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

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 refer 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, making 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.

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.

SAMPLE 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*)

Participant Overview

(Example: 2015 - 2017)

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.

REFERENCES

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