



Indicators of Performance: a Comparative Anglo-Dutch Study



Stephen Harrison
Manchester



Christopher Pollitt
Leuven

Background

Nearly all aspects of healthcare delivery are now subject to measurement and comparison through performance indicators (PIs). PIs can be used to compare performance across organisations, present performance with the past, and/or current performance with a target or benchmark.

By 'performance regime' we mean the way healthcare performance is conceived and the way that PIs are used in performance management. They can be used, for instance, as background intelligence or as the basis for targets or league tables, and may be associated with incentives and/or sanctions.

England	Netherlands
Developed economy, developed health care technology & professions, modernizing governments	
Virtually single-payer health system (central government), virtual government monopoly of hospital ownership in tax-financed system	Multiple health care payers & private providers in social insurance system
'Westminster' majoritarian democratic system, normally producing majority governments	Consensual democratic system with numerous corporatist arrangements and proportional representation, producing coalition governments.
PIs introduced 1982-83	
Expenditure concerns & cost-reduction measures taken early 1980s	
Debates about health care 'rationing' early 1990s	
Regulated competition proposed late 1980s, limited operation early 1990s, abandoned 1997, reintroduced 2000	Regulated competition proposed late 1980s, limited operation late 1980s & early 1990s, attenuated 1994, reintroduced 2001
'Clinical governance' concept & systems 2000	Health care providers required to have quality management systems 1996
	PIs introduced 2003

Table 1
Comparison of England and the Netherlands

similarities
differences

What We Did

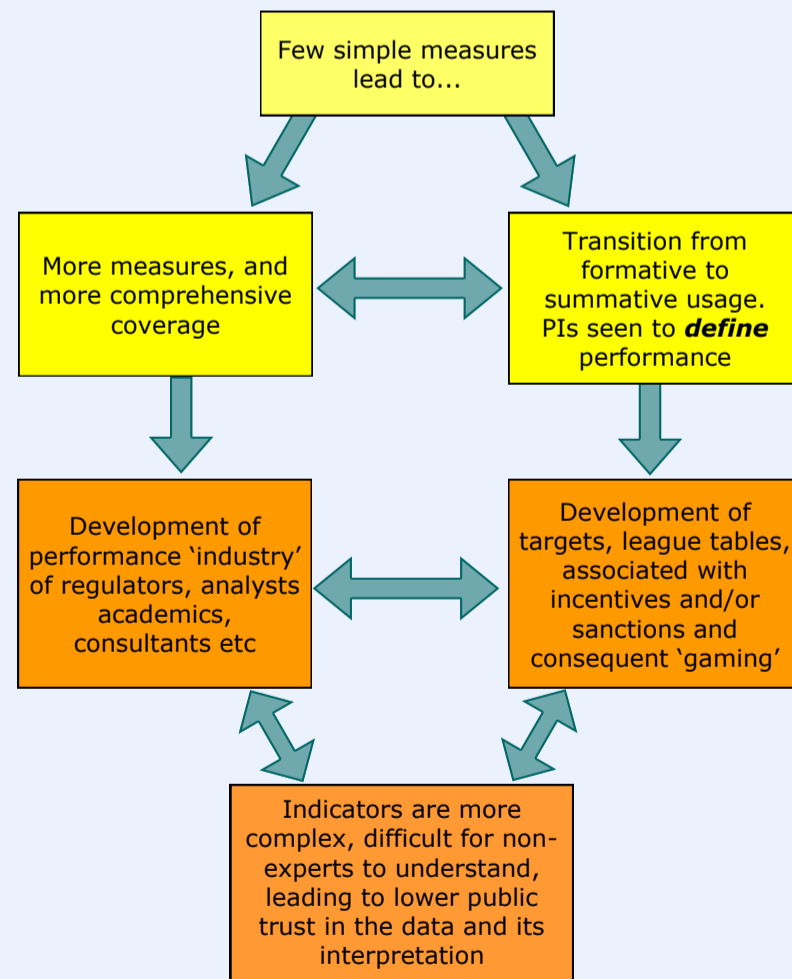
- ❖ We constructed an outline chronology for each country from the early 1980s through to 2007 from official documents, news media reports and other secondary sources. For the Netherlands, this included the health care performance and management policies pursued in the period when PIs were not on the policy agenda.
- ❖ We interviewed key informants from the health civil service, academia, the media, commercial data companies and regulatory bodies (49 in England and 24 in the Netherlands) who were active during the period 1982-2007.

Aims

The aim of the study was to understand how and why performance regimes utilising PIs were introduced to healthcare systems in England and the Netherlands, and how they developed over time. We asked:

- ❖ Under what circumstances do PIs become attractive policy solutions?
- ❖ How did the healthcare performance regimes develop over time in the two countries, and under what circumstances were changes made to them?
- ❖ Can we explain these developments by means of path-dependence theory (broadly, the idea that institutional patterns are self-reinforcing)?

Table 2 The 'logic of escalation' for health system PIs



Findings

- ❖ Both regimes began as political responses to critical reports (parliamentary select committees in 1982-83 in the English case; the national auditor in 2003 in the Dutch). The lag between the two countries is partly a consequence of the more consensual approach to politics in the Dutch case (Table 1).
- ❖ On introduction, PIs were descriptive, formative, measures used to identify potential problems, but soon developed greater significance as the data derived were treated summatively as the basis for targets and a substantial 'performance industry' developed. We characterized this as a 'logic of escalation' (Table 2).
- ❖ In both our cases, this 'logic of escalation' suggests that, in the language of path-dependence theory, the 'critical juncture' (or 'point of no return') occurred at the point in time where PI data is arranged into league tables and made public.

Find out more...



For more information contact Stephen Harrison
(Stephen.harrison@manchester.ac.uk)

www.publicservices.ac.uk

