Approaches to Accountability

Implementing Accountability in Health Care: Lessons Learned

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What is the problem?

- Much emphasis on accountability
- Many ways to go about it
- Nagging suspicion that we may not always be using the best approaches
- Done well: may improve performance
- Done poorly: may not only waste time and money, but create perverse incentives
- Can we cast some light on best practices?

Approaches to Accountability

- Partnerships for Health System Improvement (PHSI) grant, funded by CIHR, PHE-101967

- Consisted of multiple sub-studies
- Forthcoming special issue of *Healthcare Policy* (Longwoods) will include our key findings

Sub-studies: Linked but separate

Next slides indicate, for each

- Research teams
  - Included many students (and many theses)
- Decision making partners
  - Note that there was some turn-over as people moved
  - Slides note some partners who were particularly helpful (apologies for those we omitted)

Provincial governments, regional authorities and hospitals

- Research Team
  - Raisa Deber, Ross Baker, Adalsteinn Brown, Walter Wodchis, Nancy Kraetschmer, Tina Smith
  - Students: Seija Kromm, PhD
- Decision making partners:
  - *Ontario Ministry of Health and Long-Term Care:*
    - Eric Nauenberg, Vasanthi Srinivasan, Alison Paprica
  - *Local Health Integration Networks*
    - Bill Manson, Chris Sulway, Bill MacLeod
  - *Ontario Hospital Association*
    - Anthony Dale
  - *Council of Academic Hospitals of Ontario*
    - Karen Mitchell
  - *Canadian Healthcare Association*
    - Teresa Neuman

Provincial governments-Public Health Units

- Research Team:
  - Robert Schwartz, Raisa Deber, Fran Scott
  - Students: Alex Price
- Decision making partners:
  - *Ontario Ministry of Health and Long-Term Care*
    - Sylvia Shedden, Michele Weidinger
  - *Public Health Ontario*
    - Heather Manson
  - *Region of Peel*
    - David Mowat

Hospitals internal accountability

- Research Team:
  - Nancy Kraetschmer, Raisa Deber, Janak Jass,
  - Students: Irene Koo, Seija Kromm, Andrea Thompson, Cheryl Woodman
- Decision marking partners:
  - *Ontario Hospital Association*
    - Anthony Dale
  - *Toronto Central LHIN*
    - Bill Manson, Chris Sulway
  - *Ontario Ministry of Health and Long-Term Care*

Cancer Care Ontario-Hospitals

- Research Team:
  - Mark Dobrow, Adalsteinn Brown, Terrence Sullivan
  - Students: Jessica Bytautas
- Decision making partners:
  - *Cancer Care Ontario*
    - Linda Rabeneck, Carol Sawka, Michael Sherar, Judy Burns
  - *Odette Cancer Centre*
  - *Ontario Ministry of Health and Long-Term Care*

Regional authorities-Community support services/Home care

- Research Team:
  - Janet Lum, Whitney Berta, Raisa Deber
  - Students: Carolyn Steele-Gray, PhD
- Decision making partners:
  - *Toronto Central Community Care Access Centre*
    - Anne Wojtak
  - *Canadian Home Care Association*
    - Nadine Henningsen
  - *Victorian Order of Nurses*
  - *Ontario Community Support Association*
    - Deborah Simon, Lori Holloway Payne

Provincial governments-Nursing homes

- Research Team:
  - Walter Wodchis, Whitney Berta, Audrey Laporte
- Decision making partners:
  - *Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)*
    - Dan Buchanan
  - *Ontario Long Term Care Association*
    - Paula Neves

Local governments-Homes for the aged

- Research Team:
  - Brenda Gamble, Audrey Laporte,
  - Students: Lindsay Wyers
- Decision making partners:
  - *City of Toronto, Division of Long Term Care Homes and Services*
    - Reg Paul

Provincial governments- Laboratory services

- Research Team:
  - Brenda Gamble
  - Students: Lavern Bourne
- Decision making partners:
  - *Quality Management Program - Laboratory Services, Ontario Medical Association*
    - Dr. Gregory Flynn
  - *Ontario Ministry of Health and Long-Term Care*
  - *Canadian Society of Medical Laboratory Sciences*
  - *College of Medical Laboratory Technologists of Ontario*

Provincial government/Regional authorities-Primary care

- Research Team:
  - Jan Barnsley, Raisa Deber
  - Students: Shaheena Mukhi
- Decision making partners:
  - *Ontario College of Family Physicians*
  - *College of Family Physicians of Canada*
    - Ruth Wilson
  - *Accreditation Canada*
    - Wendy Nicklin, Bernadette MacDonald, Jonathan Mitchell
  - Ontario Medical Association
    - Ron Sapsford, Barb LeBlanc

Health Professionals Professional regulatory bodies

- Research Team:
  - Andrea Baumann, Pat Norman, Raisa Deber, Audrey Laporte, Brenda Gamble, Jennifer Blythe
  - Students: Deb Zelisko, Sarah Kratina
- Decision making partners:
  - Ontario College of Nurses
    - Anne Coghlan
  - Ontario College of Audiologists and Speech Language Pathologists
  - Ontario College of Physiotherapists
  - Ontario College of Family Physicians
    - Jan Kasperski

Special issue also includes commentaries

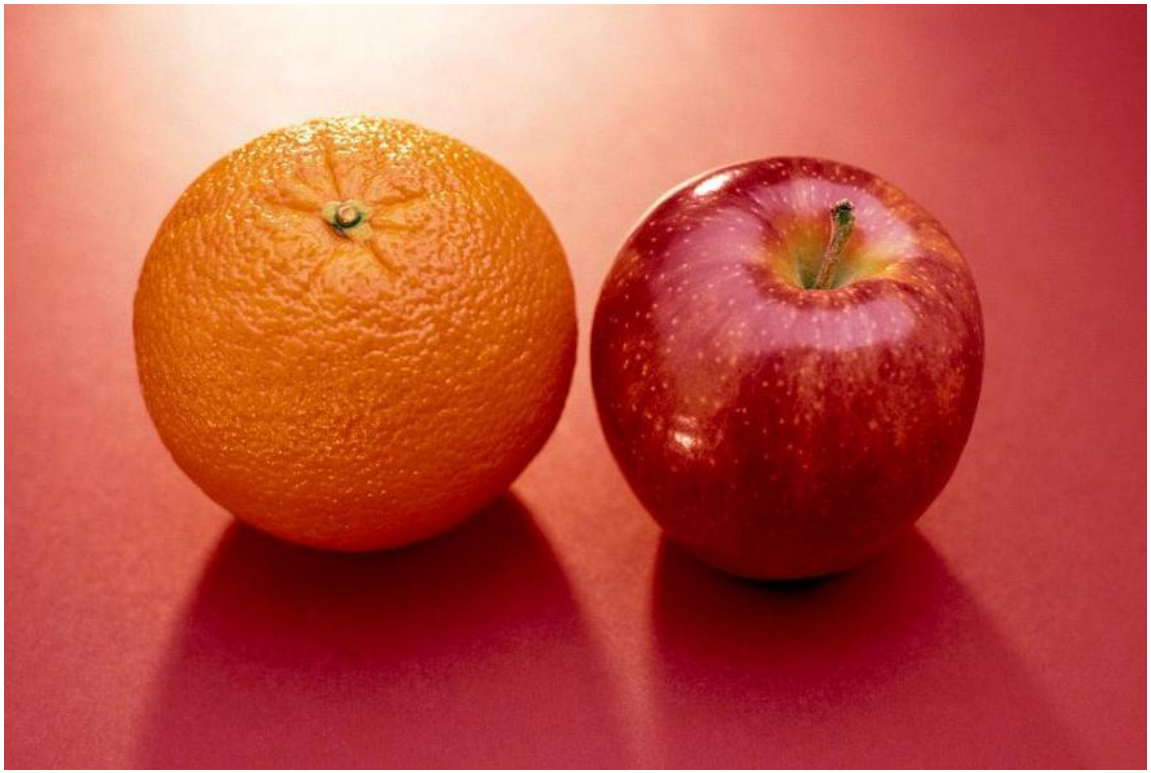
- How Do the Approaches to Accountability Differ from Charities Working in International Development
  - David Kirsch
- The Accreditation Canada Program: A Complementary Tool to Promote Accountability in Canadian Health Care
  - Jonathan Mitchell, Bernadette MacDonald, Wendy Nicklin
- Accountability in the UK Healthcare System: An Overview
  - Stephen Peckham

Goal of the research?

- Help get the ‘dial settings’ right!
- Learn from experience

- Assumption:
  - One size does not fit all
- Research approach:
  - Compare and contrast

Can we compare apples and oranges?



Yes! They are both fruit

Next task: Define the fruit!

Accountability: Definition

- Having to be answerable to someone, for meeting defined objectives
- Has financial, performance, and political/democratic dimensions,
- Elements of accountability include:
  - for what, by whom, to whom, and how (including consequences)

Who is involved?

- Various combinations of:
  - Providers (public and private)
  - Patients
  - Payers (including insurers and the legislative and executive branches of government)
  - Regulators (governmental, professional)

How?
We focused on 4 approaches

Derived from concept of policy instruments:

1. Information directed to purchasers/care recipients (e.g., report cards)
2. Information directed to providers (e.g., practice guidelines)
3. Expenditure (e.g., Pay For Performance)
4. Regulation (including legal sanctions)

What works best?

- It depends
- We are examining the impact of:
  - Policy goals (e.g., Access, Cost, Quality)
  - Governance (including the public-private mix)
  - "Production characteristics" of the goods and services being provided
- We are comparing and contrasting across sub-sectors, and across jurisdictions

What affects approach taken?

- One key element – production characteristics
- We have focused on 3:
  - Contestability
  - Measurability
  - Complexity
- These may differ across sub-sectors

Contestability

- Contestable goods are characterized by low barriers to entering and exiting markets
- Non-contestable goods may be characterized by some or all of:
  - monopoly market power
  - geographic advantages
  - high sunk costs, and/or
  - “asset specificity” (a term meaning that it is relatively difficult to transfer assets intended for use in a given transaction to other uses)

What Lowers Contestability?

"Once incumbents have invested in activities that result in expertise or generate trust, they enjoy a significant barrier to entry for other potential suppliers, thereby lowering the degree of contestability."

Preker and Harding

Measurability

- The precision with which inputs, processes, outputs, and outcomes of a good or service can be measured
- Also relates to how easy it is to observe (e.g., home care vs. in-hospital care)

Complexity

- Whether the goods and services stand alone, or require coordination with other providers

- (better term – Embeddedness?)

Our findings

- Accountability - Positives:
  - Forces providers to:
    - Be aware of what they are doing
    - Strive to improve their performance
  - We found:
    - There is increased focus on quality and performance
    - But primarily for what is being measured

Key variables that seem to affect what is measured included:

- Measurability/ease of measurement
  - E.g., laboratory services has higher measurability than home care
- Data quality
  - Jurisdictions vary considerably in how good the data is
  - For example, Canada does not yet have good data about immunization at the national level

continued

Key variables that seem to affect what is measured include:

- Ability of organization to control outcomes (public health example: immunization vs. tobacco control)
- Ability to measure success in terms of doing things (rather than preventing things)
- Perennial risk: Potential for gaming

What will be done with the measurement results?

- Key policy issue!
- If you don't succeed, should you get more money? Less money?
- Should managers (or organizations) be fired?
- Should that relate to whether they can control key variables? (e.g., determinants of health, geography)

Accountability - Negatives

- May be some unintended consequences.
- We looked at some in terms of:
  - for what, by whom, to whom, and how

For what

- Issues in how to balance different policy goals (including access, quality, safety, cost control, cost effectiveness, customer satisfaction)
- Different parties may stress different goals
- What should have priority, and how should priorities be set?

For what

- Significant increase in number and scope of performance measures being used
  - example: hospitals; in 3 years, 28 new indicators introduced. Mandatory (H-SAA) expanded from 13 indicators in 2005/6 to 25; voluntary (QIP) to 37
  - Scope – went from funding and service volumes to include quality and patient safety

For what: Importance of production characteristics

- Measurability is often key
  - Things that are less easy to measure may get ignored, even if they are very important
  - Examples included: public health, primary care

For what: Importance of production characteristics

- Controllability
  - Organizations are reluctant to be held accountable for things they cannot control
  - Example: ensuring smooth transitions among systems of care is often omitted (e.g., hospitals, primary care)
  - Public health – tendency to be cautious about being held accountable for determinants of health

By whom, to whom

- We found multiple bodies were often asking for similar information, but in slightly different forms (especially in hospital, community sectors)
  - Often results in increased costs
  - Our respondents were concerned their efforts were being diverted to reporting at expense of front-line care
  - Particular problem for smaller organizations, who may not have resources needed

How

All categories of instruments were being used

- Heavy reliance on expenditure
  - (e.g., hospitals must sign accountability agreements to receive provincial funding through LHINs)
- Heavy reliance on professionalism (providers want to do a good job)

How

- Increasingly, using information directed to public
  - (e.g., Health Quality Ontario publishes some indicators on their web site)
  - But often voluntary, and may be difficult to interpret
- Backed up by regulation
  - e.g., province can appoint hospital supervisor
  - Professional self-regulation is key to ability to practice

How? Areas for improvement?

- Reporting can be burdensome
- Streamline and priorize?
  - E.g., hospitals sub-study - hospitals are required to report on a significant number of measures, some of which overlap or are reported to multiple organizations
- Ensure resources are adequate?
  - Most hospitals do not have sophisticated reporting tools to capture and report performance data – particularly problematic for small hospitals. Similar issues for community agencies and in LTC
- Educate?
  - If providers do not see the value of reporting, they may view it as “make work”
- Co-ordinate?
  - E.g., labs feel that improvement must involve the physicians ordering the tests, not just the lab

How?

- General consensus that the system should move to streamline the current performance measures and look to introducing measures that focus on system integration and support the goals of the system

Our policy assumption: There is no quick fix

- Policy choices are often about trade-offs
- As Wildavsky noted:
  - One rarely solves complex policy issues
  - One usually replaces one set of problems with another set
  - The mark of success is whether you prefer the new problems to the old ones

Our tentative conclusions?

- The glass is half full
- To the extent that most providers wish to do a good job, the availability of good data to enable benchmarking and improvement is an important step forward

Our tentative conclusion?

- The glass is also half empty
- To the extent that the health of a population is dependent on multiple factors, many beyond the mandate of the health care system, however, too extensive a reliance on performance measurement may risk unintended consequences of marginalizing critical activities

As ever, balance is key