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## C Other health performance monitoring frameworks

The National Healthcare Agreement (NHA) and associated performance indicators are described in appendix B. Two other national health performance monitoring frameworks developed prior to the NHA performance indicators are the National Health Performance Framework (NHPF) and the Report on Government Services health performance monitoring framework. These frameworks focus on the health system as a whole, or large components of it, and both include performance monitoring of public hospitals.

### C.1 National Health Performance Framework

The NHPF was developed to report the performance of the Australian health system at a national level. The NHPF was developed by the National Health Performance Committee (NHPC) at the request of the Australian Health Ministers' Conference and was published in 2001 (NHPC 2001).<sup>1</sup> In August 2001, Australian Health Ministers agreed to this overarching performance framework for use in reporting across all areas of the health system.

The NHPF has a broader focus than the national reporting previously undertaken by the NHPC, which had focused on performance of acute hospital inpatient services. The NHPF focuses on overall health systems performance, which includes not only acute inpatient services, but also services such as community health, general practice and public health. The NHPF also differs from previous Australian frameworks as it focuses not only on system performance, but also on health status

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<sup>1</sup> The NHPC's mission was to foster the use of benchmarking based on national performance measures and indicators to improve the quality of care of health services. The group was a standing committee of the National Health Information Management Principal Committee, which in turn advised the Australian Health Ministers' Advisory Council on matters including information requirements and technology planning. The NHPC comprised representatives from the Australian, State and Territory Governments and a number of other organisations, including the Australian Health Insurance Association, the Australian Private Hospitals Association and the Australian Institute of Health and Welfare. Some NHPC functions have now been assumed by the National Health Information Standards and Statistics Committee.

and health determinants. It also includes areas such as capability and sustainability that had not been widely reported in the past.

The NHPF was seen as a structure to guide the understanding and evaluation of health service performance in Australia. The framework consists of three tiers (table C.1):

- health status and outcomes
- determinants of health
- health system performance.

**Table C.1 The National Health Performance Framework**

**Health status and outcomes**

How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?

<i>Health Conditions</i>	<i>Human Function</i>	<i>Life Expectancy and Wellbeing</i>	<i>Deaths</i>
Prevalence of disease, disorder, injury or trauma or other health-related states.	Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).	Broad measures of physical, mental and social wellbeing of individuals and other derived indicators such as disability-adjusted life expectancy.	Age and/or condition specific mortality rates.

**Determinants of health**

Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing?

<i>Environmental Factors</i>	<i>Socioeconomic Factors</i>	<i>Community Capacity</i>	<i>Health Behaviours</i>	<i>Person-related Factors</i>
Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.	Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.	Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport.	Attitudes, beliefs, knowledge and behaviours, e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.	Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.

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Table C.1 (continued)

**Health system performance**

How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?

<i>Effective</i>	<i>Appropriate</i>	<i>Efficient</i>
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost effective use of resources.
<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Service provides respect for persons and is client orientated. It includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System's or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC (2001).

Questions are posed for each tier and dimension and it was anticipated by the NHPC that performance indicators would be chosen or developed to provide answers about the performance of the system (NHPC 2001). Equity is considered to be integral to each of the three tiers and is represented in each by the question 'is it the same for everyone?' Quality is also an integral part of the framework, and the dimensions considered in determining the quality of the health system are very similar to those measuring health system performance.

**Indicators within the NHPF**

The NHPC was also tasked with identifying and developing indicators to be reported against the NHPF. The selection criteria used by the NHPC to select the indicators are shown in box C.1. An indicator could provide information in several dimensions across the framework.

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### Box C.1 **Selection criteria used by the NHPC for health performance indicators**

Generic indicators when used at a program level to whole-of-system level should have all or some of the following qualities. They should:

1. Be worth measuring.

The indicators represent an important and salient aspect of the public's health or the performance of the health system.

2. Be measurable for diverse populations.

The indicators are valid and reliable for the general population and diverse populations (that is, Aboriginal and Torres Strait Islander populations, sex, rural/urban, socioeconomic etc.)

3. Be understood by people who need to act.

People who need to act on their own behalf or that of others should be able to readily comprehend the indicators and what can be done to improve health.

4. Galvanise action.

The indicators are of such a nature that action can be taken at the national, state, local or community level by individuals, organised groups and public and private agencies.

5. Be relevant to policy and practice.

Actions that can lead to improvement are anticipated and feasible — they are plausible actions that can alter the course of an indicator when widely applied.

6. Reflect results of actions when measured over time.

If action is taken, tangible results will be seen indicating improvements in various aspects of the nation's health.

7. Be feasible to collect and report.

The information required for the indicator can be obtained at reasonable cost in relation to its value and can be collected, analysed and reported on in an appropriate time frame.

8. Comply with national processes of data definitions.

Source: NHPC (2002).

The NHPC reported indicator data against the NHPF in its *National Report on Health Sector Performance Indicators* for 2001 and 2003 (NHPC 2002 and 2004). The 2003 Report contained 44 indicators, with eight reported against health status and outcomes, 11 against determinants of health and 25 reported against health system performance (table C.2). The NHPF has since been reported as part of the *Australia's Health* report published by the Australian Institute of Health and Welfare, most recently in 2008 (AIHW 2008c).

**Table C.2 Indicators reported in the National Report on Health Sector Performance, 2003**

<b>Health status and outcomes</b>					
<i>Health Conditions</i>		<i>Human Function</i>	<i>Life Expectancy and Wellbeing</i>	<i>Deaths</i>	
Incidence of cancer. Incidence of heart attacks.		Severe or profound core activity limitation.	Life expectancy. Psychological distress.	Potentially avoidable deaths. Infant mortality. Mortality for national Health Priority Area diseases and conditions.	
<b>Determinants of health</b>					
<i>Environmental Factors</i>	<i>Socioeconomic Factors</i>	<i>Community Capacity</i>	<i>Health Behaviours</i>	<i>Person-related Factors</i>	
Children exposed to tobacco smoke in the home. Availability of fluoridated water.	Income inequality.	Informal care.	Adult smoking. Risky alcohol consumption. Fruit and vegetable intake. Physical inactivity. Overweight and obesity.	Low birthweight babies. High blood pressure.	
<b>Health system performance</b>					
<i>Effective</i>		<i>Appropriate</i>	<i>Efficient</i>		
Unsafe sharing of needles. Teenage purchase of cigarettes. Cervical screening. Breast cancer screening. Childhood immunisation. Influenza vaccination. Potentially preventable hospitalisations. Survival following acute coronary heart disease event. Cancer survival.		Appropriate use of antibiotics. Management of diabetes. Delivery by caesarean section. Hysterectomy rate.	Hospitals costs. Length of stay in hospital.		

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Table C.2 (continued)

<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Waiting times in emergency departments.	Bulk billing for non-referred (GP) attendances. Availability of GP services. Access to elective surgery.	Electronic prescribing and clinical data in general practice. Adverse events treated in hospitals.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Enhance primary care services. Health assessments by GPs.	Accreditation in general practice.	Health workforce.

Source: NHPC (2004).

Although the primary purpose of the NHPF was performance measurement at the national level, the framework was intended to support performance measurement at all levels of the health system. A number of groups involved in health performance indicator development have adopted this framework for use within specific project areas and in publications. For example, the health performance indicator frameworks contained within the Report on Government Services have been aligned as much as possible with the NHPF (SCRGSP 2009). In addition, the Aboriginal and Torres Strait Islander Health Performance Framework is based on the NHPF (AHMAC 2006). A set of key performance indicators for Australian public mental health services was also developed using the NHPF (NMHWG 2005).

## C.2 Review of Government Service Provision

The Review of Government Service Provision (the Review) has developed performance monitoring frameworks that have been applied across a number of areas of government service provision, including health services. Health services examined in the Review include public hospitals, primary and community health, breast cancer detection and management and specialist mental health management. Data are reported against these frameworks on an annual basis in the Report on Government Services (the Report) (box C.2).

Health services are included in the Report as they are an important component of government service provision. Over 40 per cent of expenditure within the scope of reporting of the Report on Government Services 2009 was accounted for by health services (SCRGSP 2009).

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### Box C.2    **Aims of the Review of Government Service Provision**

Heads of government (now the Council of Australian Governments or COAG) established the Review of Government Service Provision (the Review) to provide information on the effectiveness and efficiency of government services in Australia. A Steering Committee, comprising senior representatives from the central agencies of all governments, manages the Review with the assistance of a Secretariat provided by the Productivity Commission.

The Review was established in 1993 to:

- provide ongoing comparisons of the performance of government services
- report on service provision reforms that governments have implemented or that are under consideration.

The Review has produced 14 editions of the annual Report on Government Services since it was established, with the most recent being published in January 2009.

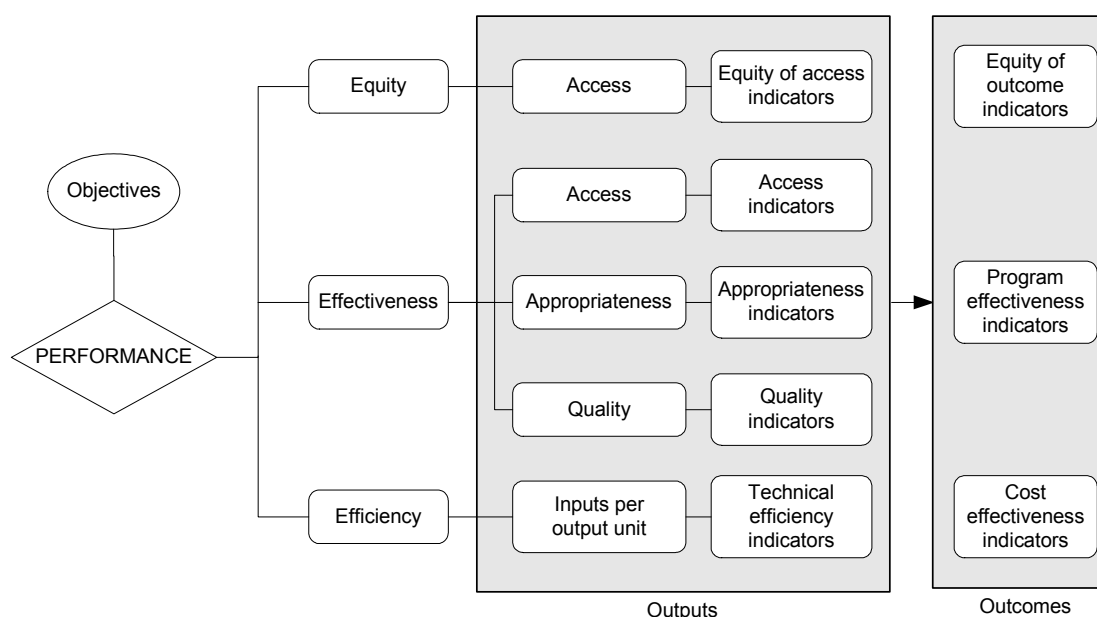
*Source:* SCRGSP (2009).

## **General framework**

The Report's general performance framework is set out in figure C.1. The framework depicts the Review's focus on outcomes, consistent with demand by governments for outcome-oriented performance information. This outcome information is supplemented by information on outputs. Output indicators are grouped under 'equity', 'effectiveness' and 'efficiency' headings (SCRGSP 2009).

Outcome indicators provide information on the impact of a service on the status of an individual or a group, and on the success of the service area in achieving its objectives. Outputs are the actual services delivered. While the aim of the Review is to focus on outcomes, they are often difficult to measure. The Report therefore includes measures of outputs, with an understanding that there is a correlation between those outputs and desired outcomes, and that the measures of outputs are proxies for measures of outcomes.

Figure C.1 Report on Government Services general framework



Source: SCRGSP (2009).

A comprehensive view of performance reporting is taken by the Review, and its frameworks incorporate indicators across all relevant dimensions of performance, namely effectiveness, efficiency and equity. There are inherent tradeoffs in allocating resources and dangers in analysing only some aspects of a service. For example, a unit of service may have a high cost but be more effective than a lower-cost service, and therefore be more cost effective. It is also important that services are provided equitably.

Equity of access indicators relate to the gap in service delivery outputs and outcomes between special-needs groups and the general population. Effectiveness indicators measure how well the outputs of a service achieve the stated objectives of that service. Effectiveness comprises appropriateness indicators, which measure how well services meet client needs, and quality indicators, which reflect the extent to which a service is suited to its purpose and conforms to specifications. Effectiveness also includes access indicators whereby all Australians are expected to have adequate access to services. This notion of access differs from that of equity of access, which is concerned with access by special-needs groups. Efficiency indicators measure how well services use their resources (inputs) to produce outputs for the purpose of achieving desired outcomes.

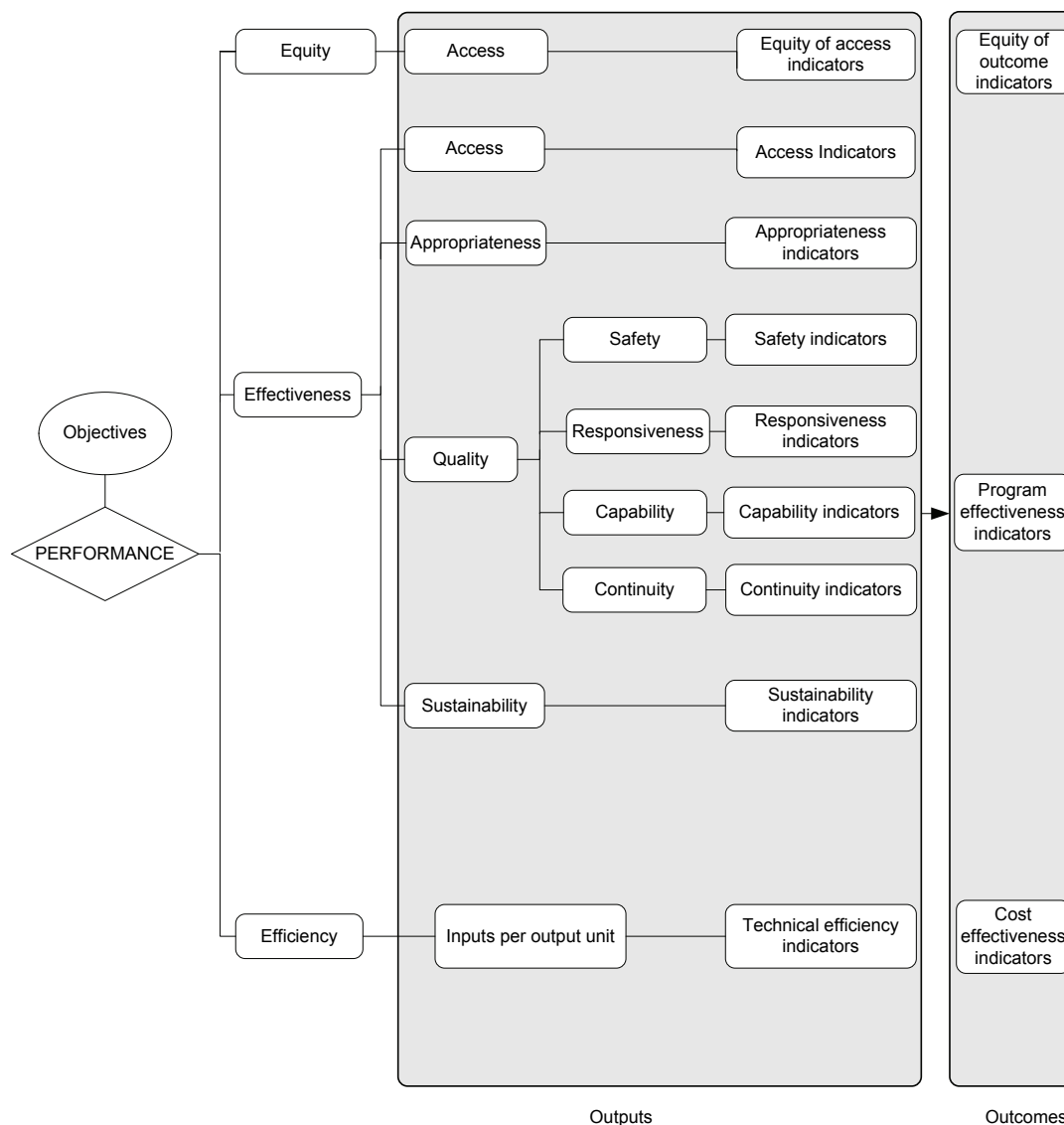
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## Health performance framework

The performance framework for health services in the Report on Government Services reflects both the general Review framework and the NHPF. In the *Report on Government Services 2004*, the Review of Government Service Provision sought to align the health framework with the NHPF as far as possible. Complete alignment was not possible, given the different terms of reference of the two committees. The health framework differs from the general Review framework in two respects. First, it includes four subdimensions of quality — safety, responsiveness, capability and continuity — and, second, it includes an extra dimension of effectiveness — sustainability (figure C.2). These additions are intended to address the following key performance dimensions of the health system in the NHPF that were not explicitly covered in the general Review framework:

- safety — the avoidance, or reduction to acceptable levels, of actual or potential harm from health care services, management or environments, and the prevention or minimisation of adverse events associated with health care delivery
- responsiveness — the provision of services that are client-oriented and respectful of clients' dignity, autonomy, confidentiality, amenity, choices, and social and cultural needs
- capability — the capacity of an organisation, program or individual to provide health care services based on appropriate skills and knowledge
- continuity — the provision of uninterrupted, timely, coordinated healthcare, interventions and actions across programs, practitioners and organisations
- sustainability — the capacity to provide infrastructure (such as workforce, facilities and equipment), be innovative and respond to emerging needs (NHPC 2001).

Figure C.2 Performance indicator framework for health services



Source: SCRGSP (2009).

### Specific performance indicator frameworks

The Review of Government Service Provision has used the health performance framework to develop:

- detailed performance indicator frameworks for public hospitals and primary and community health services

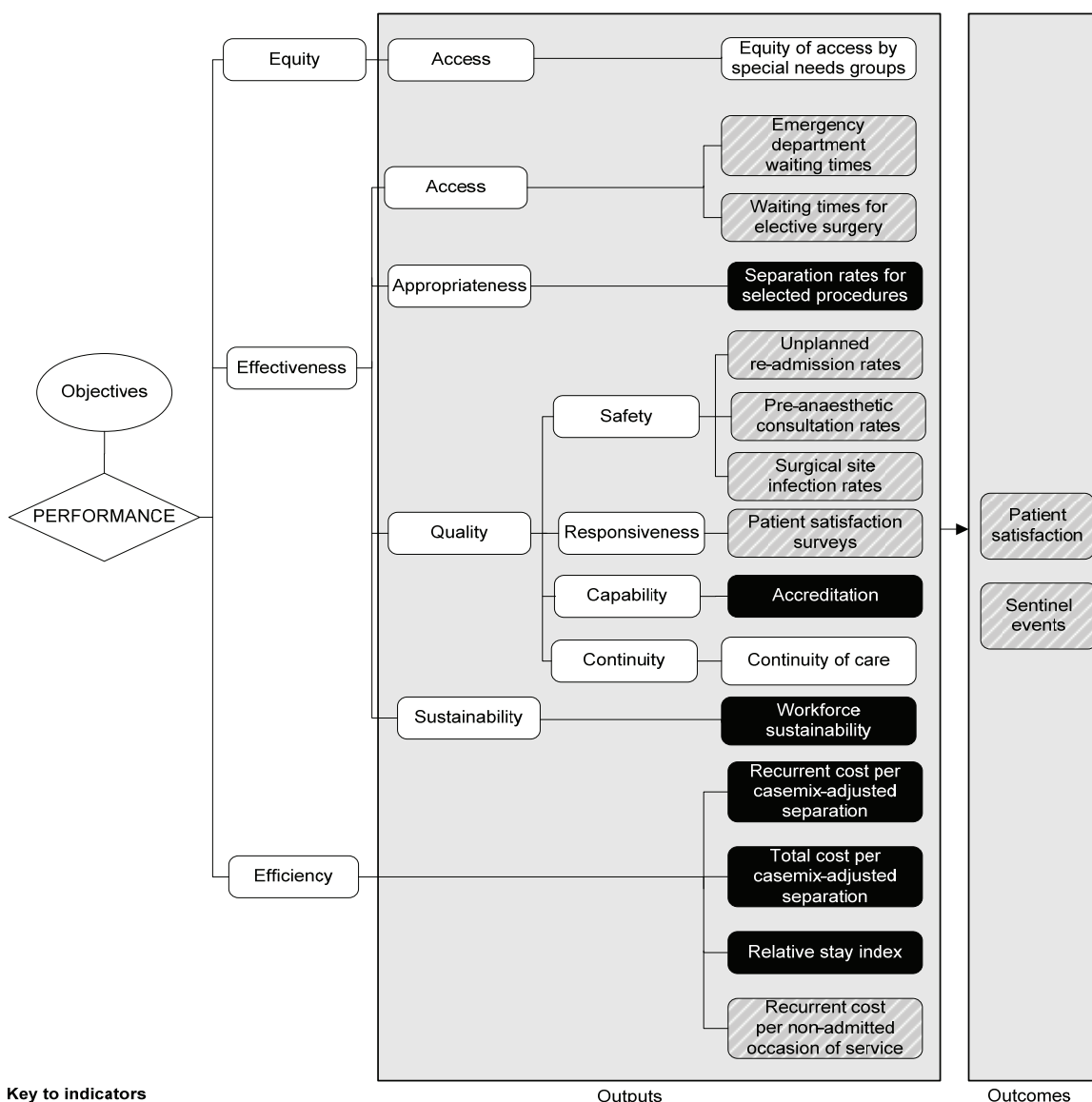
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- specific frameworks to examine the appropriate mix of services and service-delivery mechanisms for two health management issues: breast cancer and mental health.

Figures C.3 and C.4 depict the public hospitals performance indicator framework and the maternity services indicator framework. Maternity services are included as part of public hospital reporting in the Report on Government Services, as they are an important component of services provided within public hospitals. Maternity services accounted for 9.2 per cent of total acute separations in public hospitals and around 11.0 per cent of the total cost of all acute separations in public hospitals in 2006-07 (SCRGSP 2009).

The frameworks depict the dimensions of both the Review of Government Service Provision and the NHPF. The frameworks are populated with the performance indicators. The choice of indicators has been strongly influenced by the priorities of Australian, state and territory governments. For example, reducing elective surgery waiting times has long been a priority of governments around Australia and waiting times for elective surgery are included in the framework. As there has been a degree of alignment between the Review framework and the NHPF, and both frameworks reflect governments' priorities, a number of indicators are common to both the Review framework and the NHPF. In addition, the approach taken by the Review is to use indicators that are already in use in Australia or internationally. Adopting these indicators can lower the costs of, and reduce delays in, reporting performance.

The framework identifies those indicators that are not complete or directly comparable. This signifies the Review's approach of using acceptable, albeit less than perfect indicators with appropriate caveats, rather than reporting no data at all for an indicator. Data are generally presented for those jurisdictions that can currently report, rather than waiting until data are available for all jurisdictions. The framework also identifies those indicators that are yet to be developed or where data are not available. This shows that even though reporting for these indicators is not currently possible, these areas are still a priority of governments.

Figure C.3 Performance indicators for public hospitals

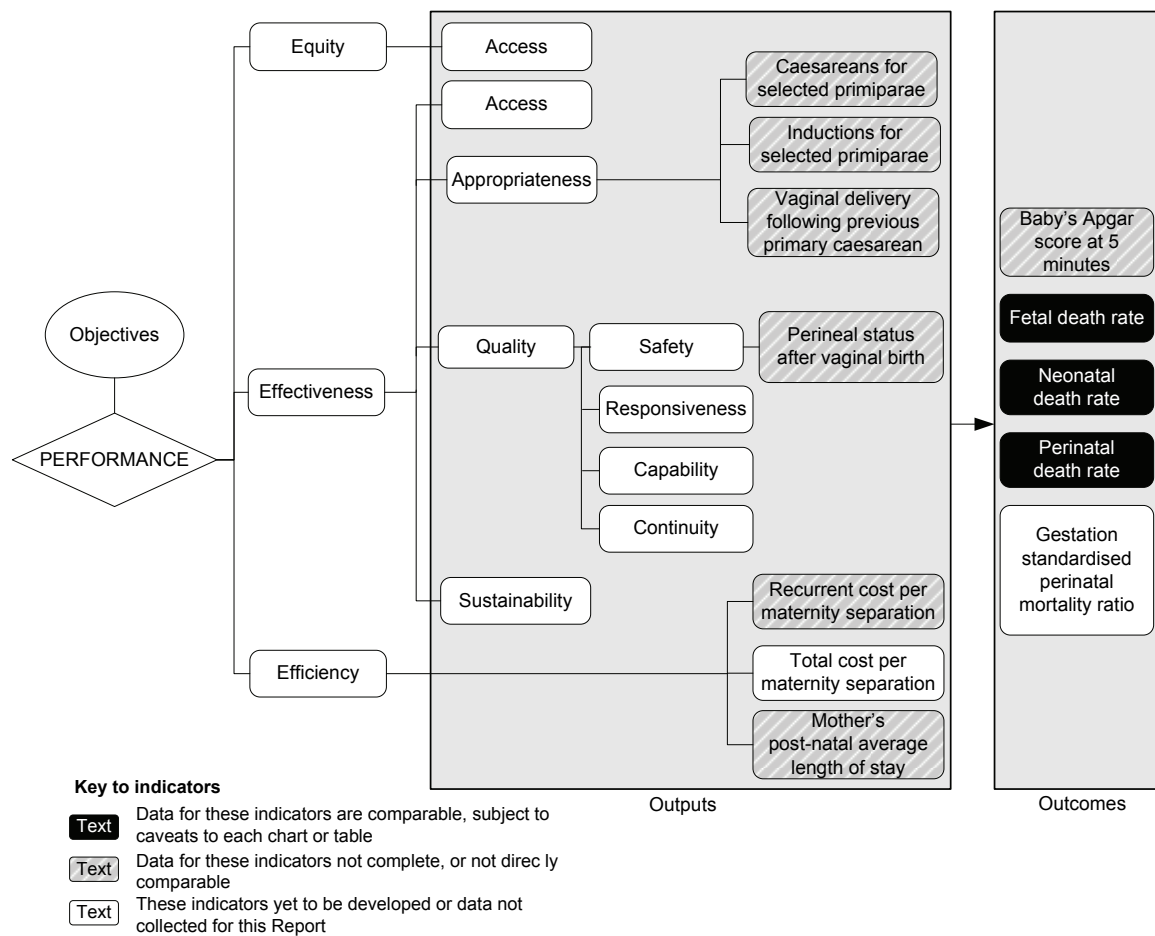


**Key to indicators**

- Text** Data for these indicators comparable, subject to caveats to each chart or table
- Text** Data for these indicators not complete or not directly comparable
- Text** These indicators yet to be developed or data not collected for this Report

Source: SCRGSP (2009).

Figure C.4 Performance indicators for maternity services



Source: SCRGSP (2009).