

# Performance measurement for community health services: opportunities and challenges

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## Abstract

*This paper presents findings from a study that investigated performance measurement for primary health care services delivered by the community health sector, and assessed the effectiveness and value of a performance measurement approach in the evaluation of these services. Eleven semi-structured interviews were conducted with key stakeholders in South Australia. The findings indicate that three major steps are needed to move forward in the use of performance measurement in the community health sector. These steps are i) development of a policy and strategy statement for community health, ii) identification of performance domains and indicators, and iii) development of appropriate data systems.*

## Introduction and context

This study investigated performance measurement for primary health care services delivered by the community health sector, and assessed the effectiveness and value of a performance measurement approach in the evaluation of these services.

### *Performance measurement in the community health sector*

Interest in performance measurement for the public sector, including health services, has grown in response to a number of political and economic imperatives. These include the separation of purchaser and provider, competitive tendering and contracting, a shift of focus to outcomes rather than activity, and notions of customer service and satisfaction. In this quasi-market context, performance measurement is a tool 'to enable an organisation to systematically assess progress toward defined goals and objectives' (NHPC 2000). Outcome measurement presents two main challenges: the need to measure whether the desired outcomes occurred and then, more problematically, determining the contribution the program in question has made to the outcome (Goddard et al. 2000, Mayne 1999).

The Australian community health sector is diverse, with significant interstate and intrastate differences in history, governance, service provision, policy and funding frameworks. Even the notion of a defined sector is contested. For the purpose of this study, community-based health services (such as general practice and mother and baby clinics) are distinguished from community health services. The defining feature of community health is that services and programs are based on an understanding of the social and environmental factors influencing health. Community health practice, as a component of primary health care, is underpinned and informed by the values and principles espoused by the World Health Organisation (WHO) in the Alma Ata Declaration on Primary Health Care (WHO 1978) and the Ottawa Charter for Health Promotion (WHO 1986).

There are particular challenges in using performance measurement for community health. A report commissioned by the Commonwealth government found that, with significant reservations, there is support for the notion of performance indicators within the community health sector and governments. There are major difficulties in developing national indicators in the absence of a national policy framework; data collection presents a challenge, with no successful models for data systems; the community health sector is hugely diverse and complex and models must guard against cost-shifting and creating barriers to integrated services (Baum et al.1999).

## Method

Eleven semi-structured interviews were conducted with key stakeholders in South Australia to gain information about the respondents' understanding of performance measurement, the benefits and risks in using this approach in community health, how performance indicators could be developed and what might be needed to advance this work. Interviews were undertaken with seven Chief Executive Officers of metropolitan and rural community health services and four Department of Human Services policy makers and funders. Interviews were audio-taped, transcribed and imported to NUD\*IST for theme analysis.

## Findings

### *Role of performance measurement*

Two main roles for performance measurement were discerned from respondents' understanding of performance measurement. The first role, identified mainly by community health service respondents, was concerned with quality and process issues. Performance measurement was seen as a tool for assessing quality and for promoting quality improvement in terms of service delivery, administration, and operational and financial management.

"It's really around the quality of the services that you might be providing and that covers a whole range of areas whether it be a financial context, actual service delivery in a whole range of aspects, communication, community involvement, through to actual best practice in a specialist discipline" (country CHS)

The second main role, identified by both groups of respondents, was in outcome measurement. Performance measurement was understood in terms of setting objectives, assessing progress towards objectives and the achievement of longer term outcomes.

"Performance measurement means comparing the activities and achievements of outcomes of the service compared to its stated objectives" (DHS)

Respondents acknowledged that outcomes measurement was more difficult than measuring process, however, performance measurement was seen as a tool with the potential to assist in measurement of outcomes. For some respondents activity was seen as a proxy for outcomes.

### *Benefits and risks*

Most respondents believed that performance measurement was a tool that community health could use to advantage in demonstrating and reporting on effectiveness and achievement of outcomes. Community health was believed by most respondents to be poorly understood and in need of a 'good press' especially as far as funders and political decision makers were concerned. Reporting under a performance measurement framework was seen as way to demonstrate achievements and gain increased support and funding for the sector.

"It is a credibility issue that we have always had around not being able to tell the community or the funders, or at least quantitatively measure what we do and the outcomes of that, and it would be good to have that as an additional support, and support maybe into more resources" (metro CHS)

Two respondents compared performance measurement in community health with the acute health sector since the introduction of the casemix funding model. They noted that hospital data tend to be quantitative and related to output and that community health might need to follow a similar path.

“If output is something that we should be measuring ... occasions of service and that type of thing are quite easy to demonstrate, you know people are walking through the doors and getting a service. It seems funny to me that in comparison to the acute sector it is assumed that because you’ve done this many chemo treatments or taken this many appendixes out or whatever the case may be, that that is actually taken as gospel like it is outcome” (metro CHS)

All respondents identified benefits in using performance measurement in the planning and evaluation of services. It was believed that performance measurement could lead to better planning and resource decisions, including priority setting. For some respondents, the benefit of using a performance measurement approach was in encouraging debate and sharing information among stakeholders about what a program or service hoped to achieve. The identification of performance indicators would then arise from an articulation of the goals, objectives and expected outcomes, bringing rigour to the planning process.

Overwhelmingly, the risk of performance measurement in community health was associated with the complex and diverse nature of community health services and the primary health care approach. This in turn, had methodological implications and led to concerns about data systems. Without resolution of these problems, respondents believed there was a risk of performance measurement leading to a shift in service focus to those interventions most amenable to quantitative measurement.

“In community health, some of the things we do are just so unmeasurable ... it is the building community capacity and how you actually break that down into performance measures” (metro CHS)

Current data systems were considered inadequate in capturing much of community health work, leading to concerns about inaccurate or incomplete data being used in funding and policy decision-making.

### ***Barriers***

Different understanding of the meaning and language of primary health care and performance measurement was identified as a barrier that needs to be addressed. Primary health care practitioners commonly work across sectors where different terminologies may be used and respondents believed this difference needed to be acknowledged and worked through. Performance measurement also encompasses a range of understandings that need to be discussed among those collecting and using the information generated.

The lack of adequate data systems was considered a major barrier to the feasibility of using a performance measurement approach for community health services. A number of respondents declared that community health services were only just getting to the stage of being able to measure activity in a consistent way and that measuring outcomes was ‘light-years away’. However, all the respondents seemed confident that it would be possible at some time in the future.

Another identified barrier was the lack of whole of sector goals. While programs and projects usually had well-articulated goals, respondents believed that a national or state policy statement would help in the establishment of broad goals for the community health sector. A policy context for community health would also validate the primary health care approach and allow community health to demonstrate its value. Several respondents described the challenges in setting goals and outcomes for community health. These included the need to be broad in order to reflect the complexity of community health services, the problems in attributing outcomes to one specific sector, and the need to remain flexible and responsive to changes.

In terms of outcome measurement, a number of factors that contributed to attribution problems were identified. These included: collaboration and integration of services; the extended time-frame and long time lag between action and result; difficulty of measuring small changes in a large population (versus a clinical change in an individual); and the presence of other variables in the community setting that could not be controlled.

One respondent discussed the question of attribution of outcomes to a specific community health intervention. This manager believed that using a primary health care approach meant that the focus should be on whether outcomes were achieved, rather than who was responsible.

“For me it is actually about if the outcomes are achieved, you measure the overall impact of a community development approach rather than community health being the key to it all” (metro CHS)

### *Identifying performance domains and indicators*

In identifying performance indicators for community health, respondents believed it was important to retain and reflect primary health care principles and a social view of health. Identifying performance indicators was considered to become more problematic as the measurement focus moved through different levels of the health system. Thus, at the program level, performance indicators can be developed from goals and objectives. At organisational level, performance indicators were linked to strategic planning for the service. It was perceived that at state or sector level, outcomes would have to be stated more broadly and this would be difficult to balance with specific and measurable performance indicators.

Generally, respondents were aware of the risk of developing a multiplicity of performance indicators and agreed the indicator development should be limited to key areas of work, at least initially. There was also agreement that it was important to involve a wide range of people, with specific stakeholder groups depending on the level of performance measurement.

## **Discussion**

The drive by Federal and State governments for the expansion of performance measurement in the health sector suggests that work in this area will continue. This study demonstrates that three major steps are needed to move forward in the use of performance measurement in the community health sector. These steps are i) development of a policy and strategy statement for community health, ii) identification of performance domains and indicators, and iii) development of appropriate data systems.

It is clear from the literature (Baum 1999; DHS 2001) and respondents in this study, that a policy context for community health is a pre-requisite for an effective performance measurement system. Given the diffuse nature of community health, the many differences both intra- and interstate and the general fragmentation of the health system, establishing a national policy will be a challenging process.

It was also noted that different communities of interest have different goals and priorities. This means that common performance indicators could be difficult if services are to remain responsive to local needs and issues. Two strategies to overcome this can be promulgated. Firstly, services could be targeted to a specific population; this would, however, undermine the intention of universal primary health care as envisaged by the WHO and the original Community Health Program in Australia. Secondly, performance indicators could focus on agreed ‘core services’. The risk here is the loss of comprehensive primary health care as these core services become prescribed and other work that cannot be assessed by performance indicators is relegated to a low priority.

Once a policy framework has been established, a consultative process could be used to identify core community health functions and performance indicators, using the NHPC framework. This would require consultation across the sector and other opportunities for discussion, debate and trial projects. The literature on performance measurement emphasises that to gain compliance, and hence good quality data, stakeholders need to be partners in the process of developing performance indicators. The public health sector has trialed the use of the framework fairly successfully in this way and the community health sector could test further the relevance of the framework in a non-acute setting.

Data systems were an overriding issue for respondents. There are two main areas that require development. Firstly, community health needs a consistent, accurate and valid way to collect activity data that is useful to the

services and to the funder. A legacy of different systems and the long-overdue development of a national community health data set, mean there is no accurate national or state level data for the sector. Secondly, quantitative data is not useful for describing and assessing much community health work. Research is needed to construct appropriate and valid qualitative data systems or to further the development of qualitative evaluation methods and their acceptance by decision makers. Either of these approaches will require the long-term commitment of resources. The experience of casemix and performance indicator development for acute services provides a salutary lesson in this regard.

## Conclusion

This study has identified the benefits and risks offered by a performance measurement approach for community health. There are a number of specific challenges in using performance indicators to assess the effectiveness of community health services. At present there is no agreement about the role and scope of the community health sector and how it relates to primary health care and the wider health system. A lack of national or state level policy for community health in Australia means there are no agreed objectives from which to develop meaningful indicators.

There is much to be done in the development of adequate and appropriate data systems. Quality indicators and the accreditation process are well-established so it is important not to duplicate this work. Activity data is collected, although not in a very systematic or consistent fashion, and its subsequent use is variable. Despite several years of developmental work, data systems remain unable to capture the qualitative experiences and outcomes from much community health work.

In a climate of fiscal constraint and evidence-based practice, the community health sector is being asked to provide evidence for the effectiveness of its approach and the achievement of enhanced health for the community. The challenge is to obtain and present this evidence while acknowledging the large role played by the social and environmental determinants of health outside of the sector, and protecting the value-base of primary health care as reflected in the emphasis on health promotion, participation, collaboration and equity.

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