



AGENCY FOR
**CLINICAL
INNOVATION**

Moving the measurement of performance in healthcare from a volume-based to a value-based perspective

A conceptual framework

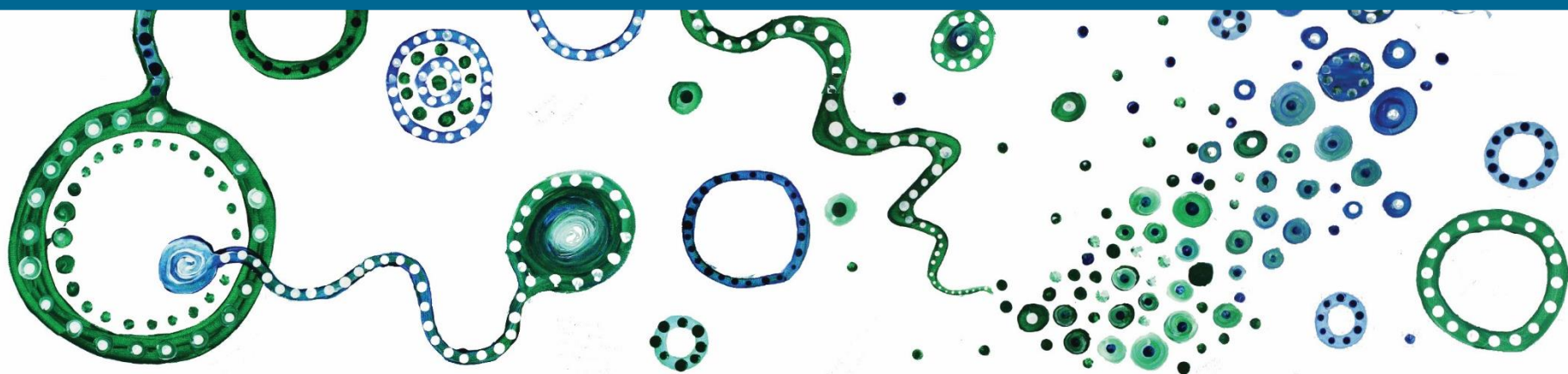
42nd World Hospital Congress, Brisbane, 10th October 2018

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The ACI acknowledges the traditional custodians of the land that we are meeting on. We pay our respects to Elders past and present and extend that respect to other Aboriginal peoples present here today.



value ?

value

/ˈvæljuː/ 

noun

1. the regard that something is held to deserve; the importance, worth, or usefulness of something.

"your support is of great value"

synonyms: merit, worth, usefulness, use, utility, practicality, advantage, desirability, benefit, gain, profit, good, service, help, helpfulness, assistance, effectiveness, efficacy, avail, importance, significance, point, sense; *informal* mileage
"the value of adequate preparation cannot be understated"

$$\text{Value} = \frac{\text{Experience} + \text{Outcomes}}{(\text{Cost} + \text{Effort}) \times \text{Expectations}}$$

Methods

- Review of peer reviewed and grey literature
- 19 performance frameworks selected
- 110 different distinct terms
- Included logic models, functional models and goal achievement models
- An iterative mapping process clustered terms in 12 key performance domains

Bodies of literature

- **Logic model centred**
 - Economic production function (e.g. Bogdanoff, 1921; Smith, 2008)
 - Process, outcome, structure measurement (Donabedian, 1998)
- **Functional models**
 - Theory of social action (e.g. Parsons, 1960)
 - EGIPSS (Champagne et al, 2006)
- **Goal achievement**
 - Goal setting (Locke and Latham, 1968)
 - Management by Objectives (Drucker, 1954)
 - WHO (Murray and Frenk, 1999)

access acquisition adaptation adjustment affordability allocation appropriateness art attraction avoidable
behaviours better blocks building capacity capita **care** choice chronic circumstances clientele climate clinical comprehensive conditions conformity
consumer context continuity coordination coping **cost** coverage creating design disability dying **effectiveness**
efficiency employees end engaged enhancing ensuring environment episodes **equity** expenditure
experience financial financing following form getting **governance** harm **health** healthcare healthy
helping ill **improve** individual infrastructure injury innovation inputs integrated leadership learning level life living long-term
money **needs** organisation orig output patient **patient-centredness** people per person-centred policy
population positive prematurely prevention primary production program promotion **protection** provision **quality** recover
regulation **resources** respect **responsiveness** risk safe **safety** satisfaction services
social staff stakeholder standards status **system** stewardship sustainability timely treating treatment unit value volume work workforce



How to measure value?

1 – Measurable elements


Receipt
and
Experience
of care

1 – Measurable elements

Receipt
and
Experience
of care

Outcomes

1 – Measurable elements



Needs and expectations

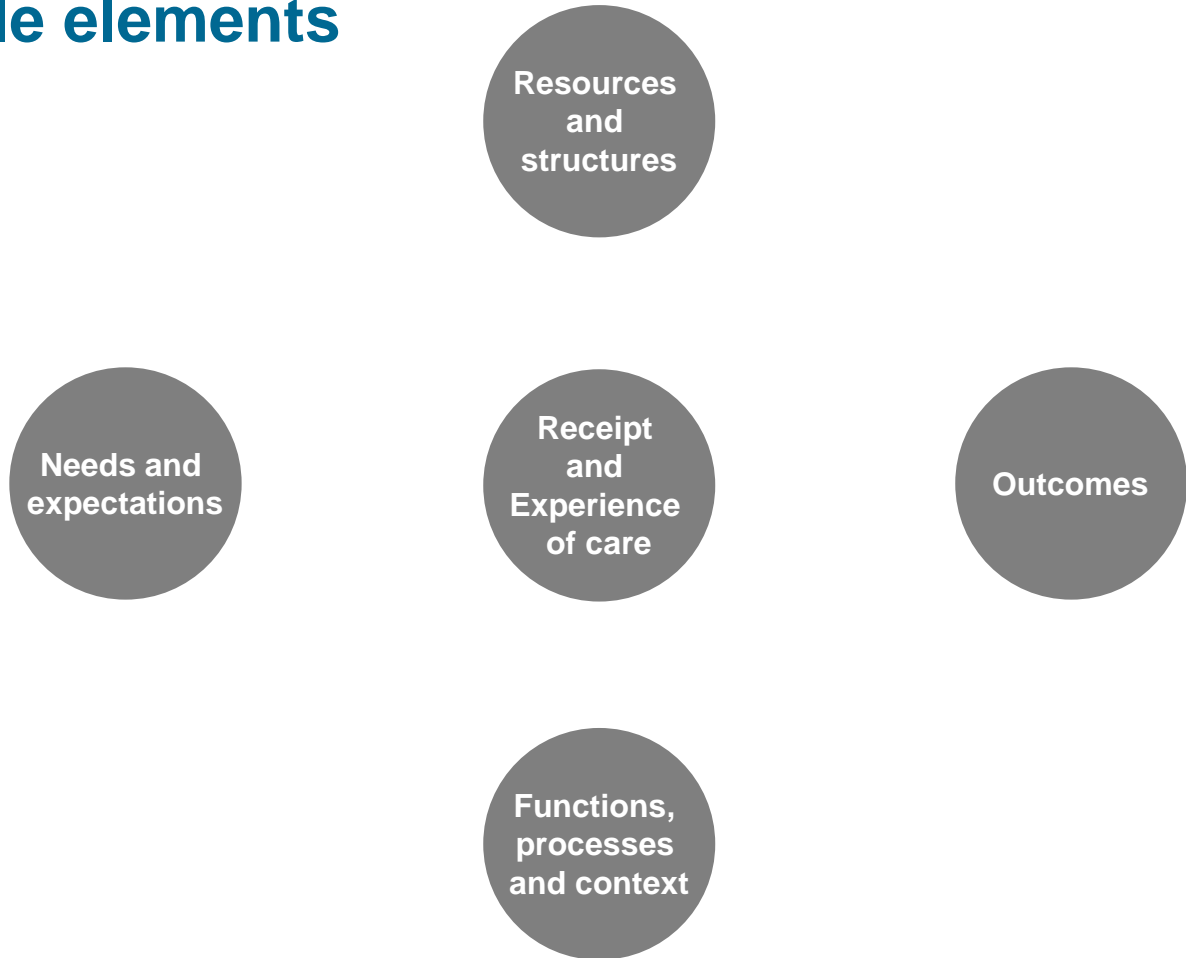
Receipt and Experience of care

Outcomes

1 – Measurable elements



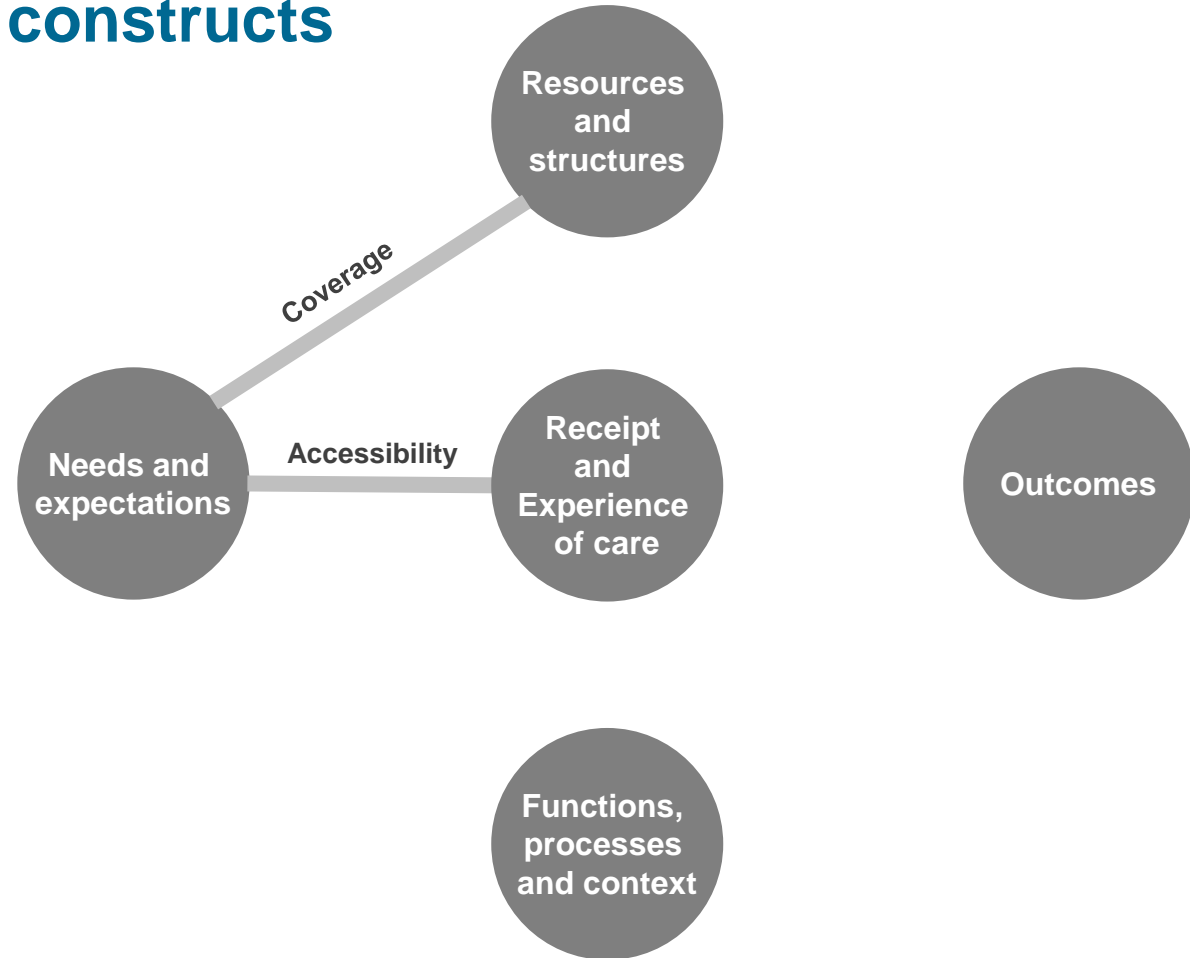
1 – Measurable elements



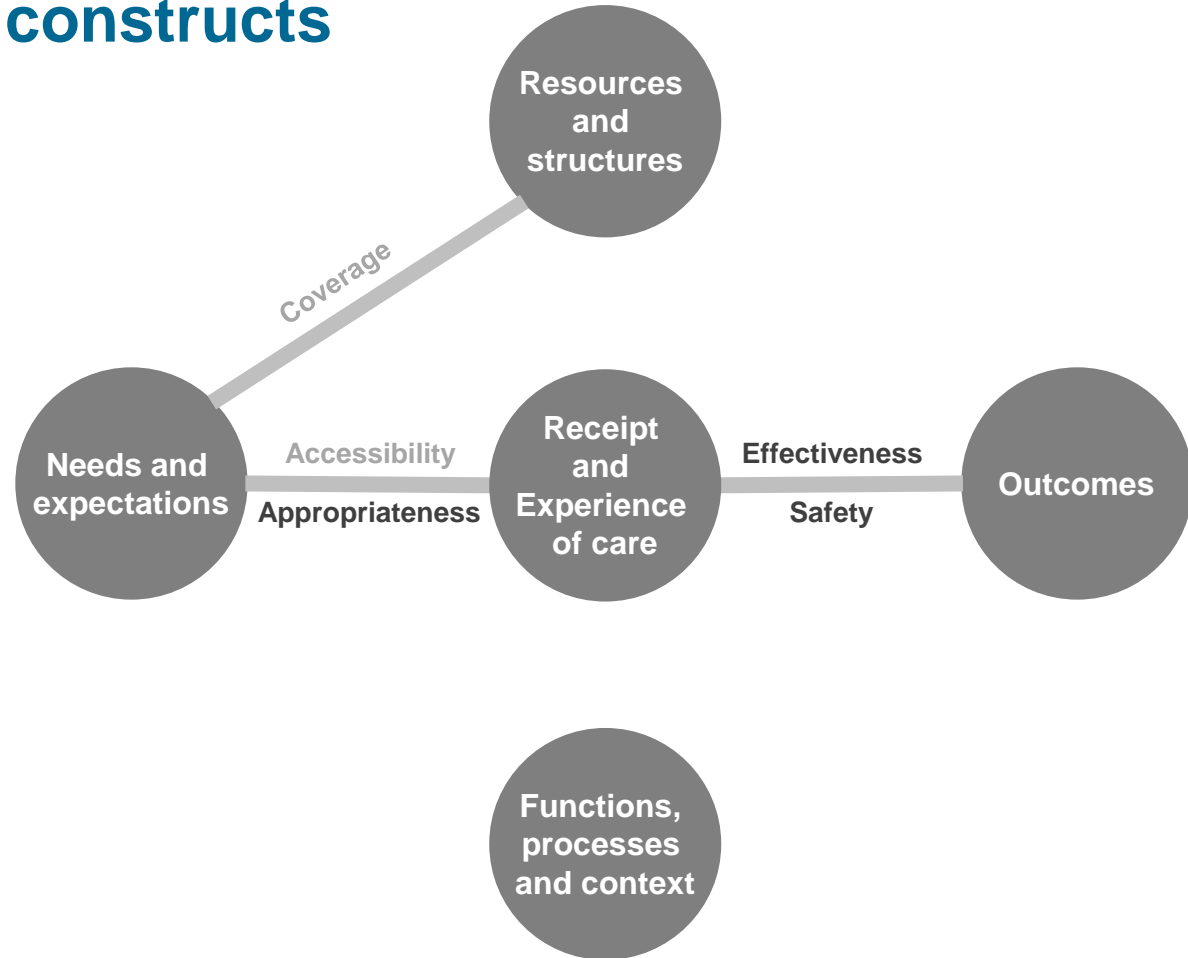
Key constructs of performance

- **Equity and Coverage** : Health for all, care that's fair
- **Accessibility**: Care when and where needed
- **Productivity**: Organising care for high levels of activity
- **Appropriateness**: Right care, right way, right amount
- **Safety and Effectiveness**: Care that makes a difference and no harm
- **Efficiency**: Good outcomes for the resources invested
- **Adaptability and Resilience**: Responding to communities and change
- **Sustainability**: Caring for carers, caring for the future
- **Impact** : Improving the health of the population

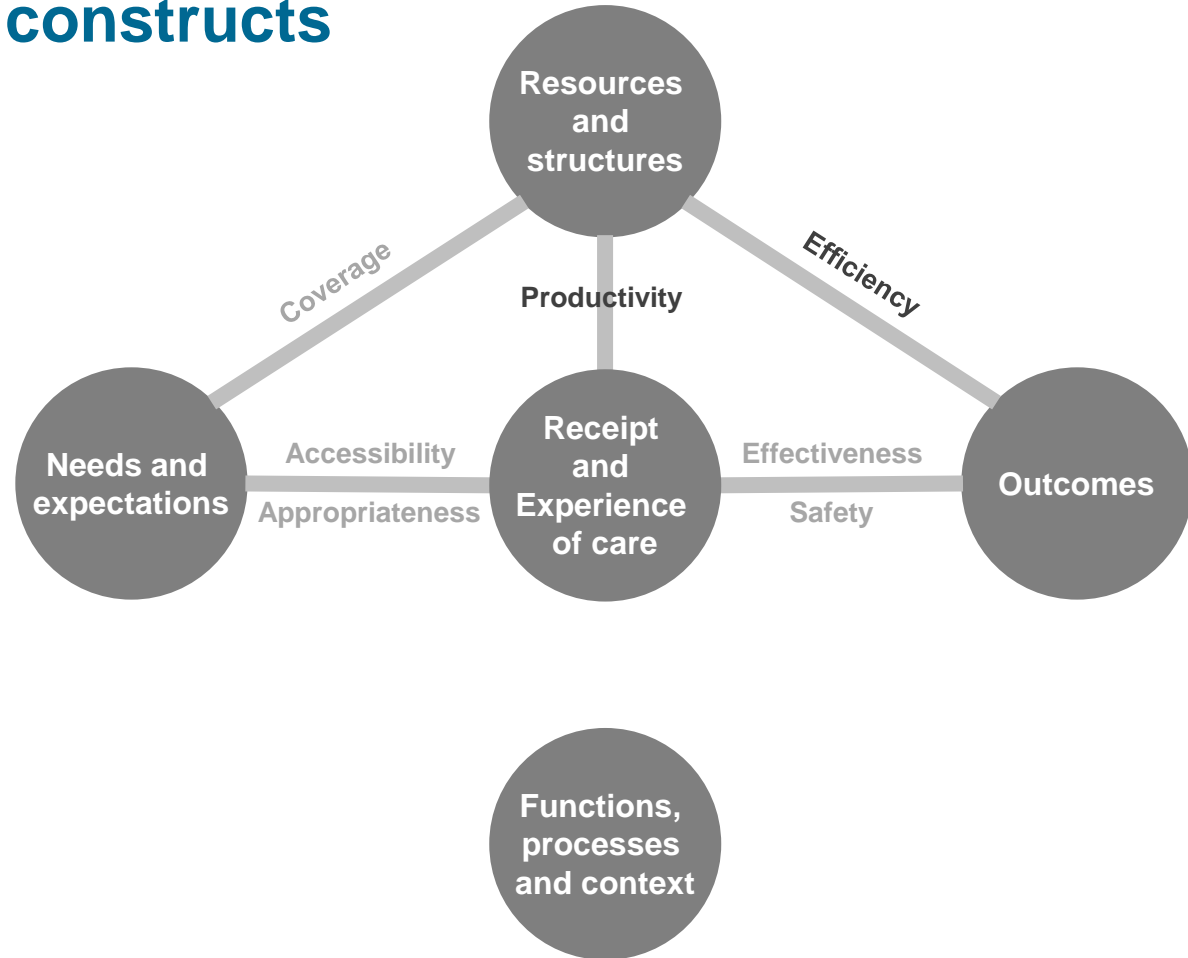
2 – Derivable constructs



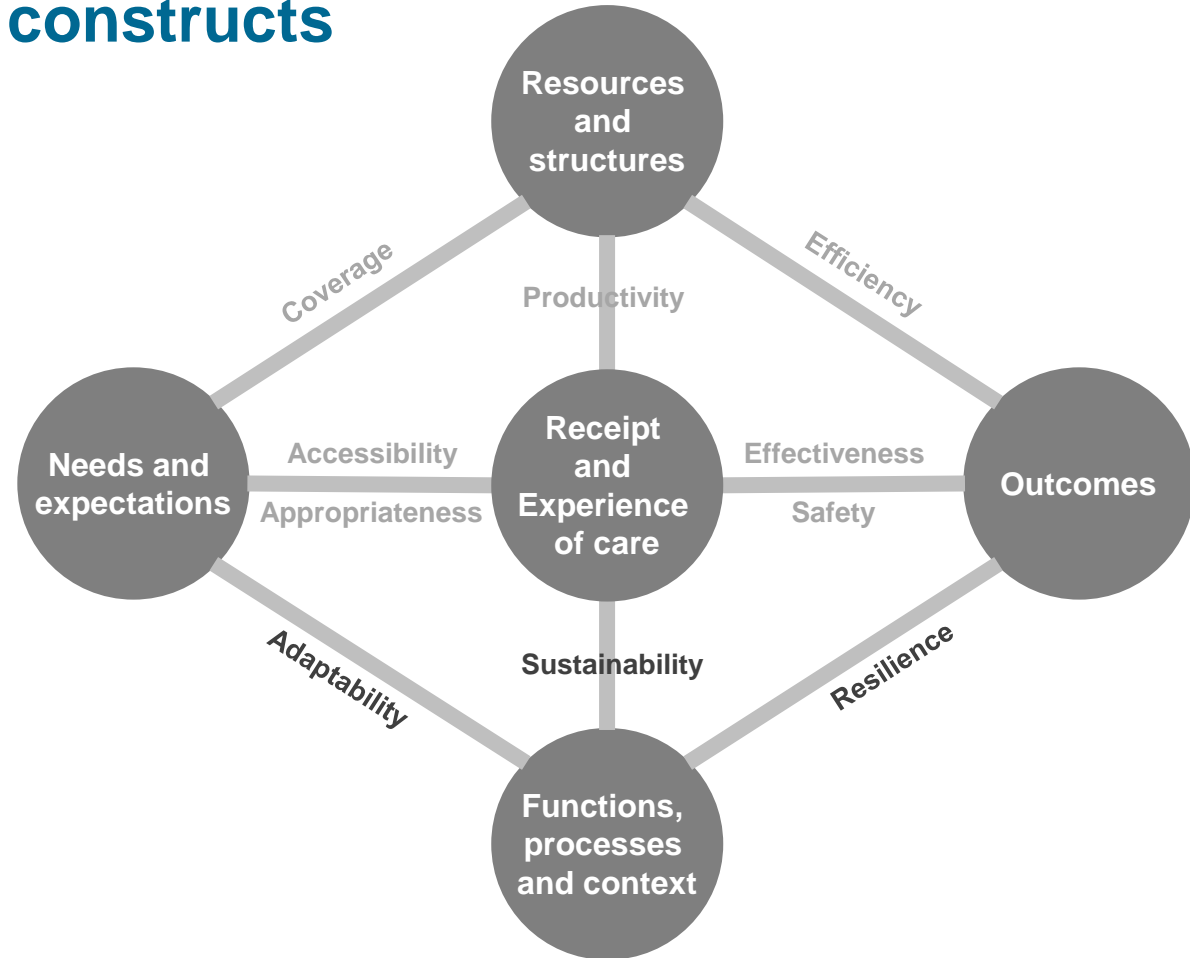
2 – Derivable constructs



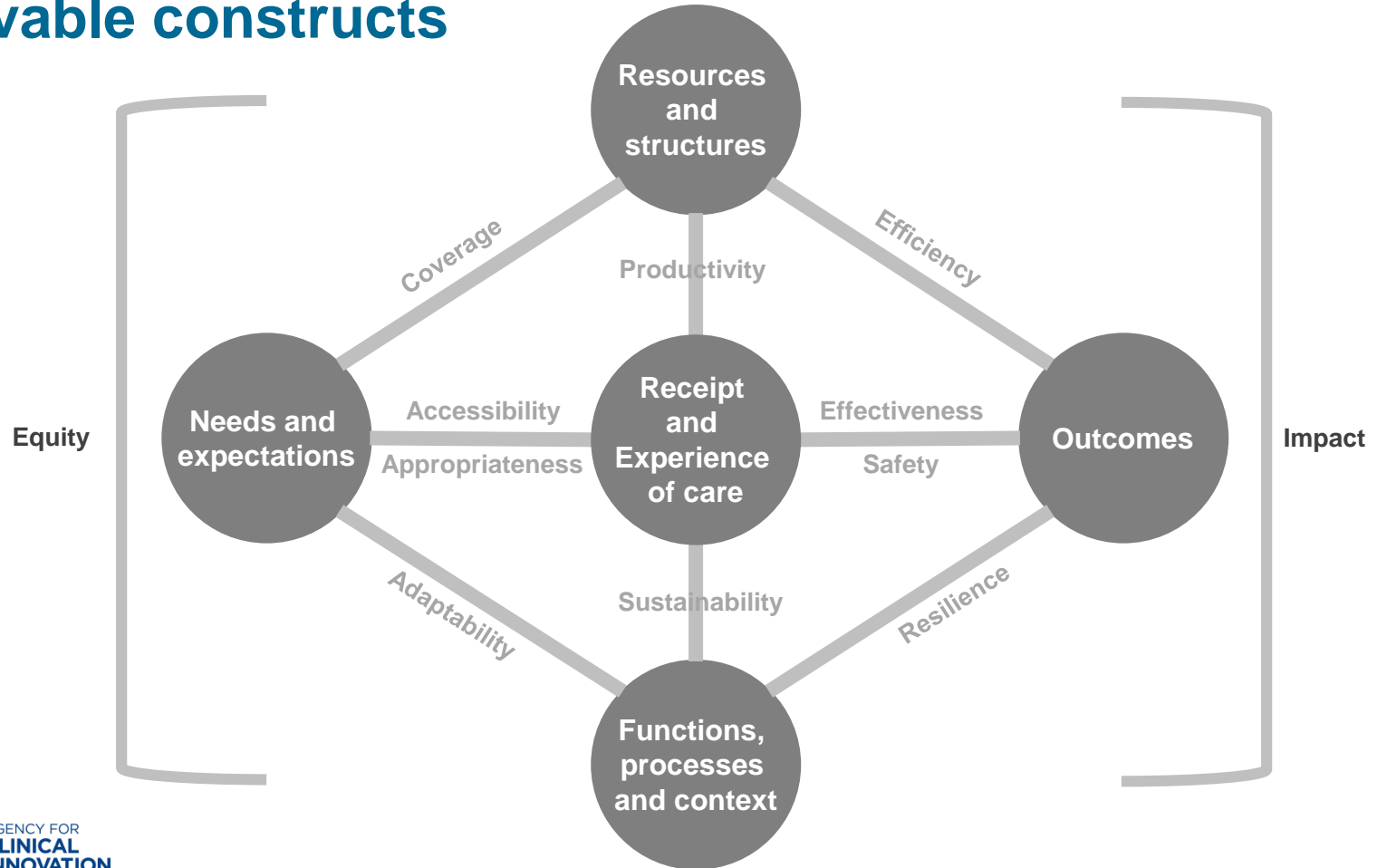
2 – Derivable constructs



2 – Derivable constructs



2 – Derivable constructs



Value for whom?

Patients?

Providers?

System?

Population?

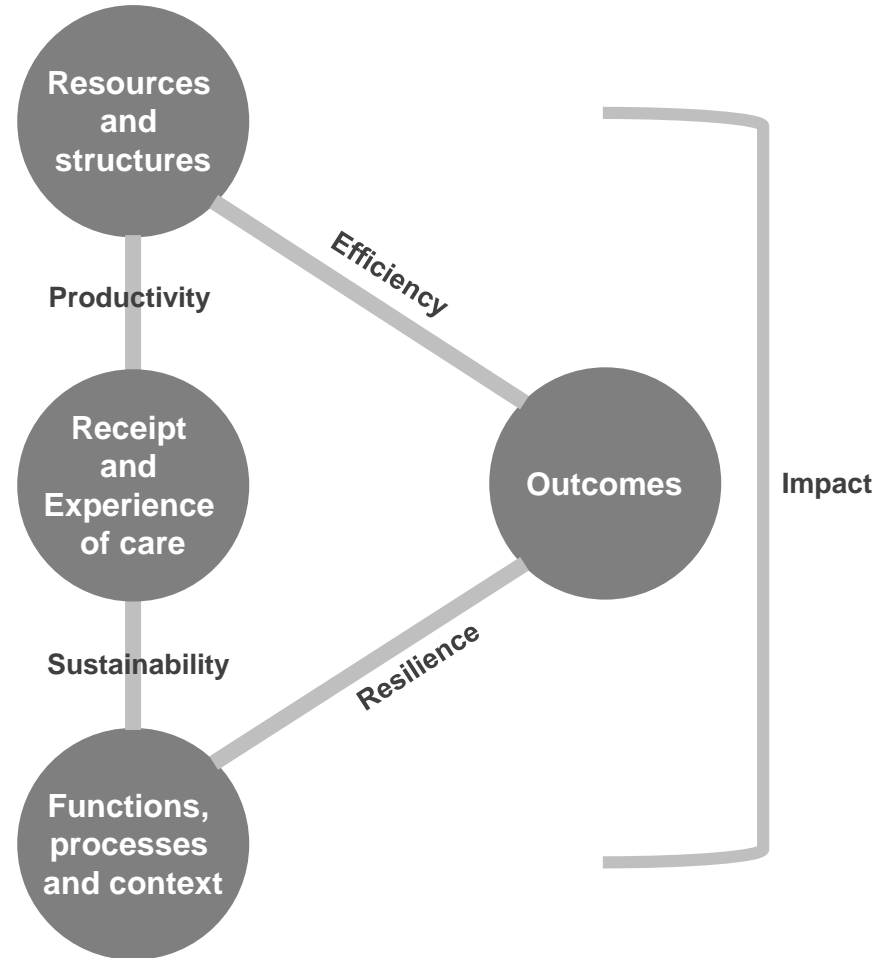
3 – Patient-centred value



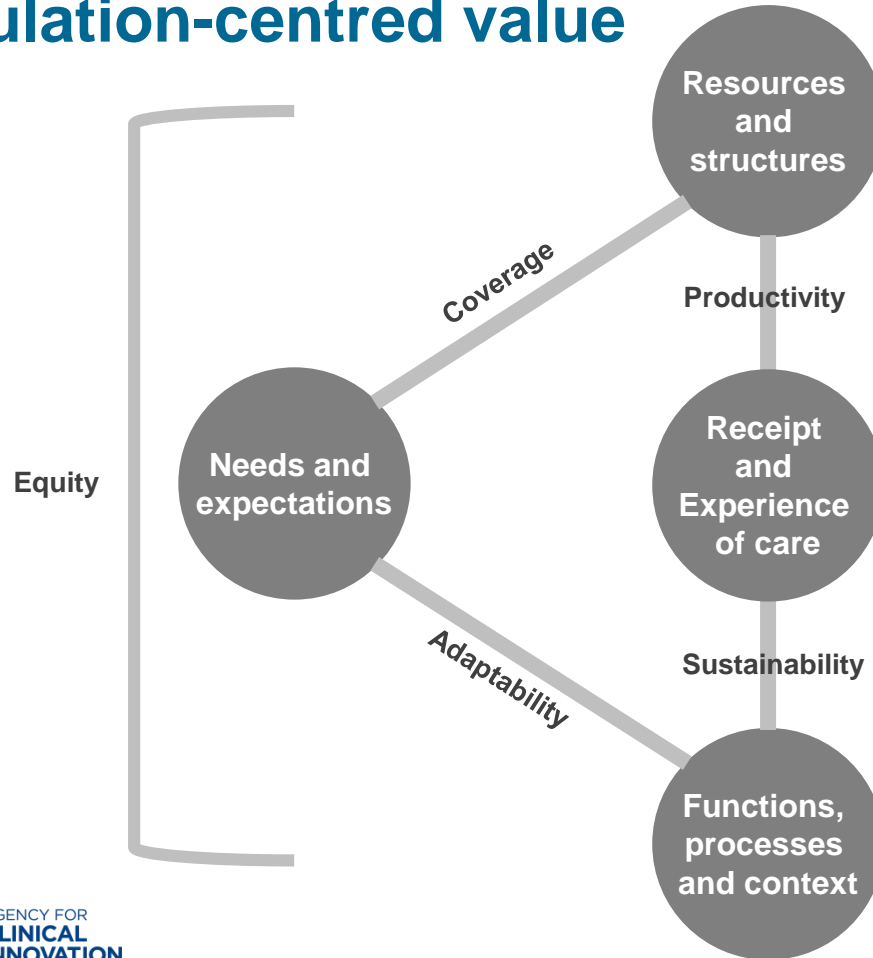
3 – Provider-centre value



3 – System-centred value



3 – Population-centred value



The contribution of the framework to measure value

- **Assessing performance in healthcare involves measuring directly observable phenomena AND deriving indicators to reflect on specific aspects of performance**
- **Understanding value in healthcare requires measurement to go beyond volume-based metrics but also requires measurement of more than outcomes**
- **The proposed framework enables the clustering of measures that capture value form patient, clinician, system and population perspectives**
- **The framework can help reduce indicator chaos by enabling the pooling of increasing number of measures under a coherent analytic approach**

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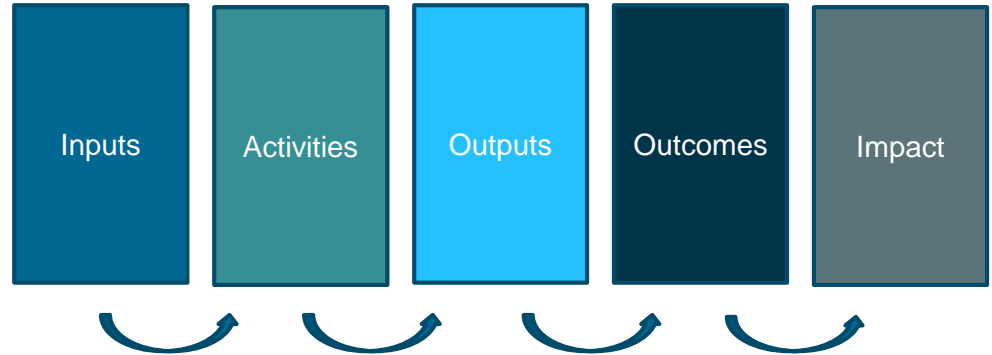
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**Collaboration.
Innovation.
Better Healthcare.**

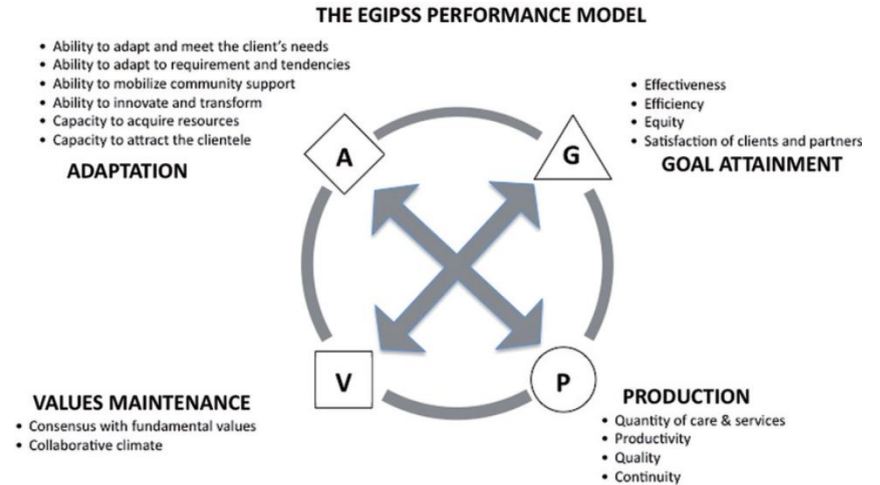
Bodies of literature – logic model approach

- **Economic production function** (e.g. Bogdanoff, 1921; Smith, 2008)
- **Process, outcome, structure measurement** (Donabedian, 1998)



Bodies of literature – functional approach

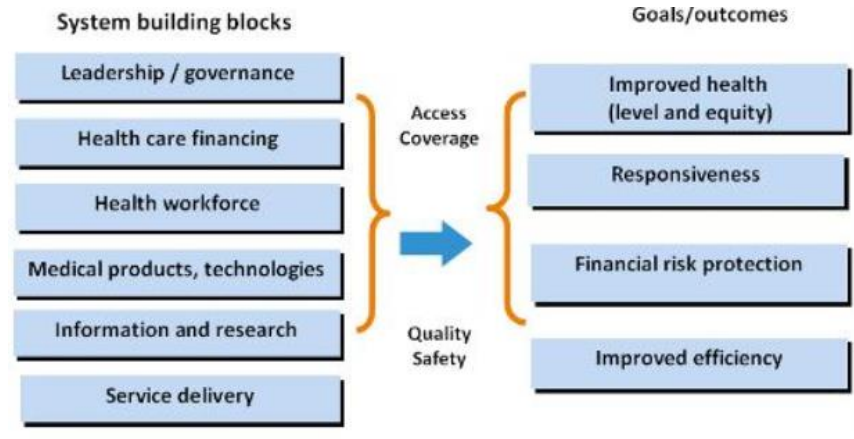
- Theory of social action (e.g. Parsons, 1960)
- EGIPSS (e.g. Champagne et al, 2005; Marchal, 2014)



(EGIPSS, 2005)

Bodies of literature – goal achievement

- Goal setting (Locke and Latham, 1968)
- Management by Objectives (Drucker, 1954)
- WHO (Murray and Frenk, 1999)



(WHO, 1999)