

FRAMEWORKS AND MEASURES FOR HEALTH SYSTEMS

PERFORMANCE ASSESSMENT

Raluca-Elena CAUNIC

“Alexandru Ioan Cuza” University, Iași, Romania

INTRODUCTION

- ❑ The health of the population is an essential resource for all countries, which must be maintained and improved.
- ❑ One of the determinants of health is health care (Lalonde, 1974, White Paper, apud Kelley E. & Hurst J., 2006).
- ❑ Health care is provided through health services, as part of the health system.
- ❑ In order to ensure sustainability of the health systems and the quality of health care services, health systems performance assessment (HSPA) became mandatory.
- ❑ Health system performance assessment (HSPA) is the process of monitoring, evaluating and communicating to what extent various aspects of health system meet key objectives. The central purpose of HSPA is to assess whether progress is being made towards desired goals and whether appropriate activities are undertaken to promote achievement of those goals (Smith P.C. et al., 2010).
- ❑ 64 significant initiatives were identified in relation with health system performance assessment (Perić N., Hofmarcher-Holzacker M.M. & Simon J., 2017), but the reference ones are those undertaken by World Health Organization (2000) and Organisation for Economic Co-operation and Development (2001).

INTRODUCTION

Terminology (Europeanpublichealth Platform)

- ❑ *Health system*: all activities and structures that determine or influence health in its broadest sense within a given society (includes social, environmental and economic determinants of health).
- ❑ *Health system performance*: a broader concept that also acknowledges the broad range of determinants of population health that are not directly related to healthcare service delivery.
- ❑ *Healthcare system*: combined functioning of public health and personal healthcare services that are under the direct control of identifiable agents, especially ministries of health.
- ❑ *Healthcare system performance*: the efficiency and equitability of the professional public health and personal healthcare services within a system, including a cost-benefit analysis.

INTRODUCTION

Health system goals (WHO, 2000):

- Improve the health of the population;
- Responsiveness to the expectations of population;
- Fairness in financial contribution.

Health system functions (WHO, 2000):

- Service provision;
- Resources generation;
- Financing;
- Stewardship.

Health systems performance assessment objectives (Smith P.C., 2014):

- To support policy-makers, stewardship and to coordinate actions within the system;
- To be used as basis for intercountry comparisons of health systems (leading to mutual learning);
- Strengthening the accountability and also transparency for stakeholders and citizens for how money has been spent.

AIM OF THE PAPER

- ❑ A critical review of the main international frameworks and indicators projects that stake the health systems performance assessment.

METHOD

- ❑ A synthesis, chronologically structured, of the main reports and indicators projects published by the international and european bodies: World Health Organization, Organisation for Economic Co-operation and Development and the European Commision.

SYNTHESIS

Dimensions of performance

Most commonly used dimensions of performance include effectiveness, efficiency and quality of care.

Effectiveness is the degree of achieving desirable outcomes given the correct provision of evidence-based healthcare services to all who could benefit (Palmer & Torgerson, 1999).

Efficiency is the system's optimal use of available resources to yield maximum benefits or results (Joint Commission on Accreditation of Healthcare Organizations, 1997).

Quality of care can be defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (OECD, 2004).

Dimensions of performance + health system goals (health, responsiveness, financial protection) = domain of performance to measure for Health System Performance Assessment (HSPA):

Effectiveness

Safety

Responsiveness

Accessibility

Equity

Efficiency

SYNTHESIS: key terms and emphasis

WHO health systems performance framework (2000, revised 2007)

2000: constructed in terms of health system functions (service provision, financing, resources generation and stewardship); emphasis on efficiency, the performance of the health systems from 191 member states was compared

2007: constructed in terms of health system building blocks (service delivery, health workforce, information, medical products and technologies, financing, governance)

100 Core Health Indicators (2015), grouped in 4 categories:

- Health Status (mortality, fertility, morbidity),
 - Risk factors (nutrition, infections, environment, noncommunicable diseases, injuries),
 - Service Coverage (reproductive, maternal, newborn, child, adolescent, immunization, HIV / tuberculosis, mental health, screening and preventive care)
 - Health Systems (quality and safety, access, health force, health information, health financing, health security)
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OECD health systems performance framework (2001, revised 2006)

Emphasis on quality, as a core dimension of performance, including effectiveness, safety and responsiveness (patient centeredness)

Health Care Quality Indicators - HCQI (2002, revised 2006)

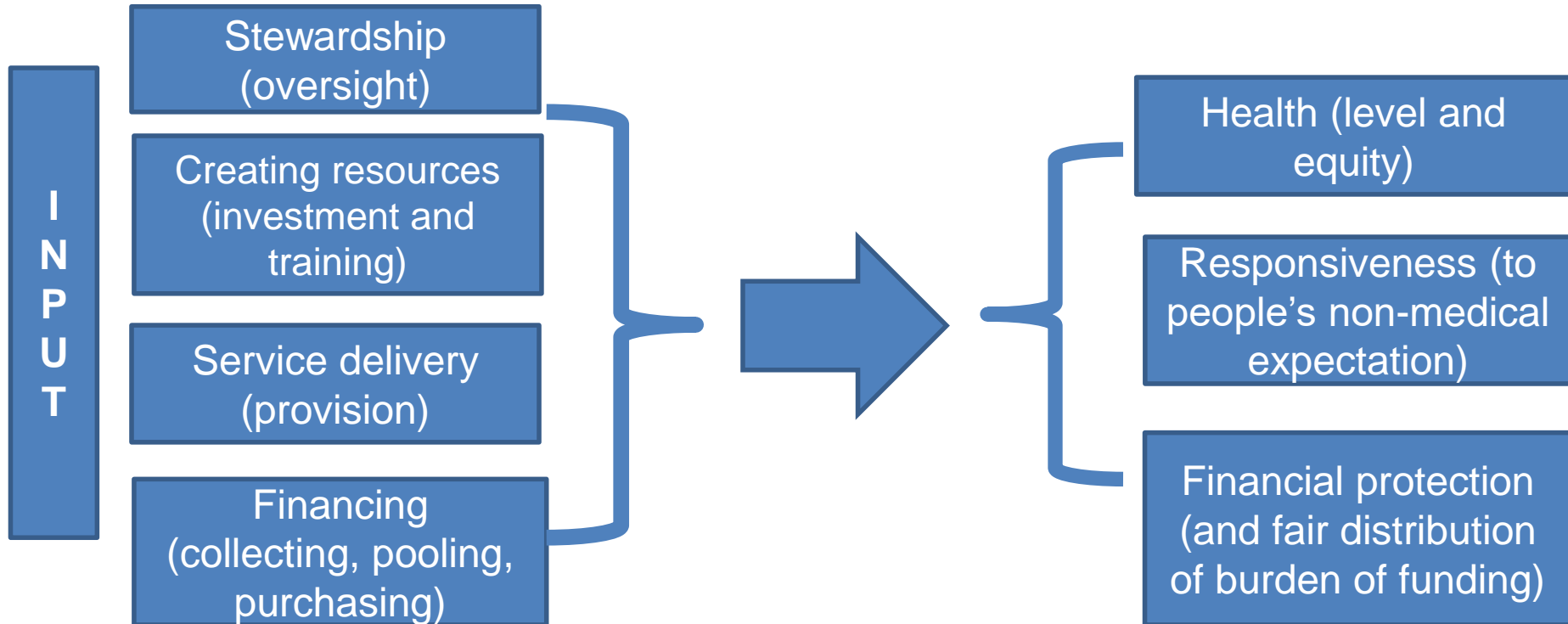
Health at a Glance: OECD's annual report, providing international comparisons, based on HCQI

SYNTHESIS

WHO's health systems performance framework – from functions to outcomes

FUNCTIONS OF THE SYSTEMS

GOALS OF THE SYSTEMS



SYNTHESIS

Revised OECD framework for performance measurement

Quality seen as a nested matrix

HEALTH

Non healthcare determinants

	Health System Performance				
	How does the health system perform? What is the level of quality of care across the range of patient care needs? What does the performance cost?				
	Dimensions				
	Quality			Access	Cost/expenditure
Health care needs	Effectiveness	Safety	Responsiveness / Patient centeredness		
Primary prevention					
Getting better					
Living with illness or disability / chronic care					
Coping with end of life					

Equity



Efficiency (macro and micro-economic efficiency)

Health system design, policy and context

Current focus of HCQI project

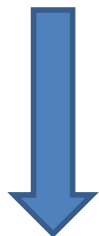
SYNTHESIS

Tallin Charter (2008): Health Systems for Health and Wealth – the objective is to strengthen health system accountability along 3 dimensions (Tello J., Baez-Camargo C., 2015):

- priority-settings;
- performance measurement,
- performance review.



In order to steer health system towards improved performance in an evidence-based and effective way.



Adoption of the WHO European policy framework for health and well-being, Health 2020;

In 2015, 21 countries out of 53 had no available information regarding performance measurement, although they have a National Health Strategy adopted (Tello J., Baez-Camargo C., 2015).

Indicators proliferations, overlaps and gaps: HSPA indicators from different initiatives largely overlap and public health indicators dominate over health system aspects. Experts proposed a grouping of indicators by content in headline indicators, operational and explanatory indicators (Perić et al., 2018):

Domain ACCESS – headline indicator: share of population covered by health insurance

Domain EFFICIENCY – headline indicator: total health care expenditure

Domain QUALITY OF CARE – headline indicator: rate of hospital – acquired infections

100 Core Health Indicators (WHO, 2018 edition)

Quality and safety of care

Perioperative mortality rate
Obstetric and gynaecological admissions owing to abortion
Institutional maternal mortality ratio
Maternal death reviews
ART retention rate
TB treatment success rate
Service-specific availability and readiness

Access

Outpatient service utilization (also: inpatient admissions and surgical volume)
Health facility density and distribution (also: access to emergency surgery)
Hospital bed density
Access to a core set of relevant essential medicines

Health workforce

Health worker density and distribution
Output training institutions

Health information

Birth registration
Death registration
Completeness of reporting by facilities (also: completeness and timeliness for notifiable disease)

Health financing

Total current expenditure on health as % of gross domestic product (also: total capital expenditure on health as % of current + capital expenditure on health)
Public domestic sources of current spending on health as % of current health expenditure (also: private)
External source of current spending on health (% of current expenditure on health)
Proportion of the population with impoverishing health expenditure
Proportion of the population with large household expenditure on health as a share of total household consumption or income
Total net official development assistance to medical research and basic health sectors

Health security

International Health Regulations (IHR) core capacity index

Governance

Existence of national health sector policy / strategy / plan

Health Systems Quality Indicators – OECD (2015 revision, authored by the HCQI Expert Group) (Data for Measuring Health Care Quality and Outcomes)

EXISTING INDICATORS

- Primary Care
- **Acute Care**
- Mental Health Care
- Cancer Care
- Patient Safety
- **Responsiveness and Patient Experience**

EXEMPLES OF INDICATORS

Acute care indicators (HCQI project, considered suitable for international comparison):

- the rates of death within 30 days following hospital admissions for acute myocardial infarction (AMI)
- the rates of death within 30 days following hospital admissions for ischemic stroke
- the rates of death within 30 days following hospital admissions for hemorrhagic stroke
- the rate of patients who received their surgery within 48 hours following an admission for hip fracture

Responsiveness and Patient Experiences (HCQI project, considered suitable for international comparison):

- Waiting time of more than 4 weeks for getting appointment with a specialist
- Consultation skipped due to costs
- Medical tests, treatment or follow-up skipped due to costs
- Prescribed medicines skipped due to costs
- (Regular) doctor spending enough time with patients during the consultation
- (Regular) doctor providing easy-to-understand explanations
- (Regular) doctor giving opportunity to ask questions or raise concerns
- (Regular) doctor involving patients in decisions about care or treatment

Discussions

- WHO's framework on performance of health system includes a broader range of determinants of health population and it is focused on efficiency.
- OECD's framework emphasizes the quality of healthcare services and provides quality indicators for healthcare assessment.
- At international level has evolved a proliferation of health system performance indicators for a variety of purposes (evaluating policy development / initiatives, managerial control, accountability to citizens / stakeholders, research). This caused lack of comparability between countries and duplication of effort. There is a need to rationalize the dissemination of indicators for a maximized impact (Perić N. et al., 2018).
- The WHO's and OECD's frameworks on performance of health systems unify reporting standards of data and indicators.

Conclusions

- The main interest for measuring performance of health systems: financial sustainability of healthcare system. A second important requirement to ensure the achievement of the health objectives: the access of the population to quality medical services and equity.
- The aim of a single European health information system for european citizens justifies the joint efforts made to develop sets of standardized indicators.