

# Chronic disease cohorts-mental health diagnosis

## Alternate Name\*

Chronic disease cohorts-mental health diagnosis

## INDICATOR DESCRIPTION

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### Description\*

Percentage of patients with a mental health diagnosis by the physician, group, LHIN and the province.

### Indicator Status\*

Active

### HQO Reporting tool/product

Personalized/Custom Reports (includes Practice Reports)

### Dimension\*

Equitable

### Type\*

Outcome

## DEFINITION AND SOURCE INFORMATION

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### Unit of Measurement\*

Percentage

### Calculation Methods\*

Numerator/ Denominator \* 100

### Numerator including inclusion/exclusion\*

Number of patients with MH diagnosis by the physician, group, LHIN, and the province

### Denominator including inclusion/exclusion\*

Total number of patients by the physician or group or LHIN or the province as of March 31st the previous year

### Adjustment (risk, age/sex standardization)- detailed

This data is unadjusted. Unadjusted data reports the physician's actual practice data. This is useful for comparing one's own data over time.

### Data Source

Ontario Health Insurance Plan (OHIP) Claims History Database

Discharge Abstract Database (DAD)

### Data provided to HQO by

Institute for Clinical Evaluative Sciences (ICES)

## OTHER RELEVANT INFORMATION

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### Caveats and Limitations

Does not capture patients whose date of last contact not within 7 years of index

### Comments Detailed

An individual is said to have a mental health diagnosis if they have 2 claims in OHIP over 2 years or 1 hospitalization with one of the following codes mental health service codes- K005, K007, K623, ICD--295x, 96x 297x, 298x, 300x, 301x, 302x, 306x, 309x, 311x, 303x. 304x, V61.10, V61.1, V61.2, V61.3, V61.3, V61.03, V62.4, V62.2, V62.5 or one of the following OHIP codes- 897, 898, 899, 900, 901,902, 904, 905, 906 or one of the following ICD-10 codes F10-F99 (exclude dementia and delirium and F50.0 , F50.1 , F50.2, F50.3, F50.8, F50.9) Further information on how this cohort was generated: The case-definition algorithm to identify patients with a mental health diagnosis links different databases at ICES DAD and OHIP and is based on having two physician billing claims in OHIP over 2 years or one hospitalization with one of the listed mental health service codes (ICD 9 codes: for mental health services: K005, K007, K623; psychotic disorders (excluding dementia and delirium): 295x, 296x 297x, 298x; non-psychotic disorders: 300x, 301x, 302x, 306x, 309x, 311x; substance-use disorders: 303x. 304x; other family circumstances or social problems: V61.10, V61.1, V61.2, V61.3, V61.3, V61.03, V62.4, V62.2, V62.5 or 897, 898, 899, 900, 901,902, 904, 905, 906; 909 ICD 10 codes: F10-F99 (excluding dementia and delirium and F50.0, F50.1, F50.2, F50.3, F50.8, F50.9)). The administrative data case-definition algorithm for mental health has a sensitivity of 81%, a specificity of 97%, and a PPV of 85%.<sup>4</sup>

## TAGS

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### TAGS\*

Primary Care  
Outcome  
Chronic Disease  
Equitable  
Ontario Health Insurance Plan (OHIP) Claims History Database  
Discharge Abstract Database (DAD)

## PUBLISH

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### PUBLISH DATETIME\*

Chronic disease cohorts-  
mental health diagnosis

<http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Chronic-disease-cohorts-mental-health-diagnosis/EN>

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