

Different approaches to performance assessment and management

Some insights for Turkey (part 2)



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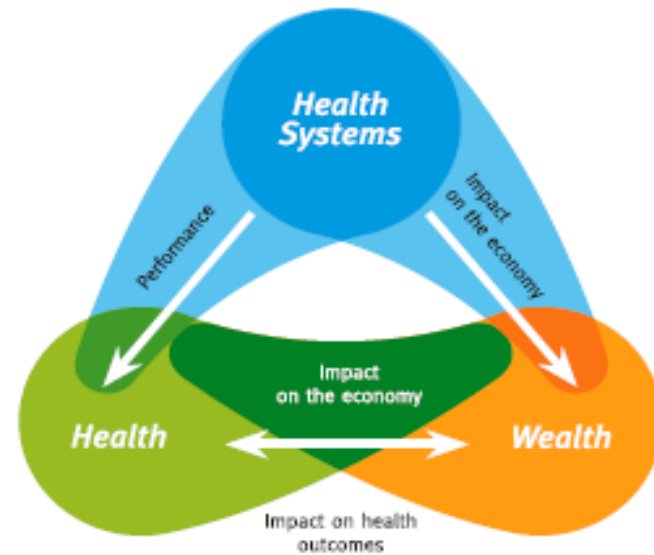
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Outline



One ultimate goal: improved health

“All the Member States of WHO in the European Region share the common value of the highest attainable standard of health as a fundamental human right; as such, each country shall strive to enhance the performance of its health systems to achieve the goal of improved health on an equitable basis, addressing particular health needs related to gender, age, ethnicity, and income”



WHO European Ministerial
Conference on Health Systems:
"HEALTH SYSTEMS,
HEALTH AND WEALTH"

Tallinn, Estonia, 25–27 June 2008

From generic goals to country-specific objectives actionable by policy

- Delivering health services to individuals and to populations
 - Policy-makers throughout the Region value and strive to make possible the provision of **quality** services for all, particularly for vulnerable groups (...)
 - Patients also want to have a relationship with their health care provider based on respect for **privacy, dignity and confidentiality**
 - **Effective primary health care** is essential for promoting these aims, providing a platform for the interface of health services with communities and families, and for intersectoral and interprofessional cooperation and **health promotion**.
 - Health systems need to ensure a **holistic approach** to services, involving health promotion, disease prevention and integrated disease management programmes, as well as **coordination among a variety of providers**, institutions and settings, irrespective of whether these are **in the public or the private sector**, and including primary care, acute and extended care facilities and people's homes, among others.

One ultimate goal: improved health

The strategy map for the Turkish health system

KRİTİK BAŞARI FAKTÖRLERİ

VEKİLHARÇLIK

- Bakanlığın planlama, düzenleme koordinasyon ve denetleme kapasitesinin artırılması
- Bilginin oluşturulması, izlenmesi ve değerlendirilmesi
- Uluslararası ve sektörelarası işbirliğinin geliştirilmesi

KAYNAKLAR

- Sağlık insan kaynaklarının dağılımının, yeterliliklerinin ve motivasyonunun iyileştirilmesi ve sürdürülebilirliğinin sağlanması
- Sağlık sistemi altyapısının kapasite, kalite ve dağılımının iyileştirilmesi, sürdürülebilirliğinin sağlanması
- Bilgi yönetim sistemlerinin ve bilgi teknolojilerinin geliştirilmesi

FİNANSMAN

- Gelir tahsilatının güçlendirilmesi
- Sağlık sigortasında evrensel kapsayıcılığın sürdürülmesi
- Aktif satın almanın uygulanması

METODLAR

HİZMET SUNUMU

- Sağlık teşviki ve hastalıklardan korunmanın güçlendirilmesi
- Birinci basamak sağlık hizmetlerinin diğer hizmet düzeyleri ile entegrasyonunun ve koordinasyonunun geliştirilmesi
- Sağlık hizmet sunumu ile tıbbi cihaz ve ilaç kullanımında kalite ve güvenliğin artırılması

YÜKSEK AMAÇLAR

SAĞLIKLI HAYAT TARZLARI ve ÇEVRE

ETKİLİ ve KAPSAMLI KİŞİSEL SAĞLIK HİZMETİ

ERİŞİM

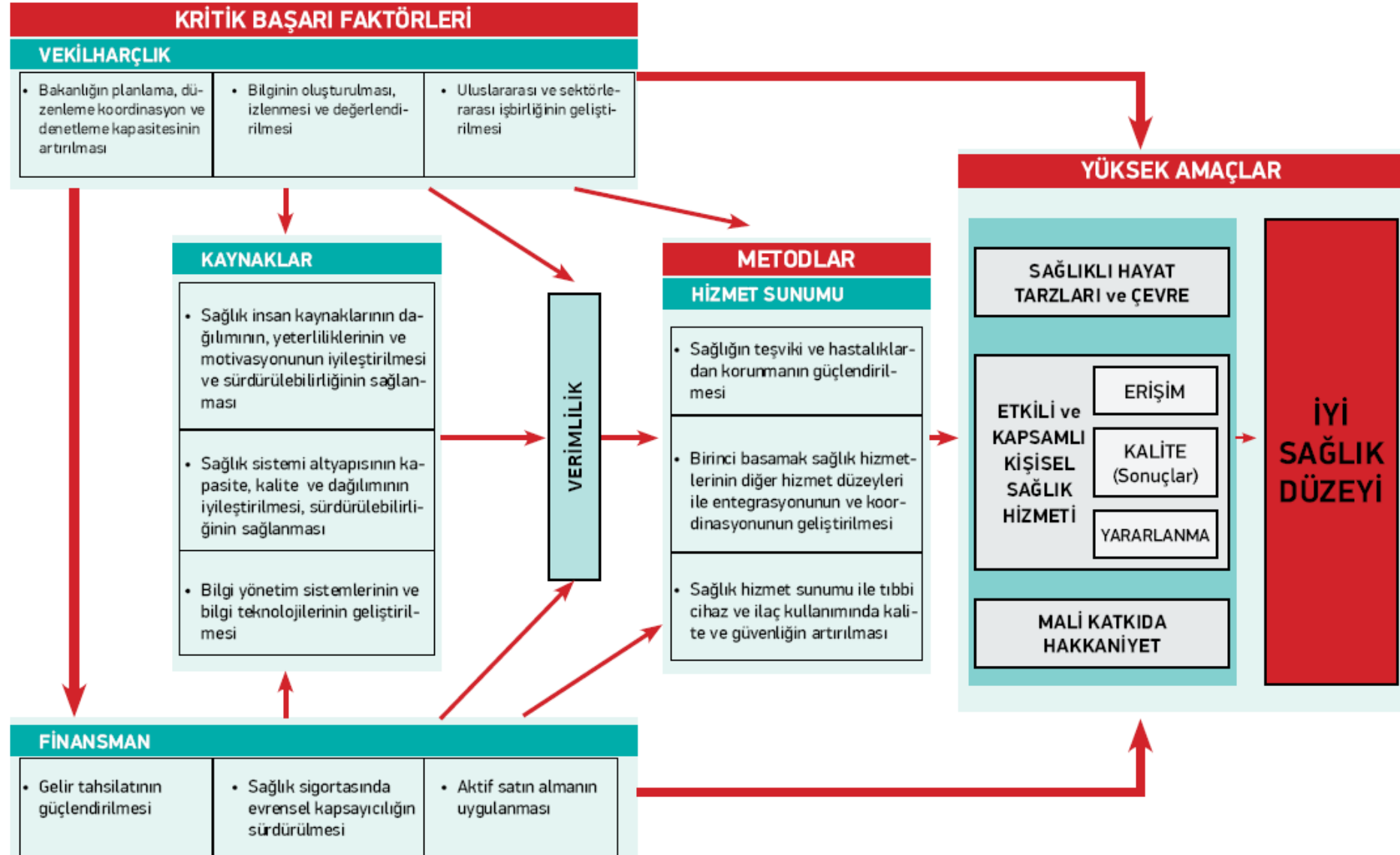
KALİTE (Sonuçlar)

YARARLANMA

MALİ KATKIDA HAKKANİYET

İYİ SAĞLIK DÜZEYİ

VERİMLİLİK



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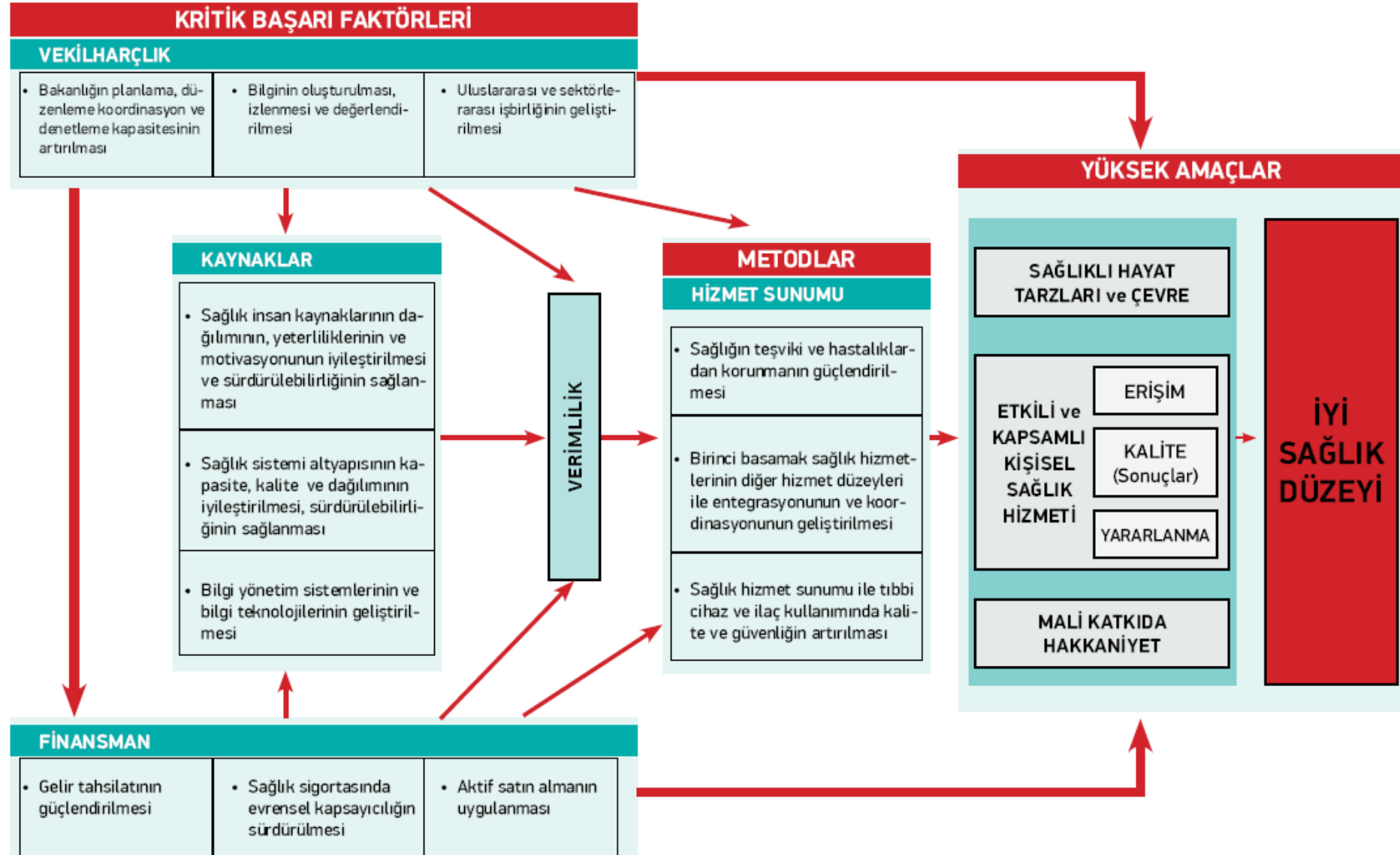
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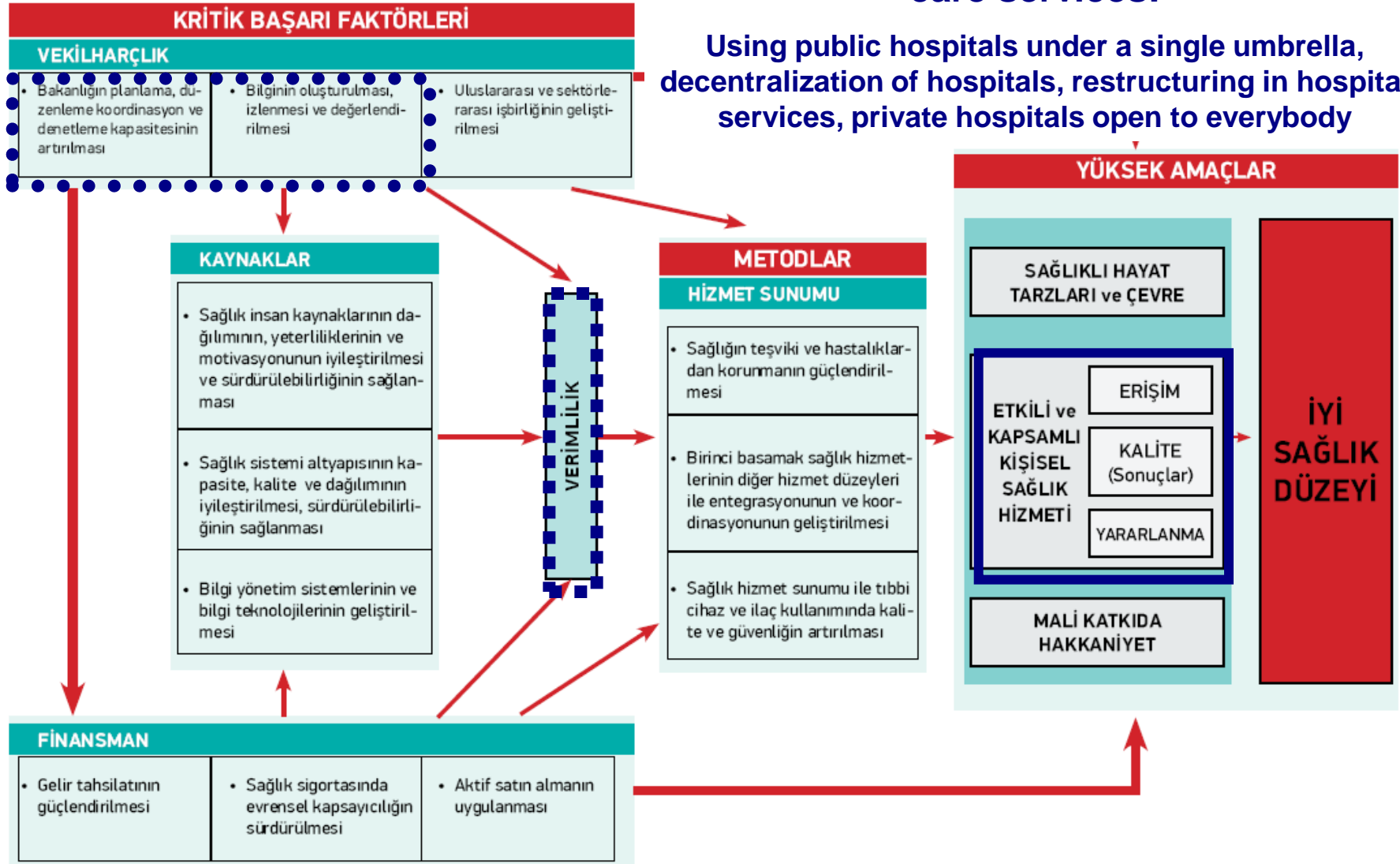
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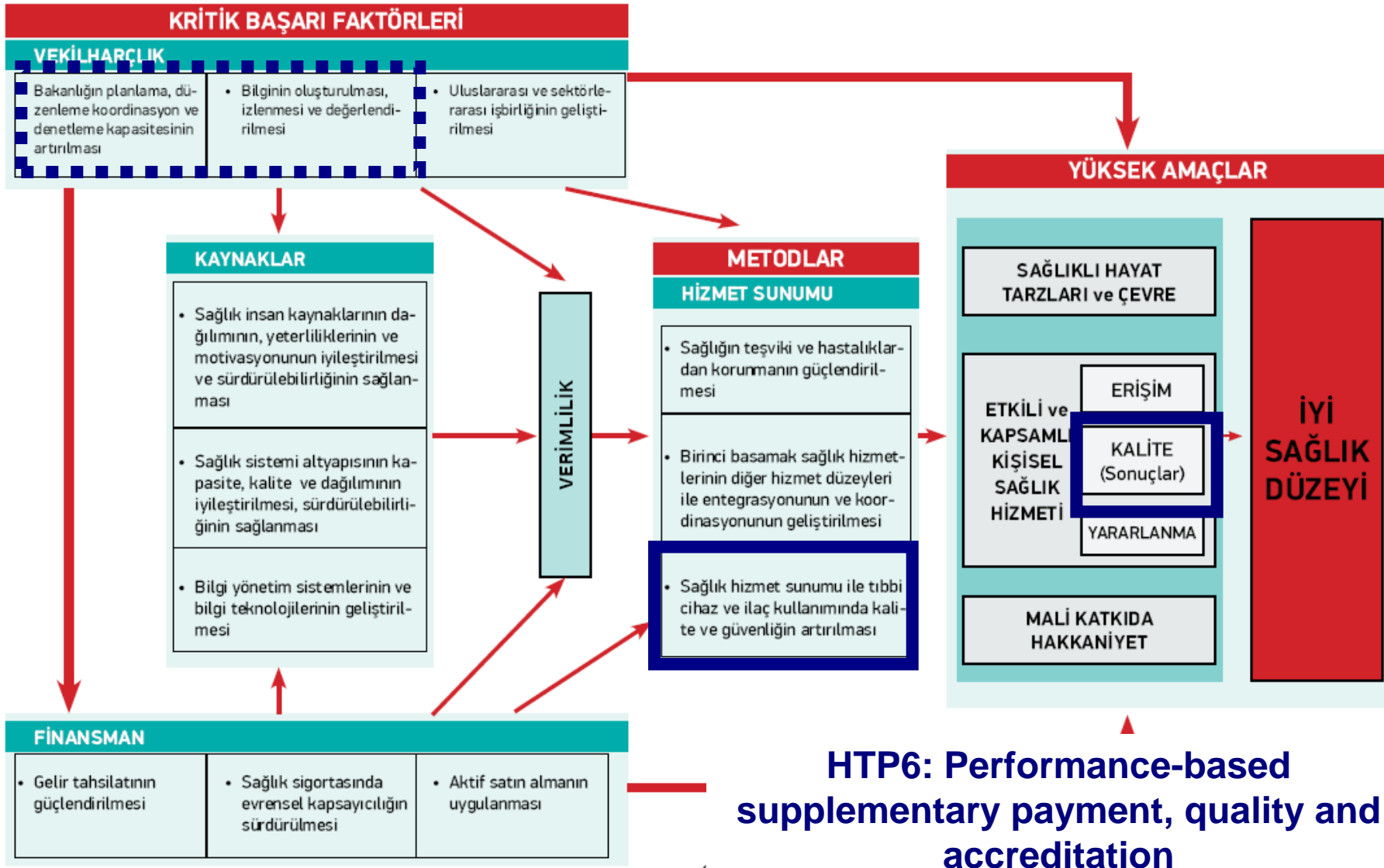
Strategy map for Turkey and reforms impact

HTP5: Change of mentality in hospital care services:

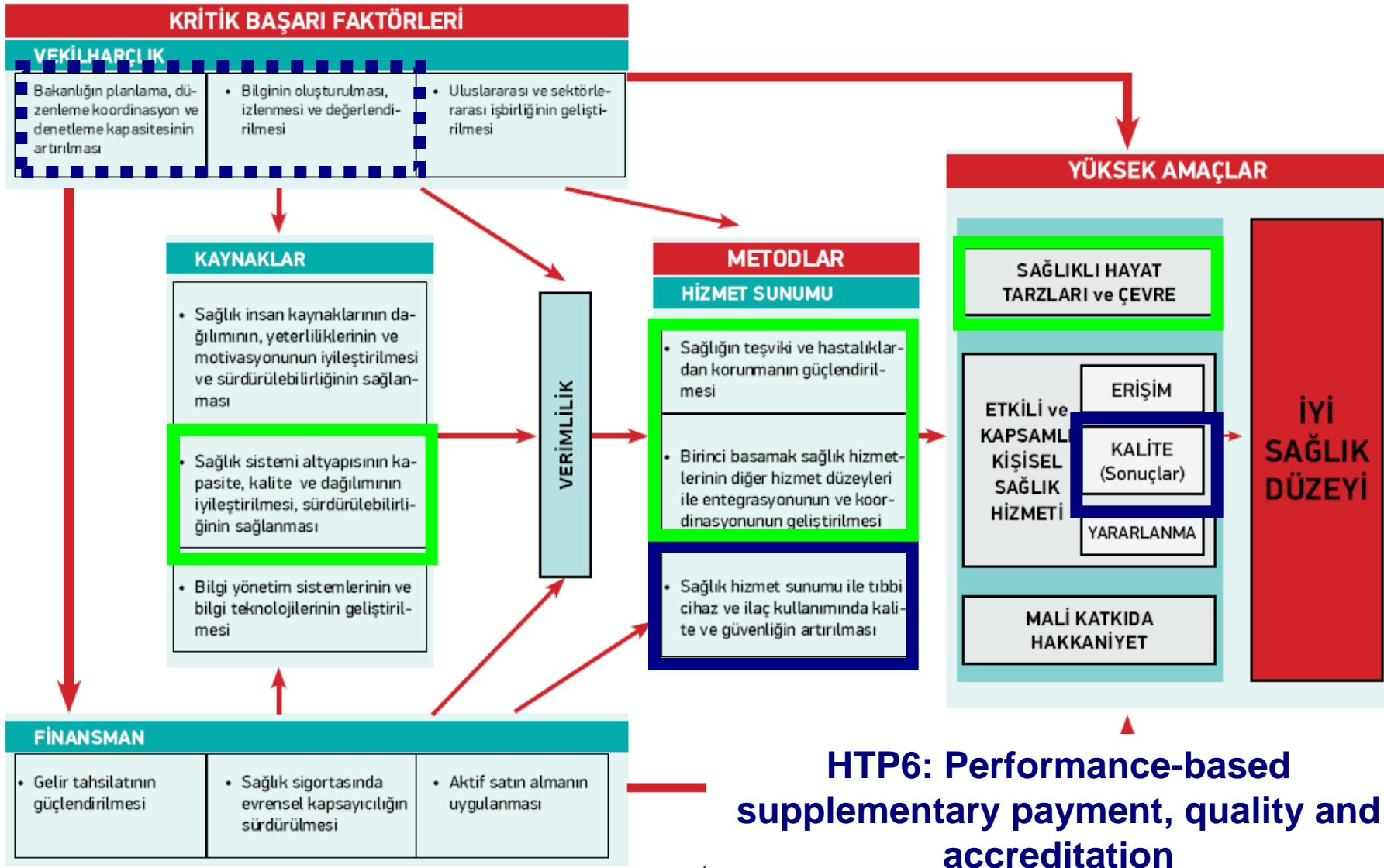
Using public hospitals under a single umbrella, decentralization of hospitals, restructuring in hospital services, private hospitals open to everybody



Strategy map for Turkey and reforms impact



Strategy map for Turkey and reforms impact



The Performance Assessment Tool for quality improvement in Hospitals (PATH)

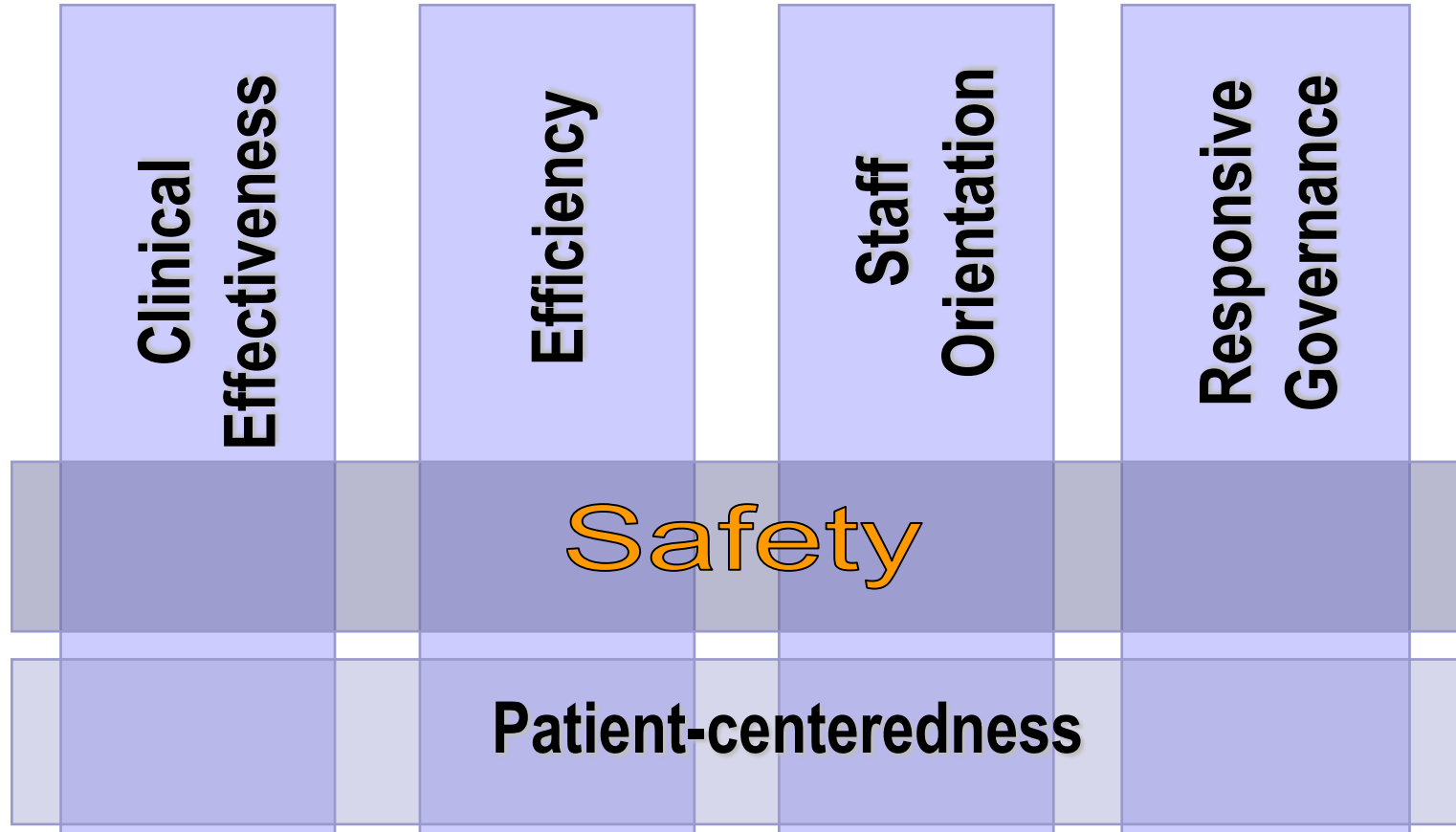
Satisfactory hospital performance is defined as *“the maintenance of a state of functioning that corresponds to societal, patient and professional norms.*

High hospital performance should be based on professional competences in application of present knowledge, available technologies and resources; efficiency in the use of resources; minimal risk to the patient; responsiveness to the patient; optimal contribution to health outcomes.

Within the health care environment, high hospital performance should further address the responsiveness to community needs and demands, the integration of services in the overall delivery system, and commitment to health promotion.

High hospital performance should be assessed in relation to the availability of hospitals’ services to all patients irrespective of physical, cultural, social, demographic and economic barriers.”

The Performance Assessment Tool for quality improvement in Hospitals (PATH)



On the importance and difficulty of aligning incentives / one country example

Discrepancy between strategic statement, performance measurement and internal accountability measures

- Lack of data
- Lack of knowledge and tool
- Lack of leadership

■ National Hospital Development Plan:

- Ensure access to high quality care
- Optimize the cost for establishing and operating hospital network

On the importance and difficulty of aligning incentives / one country example

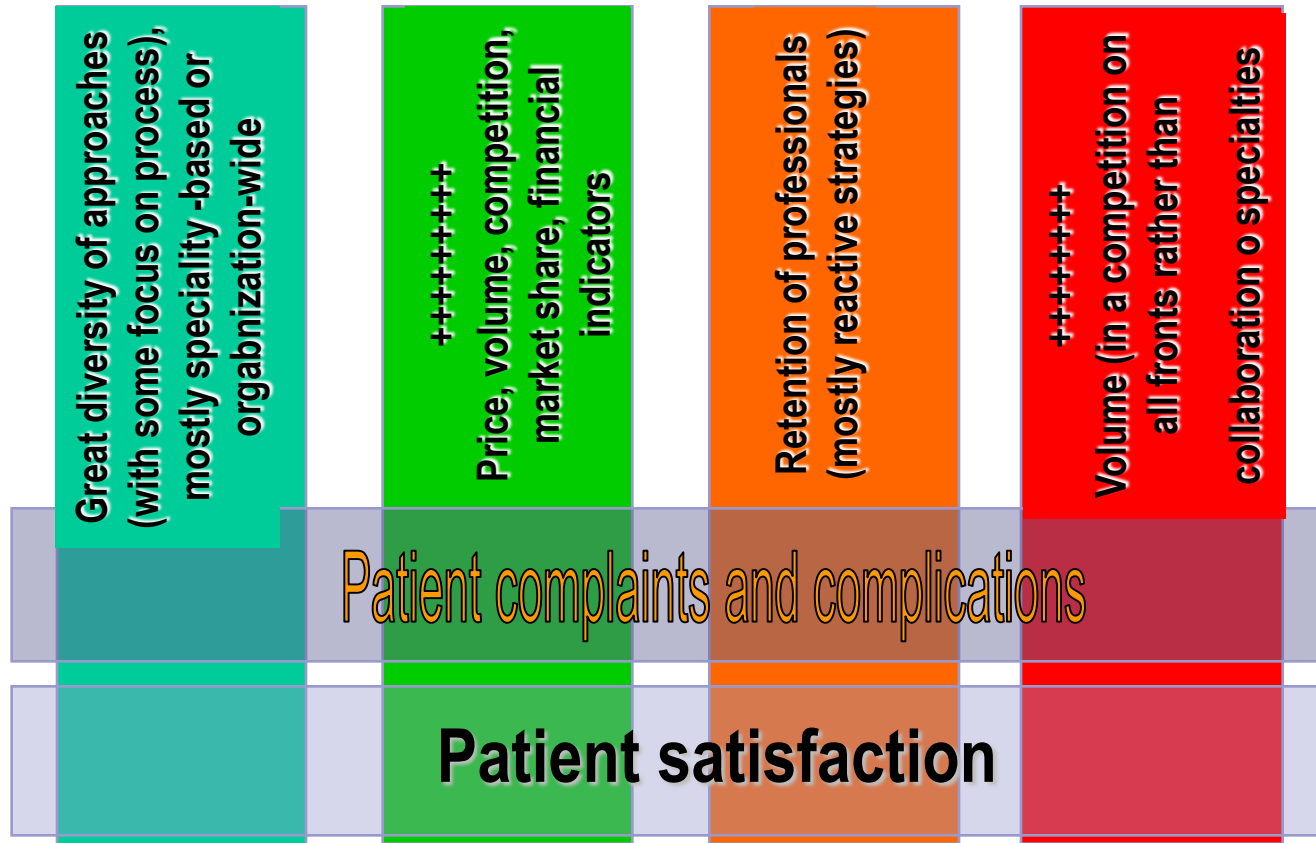
■ Stated objectives

Objectives	Managers	Superv. board
Ensuring quality of care	1	2
Improving client services	2	3
Increasing efficiency	3	4
Developing new services	4	6
Improving access to care	5	1
Increasing market share	6	5

■ Measurable targets:

- Reduce average length of stay
- Reduce acute care beds
- Increase bed occupancy

On the importance and difficulty of aligning incentives / one country example



Hospitals's strategic orientation

Health promotion in hospitals

Health promotion: the process of enabling to increase control over and to improve their health (Ottawa Charter for health promotion)

- Aims at improving the health of hospital patients both
 - by improving the quality of hospital services
 - and by offering additional services when necessary

- Strategies for all target groups aim at improving
 - self management of health (including health / disease literacy, lifestyles etc.)
 - the co-production of health
 - the health impact of the hospital setting
 - at supporting communities to improve their health impacts on the target groups.

Health promoting hospitals



Health
Promoting
Hospitals

- Strategies for the hospital managers:

Variety of experiences – with some evidence – in the region



Health promoting hospitals



Health
Promoting
Hospitals

- Strategies for the hospital managers:
How to measure health promotion?

Patient assessment

% of patients assessed for generic risk factors

% of patients assessed for disease specific risk factors according to guidelines

Score on survey of patients' satisfaction with assessment procedure

Patient information and intervention

% of patients educated about specific actions in self-management of their condition

% of patients educated about risk factor modification and disease treatment options in the management of their conditions

Score on survey of patients' experience with information and intervention procedures

Health promotion in hospitals

- Strategies for steward/purchaser: financial incentives?
 - Incentives aimed at the provider: how to “purchase” for education activities? Pilot to introduce a component in the DRG in DK – issue with documentation of “soft” services
 - Incentives aimed at the patient

Integration and continuity of care

■ Strategies for the hospital manager

- Cross-setting clinical care pathways (Belgium and Slovenia)
- Establish function for coordination and early discharge preparation (e.g. case manager, discharge planner)
- Monitor readmissions
- Understand reasons for delayed discharge
- Undertake surveys among other care providers
- Collaboration agreements with other care providers
- Cross training programs for GPs, home nurses, etc.

Integration and continuity of care

■ Mechanisms available to the steward/purchaser

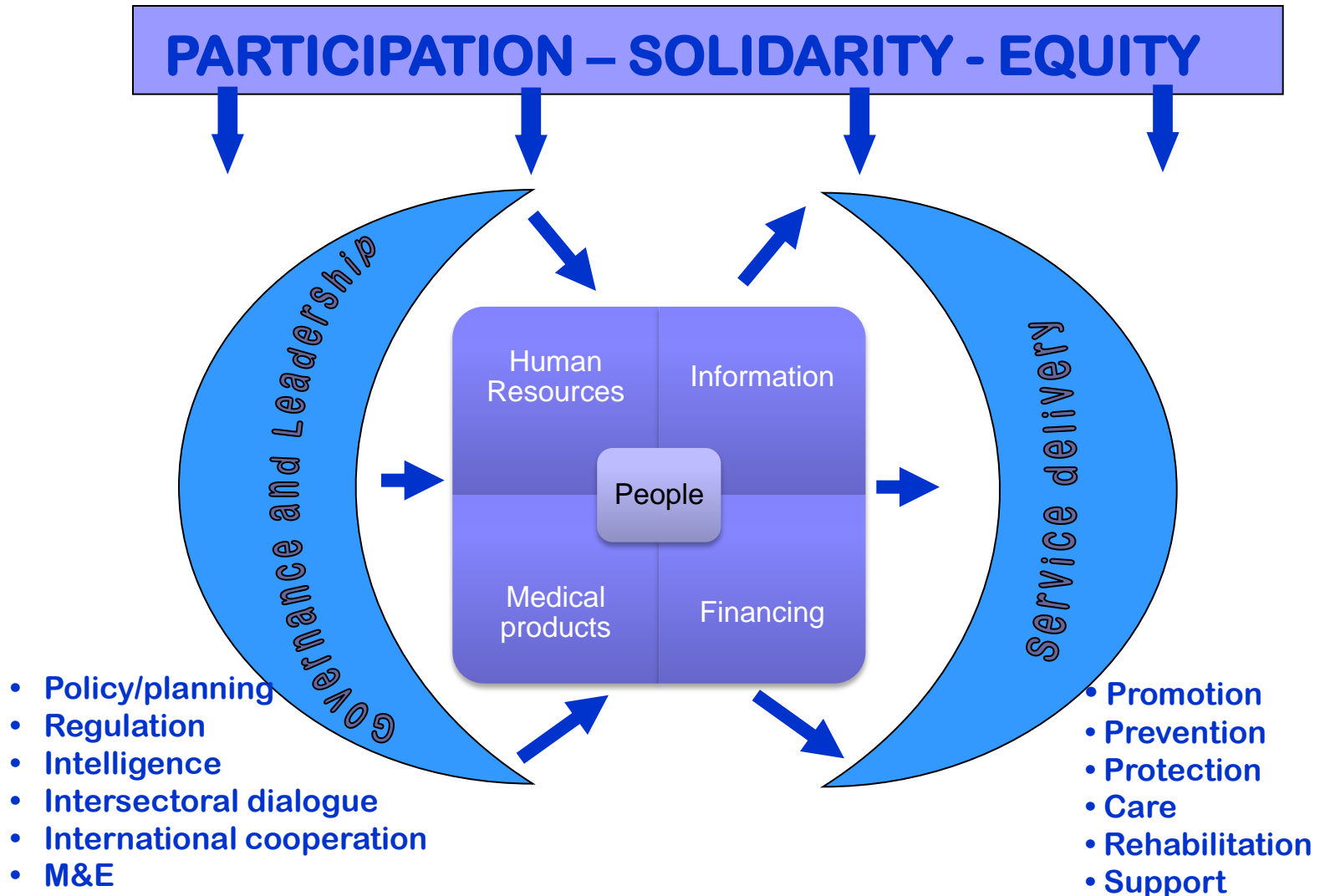
Key issues:

- How to reduce fragmentation in the delivery process?
- How to align incentives for providers along the continuum of care?

Some potential ways forward:

- Develop indicators for integration and continuity, e.g. NIP Denmark, planned outpatient treatment at discharge
- Generate evidence – provide guidance: clinical pathways
- Establish some purchasing mechanisms
 - Readmissions partially financed
 - Hospital stay not financed if discharge letter not sent within 48 hours
 - P4P – also from the GPs – e.g. admission for ambulatory care sensitive conditions
- Increase accountability for integration and continuity:
 - Section on the hospitals' annual report
- Hospital governance
 - Population perspective into the governing board

Responsiveness to community needs



Responsiveness to community needs

IAP2 Spectrum

of Public Participation



Increasing Level of Public Impact

Inform

To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.

Consult

To obtain public feedback on analysis, alternatives and/or decisions.

Involve

To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.

Collaborate

To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.

Empower

To place final decision-making in the hands of the public.

**Public
participation
goal**

Responsiveness to community needs

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Example techniques

- Fact sheets
- Web sites
- Open houses

- Public comment
- Focus groups
- Surveys
- Public meetings

- Workshops
- Deliberative polling

- Citizen advisory committees
- Consensus-building
- Participatory decision-making

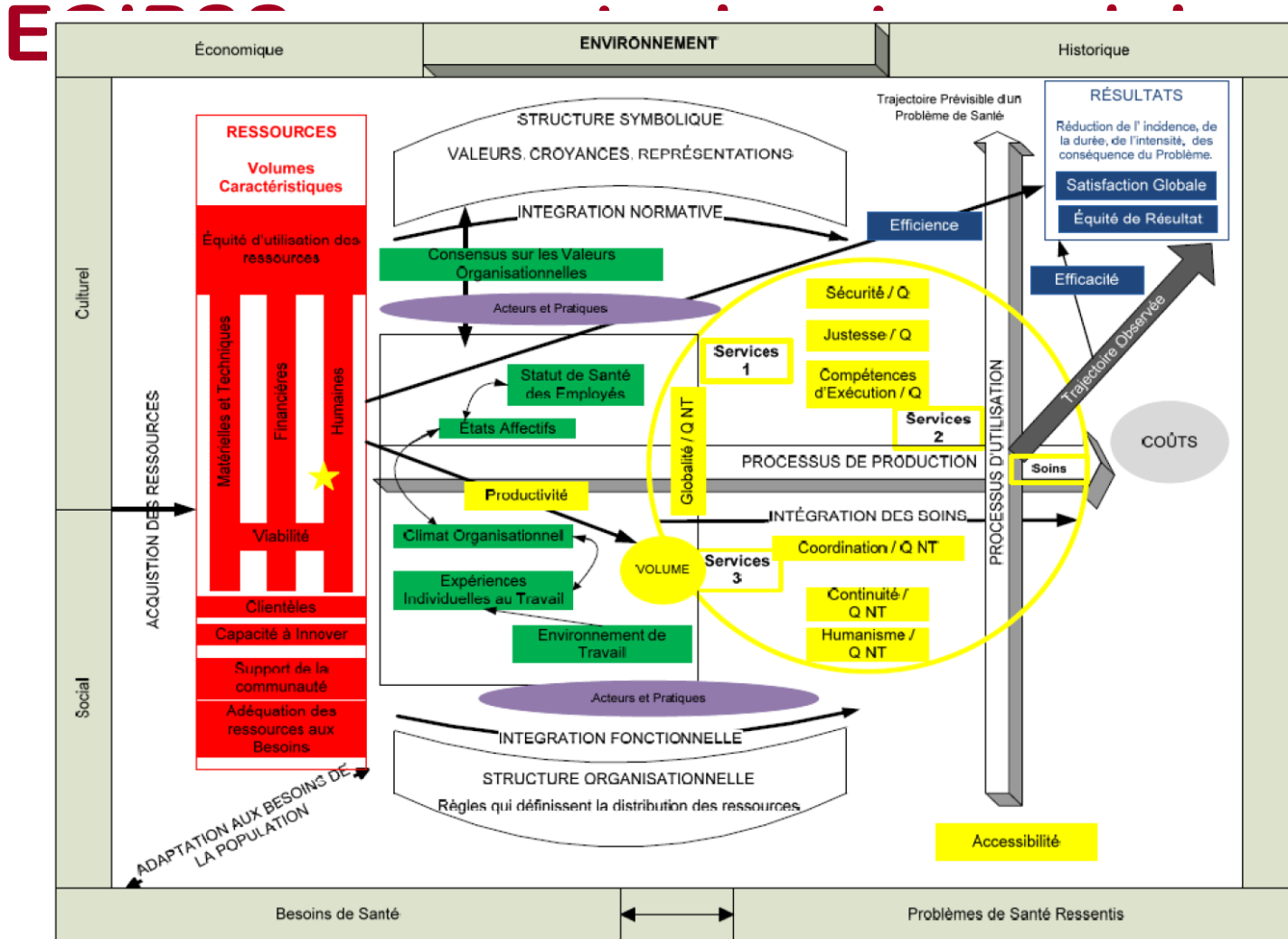
- Citizen juries
- Ballots
- Delegated decision

Healthcare providers performance a complex and diverging construct

- Performance is a divergent problem (Schumaker 1977) and as such is paradoxical: it involves opposite ideas which, although they appear contradictory, are equally necessary to reflect the reality that neither propositions contain in themselves (Slaate 1968)
- Assessment of performance using different criteria/models will lead to different judgments

DIMENSION/ Sub-dimensions	Sub-sub-dimensions	Domains	EGIPSS- governance	EGIPSS- public	EGIPSS- management
Adaptation					
Resource acquisition	Availability	Financial	5	2	18
		Material	2	2	11
		Human	4	6	16
	Sustainability		0	5	26
Adaptation to population health needs			1	10	58
Market attraction			2	4	7
Community support			2	0	10
Innovation and learning			2	0	1
Equity in adaptation			0	0	1
		Sub-total	18	29	148
Value Maintenance					
Consensus on core values	<u>hierarchy of values</u>		0	0	1
	<u>intergroup congruence</u>		0	0	1
	Individuals/ organization fit		0	0	1
Quality of Work Life	Work Environment	Regularity of work	0	0	1
		Workload	0	0	13
		Work Experience	0	0	1
		Material availability	0	0	4
		Organizational Support	0	0	4
		Safety	0	0	4
	Organizational Climate		8	6	5
	Work Satisfaction		0	0	10
	Behavioral Reactions		0	0	5
	Employees' Health		0	0	1
		Sub-total	8	6	51

DIMENSION/ Sub-dimensions	Sub-sub-dimensions	Domains	EGIPSS- governance	EGIPSS- public	EGIPSS- management
Production					
Volumes of services	Gross Volumes		0	6	39
	Intensity of services		0	0	13
	Coverage		0	0	4
Productivity			5	5	40
Quality	Non technical Quality	Accessibility	20	2	34
		Continuity-coordination		3	15
		Comprehensiveness		0	2
		Responsiveness		6	11
	Technical Quality	Appropriateness	4	3	17
		Competency of Execution		3	27
		Safety		2	23
		Public Health		0	6
	Equity of quality		0	0	1
			Sub-total	29	30
Goal Attainment					
Effectiveness	User Effectiveness		0	9	9
	Population Effectiveness		25		47
Efficiency			0	0	1
Equity of Health			5	0	5
Stakeholder Global Satisfaction			2	0	4
		Sub-total	32	9	66
		Total	87	74	497



Several frameworks

2 universal problems

- According to Christopher Murray et Julio Frenk (2000), approaches to health system performance fall into two related traps:
- Some are inclusive lists of multiple, and often overlapping, desirable attributes of health system
- Others start from a consideration of which indicateurs are readily available
- « Both approaches are unsatisfactory for a comprehensive and meaningful assessment of health system performance »
 - « A Framework for assessing the performance of health systems »
Bulletin of the World Health Organization, 2000,78 (6), 717-731
- **Starting point : what are health systems for?**