Health System Performance Assessment (HSPA)
Challenges and Limitations and Link to HWFP

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HSPA: WHO-Definition

"Health system performance assessment (HSPA) is

» the **process of monitoring, evaluating and communicating**

» to what extent various aspects of a health system **meet key objectives.**

The central purpose of HSPA is

» to assess whether **progress** is being made towards **desired goals**

» and whether **appropriate activities** are undertaken to promote **achievement of those goals**."

Health Care System Performance – Health System Performance

Health Care System

Combined functioning of public health and personal healthcare services that are under the direct control of identifiable agents, especially ministries of health.

Health System

All activities and structures that determine or influence health in its broadest sense within a given society. This also includes social, environmental and economic determinants of health.

Health Care System Performance

The efficiency and equitability of the professional public health and personal healthcare services within a system, including a cost-benefit analysis.

Health System Performance

» Broader concept that also acknowledges the broad range of determinants of population health that are **not directly related to healthcare service delivery**.

Health status of a population is **only partly influenced by** the quality of the available **healthcare services**.

» There are **many other** social, cultural, political, economic, environmental, educational and demographic **factors influencing population health**.

a comprehensive concept leads to comprehensive challenges and limitations

peanpublichealth.com/health–
stem–performance–assessment/

The WHO Health Systems Framework
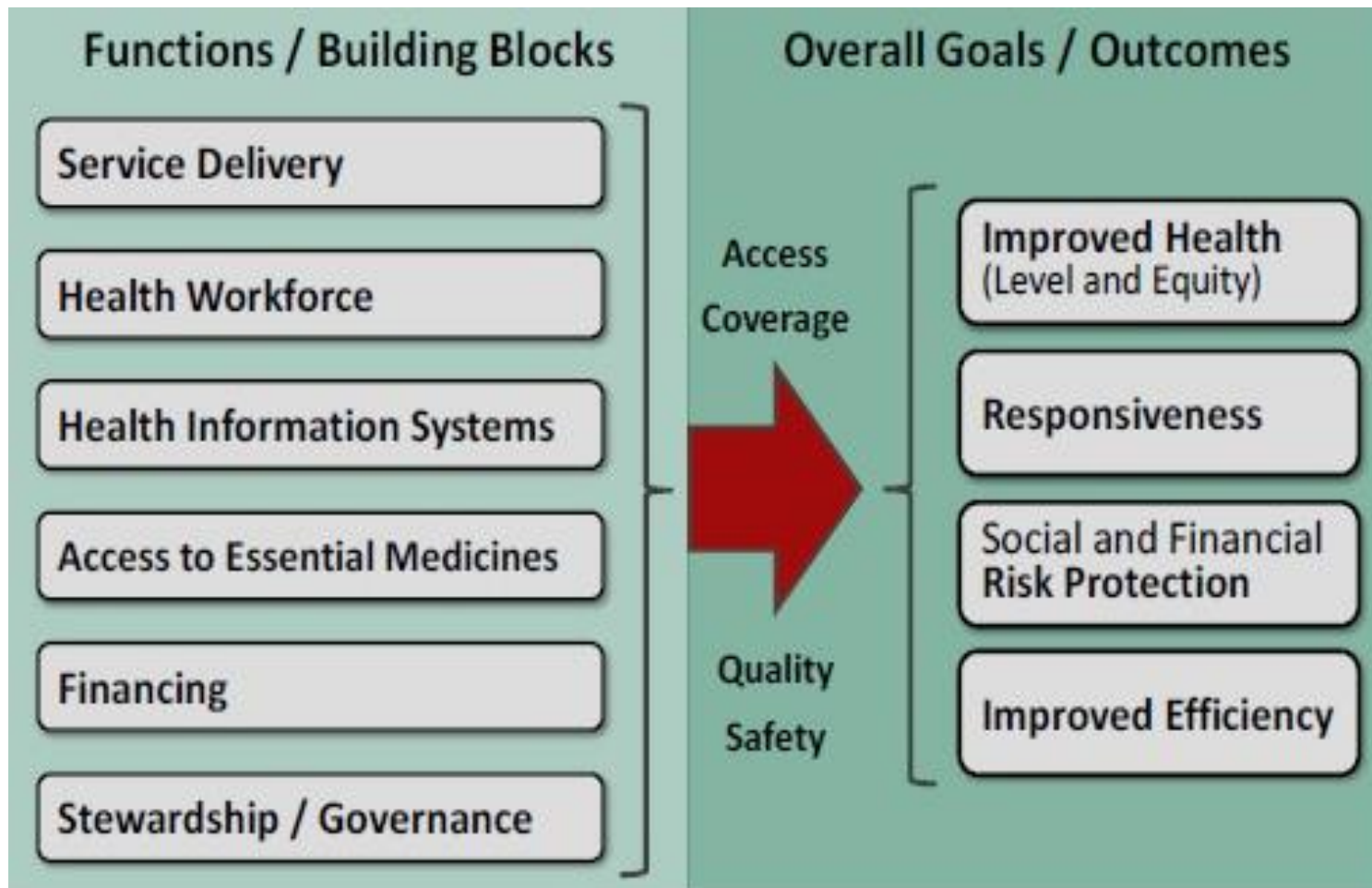
The Six Health System Building Blocks of the WHO

SERVICE DELIVERY: represents effectiveness, safety and quality of health interventions; they are available to whoever needs them, regardless of where and when they are needed, with minimum waste of resources.

PROFESSIONAL HEALTH WORKFORCE: responsive, fair and efficient in achieving the best possible health outcomes, making optimal use of available resources and given circumstances. There should be an adequate number and diversity of competent, productive and responsive medical professionals, distributed fairly amongst society.

HEALTH INFORMATION SYSTEM: ensures production, analysis, dissemination and use of reliable and up-to-date information on health determinants, health system performance and health status.

Access to Essential Medicines: essential medical products, vaccines, technologies should be equitably accessible to the population (guaranteed quality, safety, efficacy and cost-effectiveness).

FINANCING: ensuring a health system that can be financed sustainably while at the same time ensuring the financial affordability of health services for the population.

STEWARDSHIP/GOVERNANCE: also called leadership. It involves establishing strategic policy frameworks in which effective oversight, coalition-building, adequate regulations and incentives, and accountability issues are all properly implemented and addressed.

Source: http://www.europeanpublichealth.com/health-systems/health-system-performance-assessment/

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STRATEGIC SYSTEM OBJECTIVES

» **IMPROVED HEALTH**
(level and equity)

» **SYSTEM RESILIENCE**
(esp. social, financial)

WHO–Dimensions for HSPA

ACCESS · QUALITY · SAFETY · EQUITY · FAIRNESS · CONTINUITY · EFFICIENCY · RESPONSIVENESS · SUSTAINABILITY · POPULATION HEALTH

WHO–Health System Building Blocks

SERVICE DELIVERY

HEALTH WORKFORCE

HEALTH INFORMATION SYSTEMS

ACCESS TO ESSENTIAL MEDICINES

FINANCING

STEWARDSHIP / GOVERNANCE

» OPERATIVE OBJECTIVES
» MEASURES
» INDICATORS FOR MONITORING

HSPA – Dimensions for Indicator Selection

CRITERIA	DESCRIPTION
Importance	The indicator reflects critical aspects of health system functioning
Relevance	The indicator provides information that is useful for monitoring and measuring health system performance for an extended time period
Feasibility	The required data are readily available or can be obtained with reasonable efforts
Realiability	The indicator produces consistent results
Validity	The indicator is an accurate reflection of the dimension it is supposed to represent

Source: Veillard J, Huynh T, Ardal S, Kadandale S, Klazinga NS, Brown AD. (2010). Making health system performance measurement useful to policy makers: aligning strategies, measurement and local health system accountability in Ontario. Health Policy, 5 (3), 49–65.

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Gesundheit Österreich GmbH

WHO–Health System Building Blocks

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- ACCESS TO ESSENTIAL MEDICINES
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ACCESS · QUALITY · SAFETY · EQUITY · FAIRNESS · CONTINUITY · EFFICIENCY · RESPONSIVENESS · SUSTAINABILITY · POPULATION HEALTH

» OPERATIVE OBJECTIVES
» MEASURES
» INDICATORS FOR MONITORING

Source: GÖG's own presentation based on the logic of the WHO (http://www.europeanpublichealth.com/health–systems/health–system–performance–assessment/)

Health Work Force in HSPA-Monitoring (1)

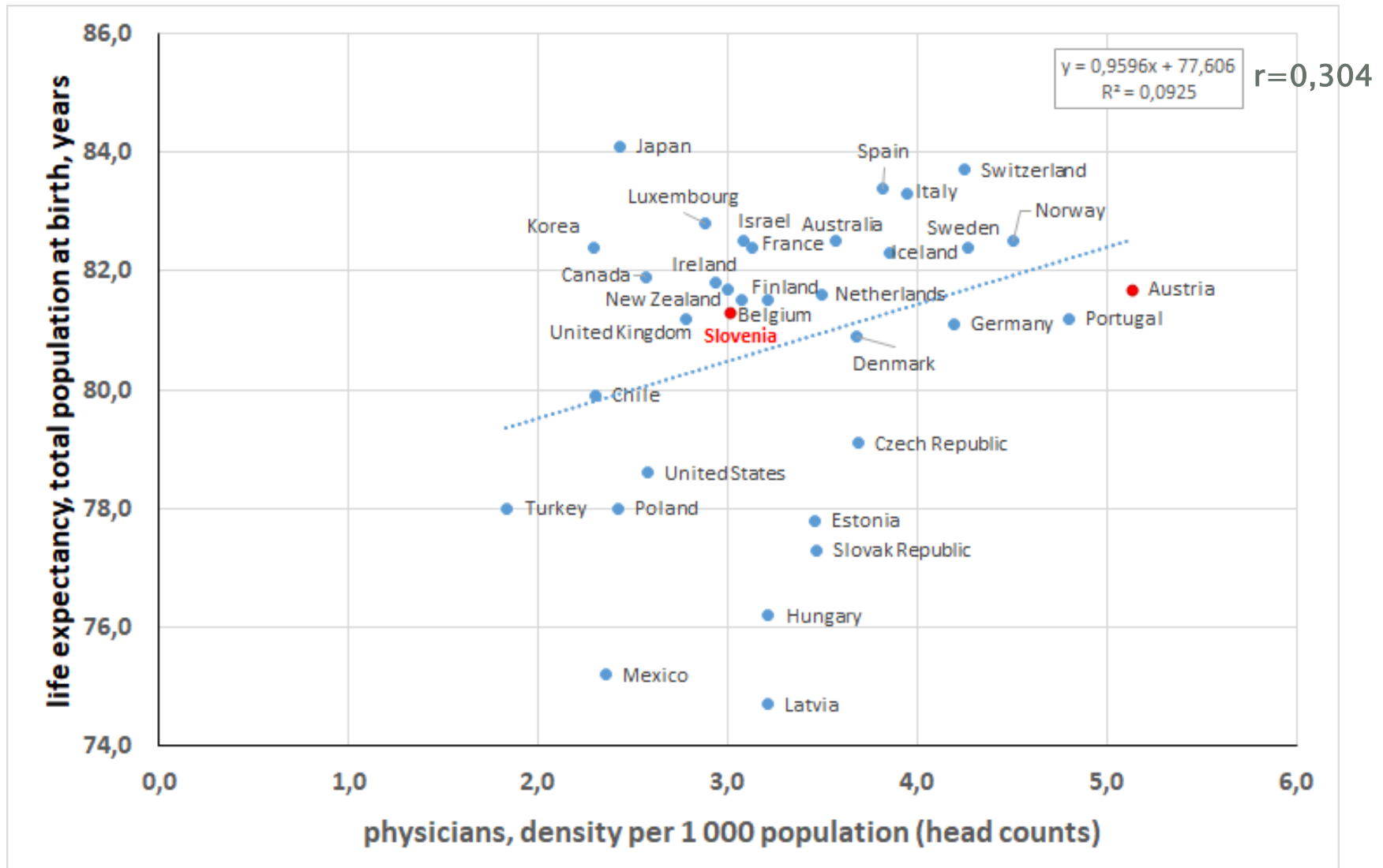| DIMENSION	EXEMPLARY INDICATORS RELATED TO HEALTH WORK FORCE
Access	» physicians (or other HP) per 1000 inhabitants » geographic coverage of general practitioners (GP) practices (percentage of people that are within a 20 minute drive from a GP) » waiting time for an appointment with a GP or medical specialist » opening hours of medical offices (esp. morning/evening, holidays, weekends)
Quality	» share of patients treated in accordance with evidence-based guidelines
Safety	» share of patients experiencing side-effects of medication
Equity	» utilisation of health professional (GP, per discipline, other HP) and differences per gender, age group, income, living area, socioecon.status, etc.
Fairness	» share of publicly financed healthcare providers in total healthcare providers (e.g. regional coverage ratios) » access indicators (driving times, waiting times, etc.)
Continuity	» patients and healthcare providers enrolled in disease management programs » patients receiving contradictory information from diff. healthcare providers
Efficiency	» share of patient contacts with GP (or number of GP) in total outpatient patient contacts (or total number of outpatient physicians)

Health Work Force in HSPA–Monitoring (2)

| Dimension	Exemplary indicators Related to Health Work Force

Responsiveness	» General satisfaction with the healthcare providers
	   » Patient–perceived interpersonal contact
	   » Patient involvement in decision–making processes
	   » Patient–doctor interaction (explanations, possibility for asking questions, check–up telephone calls)

Sustainability	» Future–oriented qualitative and quantitative HWFP → analysis and forecasting
	   » development of needs (aging society, epidemiology, etc.)
	      » utilisation ratios per age, gender, region, etc.
	   » development of supply (HW–demography, retirements, education, legal framework, influence of work–life–balance, etc.)
	      » share of HW over 65 in the next 5 to ten years
	      » number of medical students and dropout reatio
	      » percentage of part–time employees
	      » etc.

Population health	*no direct connex can be mapped via indicators*

Physician Density and Life Expectancy 2016 in OECD
(without Greece)

Physician Density and Alcohol Consumption, OECD 2016
(without Greece)

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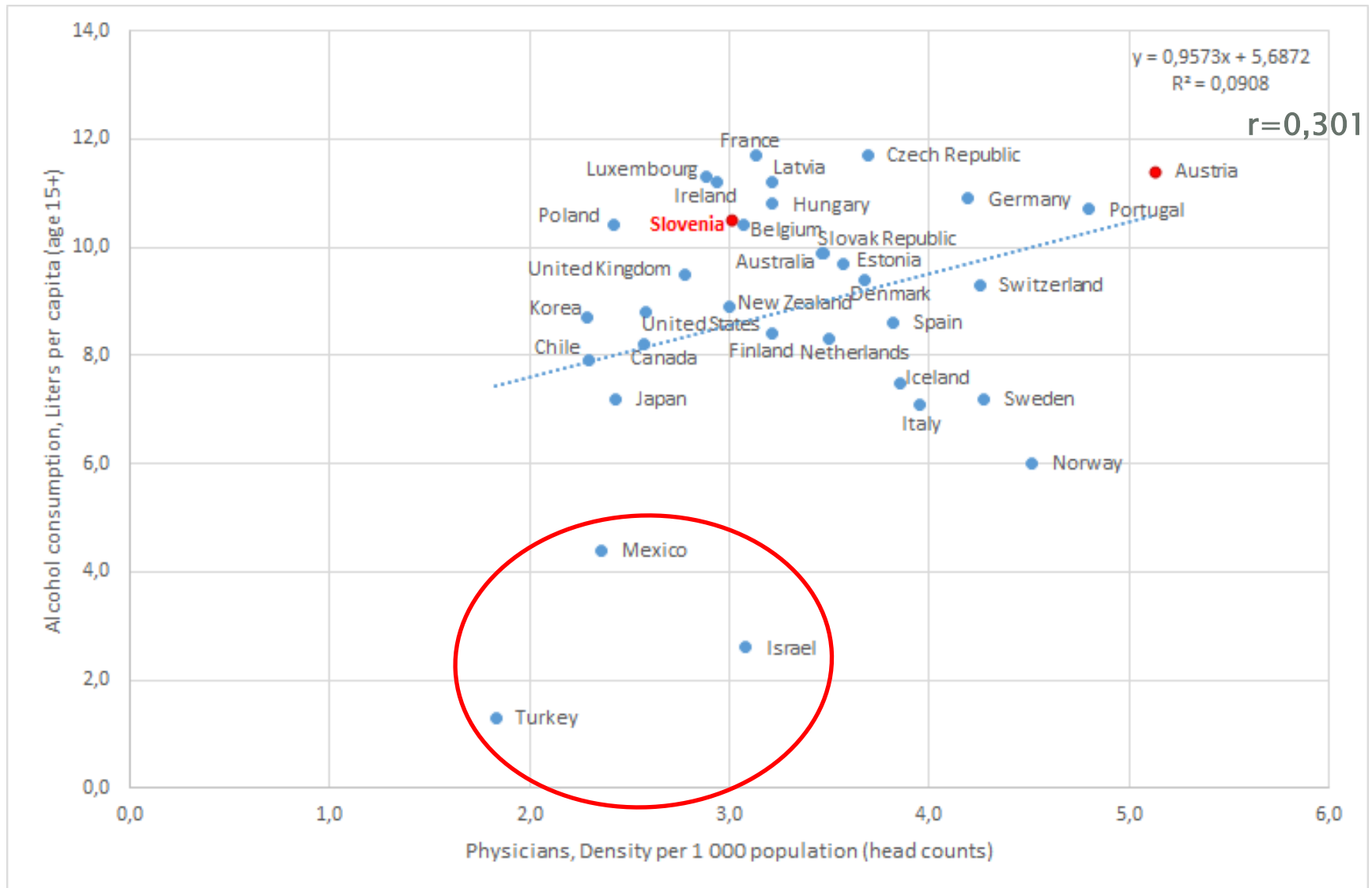
HSPA – Challenges and Limitations at a Glance

» **Methodological** dimension, esp.
  » reliable cause-and-effect relationships
  » (multifactorial) interdependencies between the influencing factors

» Dimension of **data and information** esp.
  » availability (temporal, regional, determinant related, etc.)
  » quality of data and information
  » qualitative information

» **Political / strategic** dimension:
  » many stakeholders with many partly diverging or other interests (e.g. health in all policies)
  » long-term stable willingness of the most important stakeholder to cooperate
  » long-term programme that must survive legislative periods and changes of government

Contact

Many thanks for your attention!

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