

Strengthening Actionable Primary Health Care Performance Measurement and Management

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15 September 2023 | 8th Austrian Primary Care Congress 2023

Content

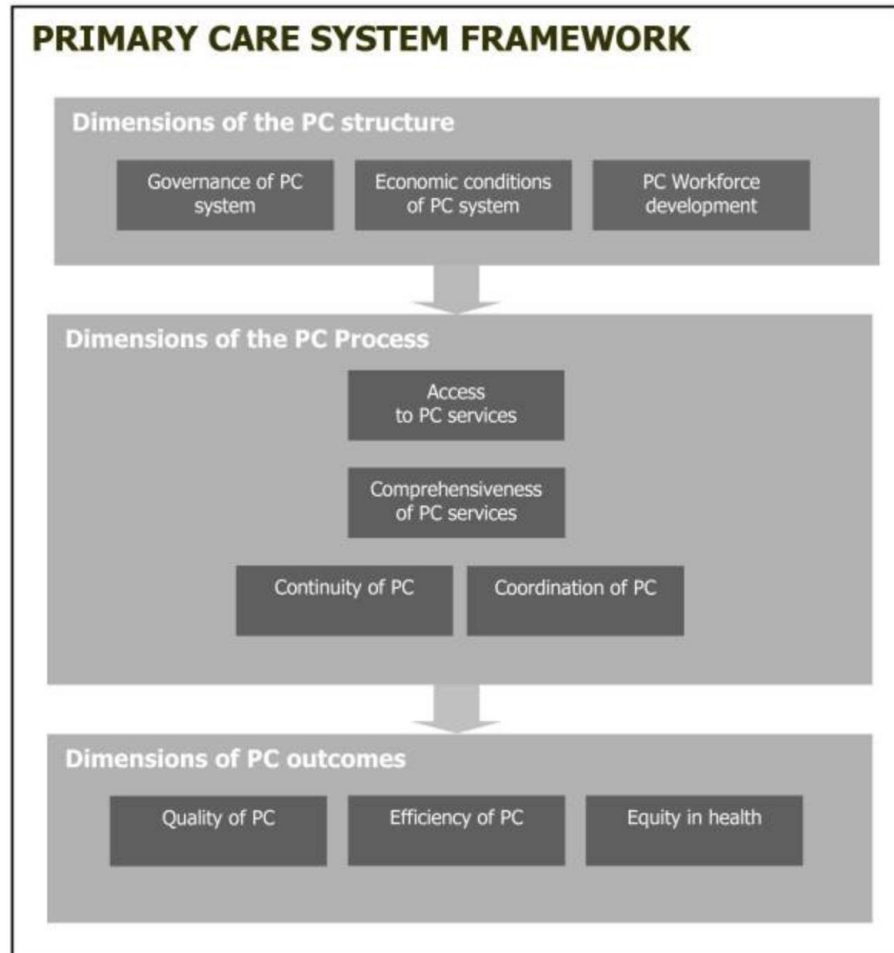
- Part 1 The context of PHC performance measurement: **The WHY**
- Part 2 Operationalizing PHC performance measurement: **The WHAT**
- Part 3a Selecting Actionable PHC Performance Indicators: **The HOW**
- Part 3b Supporting the collection of Indicators: **The HOW**
- Part 4 From performance measurement to management: **The ACTION**

About your speaker....

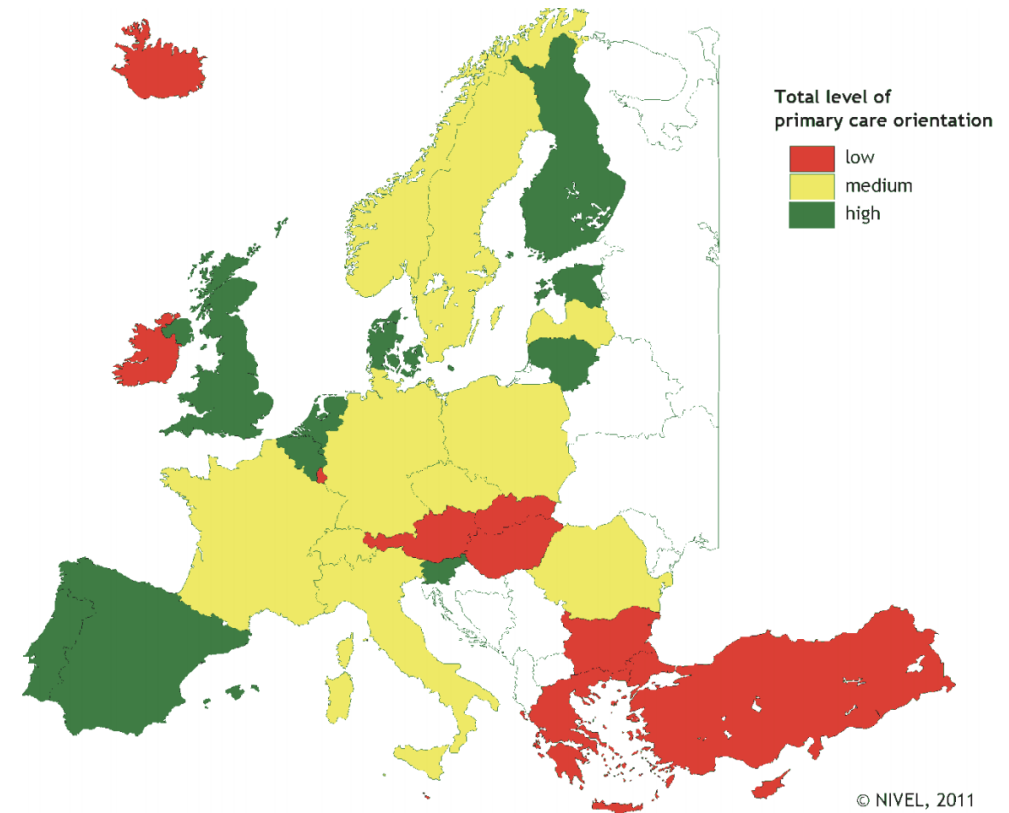


- Health Services Researcher / PhD in European Primary Care
- Associate Professor, Department Public and Occupational Health, Amsterdam University Medical Centres – University of Amsterdam
- Leader of Health Systems and Services Research Group
- Head WHO CC on Quality and Equity in Primary Healthcare Systems
- Vice-director Amsterdam Public Health research institute

My Primary (Health) Care Performance Journey (2007-2011)



Framework and indicator set to assess the strength of primary care across European countries (2011); one-off assessment



RESEARCH ARTICLE

Open Access

The breadth of primary care: a systematic literature review of its core dimensions

Dionne S Kringos^{1*}, Wienke GW Boerma¹, Allen Hutchinson², Jouke van der Zee^{1,4}, Peter P Groenewegen^{1,3}

Research

Dionne Kringos, Wienke Boerma, Yann Bourgueil, Thomas Cartier, Toni Dedeu, Toralf Hasvold, Allen Hutchinson, Margus Lember, Marek Oleszczyk, Danica Rotar-Pavlic, Igor Svab, Paolo Tedeschi, Stefan Wilm, Andrew Wilson, Adam Windak, Jouke Van der Zee and Peter Groenewegen

The strength of primary care in Europe:

an international comparative study



Social Science & Medicine
Volume 99, December 2013, Pages 9-17



RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 32, NO. 4: THE 'TRIPLE AIM' GOES GLOBAL

Europe's Strong Primary Care Systems Are Linked To Better Population Health But Also To Higher Health Spending

[Dionne S. Kringos](#), [Wienke Boerma](#), [Jouke van der Zee](#), and [Peter Groenewegen](#)

Short report

Political, cultural and economic foundations of primary care in Europe

[Dionne S. Kringos](#)^{a,b}, [Wienke G.W. Boerma](#)^a, [Jouke van der Zee](#)^{a,c}, [Peter P. Groenewegen](#)^{a,d}

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STUDY PROTOCOL

Open Access

QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care

Willemijn LA Schäfer^{1*}, Wienke GW Boerma¹, Dionne S Kringos¹, Jan De Maeseneer², Stefan Greß³, Stephanie Heinemann³, Danica Rotar-Pavlic⁴, Chiara Seghieri⁵, Igor Švab⁴, Michael J Van den Berg^{6,7}, Milena Vainieri⁵, Gert P Westert⁸, Sara Willems² and Peter P Groenewegen^{1,9}

Comparative Study > Qual Prim Care. 2013;21(2):67-79.

Measures of quality, costs and equity in primary health care instruments developed to analyse and compare primary care in 35 countries

Willemijn L A Schäfer¹, Wienke G W Boerma, Dionne S Kringos, Evelyne De Ryck, Stefan Greß, Stephanie Heinemann, Anna Maria Murante, Danica Rotar-Pavlic, François G Schellevis, Chiara Seghieri, Michael J Van den Berg, Gert P Westert, Sara Willems, Peter P Groenewegen

HealthAffairs

COVID-19

Topics

Journals

Forefront

Podca

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 34, NO. 9: NONCOMMUNICABLE DISEASES: THE GROWING BURDEN

Living In A Country With A Strong Primary Care System Is Beneficial To People With Chronic Conditions

[Johan Hansen](#), [Peter P. Groenewegen](#), [Wienke G. W. Boerma](#), and [Dionne S. Kringos](#)

Kringos et al. BMC
<http://www.biomed>

RESEARCH

The broad
literature

Dionne S. Kringos

Research

Dionne Kringos
Allen Hutchins
Stefan Wilm, A

The strength
an internet



ELSEVIER

Short report
Political, cultural
foundations of

Dionne S. Kringos^{a, b}
Peter P. Groenewegen^{a, d}

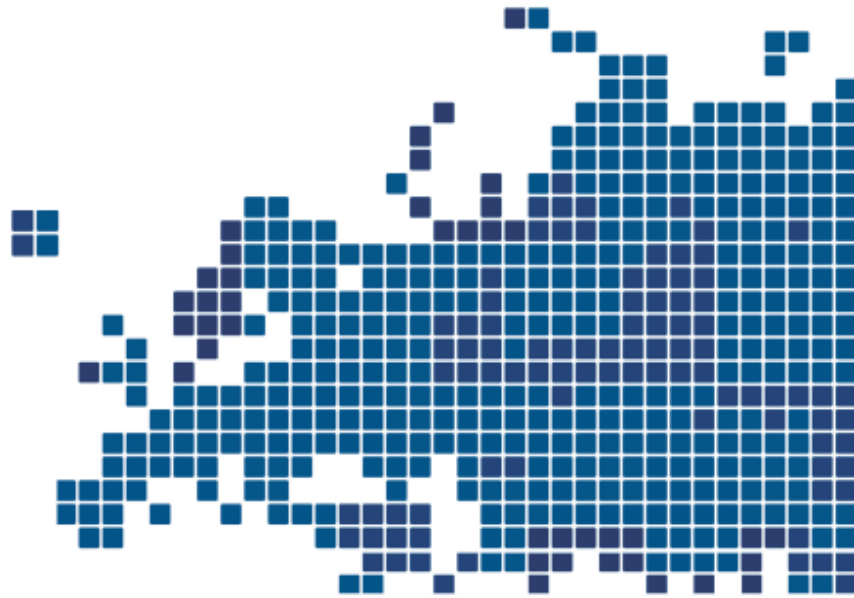
Show more

Building primary care in a changing Europe

Edited by
Dionne S. Kringos
Wienke G.W. Boerma
Allen Hutchinson
Richard B. Saltman

38

Observatory
Studies Series



2011/2012

THE STRENGTH OF PRIMARY CARE IN EUROPE

Dionne Sofia Kringos

Johan Hansen, Peter P. Groenewegen, Wienke G. W. Boerma, and Dionne S. Kringos

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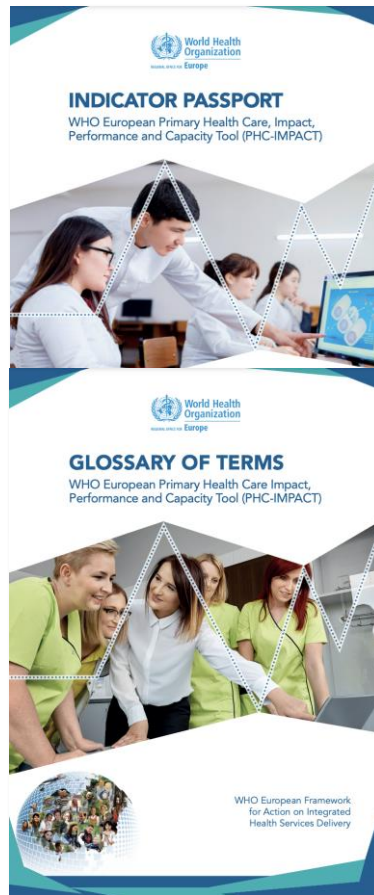
2014 European Commission Expert Panel on Health



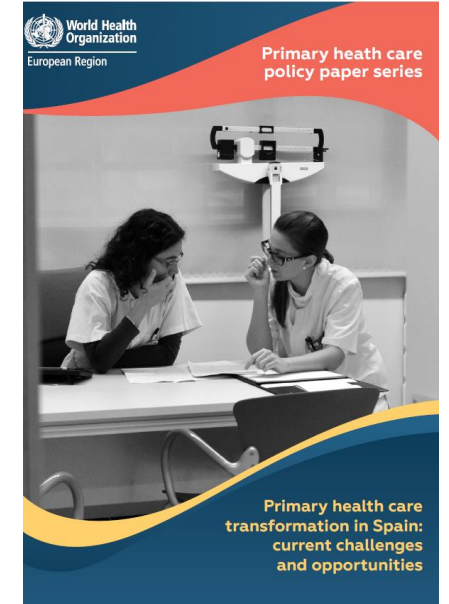
Report of the
**EXPERT PANEL ON EFFECTIVE WAYS
 OF INVESTING IN HEALTH (EXPH)**
 on
 Definition of a Frame of Reference in relation to Primary
 Care with a special emphasis on Financing Systems
 and Referral Systems

Country Reviews

2019 WHO The Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT)



Forthcoming Work in 2023



International Journal for Quality Health Care Communications
 special issue on [measuring primary health care for quality improvement](#)

article type: Perspective

article focusing primary health care performance measurement on governance and management: A multi-country, joint learning approach applied in the WHO European Region

authors:
 Erica Barlow,
 Melitta Jakob,
 Esbeth Eide,
 Car Britton,
 Dani Dede,
 Amir Iva,
 Jolanda,
 Archa Po,
 Amin Y,
 Geny Z,
 Ek Klaz,
 onne K



Part 1

The context of PHC performance measurement (the why):

Why Strengthening Primary Health Care and Why through Performance Measurement ?

Keynote lecture

Strengthening Actionable
Primary Health Care Performance
Measurement and Management

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Primary Care Congress 2023

Why Strengthening PHC?

Efficiency reasons
(economics)

Effectiveness reasons
(public health/medicine)

Equity reasons (societal
inclusiveness)



OECD Health Policy Studies

Realising the Potential of Primary Health Care



Why Strengthening PHC?

Latest insights 1/2

PHC Promotes Gender Equity:

- Women make up 70% of the health and care workforce (WHO, 2019).
- Gender disparities persist with women in lower status, low-paid roles, and men in leadership positions (Boniol et al., 2019).
- Women's involvement in health can empower them and improve gender equality (WHO, 2019).
- Economic benefits and poverty reduction linked to increased women's workforce participation (WHO, 2016; Buchan et al., 2017).
- Community health worker programs can empower women and yield positive returns (Dahn et al., 2015; Allen et al., 2022).



Why Strengthening PHC?

Latest insights 2/2

PHC Enhances Emergency Preparedness and System Resilience:

- PHC's holistic approach aids in health security and emergency response (Lugten et al., 2023).
- Community engagement and multi-disciplinary nature crucial in addressing crises (Forsgren et al., 2022).
- PHC serves vulnerable, rural, and hard-to-reach communities during emergencies (Bhaumik et al., 2020).
- Integration of public health and primary care enhances emergency preparedness (Tumusiime et al., 2019).
- COVID-19 pandemic highlighted the importance of this integration (Kinder et al., 2021).
- Robust infrastructure aids in large-scale emergency responses (OECD, 2023).



Why PHC Performance measurement?

Uses	Description
Identifying areas of improvement	Systematically evaluating strengths and weaknesses identifies improvement areas and specific challenges.
Monitoring progress	Continuously tracking metrics ensures progress and enables timely adjustments if necessary.
Evidence-informed decision-making	Objective data informs decisions to target efforts and resources effectively.
Increasing accountability and transparency	Publicly reporting data fosters accountability and trust, driving continuous improvement.
Benchmarking and learning from good practices	Comparing indicators across contexts identifies successful strategies to share.
Targeting resource allocation	Generated information aids strategic resource allocation for challenges like workforce shortages, access disparities, or infrastructure gaps.



Part 2

Operationalizing PHC performance measurement (the What):

What to measure, and what measurement
framework to apply?

Keynote lecture

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Scope of PHC

Causes Definitional Chaos around PHC

1. Over –definition and under-specification:

- PHC both over-defined and under-specified.
- Varied definitions proposed, some studies lack any definition.

2. Conflation and Interchangeability:

- Frequent interchange of PHC and Primary Care.
- Hampers understanding and PHC strengthening.

3. Reinterpretation Over Time:

- PHC concept repeatedly reinterpreted.
- Evolution adds to term confusion.

4. Inherent Complexity:

- PHC's complexity makes it hard to define.
- No single definition covers all dimensions..

5. Context specific nature:

- PHC is context-specific.
- No universal definition suits all cases.

6. Multiple meanings of 'primary':

- 'Primary' has diverse meanings.
- Adds to the ambiguity.

7. Coexistence of multiple definitions:

- Multiple definitions coexist.
- Some set values, others describe qualities.



Declaration of Astana 2018

- Priority on Primary Health Care (PHC)
- Holistic view of health and wellbeing
- Emphasis on community engagement
- Multisectoral policies for health
- Integrated health services for resilience
- Universal health coverage (UHC) goal
- Commitment to better health outcomes

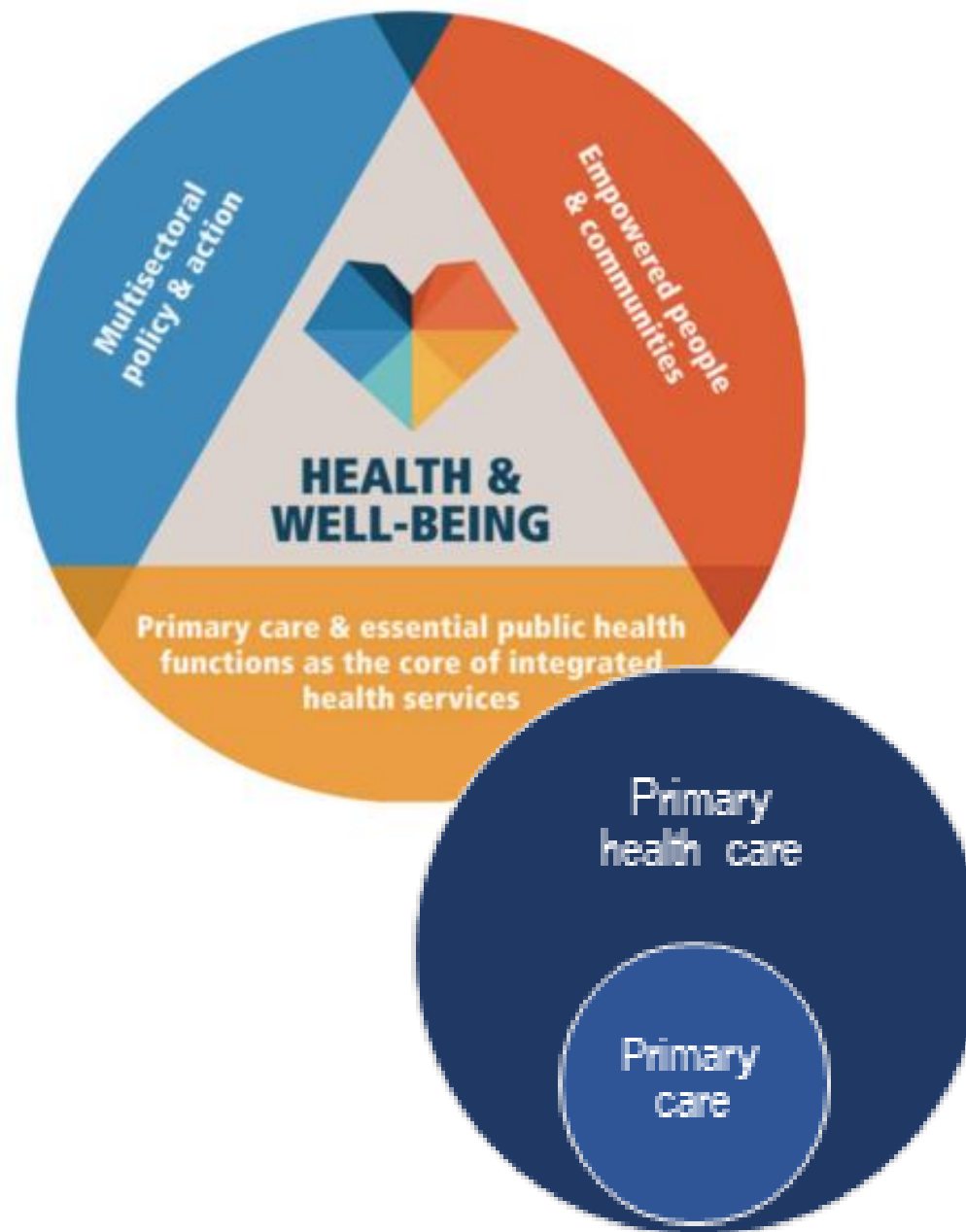


Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. **It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.**

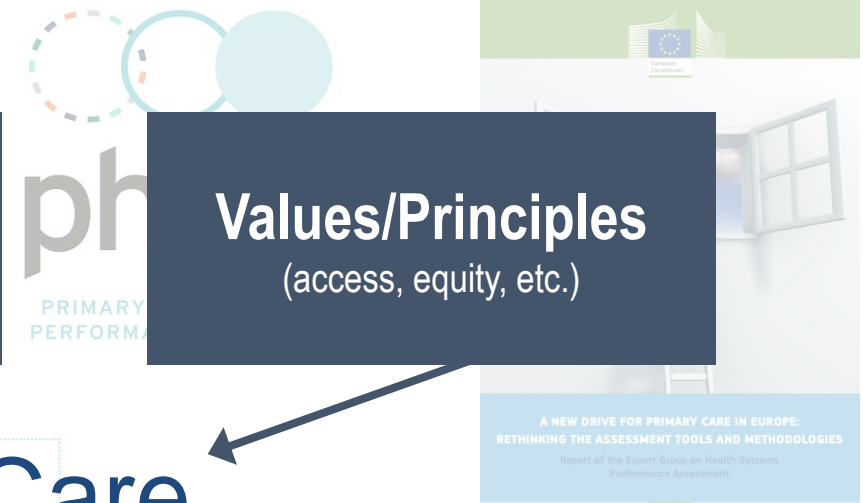
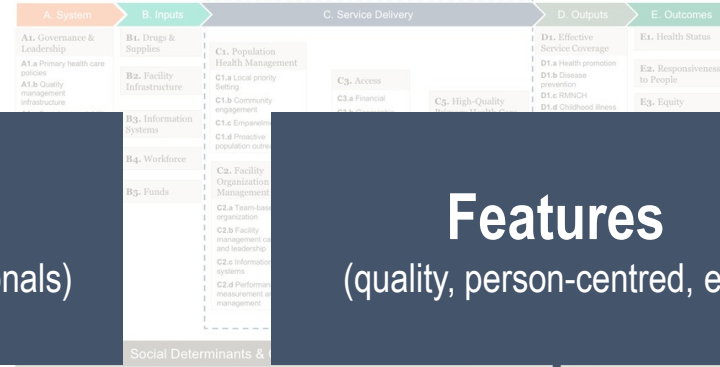
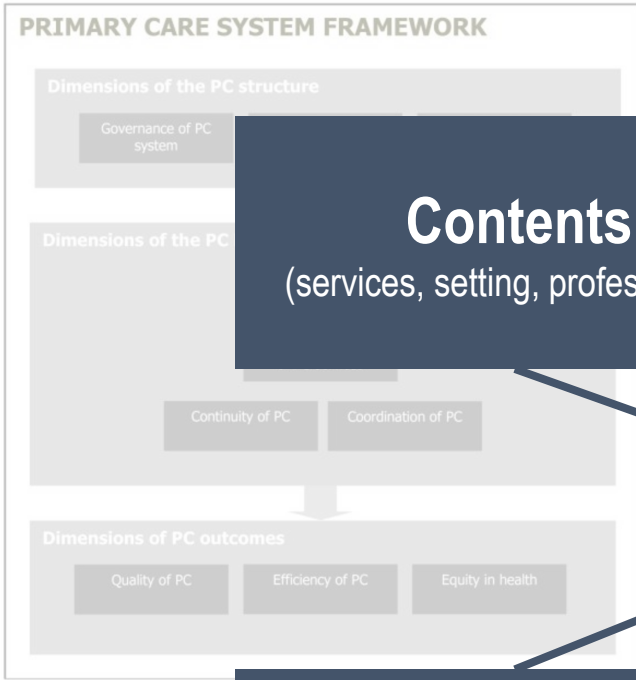


Defining Primary Care

- ‘Primary care’ can be defined by the **core functions of first contact accessibility, comprehensiveness, continuity and coordination for person-centred services.**
- ‘Primary care’ is the core and foundation of all service-fronting **integrated health services**, which constitute one of three integral components of PHC, as put forward by the Astana Declaration. Because of primary care’s unique ability to drive towards the goals and principles of PHC, it is prioritized in PHC-oriented health systems.



Different angles to defining (and measuring) primary health care: What to measure?



Contents
(services, setting, professionals)

Features
(quality, person-centred, etc.)

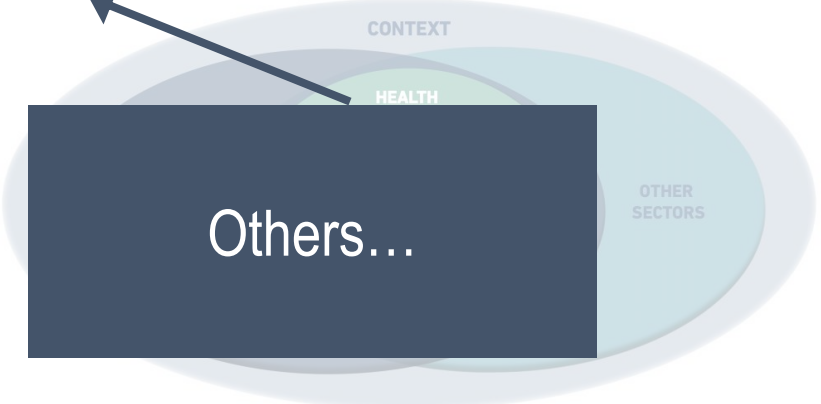
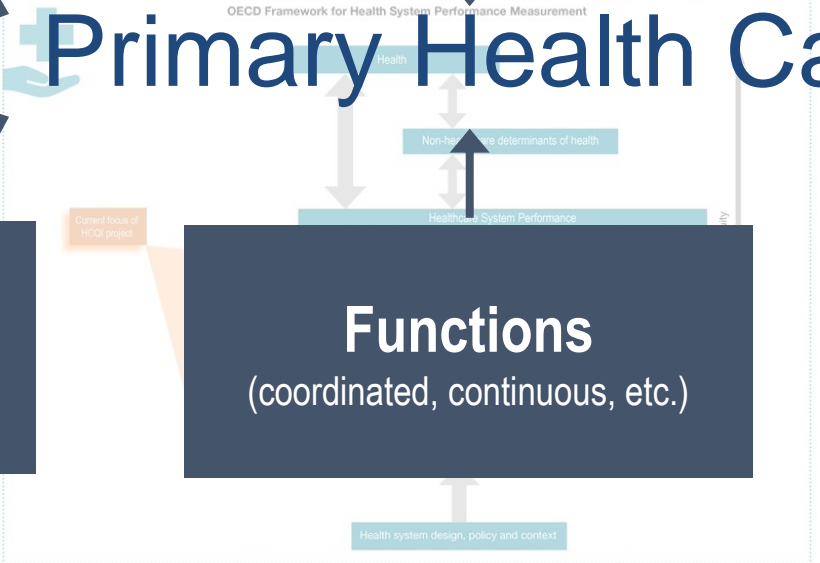
Values/Principles
(access, equity, etc.)

Primary Health Care

Models of Care
(selecting services, designing care, etc.)

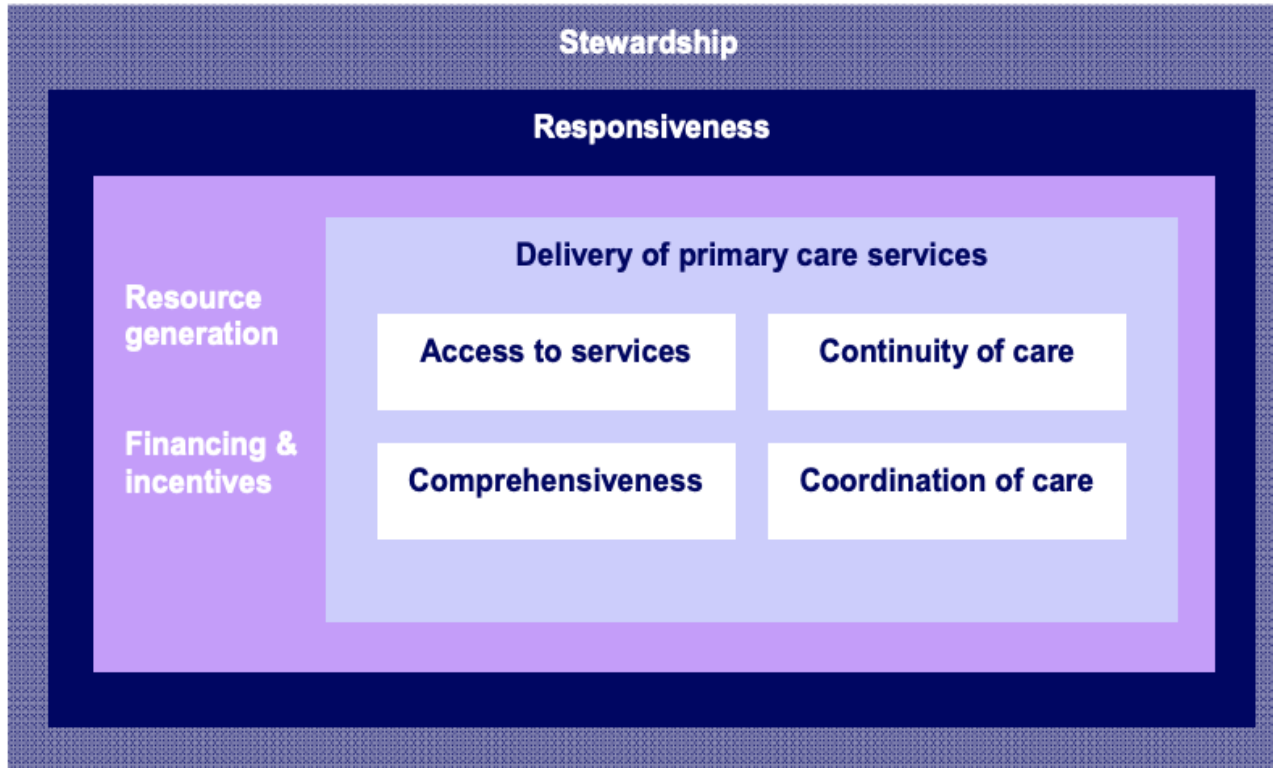
Functions
(coordinated, continuous, etc.)

Others...

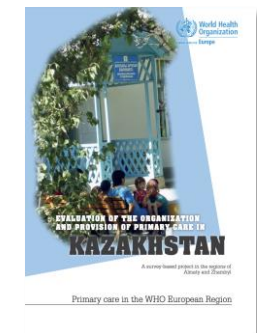


**Operationalizing key considerations of PHC
in performance measurement frameworks**
Five (mostly European) examples

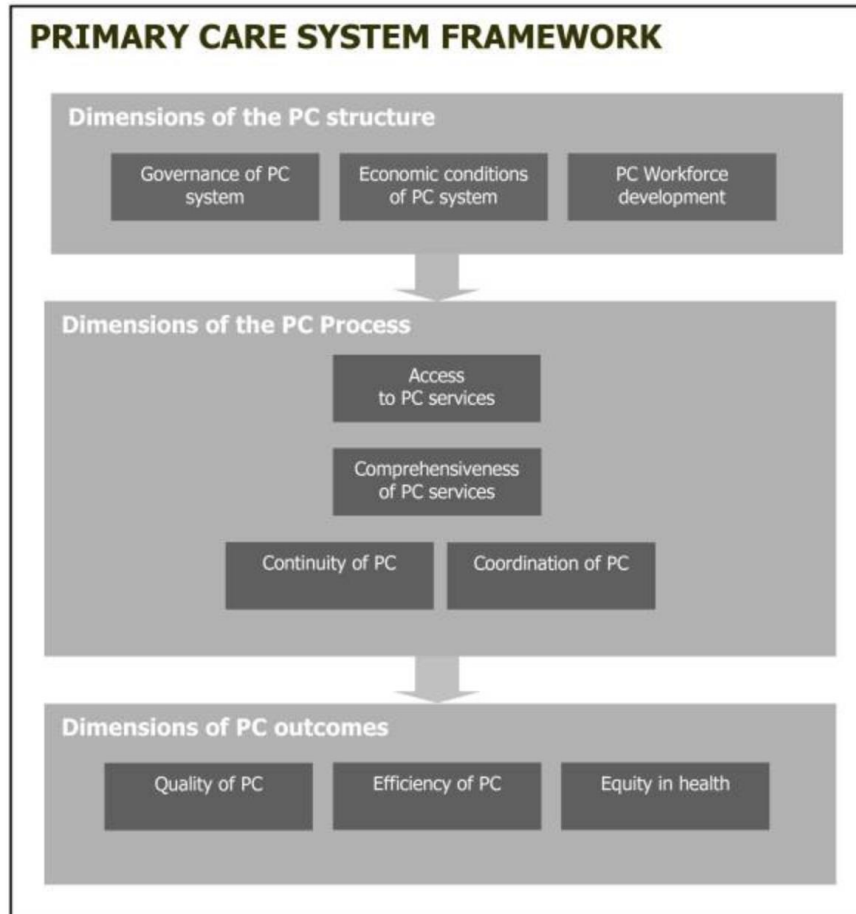
1. Primary Care Evaluation Tool (PCET)



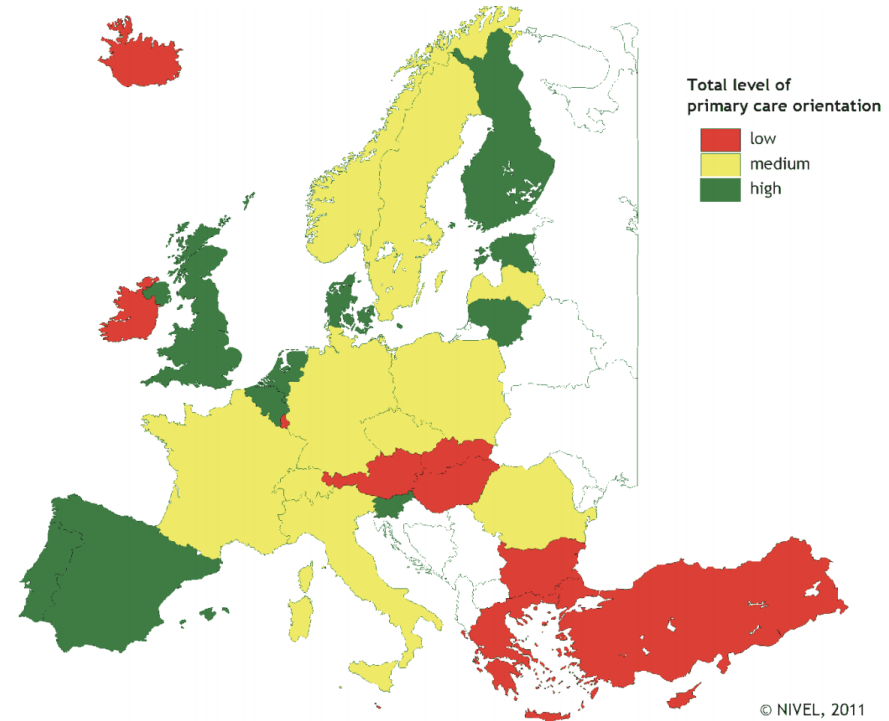
to evaluate the four functions of a health care system (stewardship, resource generation, financing and incentives, delivery), combined with the four key characteristics of primary care services that are part of service delivery, as derived from the above definition; applied as one-off country studies (approx. 12 country studies).



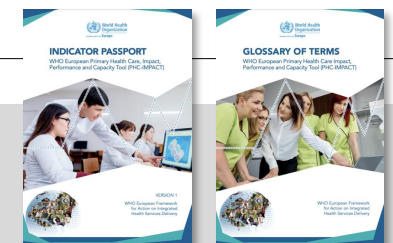
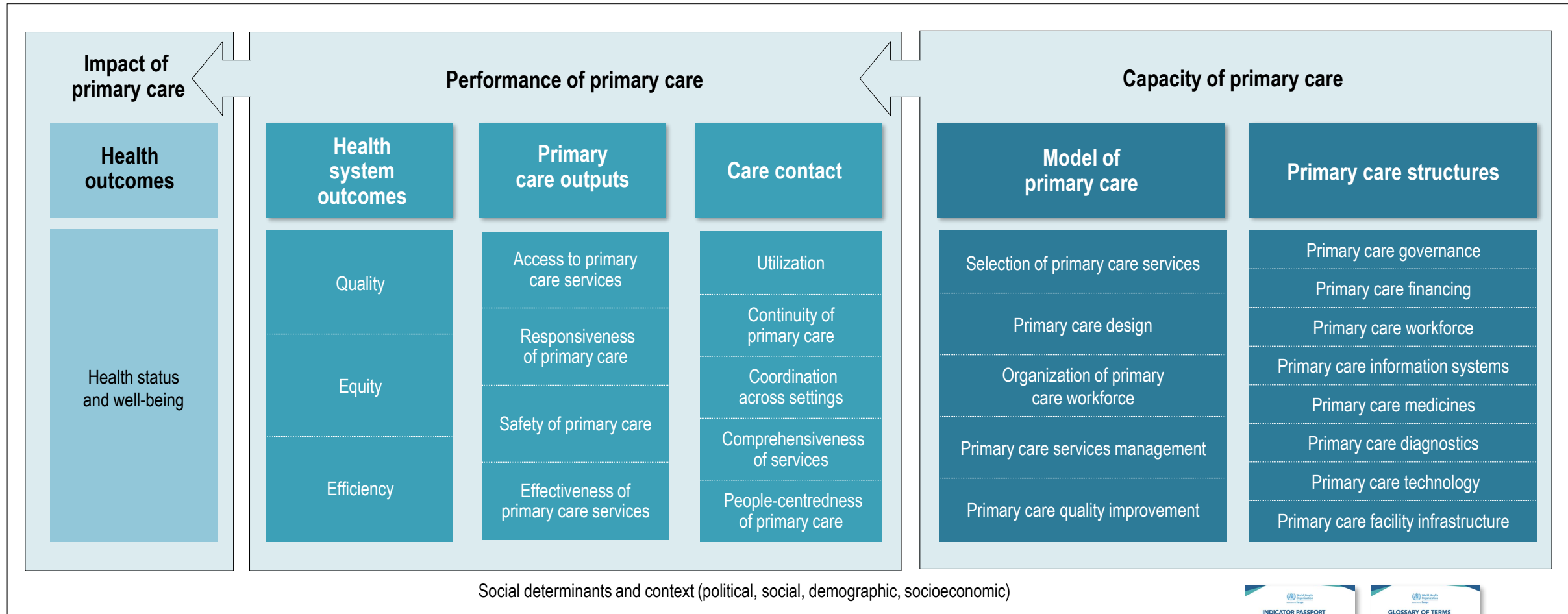
2. Primary Health Care Activity Monitor for Europe (PHAMEU)



Use: Framework and indicator set to assess the strength of primary care across European countries (2011); one-off assessment



3. The Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT)



3. PHC-IMPACT (continued): measuring tracer conditions

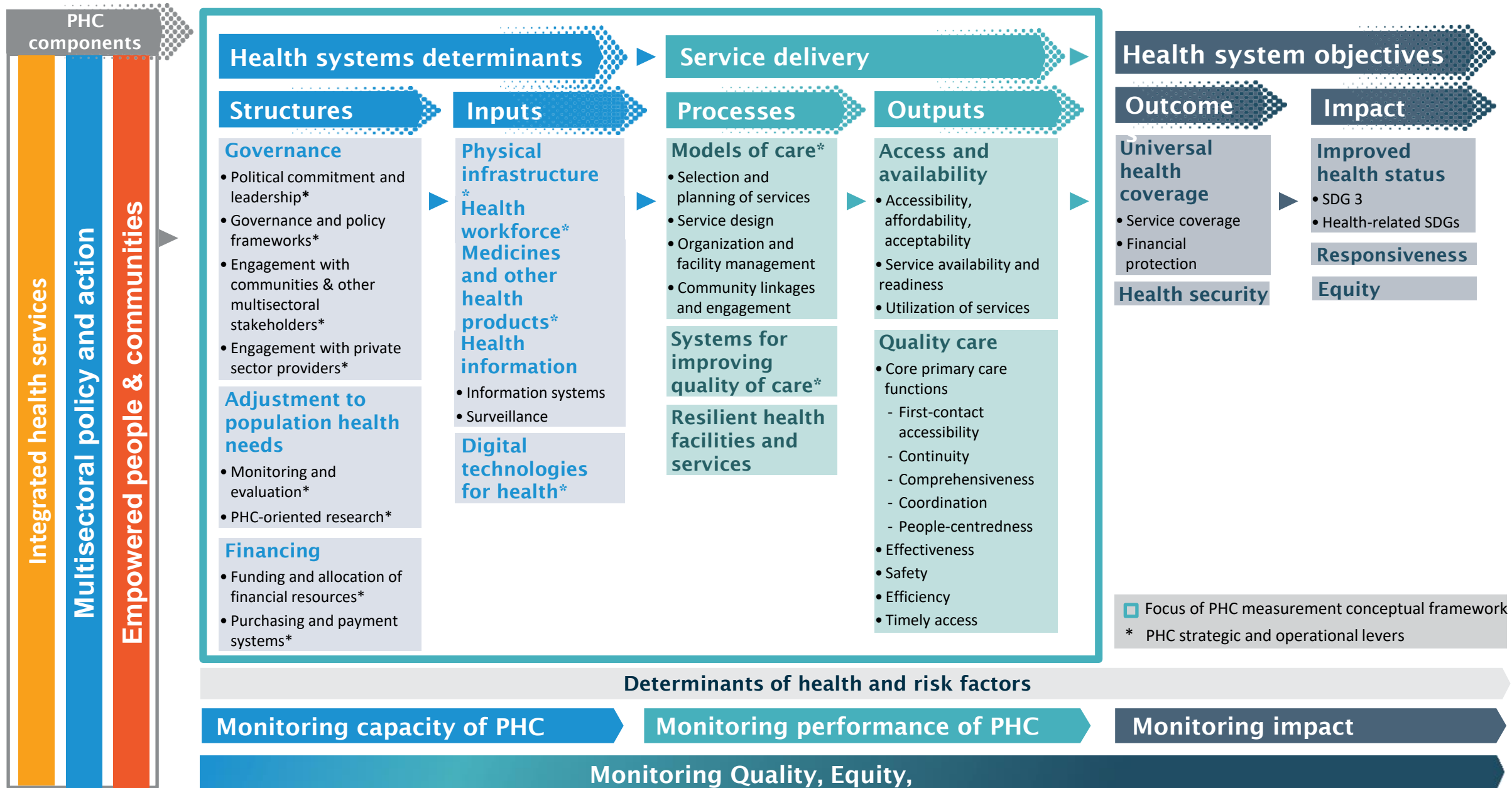
Cluster	Condition or services	Classification	Target population/ life-course	Gender importance	Type of service	
1	RMNCH	post-natal care	service	infant; adolescents; adults	women and infants	T, M
2	Communicable	influenza	vaccine-preventable	children; older adults	both	P
		tuberculosis	chronic	all	both	P, D, T, M
3	Cardiovascular diseases	hypertension heart disease	chronic	adults; older adults	both	P, D, T, M
4	Diabetes	diabetes type II	chronic	adults; older adults	both	P, D, T, M
5	Respiratory	chronic obstructive pulmonary disease	chronic	adults; older adults	both	P, D, T, M
		asthma	chronic	childhood – onwards	both	P, D, T, M
6	Cancer	breast	chronic	adults	women	D, M
		cervical	vaccine-preventable	adolescents	women	P, D, M
		colorectal	chronic	older adults	men	D, M
7	Mental health	depression	chronic	adolescents – onwards	both	P, D, T, M

Type of service – P: prevention; D: detection; T: treatment; M: management.

3. PHC-IMPACT (continued): mapping indicators & sources of data

Health outcomes	Health system outcomes	Primary care outputs	Care contact	Model of primary care	Primary care structures
7 indicators	8 indicators	13 indicators	29 indicators	40 indicators	42 indicators
<p>Data sources</p> <ul style="list-style-type: none"> • Database 	<p>Data sources</p> <ul style="list-style-type: none"> • Database • Report • Expert consensus 	<p>Data sources</p> <ul style="list-style-type: none"> • Database • Survey • Reports • Expert consensus 	<p>Data sources</p> <ul style="list-style-type: none"> • Database • Survey • Expert consensus 	<p>Data sources</p> <ul style="list-style-type: none"> • Key informant • Policy, report • Survey 	<p>Data sources</p> <ul style="list-style-type: none"> • Key informant • Policy, report • Survey • Database
<p>Example</p> <ul style="list-style-type: none"> • GHO • EURO/HFA 	<p>Example</p> <ul style="list-style-type: none"> • EURO/HFA • Global TB report • CONCORD study • National health information system • Expert consensus workshop 	<p>Example</p> <ul style="list-style-type: none"> • Patient registries • Existing facility surveys • STEPs survey/ patient experience survey • Existing practitioner survey • Expert consensus workshop 	<p>Example</p> <ul style="list-style-type: none"> • Patient experience survey • Existing practitioner survey • Expert consensus workshop 	<p>Example</p> <ul style="list-style-type: none"> • Key informants on policy, finance, workforce, information system, management, practitioners • PHC laws/orders • HiT Reports 	<p>Example</p> <ul style="list-style-type: none"> • Key informants on policy, finance, workforce, information system, management, practitioners • PHC laws/orders • HiT Reports

4. WHO PHC measurement: Conceptual framework



Implementing PHC monitoring at country level



Align PHC monitoring within national plans

Incorporate PHC monitoring within national processes for health sector plans, monitoring and review



Tailor and prioritise indicators

Align and incorporate novel indicators, based on national health context and priority needs and suited to the maturity of the health system



Set baselines and targets

Consider conducting a rapid situation analysis using qualitative and quantitative data sources



Identify and fill major data gaps

Build on and strengthen data monitoring systems while investing in innovative methods and tools for new indicators



Strengthen analysis and use of data

Invest in country capacities in data quality, analysis and dissemination of data via scorecards and dashboards for decision-makers

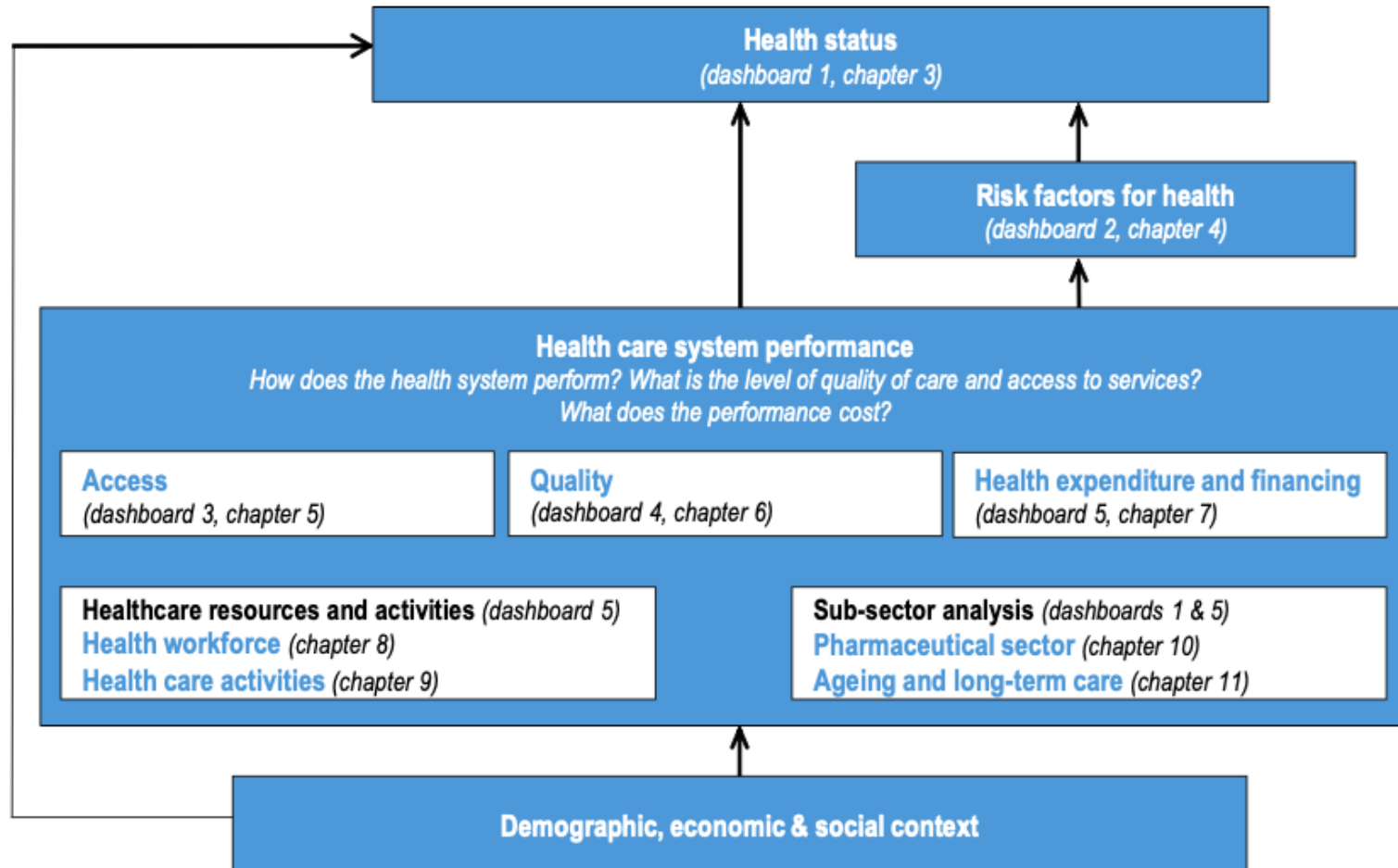


Conduct regular policy dialogues & reviews

Informed by evidenced-based reports on progress towards PHC and UHC, and as the basis for guiding actions, interventions and investments

5. PHC indicators 'hidden' in broader health system performance frameworks: OECD HSPA Framework (1/2)

Figure 1. Mapping of Health at a Glance indicators into conceptual framework for health system performance assessment



Source: Adapted from Carinci, F. et al. (2015), "Towards Actionable International Comparisons of Health System Performance: Expert Revision of the OECD Framework and Quality Indicators", *International Journal for Quality in Health Care*, Vol. 27, No. 2, pp. 137-146.

5. OECD performance measures on PHC (2/2)

- **Vaccination**
- **Screening**
- **Prescription data**
- **Avoidable hospital admissions**
- **Diabetes care**
- **Patient reported outcomes and experiences**
- **Equity**

Data Sources:

- Mortality statistics
- Registries (i.e. cancer, vaccination, diabetes)
- Administrative data-bases from financiers and health care providers
- Electronic Health Records
- Surveys (house hold surveys and patient reported information – PROMs, PREMs)

Key messages on *What*

- ❖ No single best approach
- ❖ PHC frameworks serve different purposes and uses
- ❖ Persistent challenge to differentiate PHC and PC
- ❖ Frameworks reflect continued sophistication
- ❖ Most frameworks have weak links to routine information systems and national health priorities
- ❖ PC/PHC indicators are also embedded in other measurement frameworks



Missing elements?

- ❖ Mental Health
- ❖ Palliative care
- ❖ Environmental sustainability
- ❖ ...
- ❖ ...
- ❖ ...



Part 3a

Selecting Actionable PHC Performance Indicators (the How): Indicators Fit for Purpose and Use

Keynote lecture

Strengthening Actionable
Primary Health Care Performance
Measurement and Management

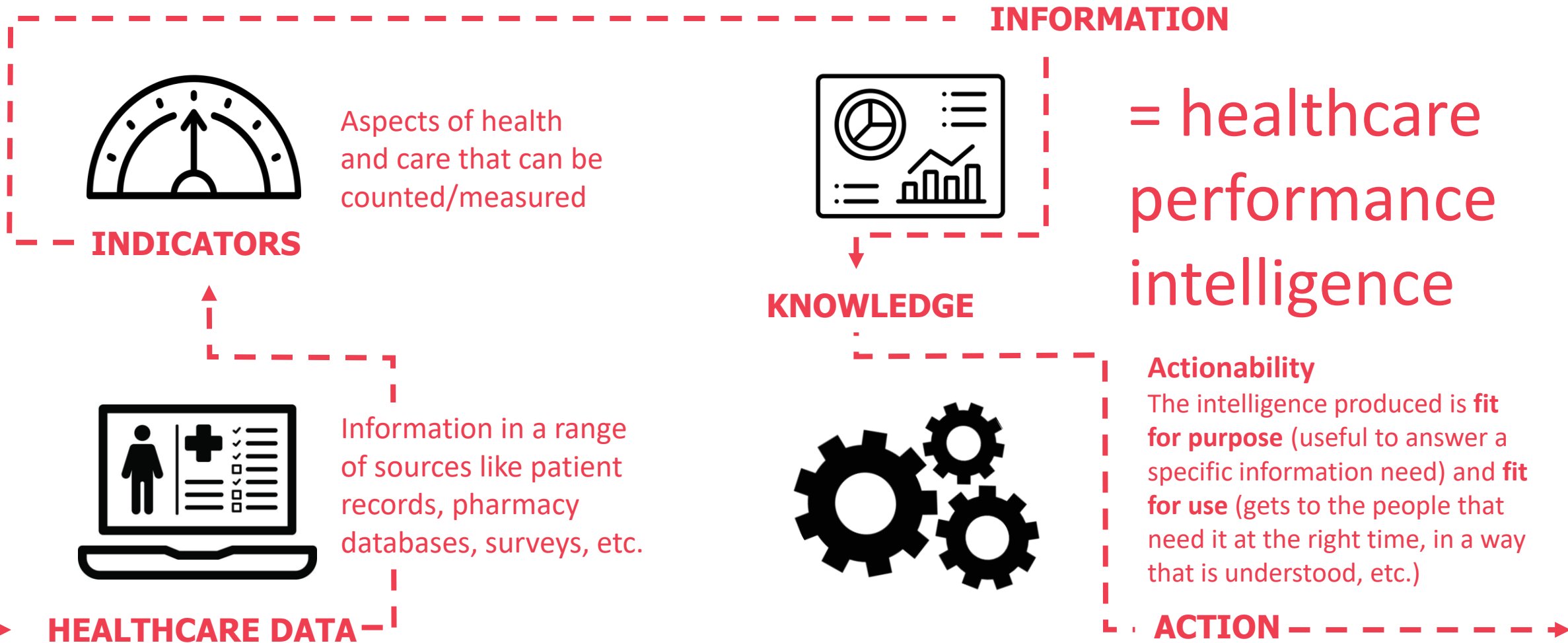
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Key considerations when selecting PHC performance indicators for actionable performance information

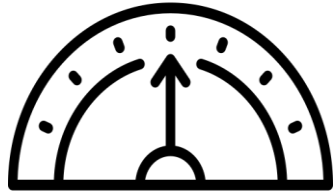
Source: Barbazza, Kringos et al A practical guide towards actionable healthcare performance indicators: Selecting healthcare performance indicators that are fit for purpose and use for various stakeholders; Healthcare Performance Intelligence Series No. 1.3 2022



Key terms explained



Why does actionability matter?



INDICATORS

- Too much focus on *what* to measure.

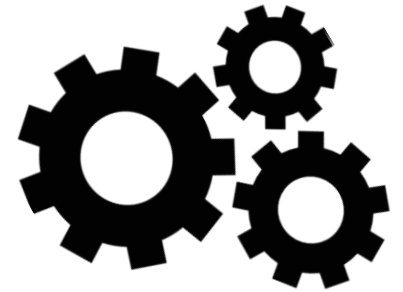
INFORMATION



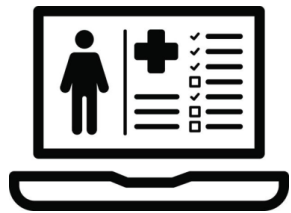
- New tech and software to manage, analyze and display information.

KNOWLEDGE

- Too little attention to the intended use and user (decision-making).



ACTION



HEALTHCARE DATA

- Increasingly digitalized healthcare data, available at greater speeds and volumes.

What does actionable healthcare performance indicators mean?

1. Fit for purpose (meeting a specific information need) and
2. Fit for use (getting the right information into the right hands at the right time and in a manner that is understood).



Action



Knowledge



Information

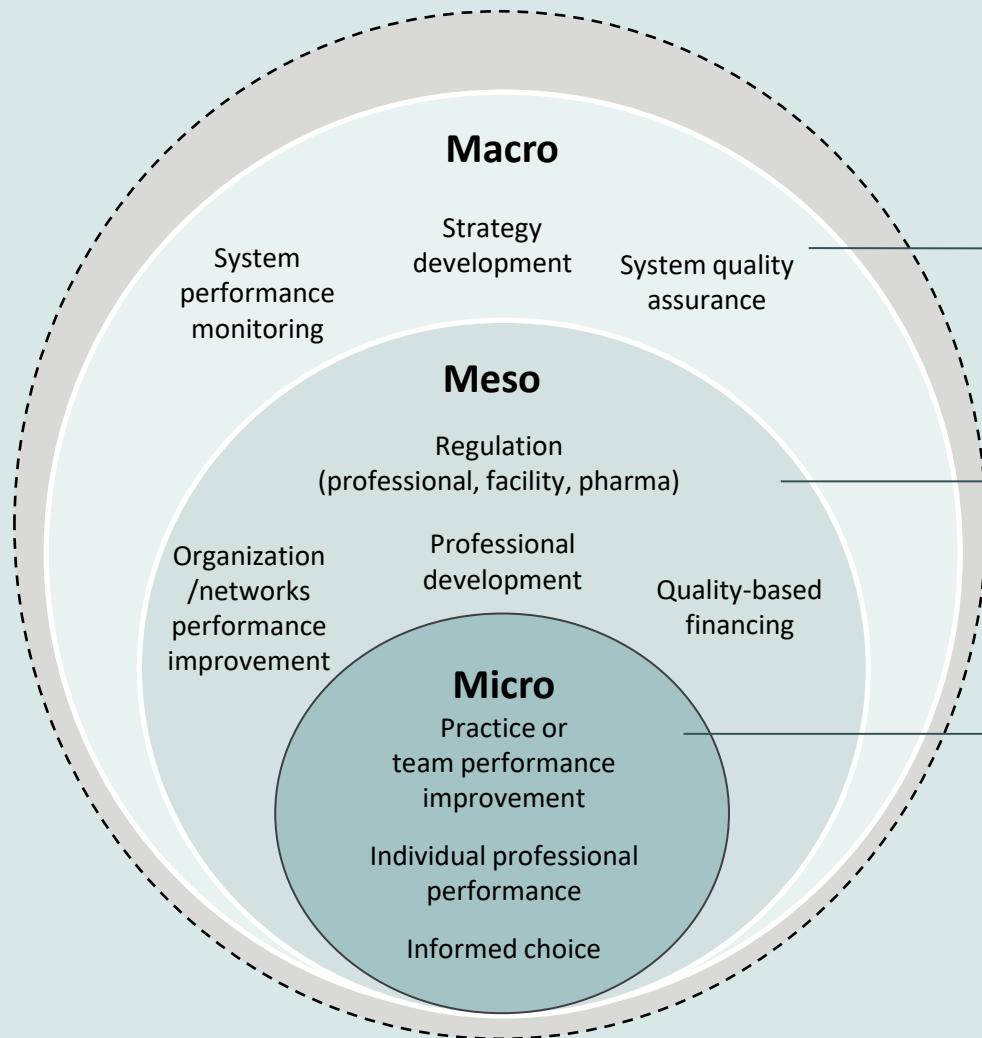


Indicators



Data

1. Fitness for purpose



A more detailed look to information needs across the health system

Illustrative user	Illustrative information need
Minister of health	Have I chosen the right areas to prioritize?
Care network/group; local collaborative	Are affiliated practices/facilities performing optimally?
Primary care team Individual physicians	How is my team performing? How do I perform relative to my team members?

What makes indicators actionable (useful)?

Fitness for purpose: alignment of information to the specific needs of decision-makers across the health care system.

Different uses	Different users	Examples of different information needs
Macro (policy)	Ministry of Health	Population-based data on trends across the country and international comparisons.
Meso (institutions)	Health insurers	Detailed process data for issuing performance payments and benchmarking practitioners.
Micro (practice)	Clinicians	Timely reporting on individual performance data with local (practice) comparators.

Context	Purpose of use	Illustrative uses	Illustrative users	Illustrative information need
Macro	System performance monitoring.	Signalling the performance of the system as a whole; comparing performance internationally; publicly reporting system performance.	Public; ministry of health; regional (provincial, state) authorities; health service executive (authority).	How is my healthcare system doing? How does it compare with others?
	Strategy development.	Setting health policy priorities; identifying emerging health priority areas; and monitoring trends in current priority areas.	Government and ministries; regional (provincial, state) authorities; accountable care organisations; health maintenance organisations.	Have I chosen the right areas to prioritise? What is the impact of strategies that are in place?
	System quality assurance.	Measuring care processes; reporting of incidents and never events.	Quality inspectorate; national quality observatory; health and safety executive.	Is care being delivered as intended? Where do problems in the delivery of care lie?
Meso	Regulation (professional, facility, pharmaceuticals).	Informing accreditation, certification and/or licensing processes.	Medical councils, chambers, college of physicians; medicines and healthcare products regulatory agency.	Does the performance of organisations, facilities, medicines, etc, meet established standards?
	Professional development.	Reporting internally and benchmarking within profession or specialty.	Societies of medical professionals; professional associations; training institutions.	How do healthcare professionals of a specific specialty perform?
	Quality-based financing.	Issuing performance-based payment (pay-for-performance); value-based contracting.	Healthcare insurers; healthcare providers.	Are existing guidelines or standards being adhered to? Does this merit the issuing of incentives?
	Organisation/network performance improvement.	Improving performance of hospitals, networks and care groups; assessing local needs and geographical differences.	Hospital management; integrated care; networks/groups; local collaboratives of care.	Are affiliated practices/facilities performing optimally?
Micro	Practice or team performance improvement.	Convening audit and feedback, plan-do-study-act, and/or collaborative, team-based improvement cycles; comparing across practices.	Primary care practices; specialist departments or units; pathways of care.	How is my team performing? How can we improve our performance? How do I perform relative to my team members?
	Individual performance improvement.	Identifying trends in the management of patients; tailoring services to target groups.	Individual physicians; nurse/practitioners; other healthcare professionals.	How am I managing my practice panel? How can I improve my performance?
	Informed choice.	Selecting a healthcare provider; participating in care decision-making; self-managing care needs.	Patients; family members and carers; public.	What treatment options or providers are best for me?
Cross-cutting	Research.	Exploring the use of indicators across contexts.	Academia and academic networks; think tanks, research groups; topic-specific associations.	Secondary user-directed.

Detailed overview for thinking through

What is the information for?

Who will use it?

What are their information needs?

Barbazza E, Klazinga NS, Kringos DS. Exploring the actionability of healthcare performance indicators for quality of care: a qualitative analysis of the literature, expert opinion and user experience *BMJ Quality & Safety* Published Online First: 07 May 2021. doi: 10.1136/bmjqs-2020-011247



Example: Primary care prescribing

Different indicators and data sources by use and user

Different uses	Different users	Information need	Possible data sources
Macro (policy)	Ministry of Health	Total volume of antibiotics prescribed per 100 000 population by region, nationally	Administrative/claims data
Meso (institutions)	Regional authority	Adherence of practices to prescribing guidelines for benchmarking performance across practices annually	Electronic medical records Administrative/claims data
Micro (practice)	Clinicians	New and re-prescribing of antibiotics in their practice quarterly	Electronic medical record

Example: Variation within macro-level uses

Ireland's health system performance assessment differentiated the selection of indicators by the intended use and user.

Different uses	Different users (target audiences)	Information need	Influence on indicators (sources)
Overall system performance	General public	How is my health care system doing? How does it compare with others?	Outcome and structure-oriented indicators, longer-time horizon (central statistics, surveys)
Strategic system reforms	Department of Health	Have I chosen the right areas to prioritize? What is the impact of the strategies that are in place?	Outputs-oriented and cross-cutting priority areas, mid-term time horizon (registries, admin, claims data)
Services delivery management	Health Services Executive	How can planning, contracting and other government mechanisms be used to achieve short-term improvements?	Many process-oriented indicators, infrastructure management (admin, claims data)

What does actionable healthcare performance indicators mean?

1. Fit for purpose (meeting a specific information need) and

2. Fit for use (getting the right information into the right hands at the right time and in a manner that is understood).



2. Fitness for use

Methodological considerations

- Measures what matters
- Shared development
- Easily interpreted
- Clear standardization
- Alignment of accountability and remedial actions
- Measurement matches delivery
- Sensitive to meaningful change
- Timely

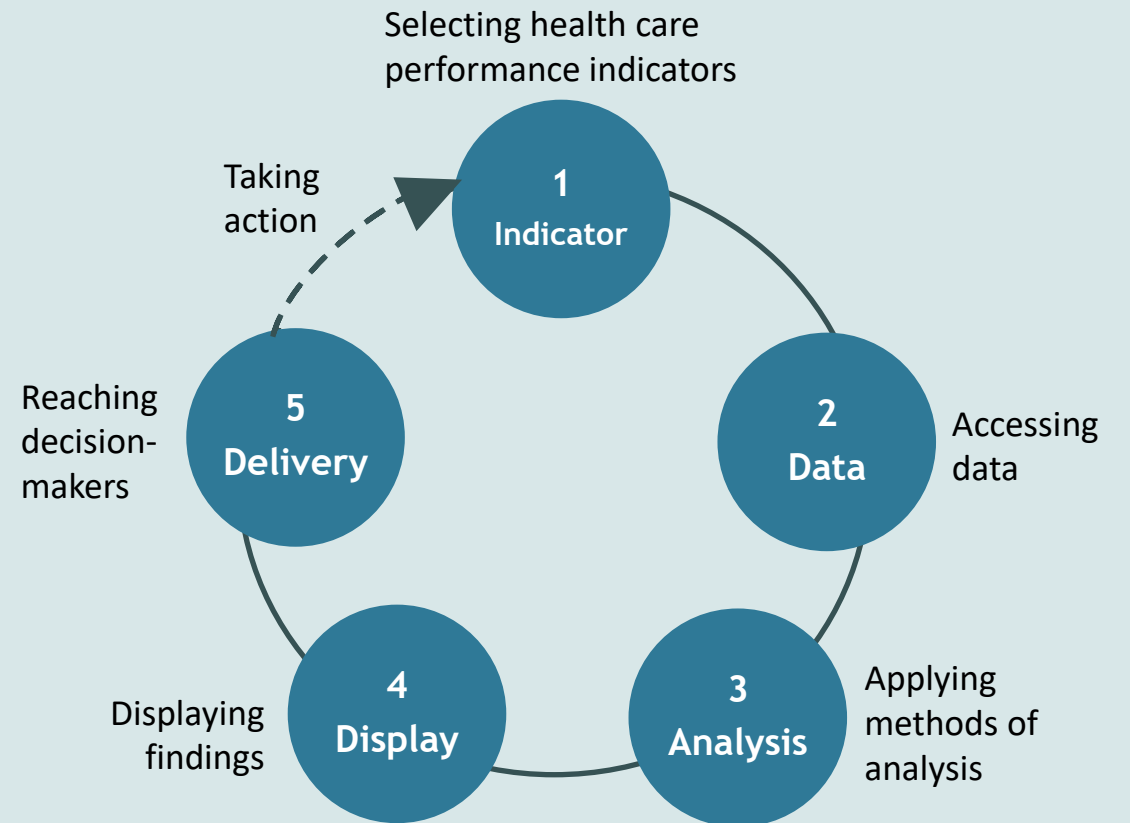
Contextual considerations

- Information infrastructure
- System governance
- Aligned financing structures
- Workforce capacity
- Learning culture

Managerial considerations

- Selecting health care performance indicators
- Accessing data
- Applying methods of analysis
- Contextualizing figures
- Displaying findings
- Reaching decision-makers

The fitness for use of an indicator is influenced by a range of methodological (indicator quality), contextual (system for use) and managerial (process of use) considerations



Managerial considerations as a process



A practical guide towards actionable healthcare performance indicators

About the guide

Resource for healthcare system actors to select and use healthcare performance indicators that work.

Includes:

Definitions gauging fitness for purpose and use

Illustrative examples from research across

HealthPros fellows

A self-guided tool to assess the actionability of indicators for users working on a specific project or framework

<https://healthpros-h2020.eu/>

Key messages on *How (a)*

Data ≠ action	Available data alone does not guarantee its use in decision-making. Nor does simply adhering to agreed-upon criteria for a statistically sound indicator.
Fit for purpose	The information needs of decision-makers across healthcare systems, including policy-makers, managers, clinicians and patients, are varied. The type of indicator, data sources, level of precision, timeliness and relevant comparisons are among the key differences. Information should align with its intended use.
Fit for use	The <i>right</i> indicator should also be fit for use, meeting different methodological, contextual and managerial considerations. E.g. the <i>right</i> indicator that does not reach the decision-making in a useful format is less likely to inform decision-making.

Part 3b

Supporting the collection of Actionable PHC Performance Indicators (the How):

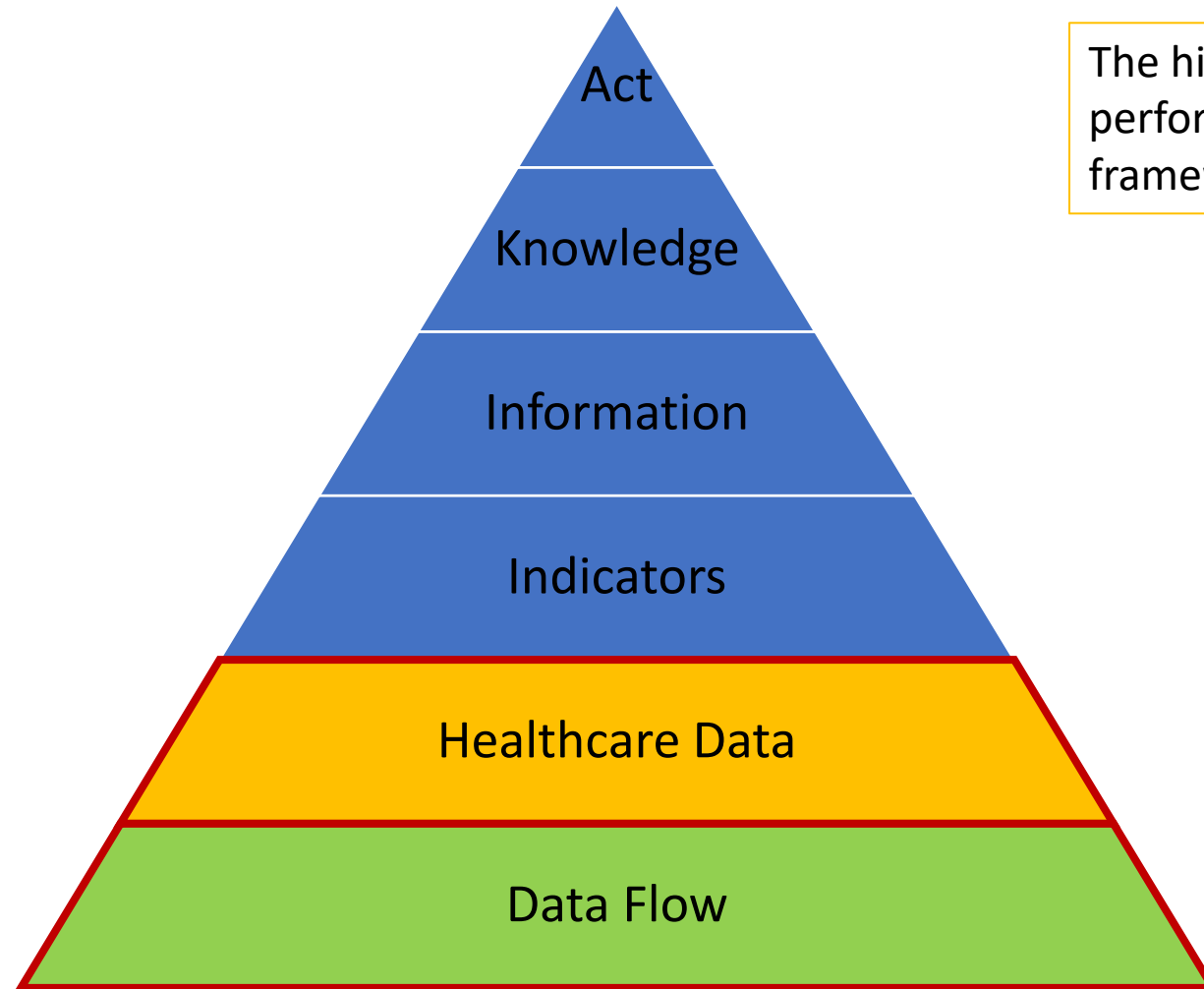
The maturity of a health information
landscape for PHC performance measurement
and learning health systems

Keynote lecture

Strengthening Actionable
Primary Health Care Performance
Measurement and Management

15 September 2023 | 8th Austrian
Primary Care Congress 2023

The maturity of an health information landscape for PHC performance measurement



The hierarchical structure of a performance intelligence framework

Key messages on *How (b)*

- ❖ Health Information systems need to mature in parallel with Performance measurement frameworks
- ❖ Trust: Doing the right thing (the WHY)
- ❖ Transparency
- ❖ Follow the rule of law (data protection)
- ❖ Adequate technical data protection measures
- ❖ Fitness for purpose of the data
- ❖ Research community



Part 4

From performance measurement to management: Implementing improvement cycles in policy and practice

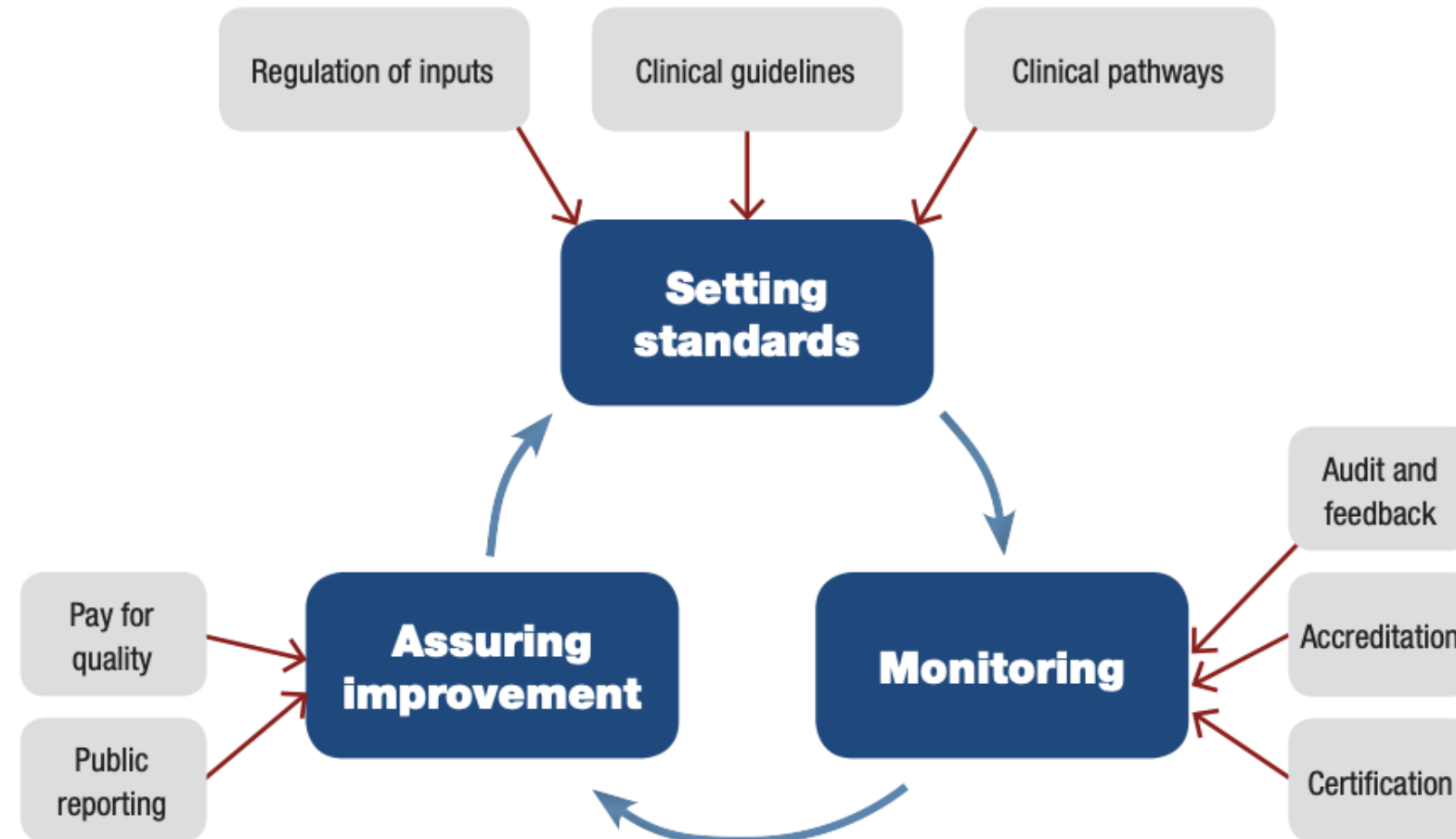
Keynote lecture

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Identify the right instrument (1/4)

Fig. 2.3 *Three major activities of different quality strategies (with examples covered in this book)*



Source: authors' own compilation, inspired by WHO, 2018b

Identify the right instrument (2/4)

Assuring Improvement by implementing improvement cycles in policy and practice

Positioning of your performance project on the performance of PHC in relation to:

- Processes of standard setting, guideline development and local protocol development
- The data-infrastructure in your health care system in general and in PHC in particular
- Strategies related to professionalization (i.e. education/training, CME,)
- Strategies related to organization of services (i.e. licensing, certification/accreditation)
- Infrastructure for quality improvement in PHC (CME, Audit, Peer-Review)
- Strategies related to public reporting of performance
- Strategies related to payment linked to performance

Identify the right instrument (3/4)

A selection of prominent quality strategies (marked in grey are the strategies discussed in Chapters 5 to 14 of this book)

System level strategies	Organizational/institutional level strategies	Patient/community level interventions
Legal framework for quality assurance and improvement	Clinical quality governance systems	Formalized patient and community engagement and empowerment
Training and supervision of the workforce	Clinical decision support tools	Improving health literacy
Regulation and licensing of physicians and other health professionals	Clinical guidelines	Shared decision-making
Regulation and licensing of technologies (pharmaceuticals and devices)	Clinical pathways and protocols	Peer support and expert patient groups
Regulation and licensing of provider organizations/institutions	Clinical audit and feedback	Monitoring patient experience of care
External assessments: accreditation, certification and supervision of providers	Morbidity and mortality reviews	Patient self-management tools
Public reporting and comparative benchmarking	Collaborative and team-based improvement cycles	Self-management
Quality-based purchasing and contracting	Procedural/surgical checklists	
Pay-for-quality initiatives	Adverse event reporting	
Electronic Health Record (HER) systems	Human resource interventions	
Disease Management Programmes	Establishing a patient safety culture	

Source: authors' own compilation based on Slawomirski, Auraaen & Klazinga, 2017, and WHO, 2018.

Table 2.1 *Targets of various quality strategies*

Potential targets	Possible strategies
Health professionals	Regulation and licensing, certification/revalidation, training and continuous medical education, establishing a patient-safety culture, clinical guidelines, clinical pathways, clinical audit and feedback, explicit description of professional competencies, quality-measurement, peer-review, setting norms and standards for professional misconduct, medical workforce planning, task-substitution, introduction of new professions, pay-for-quality (P4Q).
Medical products and technologies	Regulation and licensing of technologies (pharmaceuticals and devices), regulation and monitoring of risks, health technology assessment and an overall national innovation strategy.
Healthcare provider organizations	Regulation and licensing, quality indicators, external assessments: accreditation, certification and supervision of providers, electronic health records, risk-management, adverse event reporting, nationally standardized databases, quality improvement and safety programmes, accreditation of integrated delivery systems, organizational innovation, pay-for-quality (P4Q).
Patients	Legislation on patient rights, patient/community participation, systematic measurement of patient experiences, public reporting and comparative benchmarking.
Payers	Valuing quality in monetary terms, production of quality information, pay-for-quality (P4Q) initiatives and the issuing of national quality reports.

Source: adapted from WHO, 2008 and WHO, 2018a

Example of Central Questions

What quality improvement strategies exist in your country for professionals working in PHC?

- National strategies for professional continuous medical education (CME)
- Audit studies executed by professional organisations
- Local peer-review groups
- Other mechanisms for quality improvement activities amongst professionals

What type of strategies related to the performance of organisations in PHC exist in your country?

- Licensing for PHC centres
- Accreditation/Certification of PHC centres
- Mandatory reporting about performance
- Benchmarking of PHC centres
- Other

What type of strategies for the performance of PHC in your country do exist?

- Public reporting on the performance of PHC centres
- Payment mechanisms (pay for performance) linked to PHC centres
- Other

What do these terms mean to you?

Regulation

Quality assurance

Quality improvement

Inspection

Public Reporting

Benchmarking

PDSA cycle

Quality assessment

Audit

Pay for performance

Protocols

Informed patient choice

Licensing

Accreditation

Guidelines

Contracting

Litigation

Appraisal

Commissioning

Reports & Ratings

Professionalism

Peer review

Patient reported outcome measures

Feedback

Significant Event Analysis

Checklists

Beware!



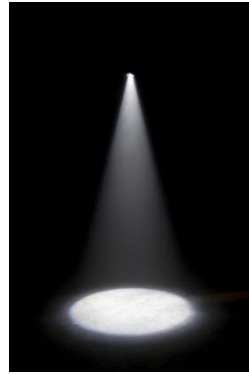
Unintended Consequences



Gaming



Cherry picking



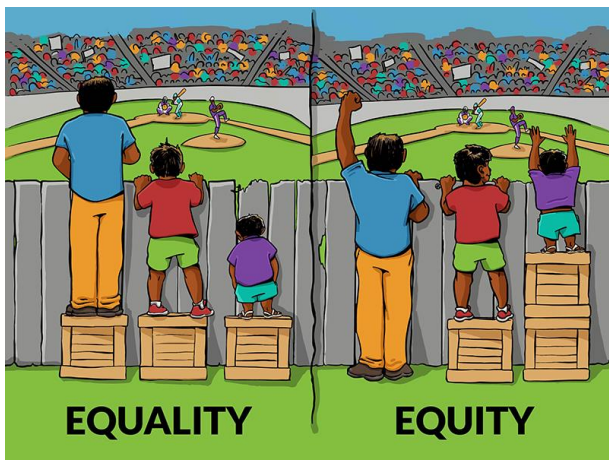
Spotlight effect



Stress



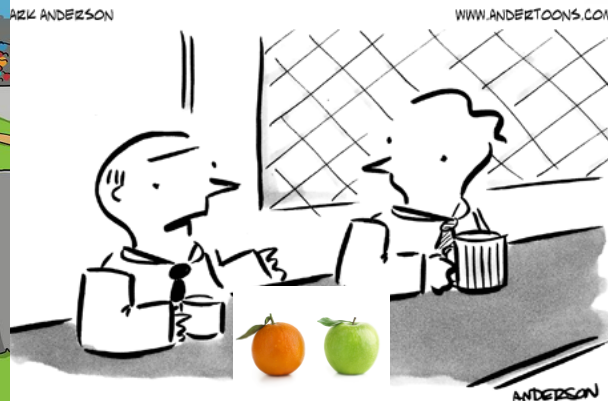
Low morale



EQUALITY

EQUITY

Inequity



"Explain to me how comparing apples and oranges is fruitless."

Rejection / Denial



"What if we don't change at all ... and something magical just happens?"

Non response (providers)



Non response (patient & public)

To translate data into effective action: Evaluate impact

- What is working?
- Why is it working?
- How is it working?
- Who is it working for?
- How can it be scaled up?

Conclusion: Driving PHC Performance Excellence

- Understanding the context of PHC performance measurement is essential for informed decision-making and better healthcare outcomes. **(WHY)**
- Align measures with intended user, information need, purpose of use **(WHAT)**
- Selecting actionable PHC performance indicators empowers decisionmakers to focus on critical areas for improvement. **(HOW)**
- Optimise use of routine data collections, and strengthen Health Information System **(HOW)**
- No measurement without managerial / governance embedding **(ACTION)**

Thank You!

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