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Measuring and managing health system performance: An update from New Zealand[☆]

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ABSTRACT

In July 2016, New Zealand introduced a new approach to measuring and monitoring health system performance. This 'Systems Level Measure Framework' (SLMF) has evolved from the Integrated Performance and Incentive Framework (IPIF) previously reported in this journal. The SLMF is designed to stimulate a 'whole of system' approach that requires inter-organisational collaboration. Local 'Alliances' between government and non-government health sector organisations are responsible for planning and achieving improved health system outcomes such as reducing ambulatory sensitive hospitalisation for young children, and reducing acute hospital bed days. It marks a shift from the previous regime of output and process targets, and from a pay-for-performance approach to primary care. Some elements of the earlier IPIF proposal, such as general practice quality measures, and tiered levels of performance, were not included in the SLM framework. The focus on health system outcomes demonstrates policy commitment to effective integration of health services. However, there remain considerable challenges to successful implementation. An outcomes framework makes it challenging to attribute changes in outcomes to organisational and collaborative strategies. At the local level, the strength and functioning of collaborative relationships between organisations vary considerably. The extent and pace of change may also be constrained by existing funding arrangements in the health system.

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1. Introduction

In recent years, New Zealand policymakers have sought to expand and develop new approaches to performance measurement and management. The proposal for an Integrated Performance and Incentive Framework (IPIF) [1,2] was reported previously in the Health Reform Monitor in 2015 [3]. In this article we update and discuss important changes to the IPIF proposal, and the transition to a new System Level Measures framework (SLMF) which was introduced in 2016.

2. The New Zealand health system

New Zealand has a predominantly (around 80%) publicly funded health care system, primarily from general taxation. Funding is

devolved to 20 District Health Boards (DHBs) who govern, purchase and/or provide health and disability services for their geographically defined populations. DHBs own and operate secondary and tertiary hospitals and purchase community services from private providers. DHBs fund primary care through Primary Health Organisations (PHOs) which contract general practice and other non-government providers to provide services. From around 2009, DHBs and PHOs began to form district alliances (DAs) to enable improved system integration [4].

3. Policy background

Measuring and improving health system performance is a challenge facing many countries. In New Zealand, performance measurement and management has been a notable part of the health system since the mid-1990s [5]. Since 2007, performance management has focussed primarily on quantified targets as a policy tool. At this time ten national health targets were introduced for public, mental and oral health services and for ambulatory sensitive hospital admission rates [6]. This regime was replaced in 2009 by the introduction of six headline national health targets for both primary and secondary care [7]. Additional health targets for primary

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Table 1
Comparison of Integrated Performance and Incentive Framework (IPIF) and System Level Measure Framework (SLMF).

	Integrated Performance and Incentive Framework (partially implemented 2014–15)	System level measures framework (2016 onwards)
Framework	<ul style="list-style-type: none"> Initial focus on primary care performance and integration Alignment of framework with Triple Aims approach Health targets in primary care applied for transition year 2014–2015 Two levels of measurement – system and contributory level Across lifespan approach (healthy start, healthy child, healthy adolescent, healthy adult, healthy ageing) Reporting nationally 	<ul style="list-style-type: none"> Whole of health system performance framework (primary and secondary care) Alignment of framework with Triple Aim approach Two levels of measurement – system and contributory levels Lifespan approach only for child and adolescent health Emphasis on building primary care capacity and capability Reporting nationally (to Ministry of Health) on system level measures, but not contributory measures Local accountability loop for contributory measure selection, reporting & quality improvement
Measures	<p>Proposed performance (system level) measures from July 2015</p> <ol style="list-style-type: none"> Registration with lead maternity carer (LMC) within 12 weeks of conception (new measure healthy start) Enrolment with a PHO within 4 weeks of birth (new measure healthy start) Completion of all scheduled immunisations by age 8 months (one of the pre-existing national health targets, and PHO Performance Programme pay-for-performance measures) Measures to better manage people aged 65 years or older who are prescribed 11 or more medicines [polypharmacy] (new measure healthy ageing) <p>Measure to improve the proportion of patients with access to online health care e.g. patient portals (new measure).</p> <p>Proposed contributory measures – all under development</p>	<p>System level outcome measures from July 2016 + contributory measures</p> <ol style="list-style-type: none"> Ambulatory sensitive hospitalisation (ASH) rates per 100,000 for 0–4 years <p>Contributory measures examples: Hospital admissions for children aged five years with a primary diagnosis of asthma Percentage of children that are a healthy weight at four years</p> <ol style="list-style-type: none"> Acute hospital bed days per capita <p>Contributory measures examples: Patients admitted, discharged, or transferred from an emergency department within six hours Influenza vaccinations for 65 years and older</p> <ol style="list-style-type: none"> Patient experience of care <p>Contributory measures examples: Patients registered to use general practice portals GP practices using the primary care patient experience survey</p> <ol style="list-style-type: none"> Amenable mortality rates <p>Contributory measures examples: Cardiovascular disease risk assessment Cervical screening</p> <p>System level outcome measures planned from July 2017</p> <ol style="list-style-type: none"> Proportion of babies who live in a smoke-free household at six weeks post-natal (new measure healthy start) Youth access to and utilisation of youth appropriate health services (ie, Teens make good choices about their health and wellbeing) <p>National health targets with financial incentives 2016</p> <p>Better help for smokers to quit Increased immunisation for eight-month olds</p> <p>Contributory measures</p> <p>Menu of possible contributory measures developed by Ministry of Health and Health Quality Safety Commission</p> <ul style="list-style-type: none"> Improvement planning with milestones at local level No 'earned autonomy' District Alliance leadership of SLMF implementation \$23 million (\$16.6 m USD) in financial incentives paid to PHOs: <ul style="list-style-type: none"> ○ 25% capacity and capability payment up front in quarter one 2016/17 ○ 50% capacity and capability payment in quarter two 2016/17 once the Ministry approves the district alliance's improvement plan ○ 25% performance payment in quarter one 2017/18 based on quarter four 2016/17 performance of 3 SLMs and 2 health targets
Incentives & Enablers	<ul style="list-style-type: none"> Structured performance levels recognised including 'earned autonomy' at DHB level Alliance leadership key enabler of IPIF implementation Developing quality improvement capability in primary care Policy evaluation and collaborative learning networks planned \$23million (\$16.6 m USD) in financial incentives from PHO Performance Programme assigned to IPIF achievement for PHOs & general practice 	

care were developed from 2005, and by 2009 there was a range of financially incentivised health targets in place in this sector under the Primary Health Organisation (PHO) Performance Programme [8].

In the 2010s, the IPIF policy was jointly developed by the New Zealand Ministry of Health and sector stakeholders, with implementation of the framework to commence from July 2015 [1,2]. The IPIF was proposed as a more comprehensive approach to performance measurement that would replace the PHO Performance Programme. The goals of the IPIF were to drive improvements in equity, access, safety, quality and efficiency of public health services through improved integration, greater accountability and the development of continuous quality improvement systems and processes.

The proposed IPIF framework consisted of a set of 'system level measures' set nationally plus a number of 'contributory measures'

that would be selected by local health districts. Proposed measures focused on primary care services, and were to be linked to the small pool of financial incentives that had been attached to the PHO Performance Programme (NZ \$23 million per year). However, final decisions about the IPIF and its implementation were put on hold by the Minister of Health in June 2015 [9].

In April 2016, the final shape and content of the new performance management regime was announced, indicating some key changes to the original proposal [10,11]. The Ministry of Health described the changes, highlighted in Table 1, as a transition to a "System Level Measures Framework (SLMF)" [12].

3.1. Measuring outcomes across the health system

The System Level Measures Framework retains the structure of performance measures at two levels: a small number of system

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