

PERFORMANCE MANAGEMENT AND ACCOUNTABILITY PROJECT DECK

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START CENTER
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RESEARCH & TRAINING CENTER

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Agenda

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Executive Summary

Situation & objective

- The Foundation believes better performance management in primary health care systems can improve health outputs and outcomes
- However, there is limited literature and knowledge around the effect of management on integrated health service delivery
- START team was engaged to conduct literature review to deepen understanding of performance management relative to delivery

Key insights

- The literature provides evidence that performance management can improve operational efficiencies, health outputs, and outcomes
 - ▣ Management and leadership are critical components of high-performing health care systems
 - ▣ Managers' individual characteristics and background influence staff engagement and organizational performance
 - ▣ Clinical staff engagement in management is critical to improving performance
 - ▣ Management as well as leadership practices can be taught, developed, and improved
 - ▣ Management orientation impacts organizational culture and clinical outputs

Gaps and next steps

- Gaps in evidence collected are primarily related to:
 - ▣ Low/middle-income country settings
 - ▣ Sustainability & institutionalization
 - ▣ Skills
- Potential next steps include investing in evidence, exploring partnership opportunities, and developing new standards

START team used word cloud technology to develop standardized search terms

Original Article Warehouse



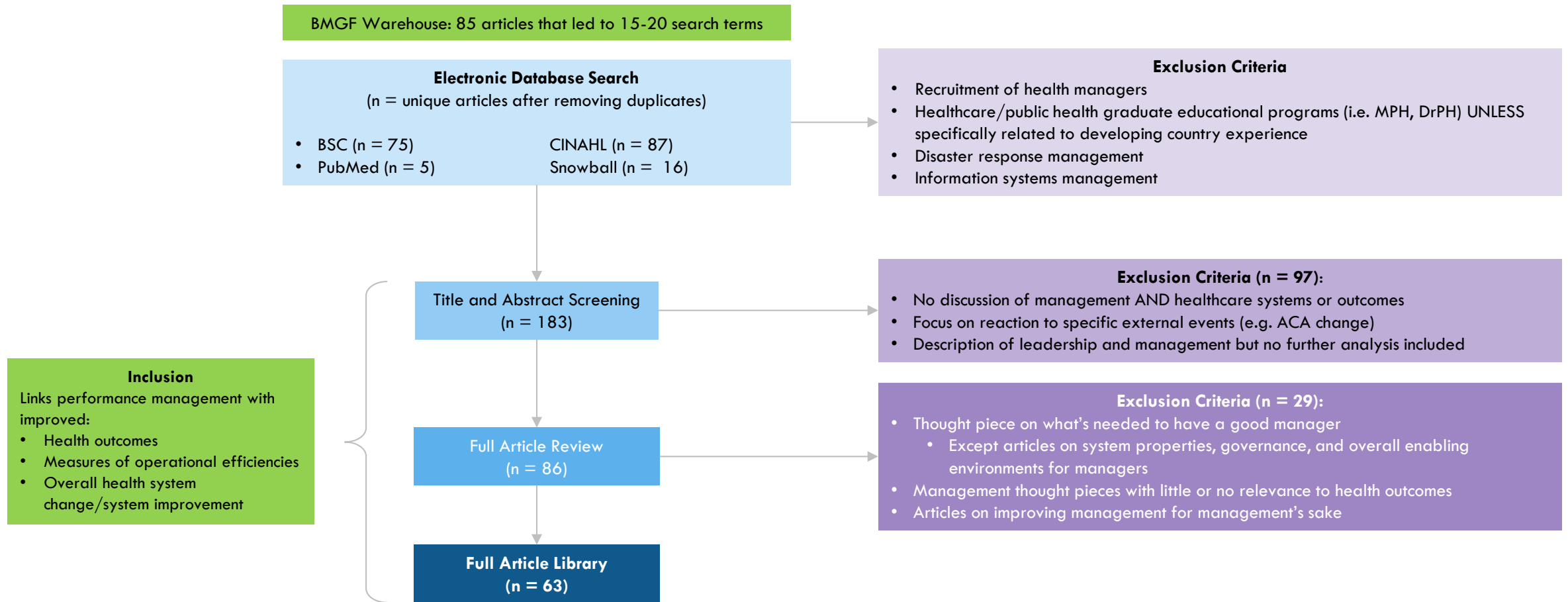
Word Cloud



Database Terminology



Methodology: validating comprehension through saturation



START Team leveraged existing resources to develop framework for analysis

Systematic Review by Lega, et al. (2013)

Is Management Essential to Improving the Performance and Sustainability of Health Care Systems and Organizations? A Systematic Review and a Roadmap for Future Studies
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ABSTRACT
 Recent studies have highlighted the importance of management in the health care sector. Positive correlations have been found between clinical and economic performance. Although there is still controversy regarding what kind of management and which managers should lead health care organizations and health systems, we now have interesting evidence to analyze. Starting with a systematic review of the literature, this article presents and discusses the streams of knowledge regarding how management can influence the quality and sustainability of health systems and organizations. **Through the analysis of 37 studies, we found that the performance of health care systems and organizations seems to be correlated with management practices, leadership, manager characteristics, and cultural attributes that are associated with managerial values and approaches. There is also evidence that health care organizations run by doctors perform better than others. Finally, we provide a roadmap that indicates how the relationship between the management and performance of health systems and organizations can be further and more effectively investigated.**
Keywords: health care system, management, performance, sustainability
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Introduction: The Value of Management and the Management of Value
 All health care systems, no matter whether they are predominantly tax, social insurance-based, or market-based, have struggled with the issue of sustainability (defined as maintaining quality and service coverage at an affordable cost), particularly for the last decade [1]. Costs have risen as a result of aging populations and the technologies developed to meet their expectations, concerns, and needs [2], and the recent economic crisis has exacerbated the problem [3]. Maintaining funding levels that are appropriate to the technology innovation curve, the demographic shift in expenditure curve, and citizens' expectations is an unprecedented challenge for nearly all health systems [4]. When the increase in supply costs must be covered by users, as in market-based systems, equity and access issues quickly emerge [5]. Societies around the world are pressuring health care providers to reduce costs, while stakeholders are seeking improvements in the quality of care and access to services. A neoliberal critique of public service provision has also increased awareness of the "patient as consumer," intensifying existing concerns about the quality and responsiveness of clinical services [6].

Since the 1980s in Western countries, the development of new health techniques and technologies (including pharmaceuticals), the aging population, higher expectations, and the higher relative prices of health care inputs has created a cost crisis, with increasing efforts at cost-containment [7]. At the same time, until the 1990s, the possibility of reaching skyrocketing costs with increases in funding led many health care organizations and systems to overlook inefficiencies in the production process that have subsequently aggravated sustainability issues. Throughout the 1980s, sustainability issues and the insufficiency of health care delivery were still largely addressed by putting more money into health systems, with more public resources allocated to the National Health Systems (NHS) or insurance fees increased [8]. Figure 1 illustrates the vicious cycle that often plagued tax-based delivery systems during this period: when the technical system (the delivery system) required more resources, the characteristic response of physicians and other health professionals was to request policies for more funding for the health care system. Within this dialogue, very little attention was paid to the effectiveness or efficiency of health care processes [9–11]; more specifically, clinicians focus on the individual patient, the effectiveness of the care, and evidence-based practices with little attention to cost control; however, addressing managerial and sustainability issues requires a vision that is oriented toward the entire population and greater attention to allocative efficiency and cost control. In retrospect, it is clear that this approach would be problematic in the long term.

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Fig. 1 - The vicious resource cycle prior to the 1990s.

Historically, the professional and cultural autonomy claimed by clinicians [12,13] largely meant that clinical processes were treated as a "black box" with which managers should not interfere. In predominantly market-based systems, some control was exerted through contractual arrangements. In tax-based systems, however, attempts at control occurred via input-output evaluations [14] (Fig. 2). More specifically, in the 1980s, control of health care expenditures was mainly based on the planning and allocation of inputs (e.g., through limitations on the number of beds, staffing, and purchasing policies). Then, in the 1990s, output measures (e.g., measures for medical visits, prescriptions, and diagnostic examinations) were introduced. Only at the end of the 1990s did health outcome measures begin to be used (e.g., measures of prevented deaths, life-years gained, and coverage of health care needs).

The content and methods of delivery processes were addressed only at the margin. Although clinical/critical pathway tools, process reengineering approaches, and lean management techniques emerged at the end of 1990s, their implementation seemed to be inconsistent and limited [15,16]. In addition, clinical governance tools and audit methods started to flourish and spread in the late 1990s [17]. For many years, the impact of general or business managers on clinical processes was quite limited.

Currently, because of the recent financial crisis, political decision makers and managers are trying to regain control over the cost of health systems through a renewed focus on controlling inputs [18,19]. Limits on the recruitment or replacement of personnel, purchasing policies, and experimentation with new technology are being imposed on health organizations. Payments and tariffs for care treatments are being renegotiated and reduced, almost without exception, controlling expenditures in the short term means controlling inputs. The renewed focus on inputs and resource containment has several disadvantageous consequences. First, cost-containment policies do not explicitly lead to structural interventions in the working methods adopted by professionals and administrative staff of health care organizations. Second, cost and input containment policies might equally affect high- and low-performing organizations in the same health care system. Moreover, if cuts are implemented haphazardly, sustainability is substantially impaired. Without changes in the way health care services are supplied, cuts can primarily affect access, equity of treatment, and quality.

Does Management Matter in Health Systems? A Review of Literature
 In recent years, both practitioners and researchers have renewed their interest in the impact of management on the performance of health systems and organizations. A systematic search of all English references was performed by using Business Source Complete, Emerald, ScienceDirect, and PubMed. Survey items that match with the following keywords were extracted: management, management practice, management impact, health care services, quality, health care organizations, and health care performance. The search included both theoretical and empirical studies with no time restrictions. Moreover, the search also included the few relevant reports by international research institutes (London School of Economics, King's Fund). A scientific working paper that details the methods and results summarized in the above-mentioned reports was also included in the analysis [36]. We selected 37 articles and reports on the basis of the search guidelines and their relevance to the topic.

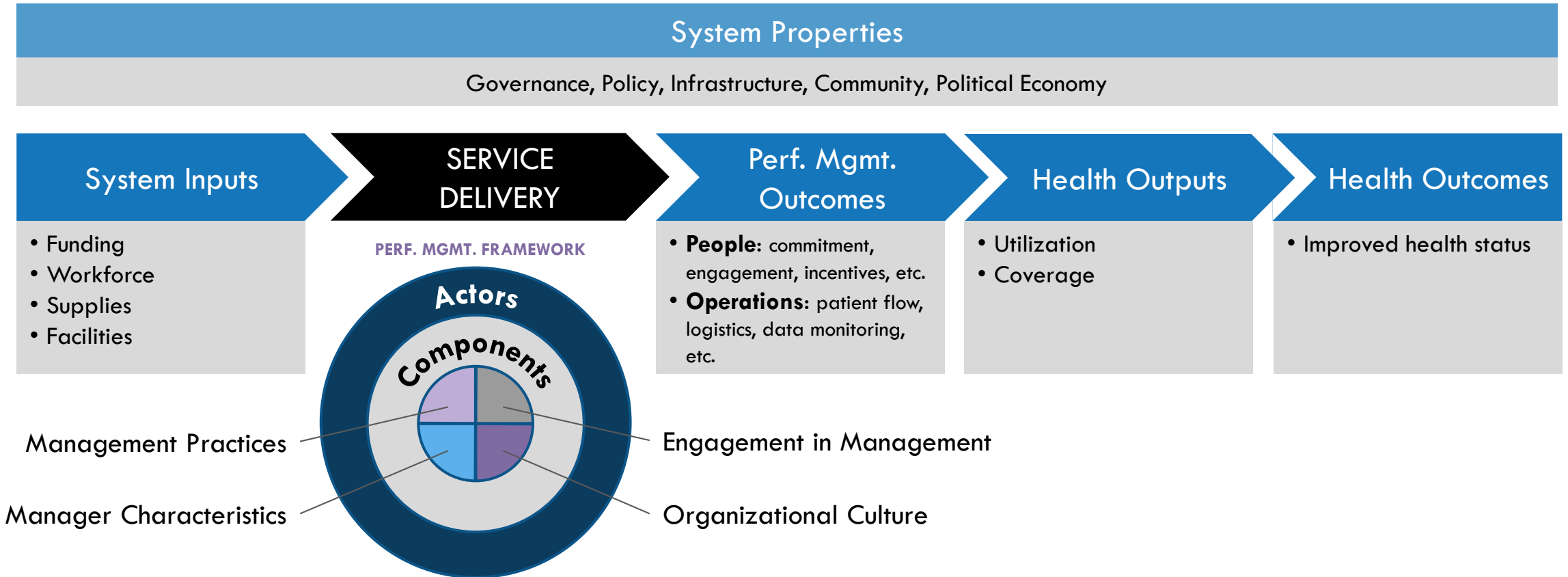
The results of the review demonstrate that some streams of research began to develop in the 1990s, but the more recent empirical reports show that interest in evaluating the impact of management on clinical and other aspects of health care is intensifying. Presumably, this shift is connected with the fact

Fig. 2 - The shift in the focus of control. DRGs, diagnosis-related groups.

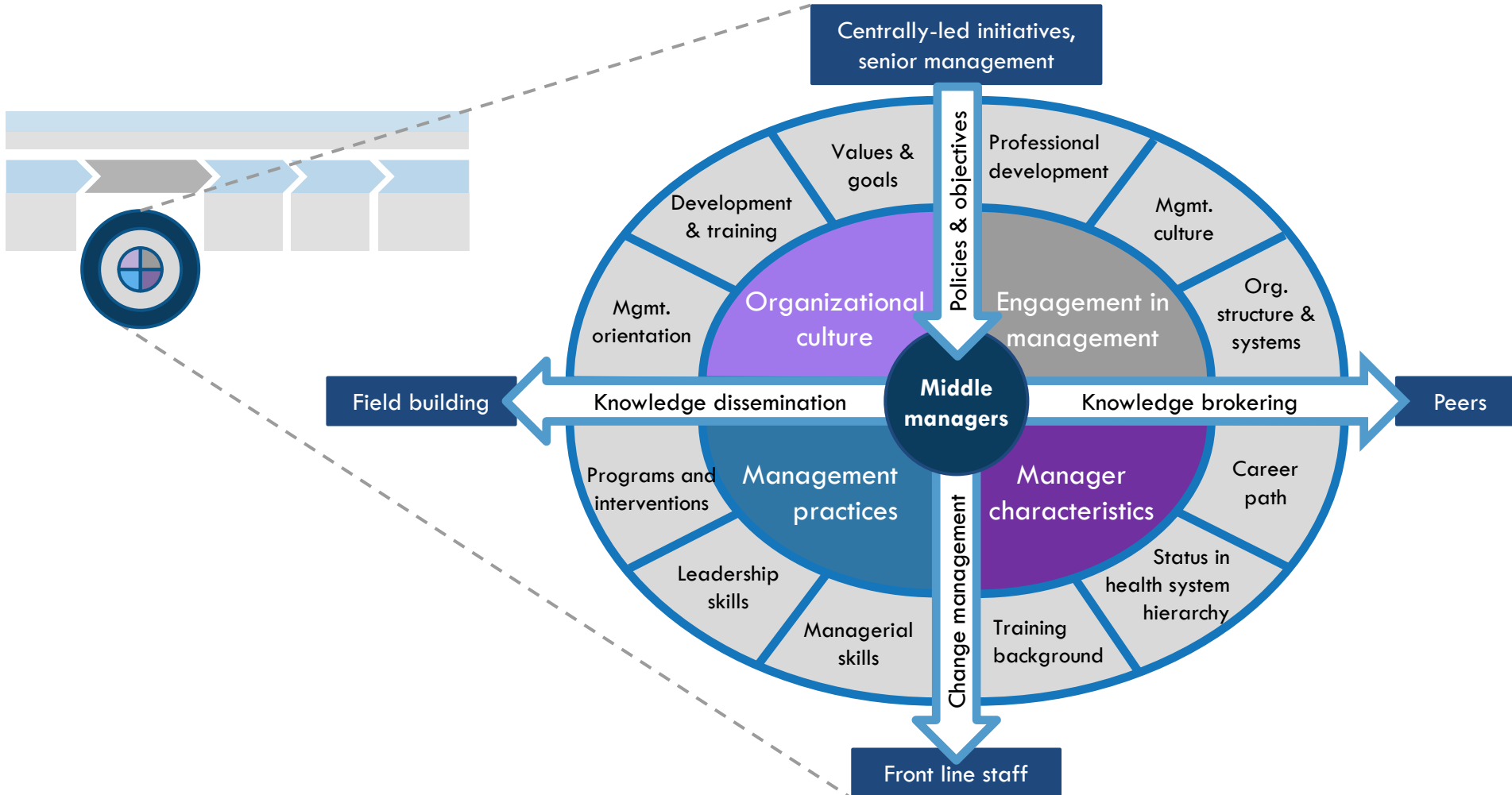
PHCPI Conceptual Framework



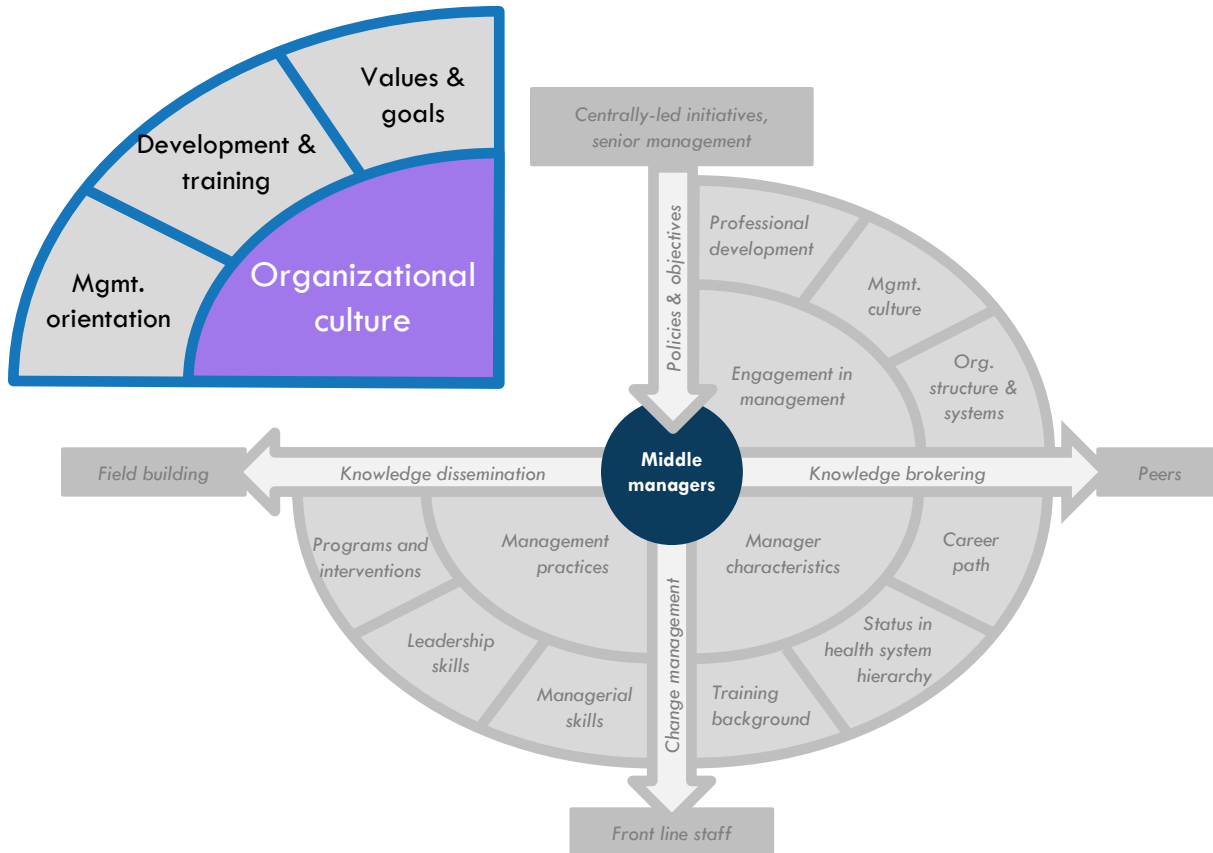
Uncovering the role of the performance management in service delivery



Greatest leverage point to improve performance is investing in middle managers



Organizational culture enables managers to empower teams and improve performance



Component Description

Corresponding Hypotheses

Management orientation refers to goals and managerial processes and tools such as strategic planning, budgeting, and business planning are associated with high performers

- Management matters
- Middle managers are important change agents

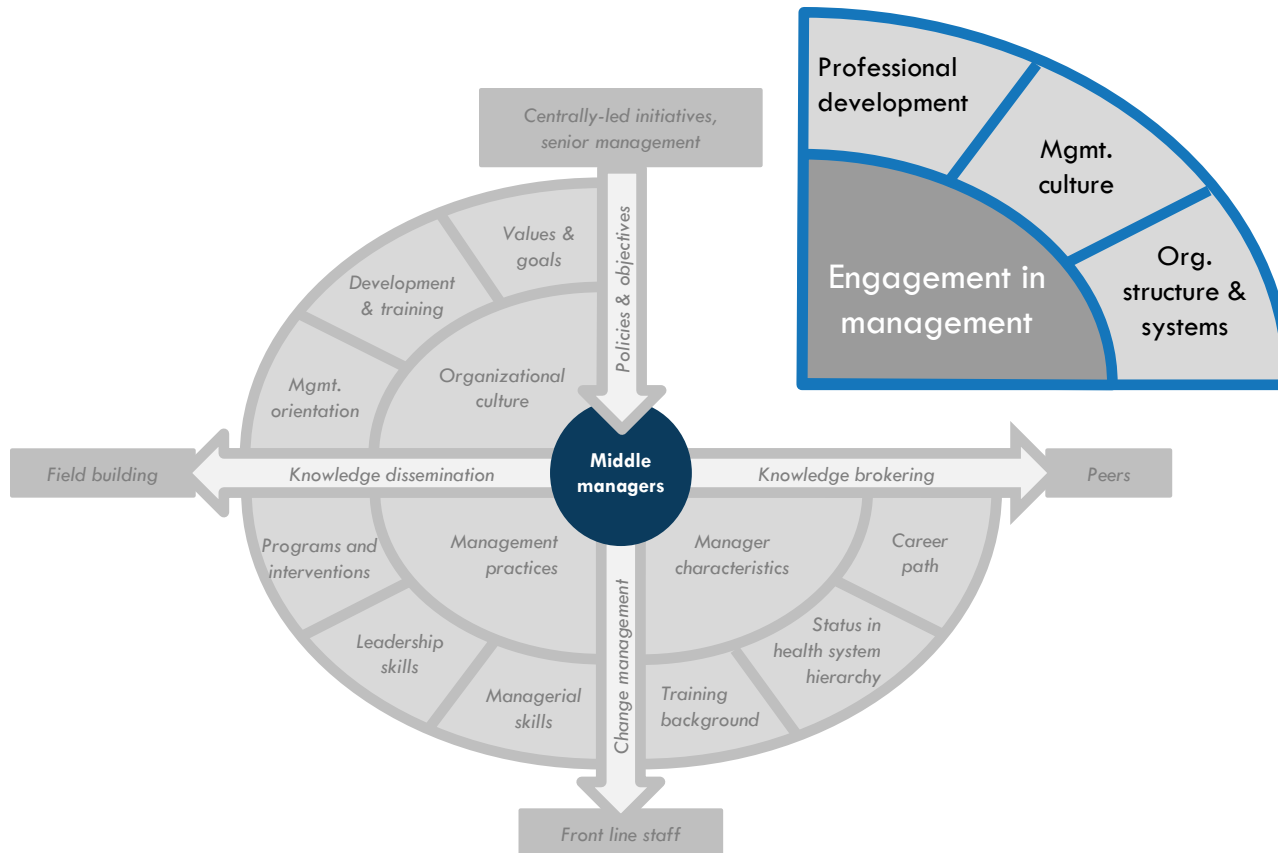
Development and training coupled with management practices can enhance organizational commitment and clinician engagement

- Management skills are developed and reinforced
- Clinical leaders are necessary
- Short / long term views

Values and goals enable broad staff involvement and communication among groups, promoting problem solving and diverse protocols

- Problem solving and data monitoring

Clinical engagement in management is a means to achieving organizational performance



Component Description

Corresponding Hypotheses

Professional development refers to effective training and development plans for staff involved in taking on new managerial and resource management responsibilities

- Management skills are developed and reinforced

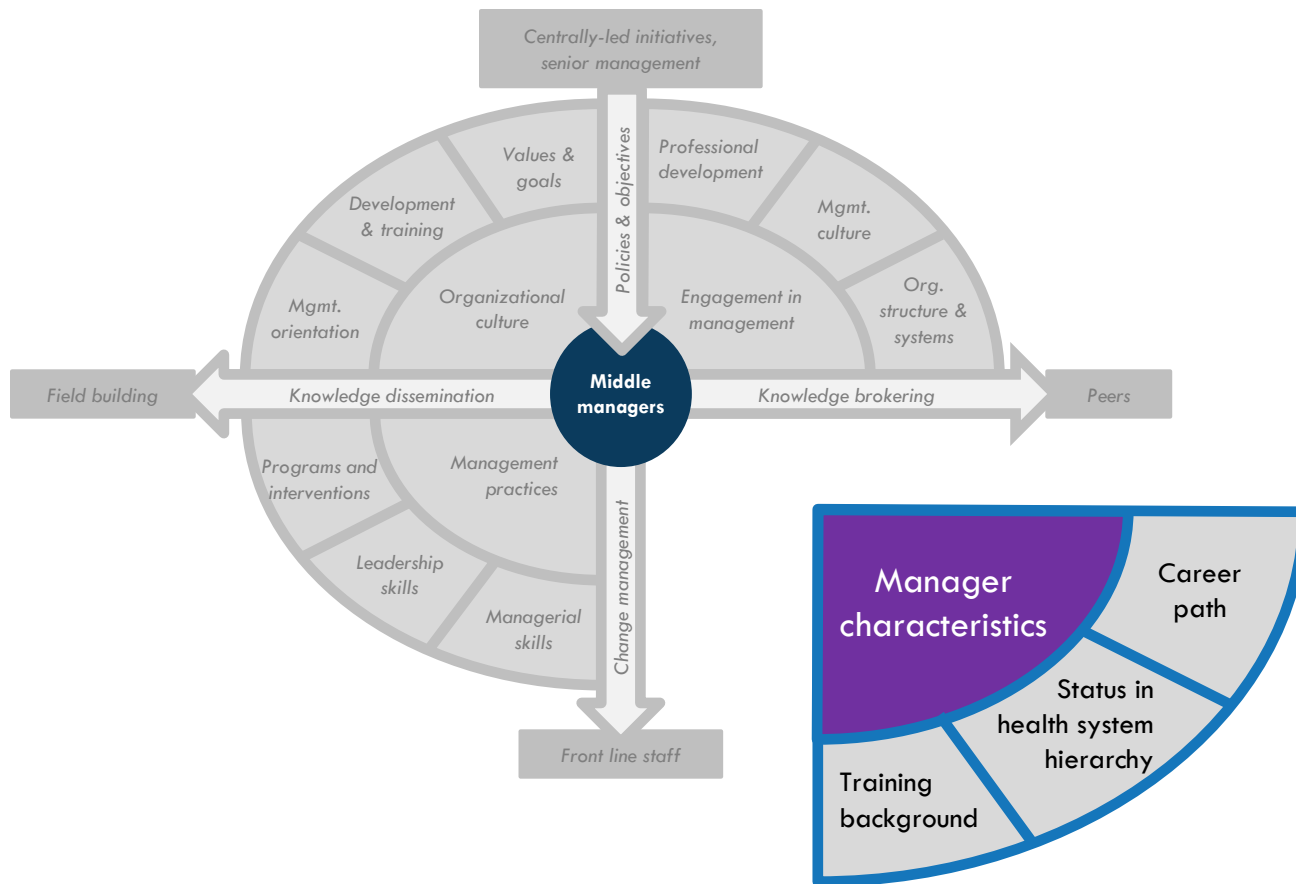
Management and culture must be one of trust and respect with a common focus on shared values, goals, and organizational objectives

- Leadership skills are complementary to management

Organizational structures and systems must aim to build effective linkages and flows between management and staff

- Management Matters
- Middle managers are important change agents

Manager characteristics influence management practices and organizational performance



Component Description

Corresponding Hypotheses

Career paths that provide varied experiences and exposure to different health care structures can influence a manager's performance level

- Management matters
- Clinical leaders are necessary

Status in health system hierarchy influences middle managers' ability to broker knowledge upward and downward within an organization

- Management matters
- Middle managers are important change agents

Training background, either clinical or professional, is associated with better management practices

- Clinical leaders are necessary

Management and leadership skills can be taught, developed, and improved



Component Description

Corresponding Hypotheses

Managerial skills form the basis of middle managers' capabilities in execution and sharing of knowledge

- Problem solving and data monitoring

Leadership skills enable managers to more effectively implement performance management initiatives and build goodwill among staff

- Leadership skills are complementary to management

Programs and interventions that use tested and proven models to improve management practices should be replicated and scaled to accelerate impact

- Management matters
- Management skills are developed and reinforced

All hypotheses validated*, but evidence strength and applicability are variable

Hypothesis description**	Origin	LMIC [†] Evidence?	PHC [†] Evidence?	Strength of Evidence [‡]
Management matters for better PHC delivery	BMGF	✓	✓	Strong
Data is available for problem-solving; data monitoring must link to goals and operations		✓	✓	Strong
Short and long term views on the work are necessary; success requires short-term champions and long-term institutionalization		✓	✗	Moderate
Adult learning frameworks are essential and should develop/systematically reinforce management skills ; managers need priorities, skills, motivation, autonomy, and data		✓	✓	Moderate
Citizens have a stake in health system performance and improvement; managers must be responsive to citizens, especially the poor through customer feedback and accountability mechanisms within service delivery		✗	✗	Weak
Leadership skills are complementary to management and support PHC strengthening	START	✓	✓	Strong
Clinical leaders are better able to influence their colleagues than are nonmedical managers		✗	✗	Strong
Middle managers play an important role as change intermediaries because they interface between an organization's senior managers and the front line employees		✓	✓	Moderate

* Hypothesis validation was based on (1) qualitative assessment of whether an article supported the hypothesis and (2) the number of articles supporting that hypothesis

** Other BMGF hypotheses were deemed out of scope for this project

† Checkmark indicates the presence of at least one article from LMIC and/or PHC settings that related to that hypothesis; x-mark indicates articles found that support that hypothesis were either from high income country and/or tertiary care settings

‡ Strength of evidence rating was based on absolute composite score of evidence type (scoring: study with quantitative measures = 3 points, purely qualitative study = 2 points, thought piece = 1 point)

Hypothesis exclusion was based on scope and literature evidence-base

Hypothesis description	Out of Scope	Lack of Evidence*
Particular systems properties are required to sustain change	✓	
Effective governance is needed to drive system change	✓	
Sufficient financing resources must exist in the system to drive and sustain change		✓
Better management is especially beneficial in low-resource settings		✓
Changes must be at the country and the sub-national level to generate change	✓	
Financial and non-financial incentives must align to drive performance and system change		✓
Build the Field	✓	

* Evidence may exist in more targeted search criteria and may be proven or disproven with further evaluation

Success factors for select management and leadership training models in LMICs

Program name	Geography	Intervention Model	Evidence Type	Improved Outcomes	Key Success Factors
CDC Sustainable Management Development Program (SMDP)	Vietnam: Nat'l TB Program	Train-the-trainer model, reinforced with visits from CDC staff	Impact evaluation	<ul style="list-style-type: none"> Case detection rate Sputum sample quality TB follow-up rates 	Applied nature of training, team model, accountability , & trainee status as a leader.
	Nicaragua MoH		Case study (no control)	<ul style="list-style-type: none"> Pap smear test quality 	Focus on creating in-country expertise , training capacity.
MSH Leadership Development Program (LDP)	Egypt MoH	Team-based, workshop series, empowerment model	Case study (no control)	<ul style="list-style-type: none"> Maternal mortality rate 	Focus on collaborative , not individual problem-solving.
	Tanzania MoHSW			<ul style="list-style-type: none"> New family planning clients/site/month 	Promoting analytical thinking (Challenge Model, root-cause).
Centre for Rural Health	South Africa	Action learning groups	Qualitative study	<ul style="list-style-type: none"> Enhanced teamwork & collaboration Problem-solving 	Learning by sharing real problems helps managers resolve problems in their institutions and develop team work skills.
Ethiopia Millennium Rural Initiative (EMRI)		Overall health systems strengthening, focus on human resources	Mixed methods, ex-post	<ul style="list-style-type: none"> Antenatal care utilization rates Skilled birth attendance rates HIV testing rates in antenatal care 	Managerial problem solving capacity was linked to the greatest improvement in primary healthcare unit performance after EMRI intervention
Ethiopian Hospital Management Initiative (EHMI)		(1) Intro. of management standards (2) Hospital CEOs (3) Enrollment in 2-year MHA program	Impact evaluation	<ul style="list-style-type: none"> Adherence to established set of management standards rose from 27% to 51% over 12-month period 	Embedding a new facility-level management role and academic degree program is a systems-based approach likely to be sustained. Implementation guides accompanied with training in the new standards is a best practice.

Opportunities exist for future investigation to inform performance management

Evidence Gaps	Questions	Potential next steps
Low/Middle-Income Countries	<ul style="list-style-type: none">□ Do middle managers in LMICs require a unique skillset?□ In LMICs, what is a greater predictor of better PHC performance; management skills or leadership skills?	<ul style="list-style-type: none">□ Invest in studies and evaluations that build evidence around the role and required skill set of middle managers in PHC delivery in LMICs.
Sustainability & institutionalization	<ul style="list-style-type: none">□ Can management interventions be institutionalized and affect outcomes that are sustained over the long-term?□ What kind of models support institutionalization and sustainability of management practices?□ How do we ensure continued investment in PHC performance management in the face of a changing funding landscape?	<ul style="list-style-type: none">□ Explore opportunities to support partnerships between US academic institutions and Universities in LMICs that train new leaders in PHC management based on evidence-based learning frameworks.
Skills	<ul style="list-style-type: none">□ What clinician manager characteristics determine their better performance compared to managers with other backgrounds?□ Are the management skills identified accurate measures? Do they result in better health outcomes?	<ul style="list-style-type: none">□ Support the development of a common set of standardized management and leadership skills and practices for middle managers in LMICs.

Appendix