The Science of Performance Measurement

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The Ministry of Health is responsible for:

- Setting the overall strategic direction for the health sector in BC
- Establishing expectations and target outcomes for health authority performance;
- Monitoring and evaluating health authority performance against those expectations; and
- Reporting to the public.
The use of performance measurement

- To measure and report on achievement of current strategic priorities as well as overall system performance
- To enable stakeholders to make informed decisions on performance based on available evidence
- To evaluate the functioning of the health system through quantitative (measures/indicators) and qualitative (deliverables) measures
Medium term, Relatively attributable to specific change activity; Other dynamics of system may also be involved; Targets for accountability

Example: % GPs who provide chronic disease management

Example: ACSC hospital admissions rate, <75 and 75+

Long term, general monitoring of system performance irrespective of change agenda; May be vaguely attributable to specific change activity over a long time period; No accountability targets

Example: % seniors 75+ not admitted to hospital

Very long term (generational), Not attributable to specific change activity; No accountability targets

Example: Healthy life expectancy
It is a Science!

- Analytics
  - Interpreting and explaining data
  - Statistics
    - Comparing recent progress and historic trends; determining whether change is “significant”
- Research
  - Innovations in measurement and studies of health care approaches
- Economics
  - Examining how health resources are used and the dynamics that drive utilisation and production of services
- Visual analytics
  - Visualising health data to convey complex information
But it is also an Art!

- Science can only take us so far
  - Much we do not yet know about how health systems work
  - Data systems are not yet comprehensive and timely

- Performance measurement requires judgement and experience, especially when little science is available
  - Choosing measures when there are many options, or very few
  - Setting targets when we don’t know how much change is possible in the time frame or when there is no “ideal” or benchmark towards which we are aiming

- It needs ongoing discussion and collaboration with the best-informed people
Recognizing measurement gaps

- We need to expand the scope of performance measurement:
  - Service sectors
    - Primary care – service quality, integration with other providers
    - Community services – substance use, mental health, HCC
  - Patient perceptions – PREMs and PROMs
  - Patient outcomes – did patients actually get better?
  - Efficiency – are we using our resources for maximum benefit?
  - General monitoring of the health system as a whole apart from measuring performance on strategic priorities
Challenges

- Implementation of better data sources – Home and Community Care, Mental Health & Substance Use

- Development of new indicators to reflect changing health system priorities
  - Integration
  - Patient centred care
  - Appropriateness

- Replacing proxy measures with ‘real’ measures
  - E.g., clinical outcomes instead of only readmission rates

- A balanced approach to performance measurement – multi-dimensional, comprehensive measurement of the health system
Limitations

- Attribution problem of accountability measures – especially where funding is connected to performance
- Developing new, and improving existing, data sources is resource and time intensive, especially in the context of public funding realities
- The health system changes faster than the data pathways can
- We must use the data we have now to make decisions, as imperfect as it may be in some areas
- The science and art of performance measurement, like the health system itself, continue to evolve
Questions & Comments
All Welcome!