

## **Performance measurement in healthcare**

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The healthcare system is a complex entity with many stakeholders each with differing expectations. The stakeholders include patients, clinicians, healthcare providers, healthcare purchasers, agencies that regulate healthcare activities and government. Nonetheless there is consensus amongst all stakeholders that healthcare provision should continuously improve in quality, remain affordable and effective and be accountable to the public at large. In the last decade, great emphasis has been placed on quality of care and patient safety. The Institute of Medicine (IOM) in the United States has identified six aims of quality improvement i.e. safety, effectiveness, patient-centredness, timeliness, efficiency and equity (IOM, 2001). In the United Kingdom a similar movement is taking place under the umbrella of clinical governance. Achieving these six aims would require healthcare activities to be measured and thus performance measurement has become an important mechanism to evaluate quality. Performance measurement will allow governments, public at large, healthcare purchasers, individuals and other stakeholders to critically evaluate make informed choices about healthcare. The widespread use of information technology to capture data has provided an impetus to measure healthcare activities.

### **Performance measures for health care systems**

The scope for performance measures for health care systems will cover different aspects of healthcare: clinical quality, patient satisfaction, efficiency, utilisation and financial performance. It can be done at different levels to meet the needs of different stakeholders i.e. national level, regional or system level (e.g. a large health care provider with multiple hospitals and facilities), individual hospital, individual unit and the individual clinician level.

The major challenge in performance measurement remains i.e. what to measure. Not all activities in healthcare can or need to be measured. Hence identification of health care activities that need to be measured is the very important first step. The steps to doing performance measures are Conceptualisation, Selection of performance measures, Data collection and analysis, and Reporting and use of data (Carol E Adair: J Healthcare Policy 2006).

#### ***1. Conceptualisation***

Two important areas need to be addressed. They are the strategic objectives of the organisation and hence the type of measures to developed and secondly the appropriate scope.

***2. Deciding on the framework of measures.*** This arguably is the most difficult part. It requires balancing the strategic interests of the organisation, the utility of the measure to improve quality, the practical difficulties of data collection

#### ***3. Data collection and analysis***

This involves setting logistical challenges in organising data collection, storage, cleaning and analysis.

#### *4. Data reporting and use*

Various stakeholders will find use for performance data. Decisions will have to be made on how data will be presented to the public and other stakeholders. Another important consideration is on the mechanism of using the data to drive improvement in the organisation

#### **Current status of Performance measurement in Malaysia**

There is a long history of quality improvement initiatives in the Ministry of Health. Data collection processes for the identified quality indices had been in place for many years. The program had been based on the Donabedian principles of looking at structure, processes and outcomes. However there are many gaps in the MOH's program on quality initiatives. There is no participation by the private sector in a common national effort. Data collected and their analysis has not been made available to stakeholders outside MOH

#### **Proposal for future development of Performance Measurement in Malaysia**

Recent trends in healthcare where great emphasis is placed on accountability, transparency, patients' safety should encourage all healthcare providers to develop performance measurements to enable purchasers of care and individual patients select institutions and facilities that give better outcomes. At the national level there is a need to monitor quality in services given by all providers. This is especially so when the government is trying to attract patients from outside the country.

The legal authority for the Malaysian Medical Council (MMC) or the Ministry of Health (MOH) to develop performance measurements which ultimately benefit the public should be clarified. The organisation of performance measurement should not be restricted to public healthcare facilities but include private healthcare providers as well. There has been some progress in performance measurements where both the private and government providers collaborate e.g. the National Renal Registry. A number of steps should be undertaken:

1. A workshop be conducted in first quarter of next year to obtain a national consensus on developing a framework for performance measurement. The workshop shall address the selection of performance measures. Participants should include representatives from all stakeholders including professional bodies, private hospital associations, MOH and MMC.
2. A Consultant be employed to help design the structure and process of performance measurement
3. A National Secretariat to co-ordinate the development of performance measurements be established
4. A system of data collection and reporting be established.
5. A consensus on the information that will be release to the public be made.

## **Workshop**

A workshop was held on 21-22 April 2012 at the Institute of Health Management following a suggestion by the MMC to consider introducing such initiatives. It was organized jointly by the MMC and MOH. The program consisted of four lectures on topics related to Performance Measurement followed by two workshops. The Workshop groups' recommendations were presented to two panels chaired by the Deputy Director General of Health and consisting of representatives from MMC, MOH and the Academy of Medicine.

There were 102 participants from MMC, MOH, Academy of Medicine and private hospitals.

## **Recommendations of the workshops**

The following are recommendations from the workshop groups. Further details of the workshop proceedings can be obtained from the MMC secretariat

1. The workshop agreed that a National System for Performance Measurement (NSPM) be setup. A Council overseeing NSPM should be set up and it should consist of representatives from the MMC, MOH, Association of Private Hospitals and the Academy of Medicine. The terms of reference as well as other issues such as funding and secretariat will be decided at a later date.
2. As a start the workshop recommended that the performance of houseman be reassessed. The workshop was told that Australia had a comprehensive system of house officers' assessment and this system should be studied.
3. The workshop felt that the performance measurement should be carried out at the institutional level and it should not be used for recertification.
4. The workshop noted that performance measurement can be done for an institution or an individual practitioner's level. It felt that for a start the focus should be on institutional performance measurement. .
5. The public should be allowed to access the performance measurement data to enable them to choose their healthcare providers. For the time being this should be restricted for use in Health Tourism.

An exercise on selection of performance measurement was done in the second workshop. The surgical disciplines suggested a number of measurements for their surgical disciplines including outcomes of appendicectomy and hernia surgery. The medical and paediatric group suggested a condition like bronchial asthma as it reflects multiple factors affecting outcome. The radiology discipline focused on measurement of timeliness and efficiency. The pathology group proposed laboratory turnaround time.

## **Recommendations of the organizing committee**

1. Performance Measurement can be assessed at the individual clinician's level or at the institutional level.
2. The Malaysian Medical Council's purview is on the individual doctor's performance under the Medical Act) while the Ministry of Health (MOH) will have jurisdiction on hospitals' performance measurement under the Private Healthcare Facilities and Services Act.
3. The MMC should establish a permanent dedicated Secretariat to develop further its plans in introducing performance measurement amongst the registered medical practitioners in the country. This can be a joint secretariat with the MOH as individual performance measurement is closely linked with an institutional performance measurement
4. A council similar to the National Credentialing Council for credentialing of specialists should be set up to develop and monitor development of performance measurement.
5. A performance measure should ideally be one that can be applied in any hospital both private and public and thus be considered a national performance measure.
6. Further action will include the secretariat meeting with specialist bodies, through the Academy of Medicine, to develop measures for different specialties