

Reinventing Evaluation in the New Era

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Planning, Policy, and Legislation

Ministry of Health Planning

Government's Commitment to Accountability

- “Our Vision: Responsible, accountable management of your public resources and tax dollars”
- Budget Transparency and Accountability Act
- Service Plans and Annual Reports with targets
- Accountability Statements from Ministers

Indicator Framework

- Life Expectancy
- Infant Mortality
- Low Birth Weight
- Self-reported Health
- Change in Life Expectancy
- Improved Quality of Life
- Reduced Burden of Disease, Injury and Illness
- Waiting Times
- Patient Satisfaction
- Hospital Re-admission
- Access to 24/7
- Home and Community Care Services
- Public Health Surveillance and Protection
- Health Promotion

SAMPLE NHS PERFORMANCE MEASURE

Waiting times: % of outpatients seen within 13 weeks

	All specialties	General surgery	Urology	Trauma and orthopaedics	Ear, nose & throat	Ophthalmology
National performance:	83%	90%	81%	70%	78%	76%
Community Healthcare Bolton M	80% ☆☆☆	-	-	-	-	-
Countess of Chester Hospital M	90% ☆☆☆☆	99% ☆☆☆☆	-	48% ☆☆	99% ☆☆☆☆	99% ☆☆☆☆
East Cheshire NHS Trust	85% ☆☆☆	98% ☆☆☆☆	89% ☆☆☆☆	57% ☆☆	81% ☆☆☆☆	80% ☆☆☆☆
Manchester Children's Hospital	99% ☆☆☆☆	●	100% ☆☆☆☆	100% ☆☆☆☆	100% ☆☆☆☆	100% ☆☆☆☆

Stars are given depending upon performance. The better the performance against the standard, the more stars.

An upward arrow indicates that this year's performance is significantly better than last year's.

A downward arrow indicates a significantly worse performance.

A hyphen means that the NHS Trust or hospital concerned does not provide the service in question.

A dot indicates that the NHS Trust or hospital concerned failed to provide data.

Accountability

“The obligation to answer for the execution of one’s assigned responsibilities to the person or group who conferred the responsibilities”

Achieving Accountability in Alberta’s Health System – Nov. 2001

Challenges in Health

- Quality
- Access
- Patient and Public Satisfaction
- Provider Satisfaction
- Value for Money & Sustainability
- Accountability

Quality in Health Care

- Definition
- US Institute Of Medicine
- CIHI / CIHR funded study to establish a Canadian acute care error rate

Access

- To high technology diagnostic and therapeutic equipment;
- To specialists;
- Uncertainty of standards for access (WCWL project)

Satisfaction with Health Care Services

Patient perspective:

- not a measure of quality of care, but useful to strategies for improving quality of services

Public perspective

Provider perspective:

- Retention - What are determinants?
- Improvement in services

Value for Money & Sustainability

- Efficiency and effectiveness
 - Critique of silo approach
 - Business-like approaches
- Appropriate strategies
 - Patient charges
 - Ageing in place
- Sustainability as a balance of quality, public and patient satisfaction, and affordability

Complexity

- Number and types of services
- Human element
- Variety of programs
- Multi-factorial nature of disease
- System issues

Evaluation and Accountability

Models of Accountability

Model	Who is accountable	To Whom	For What	How is it known to have been achieved
Professional	Professionals	Professionals	Process	Results of self evaluations & peer evaluation such as accreditation
Contractual	Professionals and politicians	Organizational hierarchy	Process and outcomes	Contract agreements realized and democratic process respected
Market	Components of organization & governing body	Client	Outputs	Measurement of outputs
Public	Professionals and politicians	Stakeholders	Process and outcomes	Democratic process and agreed upon goals
Compliance	Management & governing body	Government	Reaching Benchmarks	Strategic planning & measures of outputs/outcomes
Capacity-based	Governing body & government	Government	Goal setting & offering incentives	Goals are realized
Performance-based	Governing body	Government & Public	Outcomes	Performance reporting

Approaches to Accountability

- Professional Approaches
- Provincial Approaches
- National Approaches
- International Approaches

Professional Approaches

- Regular, self-assessment
- Audits or reviews by
Self-Regulating Colleges
- Quality Improvement
 - Peer Review
 - Institutional based
- Accreditation

Provincial Approaches

- Focus on accountability for funding
 - Health Service Plans
 - Performance Agreements
 - Regulatory and Legislative framework
- Focus on Research Support for Evaluation
 - Michael Smith Foundation
 - Support for CHSRF, CIHR, CIHI and CCOHTA through inter-provincial committees etc

National Approaches

- Significant new investment in health research
–CIHR Institutes, Michael Smith in BC
- Significant investment in Canadian Institute of Health Information (CIHI)
- Significant investment in Canadian Coordinating Office of Health Technology Assessment (CCOHTA)
- Participate in OECD initiatives for international reporting/research

International Approaches

Evolving blends of reporting, research support, governance and accreditation strategies

US – Varied strategies (e.g. Kaiser Permanente Care Management Institute, Quality Interagency Coordination Task Force, NIH research)

UK – New governance arrangements, NICE, new research support, support for Cochrane centers for systematic reviews

International Collaborations – EU, OECD

Ministries of Health Services / Health Planning

Health Service Plans

GOAL 1: HIGH QUALITY PATIENT-CENTRED CARE

Patients receive appropriate effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

GOAL 2: IMPROVED HEALTH AND WELLNESS FOR BRITISH COLUMBIANS

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

GOAL 3: A SUSTAINABLE, AFFORDABLE PUBLIC HEALTH SYSTEM

A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

Ministry of Health Services: Health Service Plan
GOAL 1: HIGH QUALITY PATIENT-CENTRED CARE

Examples of Acute Care Performance Measures:

30-day in-patient mortality for acute myocardial infarction (heart attack) and stroke.

5-year survival rates for lung, prostate, breast, colorectal cancer; relative survival rates for heart attack (365 days after admission to hospital) and stroke (180 days after admission).

Hospital re-admission rates for heart attack, congestive heart failure, pneumonia, and gastrointestinal hemorrhage.

Target 02/03: Set targets

Target 03/04: Decrease in rates

Target 04/05: Decrease in rates

Performance Management Cycle

