CRNCC
Canadian research network for care in the community

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Réseau canadien de recherche pour les soins dans la communauté

Leading knowledge exchange on home and community care

Telling Your Performance Stories to Policy Planners

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HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

With Thanks to Alvin Ying,
CRNCC Manger,
Ryerson University

SSHRC Funded Study on "Policy Work in the Provinces"

- The 'Production' of Policy Analysis and Advice in Canada's Provincial Public Services

- Interface between government and NGO sectors in the policy process

Our Focus: Community Service Provider Sector, Government and Quality Indicators

- Do community service agencies participate in the ongoing process of developing quality of care performance measures that will affect funding, accountability, reporting requirements?

- … and the general direction of the home and community care sector?

Why Quality?

- Kids with complex care needs
- More expensive medical technology and treatments
- More people with multiple chronic needs
- Aging population
- Rising health service use and health service expectations across all age groups

- Quality 
  - Increase “value for money”
  - Enhance performance, accountability, transparency
  - Need to demonstrate “worth” for funding

Performance Indicators in the Acute Sector

- 2009: Canadian Institute for Health Information (CIHI) initiated a Canadian Hospital Reporting Project (CHRP)
  - Establish performance indicators beginning in the acute care sector
  - Goal: provide comparative facility-level information across hospitals to identify areas for better and more cost effective care
  - Project:
    - Test 5 categories of “indicators” (efficiency, effectiveness, safety, accessibility, appropriateness)
    - 9 provinces (excluding Quebec) and the Northwest Territories.

Toward Collaborative Governance

- Bring multiple stakeholders together to make decision based on consensus
- Make use of wealth of experience on-the-ground
- Encourage “buy-in”
- Reduce downstream implementation failures

Does the Community Sector Matter?

- Do community agencies see that their input is translated into indicators that are appropriate to their sector?

- Do policy planners translate the narratives and practices on-the-ground into performance indicators that make sense for the community sector?

Methods

- Used existing contacts with community service providers, provider associations and public servants
- Snowball sampling
- Geographic diversity
- Multi-service agencies
- To date: 13 in Ontario; 5 BC
- Semi-structured phone interviews
- Interviews are recorded, transcribed and qualitatively analyzed for emergent themes

What are you measuring?

Outputs v. Outcomes

Example:

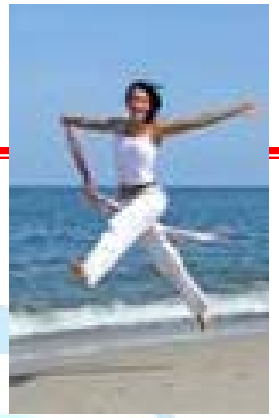
Number of patients discharged from hospital is an output.

Percentage of discharged who are capable of living independently is an outcome

Not how many worms bird feeds its young, but how well the fledgling flies

(United Way of America, 1999)

Everyday Example

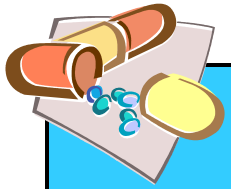


HEADACHE

Get pills

Join yoga

Make lunch



Take pills

Do yoga

EAT

Feel better

Situation

INPUTS

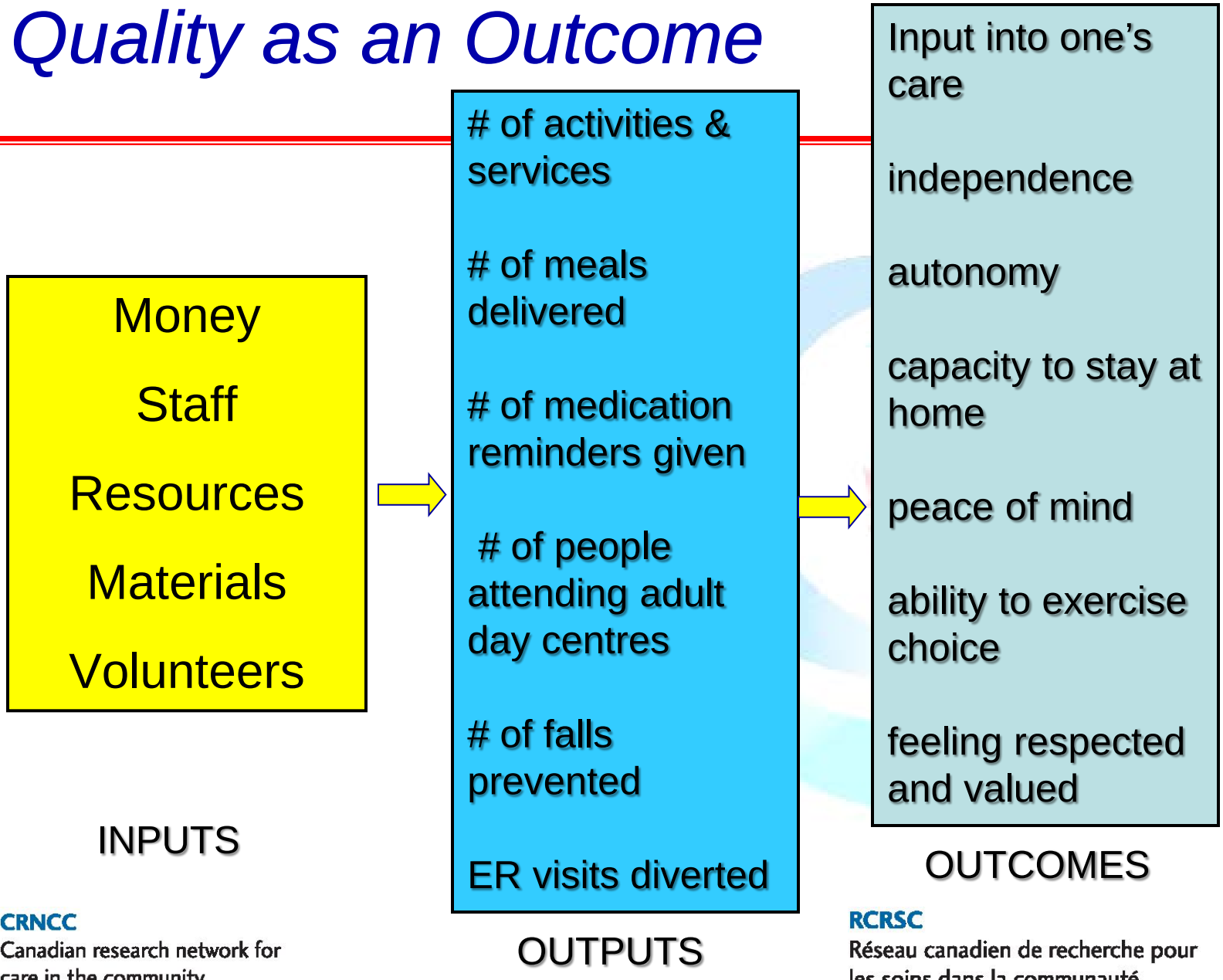
OUTPUTS

OUTCOMES

Quality as an Outcome

- Inputs: money, staff, resources, materials, volunteers
- Outputs: activities, services
  - How many meals delivered, medication reminders given; people attending adult day centres, falls prevented; ER visits diverted
- Outcomes = the resulting benefits
  - Independence, autonomy, capacity to stay at home, mental peace of mind, ability to exercise choice, feeling respected and valued

Quality as an Outcome



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Provincial Differences

Findings

The Excellent Care for All Act

(June 8, 2010)

- The Act includes requirements for:
- Quality committees
- Public annual quality improvement plans
- Executive pay linked to performance targets
- Patient/client/caregiver surveys to assess satisfaction with services
- Staff surveys to assess satisfaction with employment
- Declarations of values
- A patient relations process

- Starting in Ontario hospitals, but will then be applied to all health care organizations throughout the province.

What Public Servants Said

- "If you can't measure it, you can't manage it"
- Quantifiable measures important for accountability and transparency
  - Public wants to know if money has been well spent
  - One-off stories are nice BUT want demonstrations of effectiveness
- Community providers need to "get with the program" --change takes time
  - Varying degree of readiness for the CSS agencies to take on measuring quality

What Public Servants Said

- Public understand that:
  - health care = hospital and doctor care
- Makes sense politically for community sector to be driven by the priorities of the acute care sector
  - ALC, ER

Ministry of Health Strategic Priorities

- Reducing wait times in Emergency Departments
- Reducing the time patients spend in alternate level of care beds in hospitals
- Improving access to integrated diabetes care

And…

- Enhancing Mental Health and Addictions Services
- Building on an eHealth Framework

Central East LHIN, (2009). Integrated Health Service Plan 2010-2013. Ajax, ON: Author. Retrieved from http://www.centraleastlhin.on.ca/uploadedFiles/Home_Page/Integrated_Health_Service_Plan/IHSP_for_posting.pdf

LHIN Priorities

Priorities	LHIN 1	LHIN 2	LHIN 3	LHIN 4	LHIN 5	LHIN 6	LHIN 7	LHIN 8	LHIN 9	LHIN 10	LHIN 11	LHIN 12	LHIN 13	LHIN 14	Total
ER	x	x	x	x	x	x	x	x	x	x	x	x	x	x	14
ALC	x		x	x	x	x	x	x	x	x	x	x	x	x	13
Diabetes/Chronic Disease Management	x	x	x	x	x	x	x	x		x	x	x	x	x	13
Mental Health	x	x	x	x	x	x	x	x		x	x		x	x	12
Care Integration	x	x	x	x					x			x		x	7
eHealth				x	x	x				x	x	x		x	7
Primary Care		x	x		x	x				x				x	6
Advanced Medical (e.g. Surgery)	x	x											x	x	4
Aboriginal					x								x	x	3
Francophone					x								x	x	3
Community Care	x	x		x											3
Diagnostic Tests			x											x	2
Health Human Resources													x	x	2
LTC	x													x	2
Outreach						x			x						2
Seniors/Aging at Home						x							x		2
Specific Diseases (Other than Diabetes)			x						x						2
Cost-effectiveness							x								1
Ethnocultural										x					1
Health Equity								x							1
Quality of Care			x												1
Quality of Life						x									1

*Derived from LHIN Integrated Health Service Plan 2 (2010-2013) and the latest Annual Business Plan available for each LHIN

What Public Servants Said

- The sector is divided – ineffective at communicating what the indicators for the sector should be

- We DO consult - policy process not “predetermined” - more of a balancing between the “wants” of different stakeholders and government’s mandate

What You Said About Public Servants

- Public servants tend to be risk adverse
- Unwilling to say anything that hasn't been approved by the higher ups
- LHINs operate on a tight leash from the MOH
- Appear to be set on one path and unwilling to consider other options

What You Said About Public Servants

- Out of the blue priorities from the LHIN
- Certain LHINs are driven by the demands of the hospitals
  - Program template changes constantly
  - LHINs do not discuss what makes sense for the CSS, taking up valuable resources from the CSS
- Felt that CSS expertise is being used by the LHIN bureaucrats to hammer out/to justify their plans

Public Servants v Elected Officials

- Multiple layers of bureaucracy translate into barriers in advocacy when changes negatively affect the sector (CCAC, LHINs, MOHLTC)
- Go to the ADM or Minister's office or Municipal officials
  - Depends on the issue
- Never get exactly what we want – win some, lose some

What You Said: "Realistic" Respondents

- Varying capacity of CSS agencies to collect, track and analyze data
  - No funding for IT support needed to track quality
  - Would rather use stretched resources to deliver services and programs
- Little consistency in what data are collected
  - Hope common assessment tool (RAI-CHA) will help
  - CCAC imposes process indicators with little relationship to outcomes

"Realistic" Respondents

- Contractual obligations focus on process and outputs
- At the table but don't feel their voices are heard
  - Consultations are *pro forma* and will not yield meaningful results decisions are predetermined at Ministry and LHIN levels
- Tailor "quality indicators" to the priorities of the LHIN

"Optimistic" Respondents

- Fiscal pressures create opportunity to innovate
- Better to be at the table than not – to help frame the questions and participate in dialogue about how to improve services
- There is always "wiggle room" in policy making
  - Even after decisions have been made, work around the margins regarding how programs are implemented

"Optimistic" Respondents

- For measures to be technically valid, functional and legitimate:
  - Need to involve stakeholders in development of measures
  - Engage in conversations to improve measures
  - Promote buy-in

"Optimistic" Respondents

- Formal work: participate in the policy process at the LHIN level (sit on committees) – part of government's community engagement
  - CSS in turn reach out to clients for input
- Soft, informal work: build relationships; invite officials to "feel good events" to keep funder abreast of the progress of the programs
- Get sense of future funding directions so CSS can be positioned ahead of the game

Variables Affecting Quality Strategies

Variables: Size Matters

- Power imbalance in health continuum
  - Don't participate on equal footing
- Policy capacity in CSS agencies is low
  - Stretched resources – would rather deliver programs
- Differences between larger and smaller agencies
  - Smaller agencies have banded together to hire consultants
  - Problem with institutional memory

Strategize to Punch Above Your Weight

- Bypass collaborative process
- Communicate narrative message to targeted audience
- Smaller agencies invite local politicians to events to showcase accomplishments
- Larger organizations go directly to DM or ADMs
- Common theme: shaping policy effectively means bypassing public servants

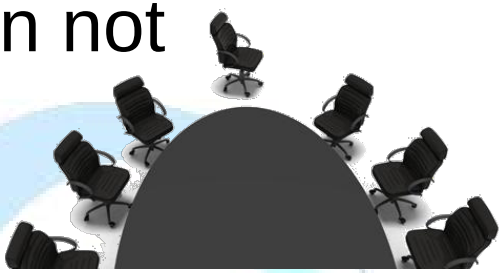
Role of OCSA

OCSA
Ontario Community Support Association
United in our commitment to care

- CSS rely on OCSA as the umbrella advocacy organization to express collective viewpoints
- OCSA in turn gets invited to sit at consultation tables to provide input
- Go to ADMs, DMs and/or elected officials

Small Wins v Large Wins

- Better to be “at the table” than not
  - Incentive to influence policy



- Small wins help deepen trust and commitment

- “…even if a decision has been made, there is always wiggle room in the implementation of any policy…”

Depends on the LHIN

- Some LHINs are more consultative and proactive than others
- Some LHINs have taken the initiative to develop quality indicators in consultation with CSS
- Some CSS see LHINs as a barrier to new initiatives

Connections

- CSS with close working relationships with:
  - Hospitals
  - Community Health Centres
  - Family Health Teams
- Have a better chance of making their voice heard
- "….easier time circling up to DMs, ADMs.."
- "get a heads-up on policies coming down the pipe…"

Musical Chairs

- Changes in government personnel
  - There is not a good understanding of the contributions of CSS
  - Constant need to educate revolving Ministers and staff about the value of the community sector

- Circulation of personnel between government and provider organizations
  - Encourages face-to-face interactions
  - Builds trust
  - Reinforces shared values and commitment
  - Easier to communicate with public servants and to get “heads up”

Sources of Funding

- BC: funding for CSS is highly mixed
  - Contracts with Local Health Authorities
  - From non-governmental sources
    - Charitable foundations: Vancouver Foundation, United Way
    - Quasi governmental agencies
      - Gaming grants
      - Ministry of Social Development
  - From municipalities
  - Out-of-pocket

- Use quality indicators as a continuous improvement tool
- Use quality as marketing tool to leverage funds from non-traditional sources

Sources of Funding

- MOHLTC/ LHIN
- CCAC
- Fundraising
- Municipalities
- Foundation
- The more varied the sources of funding especially from non-traditional sources, the more “quality” is important as a brand

Summary: Factors Affecting Degree of Input into Quality Indicators

- Size
- LHIN
- Partnerships or connections with acute providers
- Personnel changes in government
- Personnel exchanges between CSS and government
- Sources of funding

Moving Forward What's the Plan of Action

The Community Care Sector's Message

- Wants consistency, fairness and comparability
- BUT, there is no single best approach to measuring performance across the continuum of care
- Gold standard of "random clinical trials" not possible or applicable in all settings
  - E.g., quality of life, supporting decision to stay in the community, capacity to identify what services they will need in future, client satisfaction, independence
- Need to balance quantification and numbers with qualitative evidence

Importance of Performance Stories

- Gathering, analyzing, reporting data is important
- BUT, policy planners need to recognize variability in care organizations – from hospitals to community to homes
- Performance stories provide the knowledge context for effective person-centred care

Making a Case for Performance Stories: What Do Studies Say?

The Promises of Performance Measures

- Take “politics” and other narrow, self-interested calculations and decisions out of the equation
- Left with pure rational evidence on which to base policy
- Performance measures are in turn based on this rationality
- More “efficient” and “effective” policies necessary in face of tighter public funds
- Renew public confidence
- Counter public skepticism that governments have over promised and under delivered

Fact

- Performance measures are subjective, value laden, highly political --especially around quality - why wait times for surgery and not the impact of preventative measures in health care?
- Some programs are more amenable to “measurement” than others
- Types of evidence deemed legitimate has political consequences
- Used to judge what programs are “successful” and should be funded or not
  - Aging at home, supportive housing - people get frailer and die
    - Thomas, P.G. 2007; Howlett, 2009; Weiss, 1993.

Fact

- Policy makers need to recognize and accommodate competing values and interests in order to define the “public interest” rather than to look for “objective” indicators of performance

- Performance stories help capture this variability
  - Need to fund and support the collection of performance stories

Performance Stories

- Narratives NOT report cards
- Provide the context, meanings and explanations for numbers
- They are typical stories - not “hand-picked”
- Recurrence of performance stories creates credible weight of evidence

#1: Person-centred Care

- The MOHLTC identifies person-centred care as one of the top ten health trends for the health system in Ontario
- Highlights the importance of empowering consumers, their values, priorities and right to self-determination
- Canadians expect to be actively involved in the decision-making processes regarding their health

High Quality Best Practices from Performance Stories – Person-Centred Care

Thanks to Marcus Hollander

- Clients and family members feel they are actively involved in the decision-making processes regarding their care and well-being
- Clients and family members are satisfied with the services they receive
- Clients and family members see staff as "caring" and "willing to go the extra mile" to meet clients' care needs
- Enhance clients' quality of life
  - Adult Day Programs provide social engagement and enhance quality of life v isolation and loneliness
  - IADL supports give peace of mind to clients and family
- Do a good job answering clients' and family members' questions about the health conditions and care services

High Quality Best Practices from Performance Stories – Person-Centred Care

Thanks to Marcus Hollander

- Give appropriate care to the clients based on information from prior events
- Provide care over an appropriate period of time on weekdays
- Provide care on weekends if needed
- Have reduced wait times for services

*#2: High Quality Best Practices from Performance Stories – **Integrated** Person-Centred Care*

Thanks to Marcus Hollander

- Make sure clients receive care from the same provider as much as possible
- Collaborate with care providers from different professions across the continuum of care in a coherent way to benefit the client
- Coordinate with relevant organizations across the continuum of care to the benefit the client

#3: High Quality Best Practices from Performance Stories – Health Status

- Increased the health status of the client
- Reduced the rate of deterioration of the health of the clients over time
  - Chronic disease management - diabetes
- Prevented more serious health complications

#4: High Quality Best Practices from Performance Stories – Impact of Preventative Measures - Effective Monitoring

- Provide effective monitoring
  - Medication management
  - Falls prevention

- Reduce acute episodes

- Diverted clients from hospital admissions or readmissions, or reduced length of stay

- Reduced primary care visits

#5: High Quality Best Practices from Performance Stories – Supporting Caregivers

- 2.7 million Canadians, aged 45 and older, provide care to seniors

- Provide approximately 80% of the care needs for people with chronic health issues and contribute an estimated economic value of between $25-$26 billion (Hollander et al., 2009) and $83.7 billion (Zukewich, 2003), depending on what factors are included in the calculations

Best Practices in Supporting Informal Caregiving: CRNCC Backgrounder

- Yee Hong Caregiver Education and Resource Services provides culturally-specific workshops, support and skills-training in multiple languages, in three locations, for those caring for older people in the community

Yee Hong Centre For Geriatric Care
頤康中心

- Care-ring Voice Network provides free and confidential information and support to family caregivers through interactive tele-learning sessions

Care-ring Voice Network

- Alzheimer Society of Canada provides online advice for person-centred caring for people with dementia

Alzheimer Society
CANADA

- Sunnybrook Health Sciences Centre includes caregivers as part of the assessment and care planning team.

Sunnybrook
HEALTH SCIENCES CENTRE
when it matters MOST

#6: High Quality Best Practices from Performance Stories - Corporate Social Responsibility

- Applicability of CSR for community service providers
- What are your performance stories that demonstrate how Community Support Agencies are good corporate citizens?
- What are your performance stories that demonstrate how Community Support Agencies can help other corporations be good corporate citizens?
- CSR look at benefits and social value of organizations beyond “profit”
  - E.g., range of environmental, social, cultural values added at local, regional, or global levels

High Quality Best Practices from Performance Stories - Corporate Social Responsibility

- Social and community involvement

Is Accreditation the Answer?

- Accreditation Canada, CARF International, Standards Council of Canada
- Accreditation incorporates quality components but goes well beyond
- Requires significant resources and commitment
- Not currently a requirement for CSS

Make the Case for Performance Stories

- Provide the context, meanings and explanations for numbers
- Performance stories will never gain the same credibility as scientific evidence
- BUT, recurrent performance stories with the same sorts of positive outcomes can create a credible weight of evidence

With Thanks To:

- Hollander, M., Miller, J. A., & Kadlec, H. (2010). Evaluation of healthcare services: Asking the right questions to develop new policy and program-relevant knowledge for decision-making. Healthcare Quarterly, 13(4), 40-47.

- Howlett, M. (2009). Policy analytical capacity and evidence-based policy-making: Lessons from Canada. Canadian Public Administration, 52(2), 153-175.

- Thomas, P. G. (2007, May). Why is performance-based accountability so popular in theory and difficult in practice? Paper presented at the World Summit on Public Governance: Improving the Performance of the Public Sector, Taipei City.

- Thomas, P. G. (2006). Performance measurement, reporting, obstacles and accountability: Recent trends and future directions. Canberra: ANU E Press.

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