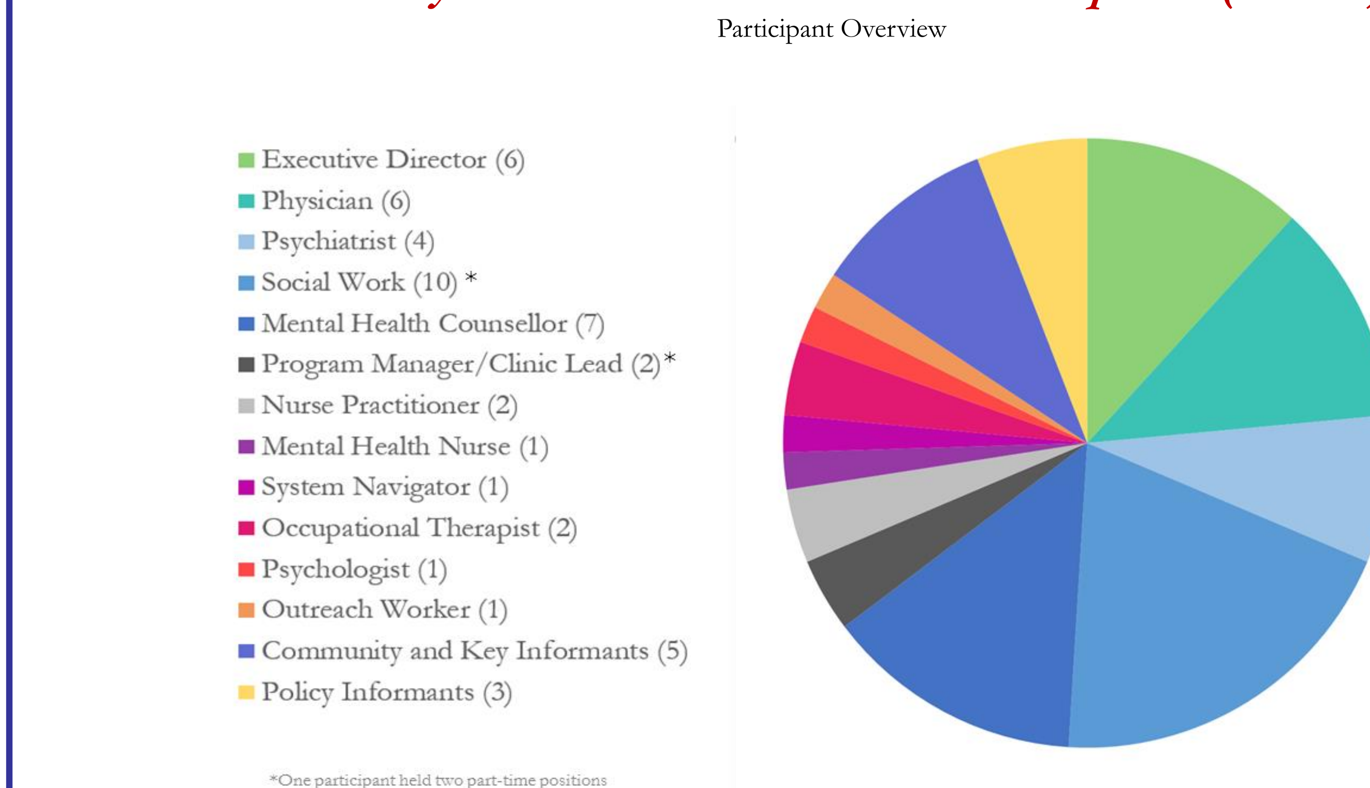


SAMPLING PHASE 1: INITIAL SAMPLING

Sample To Date: N=50 Provider Internal Motivation

- 42 Family Health Team providers; 5 community; 3 policy informants
- 15 Family Health Teams, 9 Local Health Integration Networks

Overview of Family Health Team Provider Participants (n=42)*



IMPLICATIONS

Our model will explain the range of non-financial and financial incentives that can help leverage improvement for quality care of CMDs for an interprofessional primary care context, and mitigate effects of existing disincentives. This research is unique because it will help to generate knowledge about incentive models relevant for interprofessional primary care settings.

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FINDINGS

QUALITY OF CARE DIMENSIONS

Dimension	
Access	• Crisis, case management, psychotherapy
Cost & Efficiency	• Current data; Partnerships
Equity	• Primary care
Person-Centredness	• Choice; Relationship; Flexibility
Structural	• Leadership
Technical Care	• Collaboration

TYPES OF INCENTIVES AND DISINCENTIVES

Provider Internal Motivation

"There's incentives from a more personal and compassion perspective…that if you actually help someone through their mental illness and they're getting better, you've made a big difference" (Physician, 117)

Seeing Impact as Personal Motivator

"Sometimes you don't always see the fruits of your labour so to speak but there have been occasions I have seen the fruits of my labour. And that motivates me to keep going." (Mental Health Counsellor, 127)

Knowing Support is Available

"When they feel supported…most are pretty comfortable managing quite a lot with the knowledge that you know if I run into trouble, you're an email or a phone call away, and you can get back quickly and then they're pretty comfortable" (Psychiatrist, 133)

Education & Training

It might be better for patients if there's more training then more doctors would have more skills... So then patients with mental illness would be better served over all. I think …you just learn as you go" (Physician, 136)

Burdensome Referral Processes as Disincentive

"Referrals are 5 or 6 pages long, you know, and it's frustrating… [We] had done three or four referrals for him. And it takes time… If I have the choice between a five-page referral or a one-page referral, I would go with the one-page referral, for sure" (Nurse Practitioner, 108)

Physician Remuneration: Not Accounting for Level of Service

"There's no incentives to support patients with depression or anxiety….The true cost needs to be captured… The disincentives are the amount of time and care that someone dealing with those issues requires" (Executive Director, 121)

Physician Remuneration: Financial Bonuses Influencing Team

"Prime example, the quality improvement initiatives. I sat on that one year and they were…"what were the financial bonuses?" So we just picked the three financial bonuses and that was our target...I mean obviously the government chose them because they were the key issues, but did they speak to everyone? Probably not" (Occupational Therapist, 110)

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