Governing by numbers – A descriptive analysis of performance management schemes for hospitals in Denmark, Germany and England
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A discussion
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Outline

- Brief summary (of the paper)
- Research question(s) and motivation
- Proposed methodology (framework/analysis scheme)
- Country-level results
- Brief summary (of main thoughts about the paper)
Brief summary (of the paper)

Research questions
- Identification of differences/similarities (…*translation of general ideas into […] national […] settings […] and information about the effect […] in practice.*, p. 1) of performance management (PM) schemes across three differently organised health care systems (Denmark, Germany, England)

Motivation
- Importance of new public governance issues for health care
- Support public values and changing governance needs
- ‘Support’ design of complex measurement systems
  - *inform about state-of-the-art of PM activities*
  - *offer guidance for future activities (‘pitfalls and barriers’)*

Methods
- by developing a framework (analysis scheme)
- and collecting respective data (at different levels) according to the analysis scheme based on expert assessments and validation through academic/practitioner forums

Results
- systematic comparison (similarities/differences) of different PM activities
  - General logic (command/control vs. organizational learning)
  - Governance (centralized vs. decentralized)
    - NPM (forerunners vs. late comers)
    - Health care system (highly integrated vs. fragmented)
Research question(s) and motivation

- Current title fits much better than title in the programme (¿descriptive analysis?)
- Performance, performance measurement and performance management: present definitions at an earlier stage (Paragraphs between ‘Building...’ and ‘...framework’)
- Variation of institutional characteristics at the country level → Beveridge (centralized vs. decentralized) and Bismarck systems
- Comparative assessment :: Offering guidance
Proposed methodology: framework

• Framework with 3 aspects (questions/main dimensions: terms?)

1. Rationale
   I. Purpose
      a. Securing financial viability or robustness (?) of providers (financial measures)
      b. Improvement of quality (outcome measures?)
      c. ‘Value for money’ (productivity/efficiency measures)
      d. ?Good health?
   II. Assumptions about mechanisms and causality
      a. Mechanisms (methods): scrutiny, intervention, sanction
      b. Causality (causal consequences, resulting activities) (?sub-dimensions of 1.I. Purpose?): benchmarking, choice, contracting, self-assessment (development / learning), administrative control
Proposed methodology: framework

- Framework with 3 aspects (main dimensions: terms?)

2. Data (Data processing?)
   I. Agencies (Delivered agent?)
      a. Responsibility for the data delivering unit (hospital)
      b. Right to demand data
         i. ?level (macro/meso/micro)?
         ii. ?legally enforced/voluntary?
   II. Scope and measurement of data (Delivered data?)
      a. activity (output), process and service quality, clinical outcomes, patient experiences, economic performance
      b. reference (standard/minimum/maximum/average)
   III. Depth/unit (Delivering agent?)
      a. Individual/organizational level
      b. Responsibility for data delivery/collection/use (part of 3. Data use?)
Proposed methodology: framework

• Framework with 3 aspects (main dimensions: terms?)

3. Data use (table, p. 6)
   I. Control/sanctioning/’naming and shaming’ (actual causality versus assumed causality and mechanisms?)
      a. Frequency of mechanisms and causal consequences/activities (continuously or in fixed temporal intervals)
      b. Scope of mechanisms and causal consequences/activities
         • Reduction in autonomy, changes in leadership
         • changes in fund allocation (economic incentives 3.III.?)
   II. Disclosure/publication (subsumed under depth/unit in the text?)
      a. Addressees (public, patient, management, authority, …)
      b. Level of aggregation (composite measure versus detailed information)
   III. Economic incentives (actual)
Country-level results

- Analysis of PM schemes within the national settings (figures appreciated)
- Provision of overview of PM schemes discussed in subsequent sections
- Sticking to the theoretical PM framework and provision of a country-specific PM framework table
  → collection of information versus provision of value-added through comparative assessment
- Year of implementation important?
- Effects (actual versus assumed)?
Country-level results

Denmark
• Introduction
• Rationality
• Data collection and publishing
  • Agencies
  • Scope and measurement
  • Depth/unit
  • Disclosure/publication
• Data use
  • Sanctions/economic incentives

Germany
• Introduction
• Rationality
• Data collection and publishing
  • Scope, measurement and disclosure/publication
• Data use
  • Control/sanctions/economic incentives

England
• Introduction
• Rationality
  • Mechanisms/assumptions about causality
• Data collection and publishing
  • Scope, measurement and unit
    • Financial regulation
• Data use
  • Control/Sanctioning
  • Economic incentives
Brief summary (of main thoughts about the paper)

• Alignment of hypotheses – theoretical framework – empirical results
  ✓ Link between hypotheses and framework: How does the theoretical framework help ‘testing’ the hypotheses?
  ✓ Link between framework and results: Is it sufficient to simply comparatively review similarities/differences (see Conclusion) or is it imperative to systematically (hypothesis/framework) proceed with the comparison?

• Theoretical framework and its use for comparative assessment of PM schemes
  ✓ Is it even possible to develop an unambiguous framework?

• Value-added
  ✓ Collection of data
  ✓ Comparative assessment
  ✓ ?Guidelines?