



Scuola Superiore
Sant'Anna

Phd in Management

Title of the course: PERFORMANCE, EVIDENCE, AND IMPROVEMENT IN HEALTH SYSTEMS

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Dates: October from 22th to 26th, 2012.

Goals: To provide students with an understanding of the relationships between performance measurement, evidence use, and improvement activities at the policy and institutional level in health systems and to allow students the opportunity to consider efficient policy design to improve health services performance at the Ministerial/Regional/Institutional level. Although the course draws heavily from examples in Canada, it will also cover examples from other jurisdictions and casework in class will focus on Italian examples to be developed by the students.

In particular the course focuses on the evolution of information use in health policy, whether population health data used for planning, performance data used as part of accountability systems, or clinical evidence integrated into decision-making. These trends in policy-making are positioned as part of the development of the New Public Management school of public administration and the emergence of stewardship as an organizing principle in health authorities and ministries of health. For each of these foci, the course builds off of fundamental theoretical literature and then provides insight into Canadian case studies in which the course developers have had direct experience as policy-makers.

The course starts with an overview of attributes of successful health services systems and the relationship between these systems and elements of New Public Management, Stewardship, and Value Analysis (session 1). This session touches on evaluations of stewardship functions at an Ontario Ministry, the development of cross-cutting performance management processes at the Ontario Cancer Agency, and the introduction of value-based principles into payment reform in Ontario. Session 2 considers the growth of use of data for planning and performance management

at health systems, cancer system, hospital system, and disease site levels in Ontario and includes evaluations of performance measurement efforts. Session 3 reviews efforts to introduce evidence into policy at the system and institutional level including efforts at a macro-level (evidence standards at an Ontario ministry), the meso-level (the creation of a link between evidence development and coverage of services in Ontario), and efforts to improve evidence uptake by providers through Cochrane collaboration and other efforts based at Ottawa and McMaster Universities. Session 4 reviews the role of different bodies in promoting quality including boards, clinicians and alignment across organizations seeking to promote quality based on important studies from Ontario and Quebec.

Session Outline

Session 1

Session 1 provides an overview of the major determinants of health system performance including those noted in recent cross-national studies by Baker, Ham, and others. This session will explore the role of a number of hard and soft factors in supporting high performance in health services and relate these factors to broad trends in the organization of the public sector such as New Public Management, Stewardship, and Value Chain Analysis.

At the end of this session, students should be able to identify the impact of broad trends in health system management, their relationship to different types of evidence, and the relative importance of different health policy levers in their own health systems.

Readings on high performance health systems

1. Baker GR, MacIntosh Murray A, Porcelato C, Dionne L, Stelmacovich K, Born K. High performing healthcare systems: delivering quality by design. Toronto: Longwoods, 2008.
2. Ham C **FULL REFERENCE** High performing chronic disease systems.
3. Sullivan T, Dobrow M. **FULL REFERENCE** Population-based cancer systems.
4. **FULL REFERENCE** Kaiser Permanente. BMJ, 2003.

Readings on the growing importance of evidence in managing health systems

1. Golden B. The Integrated Client Care Project and Value in Healthcare **FULL REFERENCE**
2. Groot T and Budding T. New Public Management's current issues and future prospects. Financial Accountability and Management; 24(1), February 2008: 0267-4424
3. Veillard JHM, Brown AD, Baris E, Permanend G, Klazinga NS. Health system stewardship in the WHO European region: Concepts, function, and assessment framework. Health Policy, 2011
4. Rhatigan, Joseph, Sachin H Jain, Joia S. Mukherjee, and Michael E. Porter. "Applying the Care Delivery Value Chain: HIV/AIDS Care in Resource Poor Settings." Harvard Business School Working Paper, No. 09-093, February 2009.
5. Rheinhardt U. On the much used (and abused) term value in healthcare. **FULL REFERENCE** Health Services Administration Education, 2011.

Session 2

Session 2 provides a more detailed examination of the policy levers that governments and agencies may deploy to improve health system performance including health system performance

measurement, performance management, and incentives. Students will have the opportunity to model the impact of a suite of policies and consider the challenges in implementing and managing policies to improve performance. This session will consider the administrative, policy, and political issues in implementing these systems and compare them against the growing trend in health policy to shift risk away from providers.

At the end of the session, students should be able to identify the goals behind different performance measurement systems in their own health systems, describe the relationship between these goals and performance measurement frameworks, and describe the pitfalls and successes of performance measurement frameworks.

Readings on health system accountability and incentives

1. Brown AD, Porcellato C and Barnsley J. Accountability: Unpacking the Suitcase. *Healthcare Quarterly*, 2006;9:72-75.
2. Custers T, Hurley J, Klazinga N, Brown AD. Selecting effective incentive structures in health care: a decision framework to support health care purchasers in finding the right incentives to drive performance. *BMC Health Services Research* 2008;8:66
3. Committee on Public Health Strategies to Improve Health. For the Public's Health: The Role of Measurement in Action and Accountability. Washington D.C.: Institute of Medicine, 2011.
4. Brinkerhoff, D. (2004). Accountability and health systems: Toward conceptual clarity and policy relevance. *Health Policy and Planning*, 19, 371-379.
5. Dubnick, M., & Frederickson, H. (2011). Introduction: The Promises of Accountability Research. In M. Dubnick & H. Frederickson (Eds.), *Accountable Governance: Problems and Promises*. Amonk, New York: ME Sharpe.

Readings on health system performance measurement and management

1. Greenberg A, Angus H, Sullivan T and Brown AD* Development of a set of strategy-based,
2. system-level cancer care performance indicators in Ontario, Canada. *International Journal for Quality in Health Care*, 2005;17:107-114.
3. Inamdar SN, Kaplan RS, Jones MH, Menitoff R. The Balanced Scorecard: A Strategic Management System for Multi-Sector Collaboration and Strategy Implementation. *Quality Management in Health Care*, 2000, 8(4), 21-39, 2000.
4. Tu J **FULL REFERENCE**The CCORT Project.
5. Veillard J, Huynh T, Ardal S, Kadandale S, Klazinga NS, Brown AD. Making health system performance measurement useful to policy-makers. Aligning strategies, measurement, and local health system accountability in Ontario. *Healthcare Policy*, 2010;5:49-65.
6. Ten Asbroek **FULL REFERENCE**
7. Bevan, BMJ 2005 **FULL REFERENCE**

Session 3

Session 3 reviews practical issues in developing quality measures, the reliability and usefulness of these measures, and the relationship between measurement and quality improvement efforts from the governance level to the clinical frontline. This session will also touch on critical issues in the sustainability and scalability of quality improvement systems.

At the close of this session, students should be able to describe and apply common techniques in indicator development and understand and develop strategies to mitigate gaming of performance measures. They should also be able to develop institutional policies to increase the uptake and value from performance measures.

Readings on the development and management of indicators

1. Bevan G, Hood C. What's measured is what matters: targets and gaming in the English public health care system. *Public Administration* 2006; 84(3):517-38.
2. McGlynn EA, and Asch SM. Developing a clinical performance measure. *American Journal of Preventative Medicine*, 1998; 14(3S):14-21.
3. Gagliardi A, Simunovic M, Fung Kee Fung M, Langer B, Stern H, Brown AD. Development of Ovarian Cancer Surgery Quality Indicators Using a Modified Delphi Approach. *Gynecologic Oncology*, 2005;97:446-456
4. Brown AD, Goldacre MJ, Hicks N, McMurtry RY, Brown JD and Anderson GM. Ambulatory care sensitive conditions. *Canadian Journal of Public Health*, 2001;92:155-159
5. Current RAND report on performance measures **FULL REFERENCE**
6. Smith P. Gaming and indicators review. **FULL REFERENCE**

Readings on the integration of measurement and quality improvement

1. Persaud, D., & Nestman, L. (2006). The utilization of systematic outcome mapping to improve performance management in health care. *Health Services Management Research*, 19, 264-276.
2. Dobrow, M., Sullivan, T., & Sawka, C. (2008). Shifting clinical accountability and the pursuit of quality: Aligning clinical and administrative approaches. *Healthcare Management Forum*, 21, 6-19
3. Baker GR and Denis JL. Governance for Safety **FULL REFERENCE**
4. Scalability **FULL REFERENCE**

Session 4

Session 4 provides a more detailed look at how evidence may be introduced into policy at several levels, including broad policy design in government, coverage and reimbursement decisions, and institutional management. In each case, the focus is linking evidence to better decision-making and better performance.

At the close of this session, students should be able to describe the state of evidence on introducing evidence into policy and administrative decisions in health systems and to choose an appropriate set of tools to increase evidence use in their current positions.

Readings

1. Lomas J, Brown AD, Research and Advice-Giving: A Functional View of Evidence-Informed Policy Advice in a Canadian Ministry of Health. *Milbank Quarterly*, 2009;87:903-926
2. Lavis J. Perceptions of evidence **FULL REFERENCE**
3. Lavis J. Different mechanisms to increase evidence use

4. Levin L, *Goeree R, Levine M, Krahn M, Easty T, Brown A, Henry D. Coverage with evidence development. The Ontario Experience. *International Journal of Technology Assessment in Health Care*, 2011;27:159-68.
5. Dobrow et al. Evidence based health policy **FULL REFERENCE**
<http://www.sciencedirect.com/science/article/pii/S0277953603001667>
6. Browman and Brouwers. PEBC. **FULL REFERENCE**
7. Grimshaw J. Systematic Review of Evidence on Interventions to improve quality. **FULL REFERENCE**

Session 5

Session 5 provides the opportunity for students to consider additional issues in performance measurement and management and will include case presentations from students. This final session will cover the defining role of strategy in performance measurement, the importance (and limits on) innovation, and the ability of performance measurement to stimulate new policy development. This integrative session will allow students the opportunity to bring together a number of the issues raised during the class.

Session five will also provide students the opportunity to present a case on better use of performance data from their health systems or current employment.

Readings

1. Yap C, Siu E, Baker GR, and Brown AD. A Comparison of System-Wide and Hospital-Specific Performance Measurement Using the Balanced Scorecard Model. *Journal of Healthcare Management*, 2005;50:251-263
2. Siu E, Levinton C, Brown AD. The value of performance measurement in promoting improvements in women's health. *Healthcare Policy*, 2009;5:52-67
3. Brown AD, Alikhan LM, Seeman, NL. Crossing the Strategic Synapse. Aligning Hospital Strategy with Shared System Priorities in Ontario, Canada. *Health Care Management Review*, 2006;3:34-44
4. Berwick D. **FULL REFERENCE** *Innovation*, JAMA, 2003.
5. Fisher E, Goodman D, Skinner J, Bronner K. Health Care Spending, Quality and Outcomes: More Isn't Always Better,
http://www.dartmouthatlas.org/downloads/reports/Spending_Brief_022709.pdf. The Dartmouth Institute for Health Policy and Clinical Practice. 2009.