Information & Research & (or for?) Policy Impact

HS Performance Assessment for Policy

The 'messy end'

Uses and Abuses of HSPA

Madrid, 12th March 2019

INFACT

Josep Figueras

European Observatory on Health Systems and Policies

a partnership hosted by WHO

Health Systems Performance Assessment

- Widespread trend in Member States towards assessing and comparing performance (micro, meso, macro)

- Pressures to Assess Performance and Increase Transparency
  - Economic crisis / sustainability & efficiency
  - Accountability to payers, government, citizens,…
  - Citizen / Patient empowerment
  - Learning from best practice
  - Transparency / HSPA no longer a ‘luxury’ but a ‘duty’

HSPA policy interpretation
Key Questions

1. ***What do we want to measure?***
   - Phenomenon / domain under assessment
   - What framework?

What is health system performance?

Depends of Who is measuring & How?

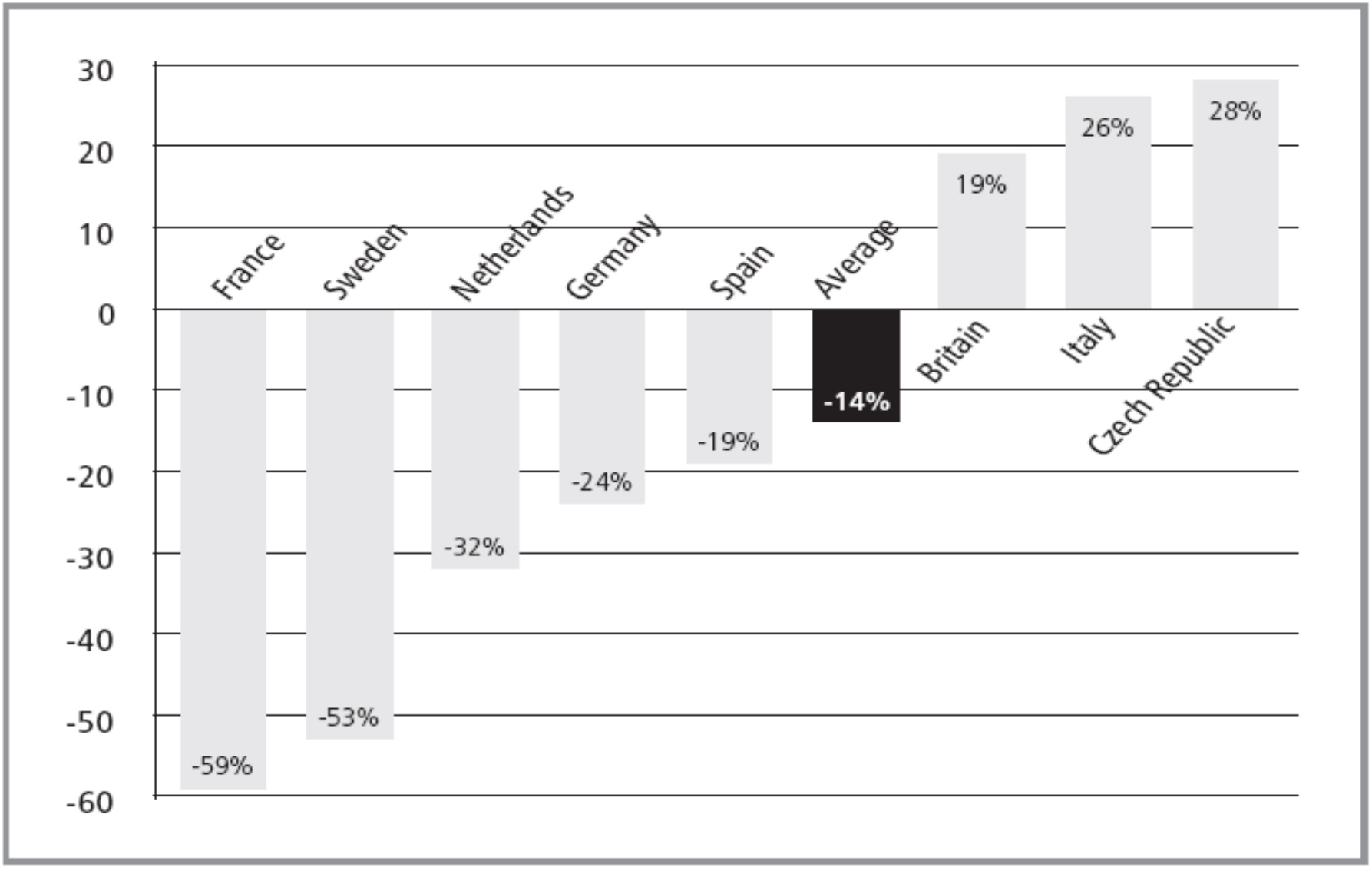
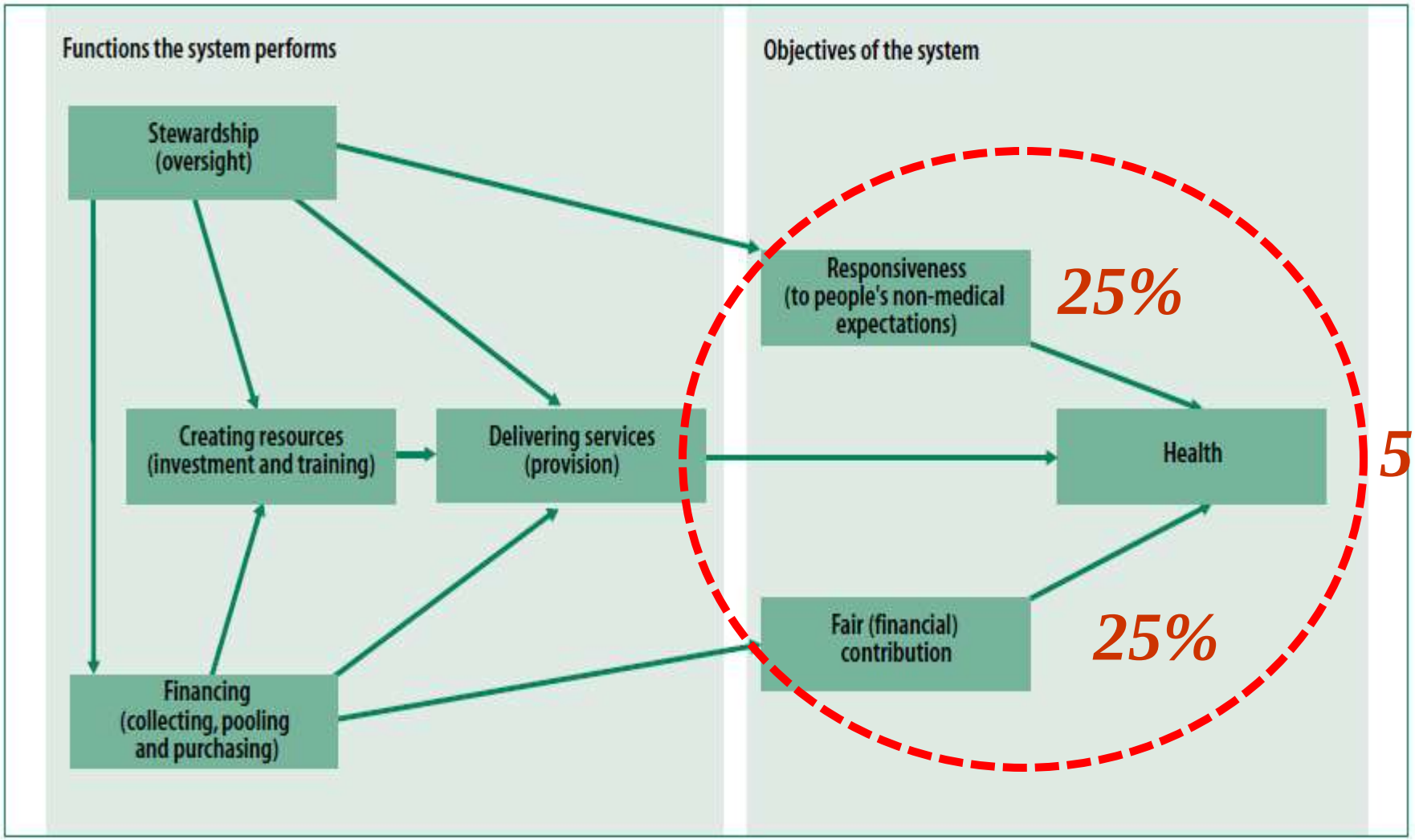


Figure 4 **Inferiority Complex**

Net % of those expressing an opinion who believe other European healthcare systems perform better than their own

Source: Stockholm network 2004

Whose objectives? Whose values?



Source: WHO World health Report 2004

Whose objectives? Whose values?

- Focus on Sustainability e.g. IMF(?) MoF (?)
- Cost containment (savings) ≠ efficiency

- **The Good**
  - ***Contain costs / increases efficiency***
- **The Bad**
  - ***Contains costs / decreases efficiency***
- **The Ugly**
  - ***Contains costs / decreases health***

Source: Based on Thomson S, Figueras J et al 2013

HSPA policy interpretation
Key Questions

1. ***What do we want to measure?***
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   - What framework?

HSPA policy interpretation
Key Questions

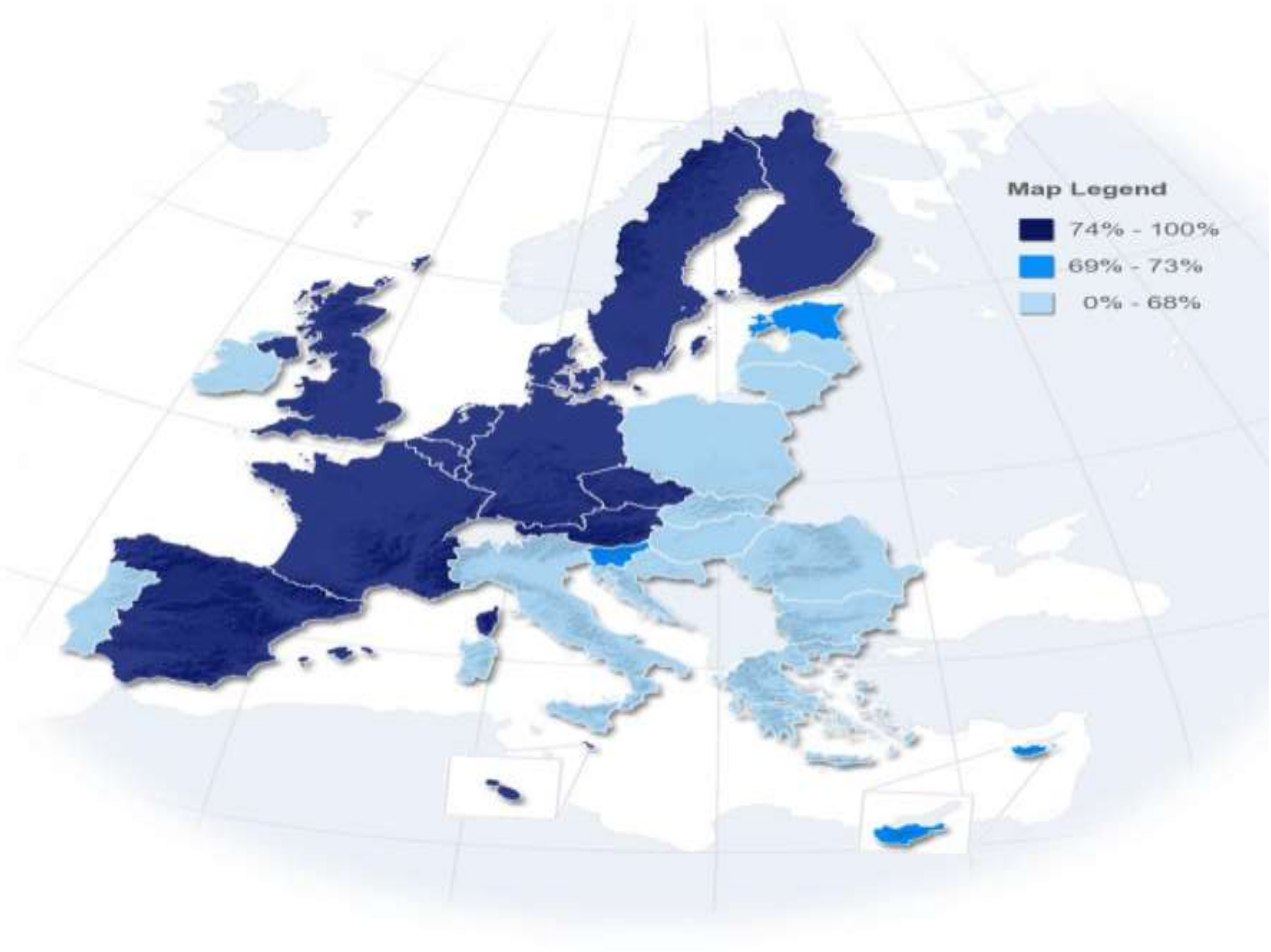
1. *What do we want to measure?*
   - Phenomenon / domain under assessment
   - What framework?
2. ***Are these the right indicators?***

   Are we measuring them well?
   - Does the indicator measure the domain under assessment?
   - Data quality (validity, reliability) and availability?
   - Methodological approach (e.g.)?
     - Risk adjustment, composite indicators (weighting?)
     - Role of values and trade-offs
     - Absolute vs relative levels of performance (against resources)?

Assessing satisfaction is not easy…..
Ranking EU – Levels 2013

BE	97%
AT	96%
MT	94%
FI	94%
NL	91%
LU	90%
DE	90%
FR	88%
DK	87%
SE	86%
UK	85%
CZ	78%
ES	77%
SI	73%
EE	73%
CY	73%
EU	71%
LT	65%
IE	62%
HR	59%
IT	56%
PT	55%
SK	50%
LV	47%
HU	47%
PL	32%
BG	29%
EL	26%
RO	25%

Question: QC2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?
Answers: Total 'Good'



Source: Eurobarometer 2014

Assessing satisfaction is not easy…
Ranking - Improvement 2009-13

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EE	73%
CY	73%
EU	71%
LT	65%
IE	62%
HR	59%
IT	56%
PT	55%
SK	50%
LV	47%
HU	47%
PL	32%
BG	29%
EL	26%
RO	25%

	Total 'Good'	
	EB80.2 Nov. - Dec. 2013	2013 - 2009
EU28	71%	+1
LT	65%	+25
HU	47%	+19
MT	94%	+13
PT	55%	+13
LV	47%	+10
IE	62%	+9
DE	90%	+4
SI	73%	+4
EE	73%	+3
IT	56%	+2
LU	90%	+2
PL	32%	+2
BG	29%	+1
EL	26%	+1
AT	96%	+1
BE	97%	=
CZ	78%	=
DK	87%	=
CY	73%	=
NL	91%	=
RO	25%	=
FI	94%	=
UK	85%	-1
FR	88%	-3
SK	50%	-3
ES	77%	-4
SE	86%	-4
HR	59%	NA

Source: Eurobarometer 2014

Beware of Bias & Vested Interests

U.S.News & WORLD REPORT

Wednesday, October 28, 2009

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Hospitals | Children's Hospitals

America's Best Hospitals

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Neurology & Ne
Ophthalmology
Orthopedics
Psychiatry
Rehabilitation
Respiratory Disc
Rheumatology
Urology

A-Z Best Hospitals Index

Honor Roll: The Best

21 hospitals that scored big in six or more specialties.

1. Johns Hopkins Hospital, Baltimore, MD
2. Mayo Clinic, Rochester, MN
3. Ronald Reagan UCLA Medical Center, Los Angeles, CA

U.S.News America's Best Hospitals 2009-10

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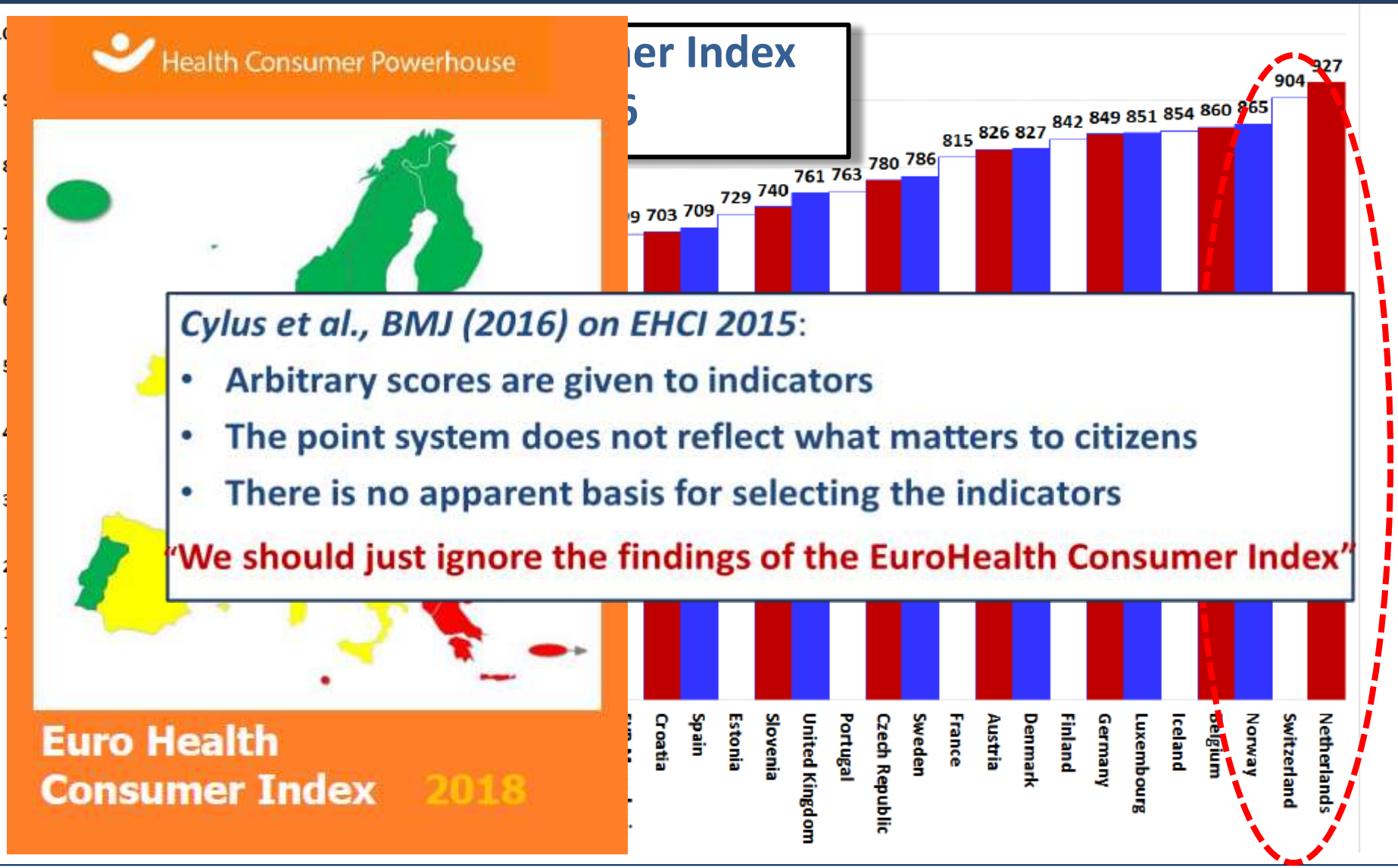
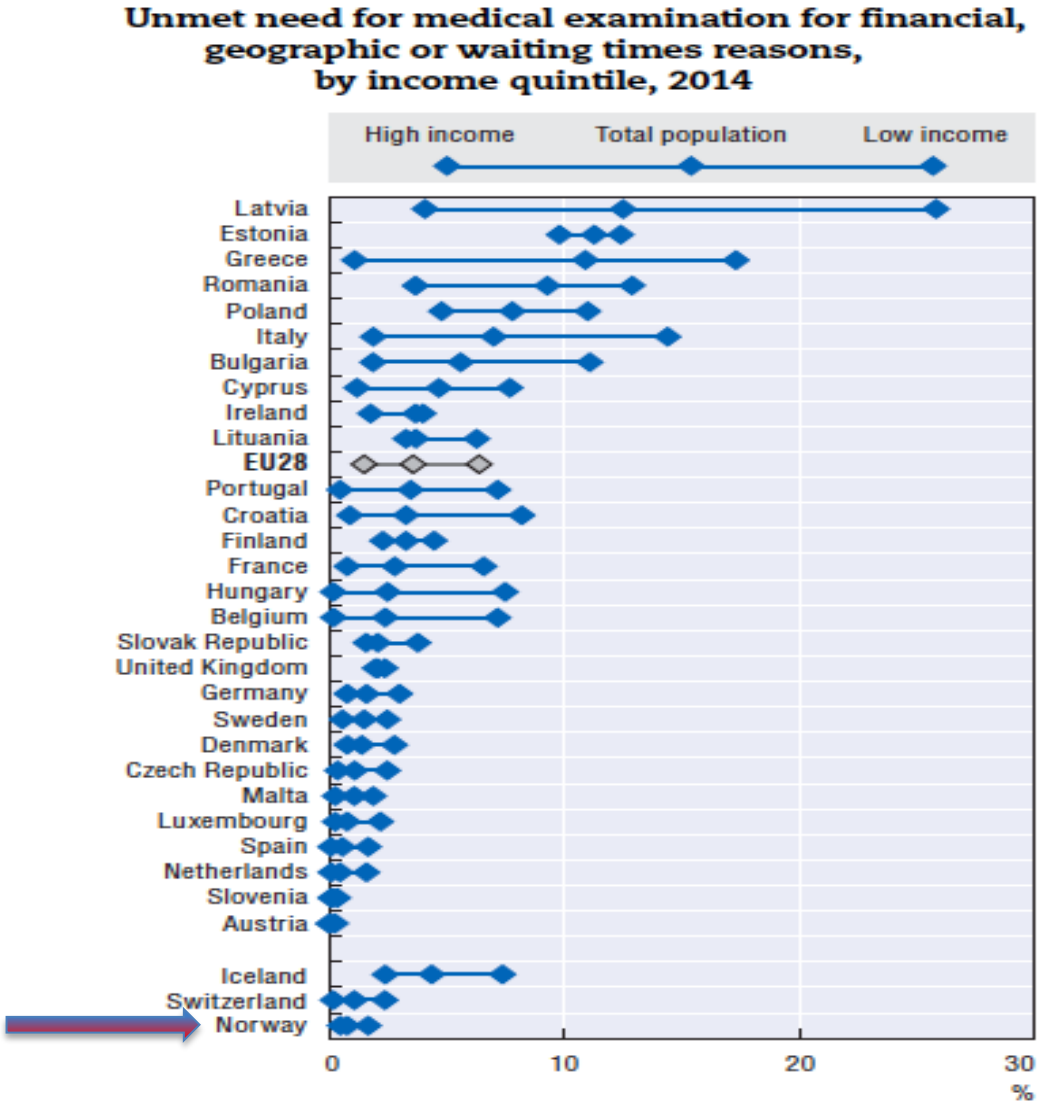
Beware of Bias & Vested Interests



HSPA policy interpretation Key Questions

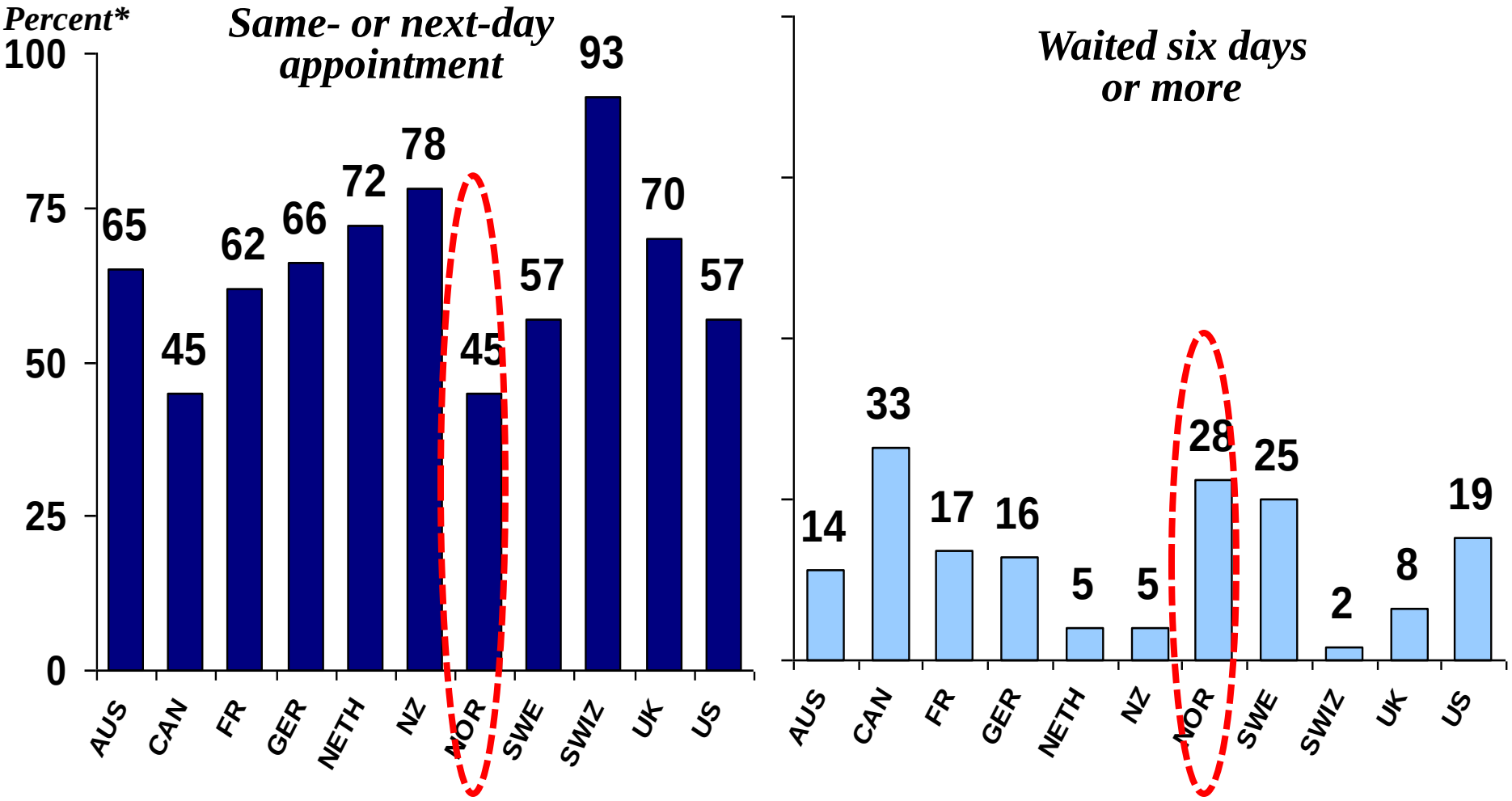
3. ***What do the differences mean?***
   - Policy interpretation / causal attribution (e.g.)?
     - Accountability relationship?
4. ***What can we do about it?***
   - Policy intervention (e.g.)?
     - PHC, Hospitals, Governance. Access,…
   - Policy levers (e.g.)
     - Public reporting / benchmarking
     - Incentives e.g. financial, payment
     - Regulatory tools e.g. targets
     - Consumer choice

Health Services Access
Unmet need for health services



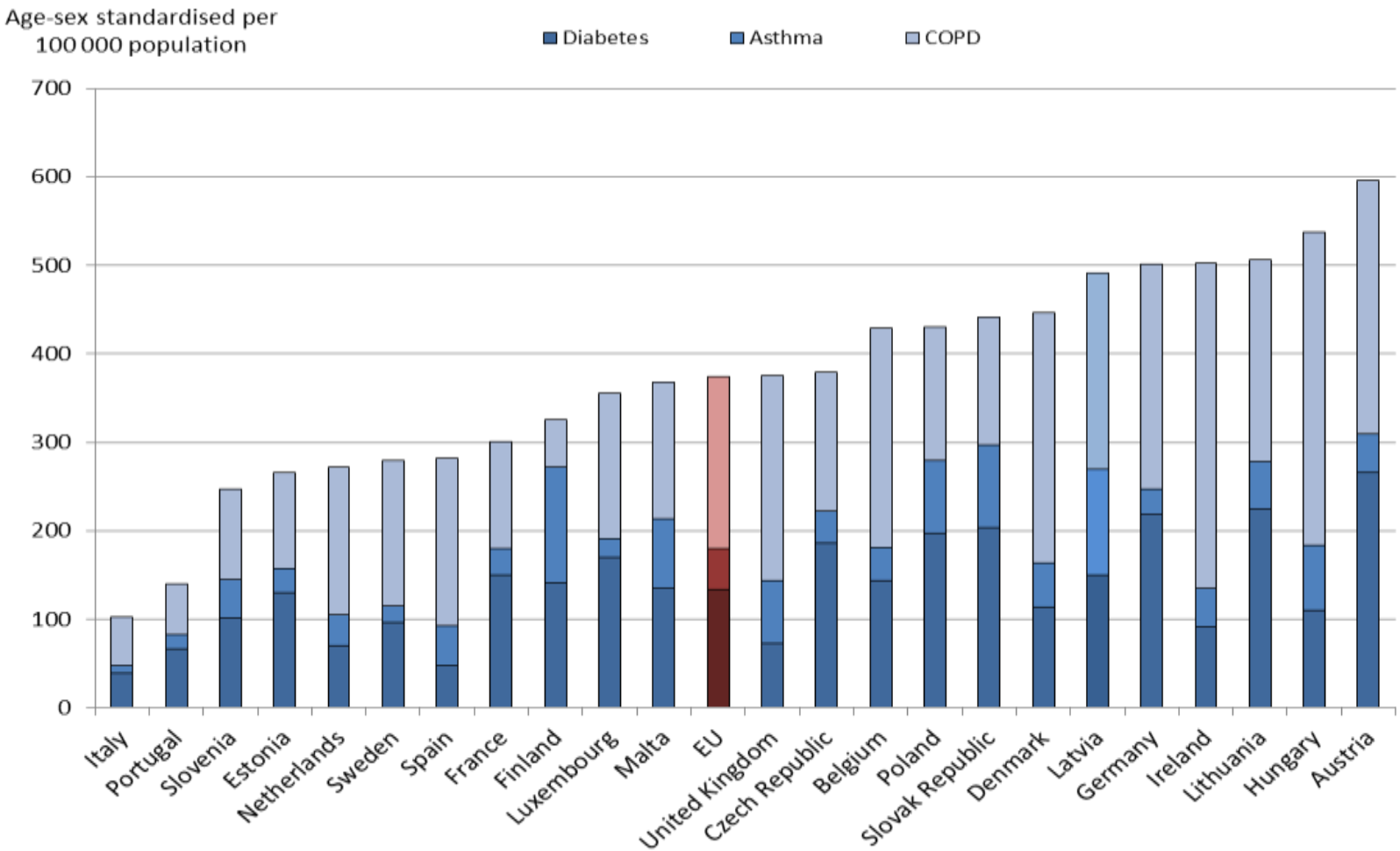
Source: Eurostat (2014), EU-SILC

Contrasting with waiting times for doctors or nurses

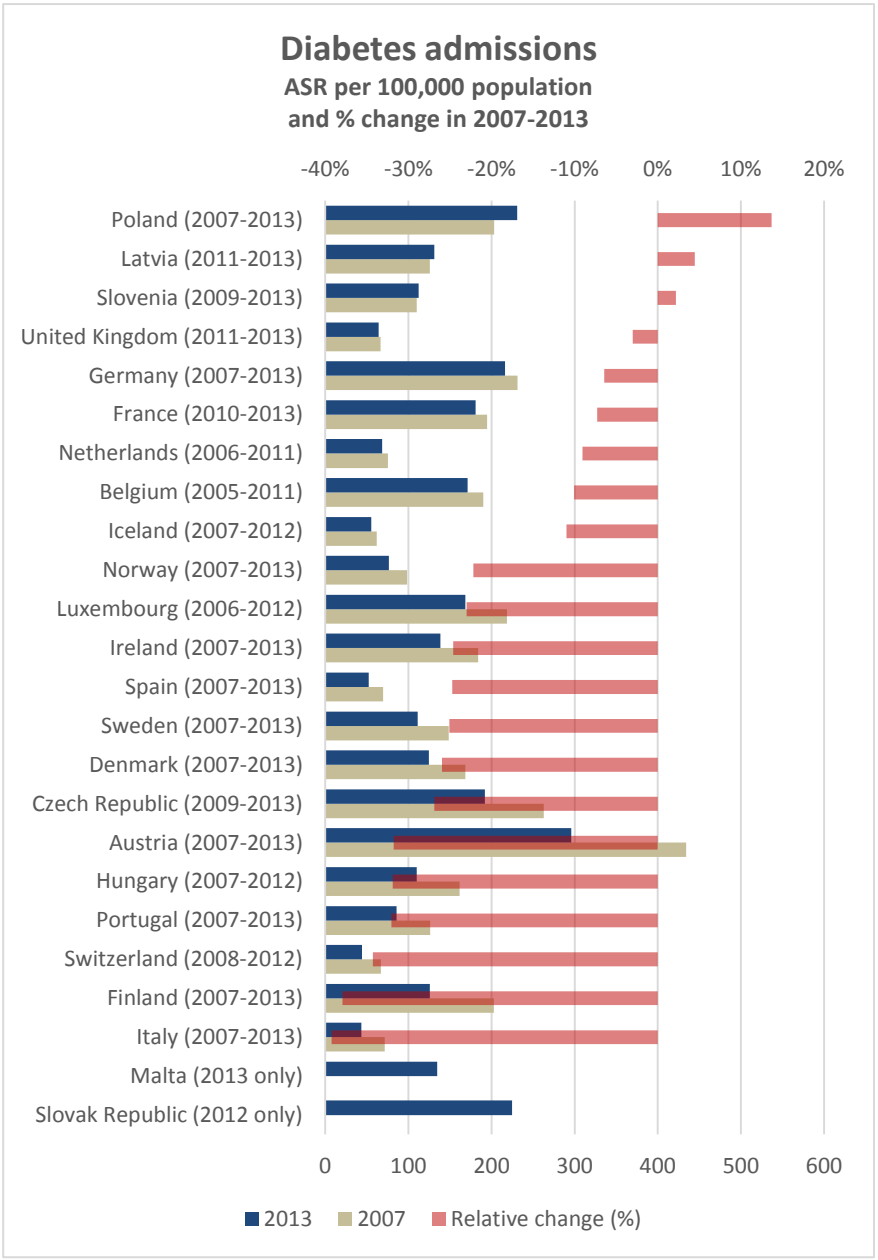


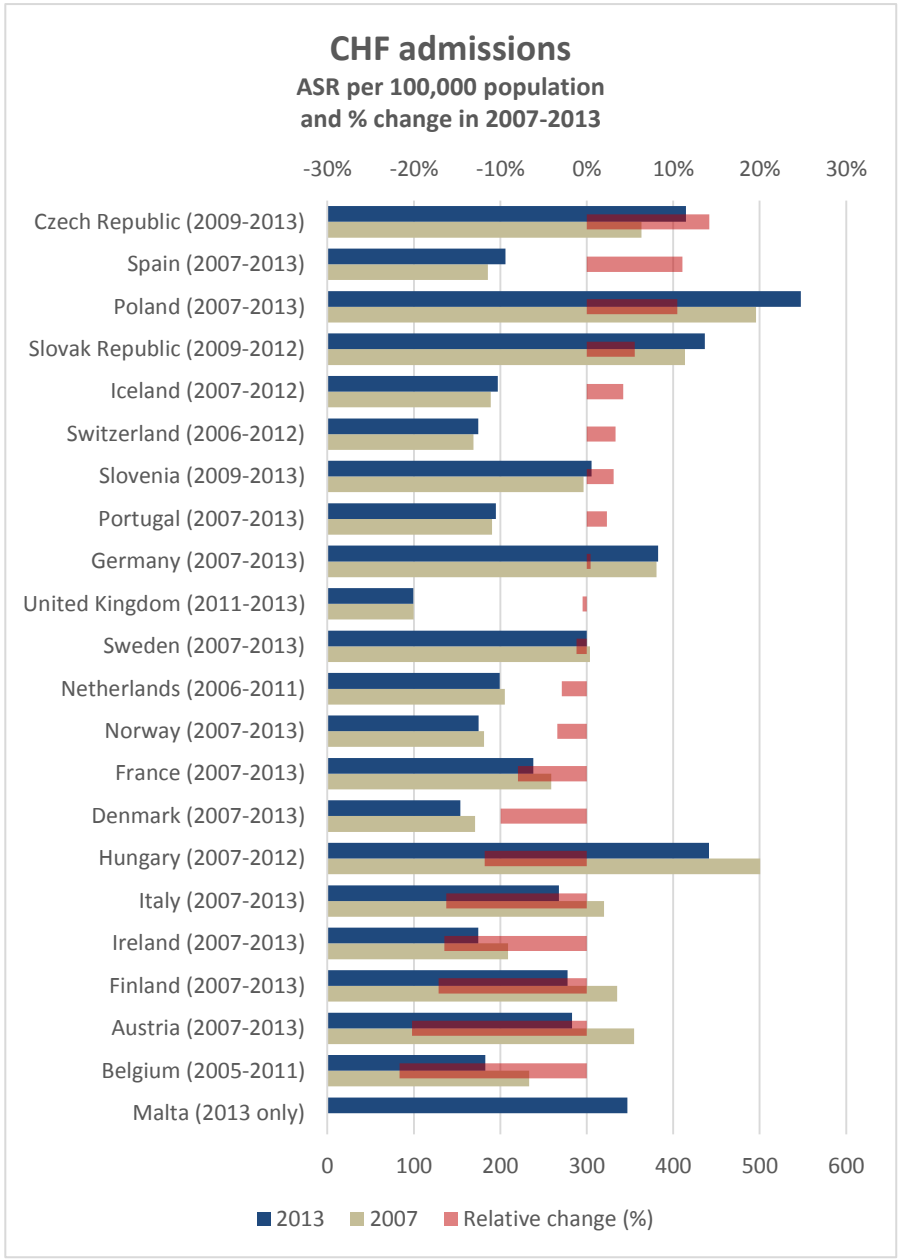
Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Effectiveness of PHC Avoidable Admissions



Source: Eurostat (2014), EU-SILC





Source: OECD, 2015

Source: Marina Karanikolos

Diabetes admissions
ASR per 100,000 population
and % change in 2007-2013

Used for:
-Some **insight** into performance and country's comparative position;
-more a **trigger** for in-depth within country analysis to confirm accuracy;
- starting point for further discussions on **quality improvement;**
-generally good reflection **of quality of primary care;**
- supplemented by **additional indicators** (e.g. diabetes complications);

But:
-**conceal** contextual and health system variables;
-Evidence on association with access to **secondary care**

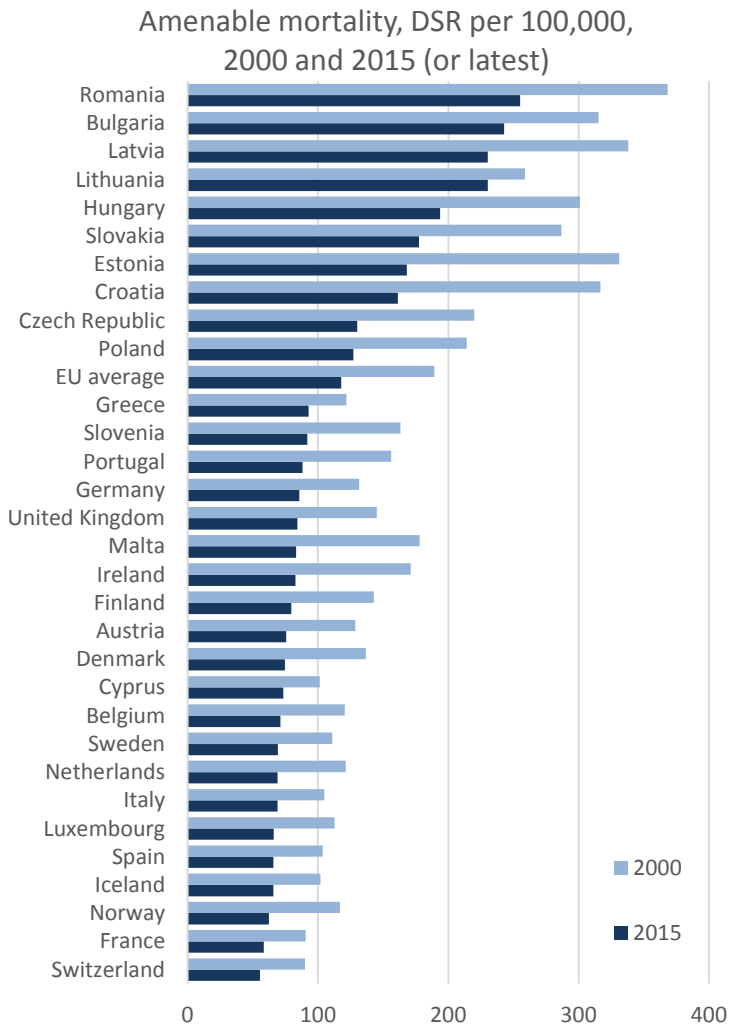
CHF admissions
ASR per 100,000 population
and % change in 2007-2013

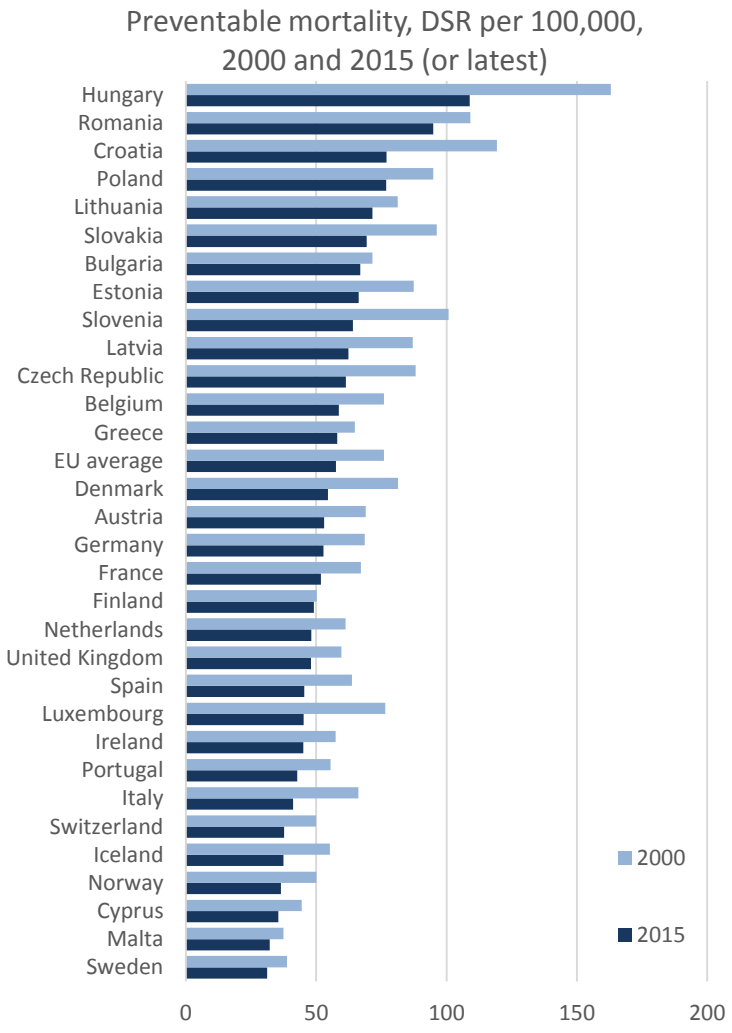
Not used:

-Doubts in terms of **accuracy and validity**;
-Difficult to interpret: **complex patient journey**, too many "unknowns", e.g. severity, co-morbidities, etc;
-May be **affected by improvements** in survival of CVD patients, ageing, advances in technology

Source: Marina Karanikolos

Health outcomes
Amenable and Preventable Mortality





Calculations by European Observatory, 2017

But …How to interpret AM in HSPA?

Strengths

- Captures quality and effectiveness of health care
- Captures progress over the years
- Relatively comparable between countries and over time
- Accessible and reliable indicator

Limitations

- Focussed on mortality
- Age restrictions (under 75s)
- Not a precise measure, but an indicator of potential problems
- Limited scope for comparisons in high income countries with low AM

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Beware of policy interpretations

Health services for children in Western Europe

Wolfe et al (2013)

	Mortality (directly standardised rate)	Yearly excess deaths compared with Sweden
Sweden	29·27	0
Luxembourg	26·50	0
Finland	30·27	9
Spain	37·40	545
Greece	37·86	135
Germany	37·88	815
Italy	38·07	683
France	38·25	962
Austria	39·09	106
Ireland	39·78	98
Netherlands	40·66	292
Portugal	40·73	176
Denmark	42·69	121
UK	47·73	1951
Belgium	47·77	384

Source: WHO Mortality Database, 2012.[2] Directly standardised rate data show all-cause mortality per 100 000 children aged 0–14 years and are 5 year means for 2006–10, except for France and Luxembourg (2005–09), Denmark (2002–06), Belgium (1998–99; 2004–06), Italy (2003; 2006–09); and Portugal (2003; 2007–10). Data for excess deaths are absolute numbers. An estimated 6198 deaths would have been avoided if the child mortality rate across the 15 pre-2004 countries of the European Union was the same as that in Sweden.

Table: **Child mortality rates in the 15 pre-2004 countries of the European Union and excess child deaths compared with Sweden**

Source: Marina Karanikolos

Beware of Interpretational Interests To Resist Change

" It is easy to ignore data that make us look bad, as individuals or organisations (…) (1) The data are wrong, (2) The data are right, but it's not a real problem. (3) The data are right, and it's a real problem, but it's not my problem. (4) The data are right, it's a real problem, and it's my problem – but I don't need to do anything about it".

F Godlee BMJ 2009

Beware of complexities in changing clinical & policy behaviour

Guidelines or Mindlines?

- *Evidence based guidelines ?*
- *Or collective constructed 'mindlines'?*
- *Tacit rather than explicit research based knowledge underpins much professional work*
- *Mindlines: internalized, collectively reinforced tacit guidelines in-the-head: knowledge in practice*
- 'Communities of practice'

Source: Gabbay J. *le May A.*

Some Lessons for Policy

- **Need for & Value of HSPA comparisons in spite of…**
- **Variety of data sources are needed for HSPA**
- **Data easier to use for describing population health or health system elements, but more complex for HSPA and explaining variations**
- **Measurement Challenges**
  - **Political and ethical**
  - ***Conceptual clarity / consensus: domains & frameworks***
  - **Common and well understood indicators**
    - **e.g. efficiency & patient experience**
  - **Methodological comparability: data, quality, validity,..**

Some Lessons for Policy

- **Ensure health systems contextualization**
  - **Need analytical context to become policy meaningful**
  - ***Longitudinal trends are key***
  - **HSPA measures as screening tools**
  - ***Focus on tracer conditions***
  - **Basis for debate among key stakeholders**
- **Embed with health systems governance and**
- **Link with levers of policy improvement**
- **Translate / knowledge brokering across contexts and from evidence to policy**

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