

# Performance Measurement Systems in Health and Mental Health Services: Models, Practices and Effectiveness

Adair CE, Simpson L, Birdsell JM, Omelchuk K,  
Casebeer AL, Gardiner HP, Newman S, Beckie A,  
Clelland S, Hayden KA, Beausejour P

# Outline

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- Introduction & Background
- Purpose
- Methods
- Findings
  - The Literature, and Policy Context
  - Key Issues for Practice and Research in each stage of PM development
  - Points of Consensus and Non Consensus
- Recommendations & Conclusions

# Introduction

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- The Alberta government has placed a strong emphasis on accountability for health care costs and quality
- Performance measurement is one way to assure accountability
- Unfortunately, there is little *systematic* information to support and guide the implementation of performance measurement systems
- There is even less known about the extent to which these systems can improve service delivery and ultimately population health

# Background

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- The Alberta Heritage Foundation for Medical Research (AHFMR), in partnership with Alberta Health and Wellness, funded this review under the “governance and accountability” theme of the State of the Science Review Program

# Purpose of the State of the Science Review

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***To summarize and outline the strengths and weaknesses of the current research literature on models, practice and effectiveness of PM systems in health and mental health services and to place the research information in context of current policy and practice in Canada.***

# Methods

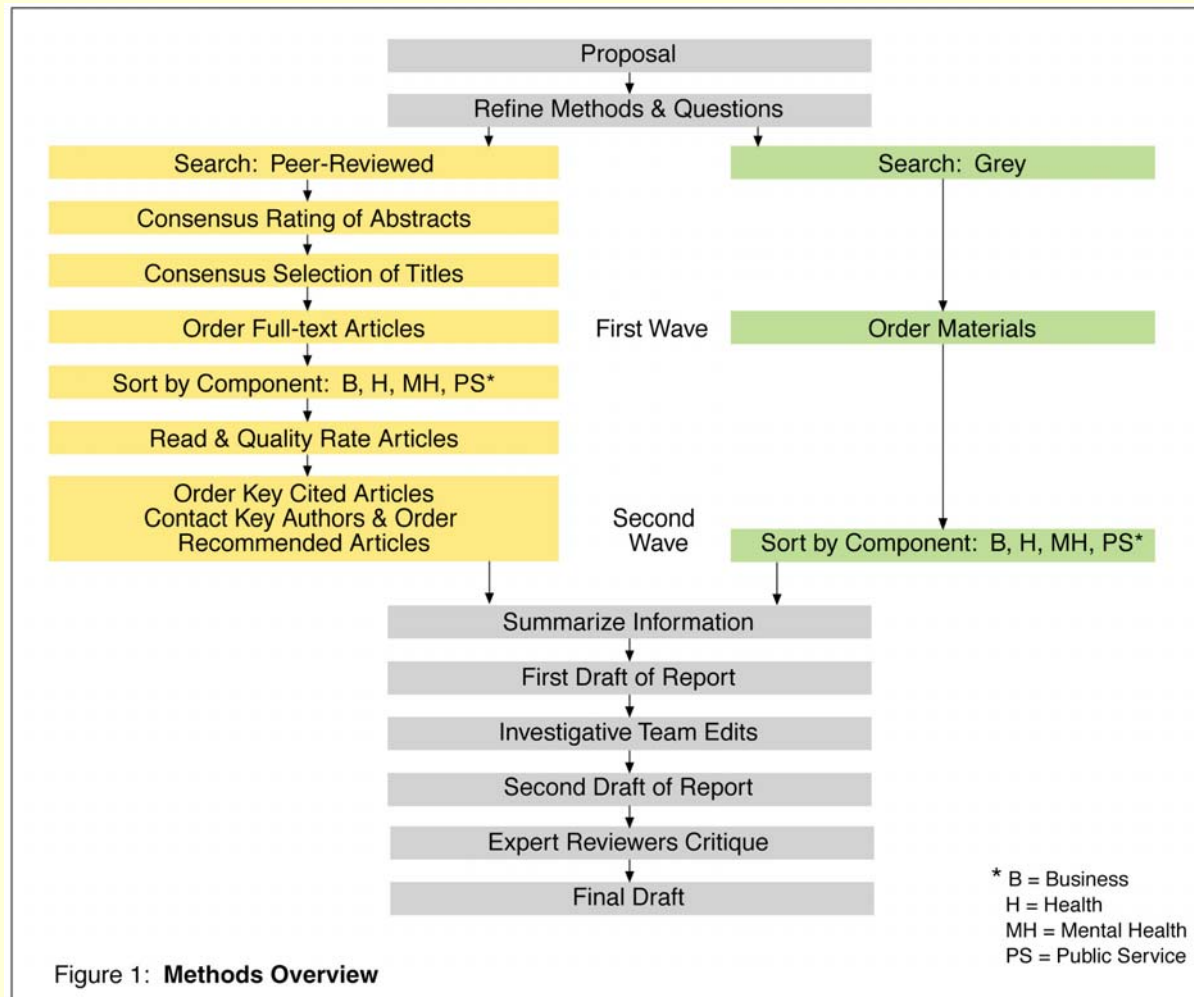


Figure 1: **Methods Overview**

# The Semantics of Performance Measurement

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- Literature in health care is characterized by a serious lack of clarity and consistency in the use of terms
- Increasing complexity in the number and type of performance measurement related activities and the blurring of boundaries among these activities is noted
- Many consider the lack of clear definitions to be one of the major barriers to advancement of both science and practice

# The Literature on PM Overall

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- The literature is diverse but a very strong emphasis on the importance of PM was noted in all literature sets
- Four stages of development:
  - The PM imperative
  - Proliferation of measures/fragmentation of effort
  - Sober reassessment/reflection
  - Consensus and initial solutions

# History and Policy Context

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- PM has expanded in the past 15 years, especially in the US and UK but also in Canada, Australia and other countries

**Accountability**



**General Performance Measurement**



**Quality**



**Safety**

# Four Stages of PM Development

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- Conceptualization and Strategy
- Measures Selection or Development
- Data Collection and Analysis
- Reporting and Use

# Conceptualization

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- Increasing emphasis on:
  - A strategic approach to PM
  - Consideration of multiple stakeholder perspectives
- Also, many calls for greater vertical, horizontal, and temporal integration
  - But, as yet, the possible or the optimal amount of integration has not yet been defined.

# Measures Selection or Development

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- Conceptual frameworks are important for selecting measures
- 1000's of measures/indicators now exist but mental health measures are vastly underrepresented in actual use
- Health organizations are increasingly using the “portfolio approaches” of business, e.g., BSC
- Many frameworks in health but no agreement on domains or indicators
- Most predominant health framework – Donabedian - “structure, process, outcome”
- Minimal evidence for best framework and few measures are validated

# Data Collection and Analysis

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- A major issue is cost and complexity
- Issues also include data sources and data quality
- In health and mental health, analysis methods range from very simple to very complex multivariate analysis
  - Little empirical information on how to best manage the process exists
  - There are no accepted standards

# Reporting and Use

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- The ‘actioning’ of measures for the improvement of care is a major challenge
- Evidence suggests use by individual providers and consumers is limited to date
- Most controversy has arisen in the context of external reporting – “report cards”
- A variety of potential unintended effects of PM have been delineated but minimal evidence of their occurrence exists
- No one is calling for an end to PM, just a more comprehensive, thoughtful, and evidence-based approach

# Points of Consensus and Non-Consensus

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- Consensus (6 points)
  - E.g., there is a need to move to more meaningful measures, PM should not be abandoned but there is a need for greater recognition of its complexity and on potential pitfalls
- No Consensus (10 points)
  - E.g., the extent to which performance should be reported publicly

# Key Finding

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- The review extracted rich and enormous detail on models and practices but research on effectiveness is in its infancy

# Research Recommendations

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- Theoretical and causal studies
  - E.g., determinants of organizational performance
- Methods
  - E.g., large cohort studies of outcome from routine practice settings
- Applied studies
  - E.g., validation of existing measures, what indicators constitute a sufficient range of perspectives

# Next Steps for Alberta

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- Address the language issue
- Identify current best practices
- Set Alberta priorities within the context of global knowledge
  - Develop capacity to track new findings
  - Provide a mechanism to provide evidence to practice initiatives
  - Enable and support multidisciplinary research
  - Develop and implement a set of ‘research to practice’ projects
  - Create an on-going capacity
- Begin with an expanded inventory of performance indicators in practice in current use including methods in Alberta’s regions which will inform strategic directions

# Conclusions

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- Definitional and theoretical groundwork is required
- Alberta would benefit from learnings about PM from other jurisdictions
- Effective research would require:
  - Multi-disciplinary researcher capacity
  - Innovative mechanisms for encouraging research and practice partnerships
  - A well planned and coordinated, yet distributed, set of PM related research projects
  - Mechanisms for dissemination to improve research uptake