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QUALITY AND EVALUATION IN A COMPREHENSIVE HEALTH ORGANIZATION

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Abstract: An innovative approach to delivering health care is being developed in several Ontario communities. The Ontario Ministry of Health has been guiding and assisting a number of communities as they pursue development of the comprehensive health organization concept (CHO). The CHO initiative has been evolving over the past five to six years and is driven primarily by enthusiasm and work at the grassroots community level. This short report describes the initial framework for quality and evaluation in a CHO. Given that there are no CHOs operational as yet (the first two are scheduled to open in northern Ontario in 1995), there is tremendous opportunity to develop a comprehensive approach to quality and evaluation that uses a wide range of tools and methodologies.

Résumé: Une approche innovatrice dans le domaine des soins de la santé est en voie de développement dans plusieurs communautés ontariennes. La province d'Ontario assiste et guide des communautés qui poursuivent le développement du concept de l'organisation compréhensive de la santé (OCS). L'initiative OCS évolue depuis cinq à six années en grande partie grâce au travail et à l'enthousiasme de la communauté. Ce rapport décrit le fondement de qualité et d'évaluation d'une OCS. Étant donné qu'aucune OCS n'est encore en marche (l'ouverture des OCS au nord de l'Ontario est prévue pour 1995), nous avons l'opportunité de développer une approche d'évaluation et de qualité qui utilise une gamme d'outils et de methodologies.

A comprehensive health organization (CHO) is a nonprofit corporation responsible for the delivery of health care to its members. Its management emphasizes health promotion, home care, illness prevention, and community involvement. Underlying

the developmental process has been the belief that an integrated, community-based approach to health care provides a more effective and efficient use of medical services and resources.

A CHO will receive a monthly payment from the Ontario Ministry of Health, which it will use to provide services to its roster members. The funding will be based on the number of members in its care. Initially the funding will be determined from a *baseline data package*—a detailed summary of the Ministry of Health's expenditures for the population to be served based on historical patterns of utilization and records of transfer payments for that area's population. In the future, however, funding will be based on an econometric model currently under development. Health services will be available to CHO members throughout the province at no cost to themselves. Indeed, the econometric model makes provision for a CHO to receive funding to pay for services that members may receive in other areas of the province.

Once funding has been allocated, a CHO's internal budget is decided on by the CHO board, at least 50% of the members of which are not health care providers. This flexibility will allow greater emphasis on home, rehabilitative, and preventive care and de-emphasize institutional care, prescribing, and diagnostic and laboratory work. The CHO may also provide services for non-CHO members in its area, and in this case may receive additional global or program funding from the Ministry of Health.

A CHO must provide all existing insured Ontario health care services to its members (either by providing these itself or through contracting the services from elsewhere). The organization must accept anyone who wishes to become a member. Members must recognize that the CHO assumes full responsibility for their total health care. The member community has a role, and say, in the affairs of the CHO, which is, in effect, their organization.

All CHOs must formally commit to minimum and mandatory requirements as specified by the Ministry of Health. These requirements include nonprofit status for the CHO, no restriction or limitation on membership, enhanced role of allied health professionals, formal quality measurement and evaluation functions, and the highest degree of independence possible for all members.

THE QUALITY AND EVALUATION PROJECT

The Queen's Health Policy Unit (QHP) at Queen's University recently completed a research contract for the Ontario Ministry of

Health to develop "an initial framework for evaluation, outcome measurement and quality processes for CHOs and the CHO initiative in Ontario." A working group comprised of QHP researchers, Ministry of Health officials, and CHO site representatives met on a regular basis over the past two years to develop the framework.

"Quality" is difficult to define. There are many dimensions to quality, and this makes it difficult to develop a definition that can be agreed upon by everyone. Definitions vary from one health care organization to another. For example:

> Quality is the measurable and sustained achievement of preferred outcomes through appropriate collaboration. That is, quality is always being sensitive to needs so that together what is right and best can be done. (CCHFA, 1992)
>
> Quality is continuous improvement in patient care and service, education and research, and all other activities in which we are involved, in order to make the system a leading standard of excellence within the health care industry. (Henry Ford Health System, 1991)
>
> Quality is continuous improvement in all we do to meet the needs and expectations of WHMC's customers. Our customers include our patients, each other and the people, organizations and communities we serve. (Wyandotte Hospital and Medical Center, 1991)

Quality, then, is determined by outcomes, the processes of care, and the perceptions of the "customers" receiving that care. In its most basic form, *quality is about doing the right things right at the right time*. Although this definition is user-friendly, at the same time we need to be aware that, if considered more broadly, the quality of care can be described and measured according to a number of dimensions, such as timeliness, appropriateness, responsivity, efficiency, and accessibility.

It is not surprising, therefore, that many different elements can be used in the evaluation of quality. Moreover, although quality is measurable in some cases, at all times it should be embedded in the organizational culture and the processes used to provide care. The quality and evaluation framework must, therefore, be:

- comprehensive enough to address the multidimensional nature of quality;

- capable of providing measurable, quality indicators;
- flexible enough to provide approaches that enable an organization to develop a quality environment and effective quality-oriented processes.

The quality and evaluation framework is based upon the understanding that the CHO should be a *learning organization* (Senge, 1990; Senge, Roberts, Ross, Smith, & Kleiner, 1994) that is constantly learning in order to improve the nature of care provided to the roster population. This organizational concept is linked with the many tools and processes associated with a *quality improvement* philosophy. These concepts provide the basis for developing the two main processes involved in an evaluation: observation and measurement, and comparisons with criteria and expectations of what are considered as indications of good performance. The success of an ongoing evaluative process, however, is contingent on a number of factors, such as technical expertise, the organizational commitment to evaluation, and the social and political context of the evaluation.

The quality and evaluation framework is outlined in Figure 1. Attached to the box showing the CHO continuum of services are the components of the framework. The starting point for providing quality begins with an accurate *needs assessment* of the roster population. This requires that the delivery of care throughout the continuum of services occur within a *quality-oriented environment*. The use of *indicators* and *quality improvement* initiatives helps the CHO to determine to what extent quality is being provided in the different aspects of care. *Economic evaluations* enable the CHO to more effectively assess how quality can be maintained or improved given a finite amount of financial resources. As quality is often measured in terms of the customer (i.e., the roster member), it is important to examine how these members perceive their own health status (i.e., *self-reported health status measurement*). Associated with this is the need to identify *how satisfied members and providers* are with the CHO. By examining each of these components, the CHO can develop a comprehensive understanding of the many dimensions of quality, and acquire the basis for improving the level of care it provides.

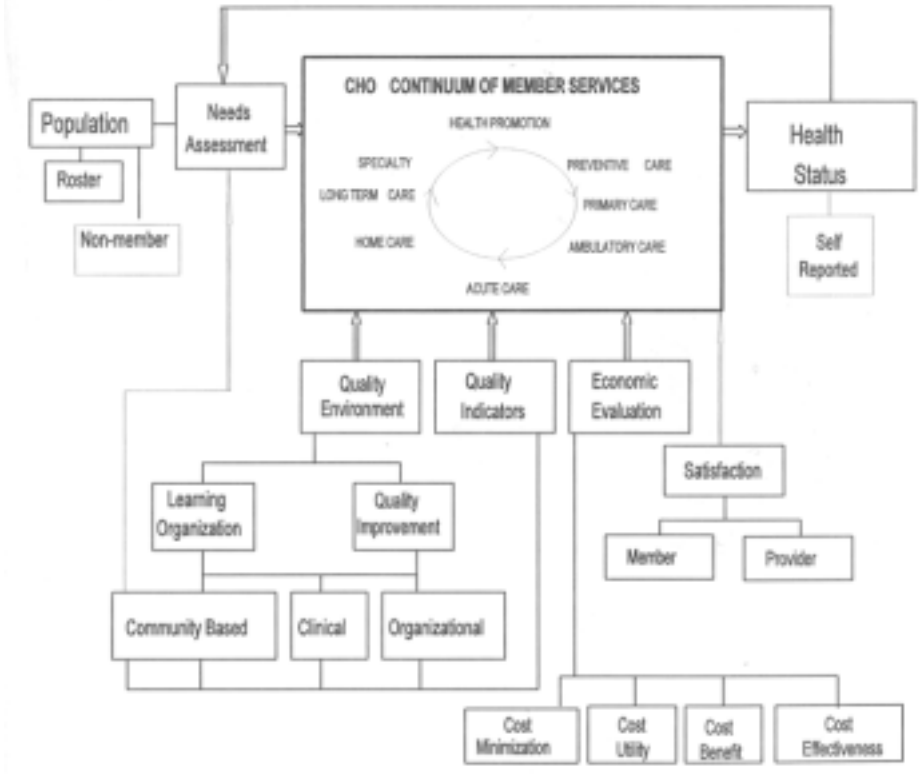
CONCLUSION

QHP has produced a set of 10 volumes of material (each "volume" is 20–40 pages long) that are based on the core components outlined

in Figure 1. The series of documents provides the CHOs with a comprehensive reference source on quality and evaluation. There are, however, some practical issues facing the quality and evaluation project. As challenging and rewarding as the development of the framework may be, its practical implementation will be of primary concern to the CHOs. It must, therefore, be written in user-friendly language, be educational, and be of use to all staff in a CHO, as all staff contribute to providing care to the roster members.

Ultimately, the success or failure of the framework will be a function of the commitment to quality and evaluation in each CHO. Commitment will be required with regard to the availability of human resources, financial resources, equipment and infrastructure, data, education and training, communication and information, and

Figure 1
Quality and Evaluation Framework



organizational integration. If used to its fullest potential, the framework has the capacity to truly reflect the purpose and intent of the CHO—that is, to provide an integrated approach to delivering quality health care to the roster population.

The framework must also accommodate the knowledge that as each CHO becomes operational there will likely be an enormous learning curve for CHO staff, just regarding what it means, and how it works, to actually "be a CHO." The framework must be flexible enough to accommodate the diversity of practical concerns each different CHO will face yet be specific enough to focus on the key elements essential to providing quality care in an integrated health organization.

The Queen's Health Policy Unit has developed the "initial" comprehensive evaluation framework for CHOs. It is hoped, and indeed anticipated, that this will be developed over time as the CHOs become operational, and their own skills, requirements, and commitment to quality and evaluation become more comprehensive.

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REFERENCES

Henry Ford Health System. (1991). *Mission, value and commitment to quality*. Detroit: MI: Author.

Senge, P.M. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Doubleday.

Senge, P., Roberts, C., Ross, R., Smith, B., & Kleiner, A. (1994). *The fifth discipline fieldbook*. New York: Doubleday.

Wyandotte Hospital and Medical Center. (1991). *Mission, vision and commitment to quality*. Wyandotte, MI: Author.