In Confidence

Office of the Minister of Health

Chair Cabinet

Managing and measuring the health and disability system through public reporting

Proposal

1. This paper provides a proposal for managing and measuring health system[1] performance, with the intent of building trust and collaboration at all levels, through accountability supported by public reporting.

Executive summary

2. I report back to you on my progress on consideration of measures to drive improvement in my priority areas for the health system [SWC-19-MIN-0059 refers].

3. Measurement of health system outcomes and activity is recognised internationally as an essential element in addressing challenges facing health systems, holding health system actors to account, and understanding and addressing inequities.

4. It has been a challenge to measure system progress towards health system priorities, particularly with past public facing reporting focussed on six National Health Targets that were set top-down and gave only a partial picture of healthcare in New Zealand.

5. Ministry of Health reporting on the previous government's six National Health Targets has been phased out. There is expectation that there will be publicly reported measures that replace the National Health Targets. Public reporting is a key lever for assuring performance.

6. The Ministry of Health and the Health Quality and Safety Commission (HQSC) have worked in partnership to develop a framework for health system improvement that incorporates a new approach to measurement, building on key principles of the existing System Level Measures (SLM) programme.

1 Throughout this paper, for ease of reading the wording "health system" should be read as an abbreviation of "health and disability system.

7. The new proposed framework is premised on shared accountability. The Government sets high-level goals for the system, the Ministry of health and HQSC develop high-level measures for those goals with input from the health sector, and local providers (including DHBs, PHOs, and community health services) work with input from local consumers to agree what local actions are needed to contribute to the high-level goals.

8. A key aspect of the framework is shared accountability, with actors in the health system agreeing actions to improve their local situations. This better guarantees buy-in from system actors, and decreases the likelihood of unintended consequences associated with top-down target setting.

9. It is anticipated that this will result in a better understanding of the health system's challenges, opportunities, and provides a feedback system for system activity that would ultimately result in improvement of health services, consumer experience and population wellbeing.

Background

10. I came to Cabinet in May with a proposal to strengthen and improve the public health and disability system by reporting publicly on a set of measures against my key priorities for the health and disability system. You asked for more consideration of particular measures outlined in that proposal, and more detail about what the reporting mechanism might look like. You requested that I report back on my progress [SWC-19-MIN-0059 refers].

Health system measurement and quality improvement

11. Around the world, health systems have been working to better understand their challenges, and to establish transparent measurement approaches that effectively and efficiently advance system goals and improve health outcomes for people.

12. Governments worldwide have been working to hold health services to account, and to support consumers to see how progress is being made in the areas that most affect their health and wellbeing. Understanding progress on measures that are meaningful to consumers is an essential element in instilling public trust and confidence in a transparent health and disability system.

13. Health system measurement can be a critical tool to help understand inequity, direct efforts to address it, and track progress towards achieving better and more equitable health outcomes for all New Zealanders.

Measurement and quality improvement in New Zealand

14. Previous public reporting on health system performance has focused on measuring and reporting a small and narrow set of rigid targets. These were not linked into a coherent framework.

15. Some targets, like immunisations, had positive impacts and we have retained these measures in this proposal. Others drove clearly undesirable behaviour. The previous National Health Targets were imposed upon the sector from the top down and gave only a partial picture of New Zealanders' experience of healthcare.

16. Ministry of Health reporting on the previous government's six National Health Targets has been phased out. There is expectation that there will be publicly reported measures that replace the National Health Targets.

17. These challenges give rise to the need for a new approach to managing and measuring health system priorities. Past experience with measurement provides useful learning that we can build on and improve on. There has been much to learn from our experiences to date, as well as from international examples.

High-level description of the proposed framework

18. The Ministry of Health and the Health Quality & Safety Commission worked in partnership to develop a proposed approach for health system measurement, which is designed to develop trust within the system and advance health system goals.

19. The approach proposed requires, and supports, the development of strong working relationships between the centre and local providers and close engagement and involvement of consumers, through shared accountability.

The measurement framework

20. This framework addresses my priorities for the New Zealand health system and will address future priorities as the health system environment changes. It is based on the tight linkage of four key questions and measures under each of my ministerial priorities.

20.1 **What is the purpose?** - this is the high-level outcome/result we work towards. This defines the national level health system goals set by Government, within my key priority areas for the health system.

20.2 **What is the impact?** – these are the measures of our impact toward our purpose. Through monitoring these measures we can understand the extent to which the health system is improving in line with our purpose.

20.3 **What are the checks?** - these are the balancing measures intended to identify and counteract any unintended consequences in the pursuit of our purpose. The minimum set would include measures to identify unintended effects of increasing inequity.

20.4 **What is the work?** - what are we doing to achieve our purpose? Drawing on the strengths of the SLM programme, these are the contributory measures that track and report the locally agreed actions that contribute toward an impact on our overall national purpose.

The measurement framework's role in system improvement

21. The framework will inform measurement and service improvement processes with three broad main steps.

21.1 Firstly, at a national level, health system goals (or "purpose" statements in the framework's terms) are set. These are ultimately set by the Government. Appropriate high-level "impact" measures are then developed by the Ministry of Health and the HQSC with input from the health sector. "Check" measures are established with the health sector and mitigate unintended consequences in pursuit of these national level goals.

21.2 Secondly, Local actions and measures ("work") are agreed upon in a co-development process between the Ministry and local providers (including DHBs. PHOs, Māori health providers, etc.), with input from consumers, in order to address local priorities that contribute toward improvement on national goals, leveraging local providers' and consumers' knowledge of the information relevant to their situations.

21.3 Finally, the contribution of local work to the national high-level goal is monitored and publicly reported on.

22. Publication of results is fundamental to achieving accountability through this proposal. A high-level national summary will be published online and can be accompanied by a similar publication in print.

23. The proposed process of agreeing local level actions supporting the national level "purpose" creates accountability in two ways. First, by considering "did we do what we said?", and second by considering "did we choose to do the right thing in the first place?". This combination avoids the risk of "hitting the target and missing the point" or "doing the wrong things well".

24. This framework will be a key lever for accountability in the health system, but will exist within a wider system of accountability. Other important

measurement and service improvement processes will continue to function following the implementation of this framework.

25. An example of another key accountability mechanism that supports the proposed framework is the DHB balanced score card. The scorecard will continue to be a driver for change and sustainability in DHBs. The scorecard brings together financial, service delivery, quality and safety, and workforce information to build a comprehensive picture of DHB performance. Note that this scorecard is focused on operational detail specific to DHBs, while the proposed measurement framework focuses on shared accountability for achieving outcomes across the whole health and disability system.

Flexibility of the framework

26. Priorities can and should change as issues are resolved or as other issues become more pressing. The proposed approach is flexible. It will be able to respond to new priorities and changes in circumstances at local and national levels (eg, through proposing and agreeing new "impact", "check" and "work" measures).

27. Further development of the proposed measures and framework will be able to be adapted to relevant findings of the Health and Disability System Review.

Equity focus

28. Improving equity is an important focus in all aspects of the health and disability system. This recognises that people have differences in health that are not only avoidable but unfair and unjust, and that people with different levels of advantage require different approaches to get equitable outcomes.

29. To better understand the scope and nature of equity concerns, the framework's measures will be disaggregated, where possible and appropriate, by factors such as sex, age (across all age groups including children, youth and older people), ethnicity, level of deprivation, and other factors such as disability.

30. Additionally, for each "impact" measure, there will be at least one "check" measure of the distribution of that measure among different ethnic and socio-demographic groups. For example, a local intervention to decrease avoidable hospital admissions will not be considered a success if this intervention increases inequity between Māori and the non-Māori population.

Proposed initial high-level "purpose" and "impact" measure set

31. Table 1 outlines the desired outcomes of the health system and initial high-level "impact" measures proposed for publication. Each of these is aligned to "purpose" statements within each of my priorities for the health and disability

system. As each purpose statement conveys a broad concept of wellbeing they are represented by two impact measures.

32. "Check" measures and the list of available "work" measures have not yet been established and will require co-development with consumers, communities, the Ministry and the health sector. This will take at least one year. For this reason they do not feature in Table 1 below.

33. Appendix One shows the framework with high-level measures and related impact statements across all priorities, with examples of lower level balancing and contributory measures for the child wellbeing priority.

34. Note that the impact statements in Table 1 are typically phrased in terms of "more people experiencing good health outcomes". It is proposed that reporting will take into account the forecast of the likely level of any particular measure and compare the result for a given reporting period to the forecast. That is, "more" refers to "more than forecast".

Desired health system outcomes	**Priorities and purpose statement**	**High-level measures**	
		Impact statement	**Technical description**
• Pae Ora – Healthy Futures • We live longer in good health • We have improved quality of life • We have health equity for Māori and other groups.	Improving child wellbeing – "Keeping kids out of hospital"	XXX more children got every immunisation they needed by their 2nd birthday	Immunisation rates for children up to two years old
		Xxx children didn't have to go to hospital	Ambulatory sensitive hospitalisations for children (age range 0-4)
	Improving mental wellbeing - "better mental health and wellbeing for everyone"	Xxx more people got to see a primary mental health carer	Access to primary mental health services
		Xxx more young people got to see a mental health specialist fast	Under 20s able to access specialist mental health or addiction services within 3 weeks of referral
	Improving wellbeing through prevention - "Keeping people well"	Xxx avoided deaths of New Zealanders	Amenable mortality (excluding coronial cases)
		Xxx more people screened for bowel cancer	Participation in bowel screening programme
	Strong and equitable public health system - "Great hospital care when you need it; home again when you're ready"	New Zealanders spent xxx fewer days in hospital	Acute bed days
		Xxx patients received their planned care procedures, (XX more/less than planned)	Access to planned care (volumes)
	Primary health care -	Xxx more people	Unmet need in primary

	"The right care at the right time for everyone"	reported having their need for care met	care (Primary care survey)
		Xxx more patients said they were treated with kindness and respect by their GPs	People report being treated with kindness and respect (Primary care survey)

Table 1 – The proposed measurement frameworks ten 'impact' measures

Publication of measures

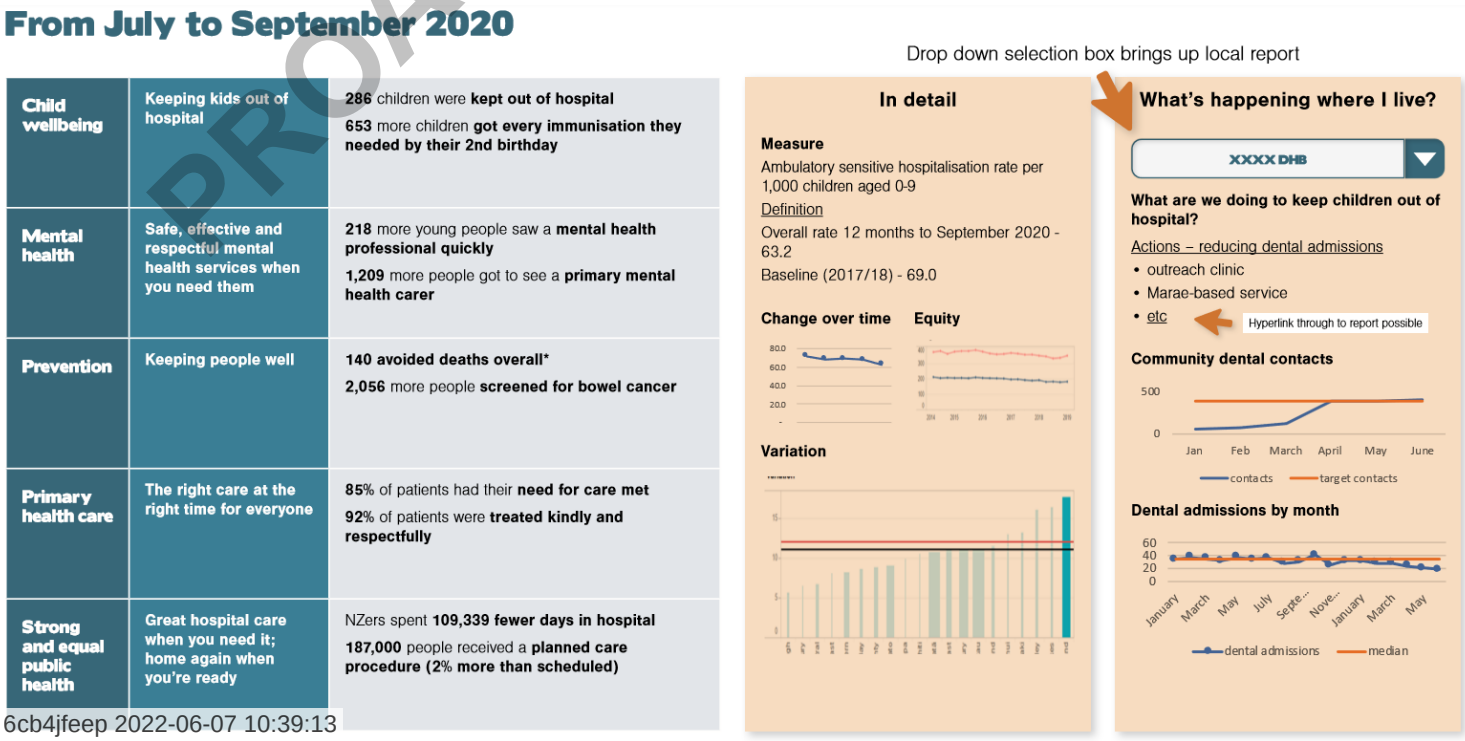
35. I intend to publish a summary of 10 national "impact measures" online which allows a deeper dive into both the national picture and reporting of on local health system "work" measures and balancing "check" measures. The high-level national summary could also be published in print media.

36. I propose public reporting in a web-based format following the logic of the framework, from shared national purposes and high-level impacts down to local work and progress.

37. This will be a national report, understood at a glance, which provides the impact statement for all 10 impact measures organised by the five ministerial priorities. These will be expressed as positive impact statements in plain English (as in Table 1, above). This is designed with general readers in mind. It can be published on a web page, or in national newspapers.

38. Figure 1 below illustrates how this will work as a web page. Note all data in Figure 1 is for illustration purposes, and that this is not a presentation of real data.

Figure 1 – illustration of web page for the framework's public report



39. Clicking on an impact statement on the left hand side of the report brings up a range of more detailed analyses of the impact in the middle of the page (to the right of the blue panels in Figure 1), such as change in results over time, variation around the country, details of the measure's construction, and, crucially, equity views.

40. By selecting a DHB on the right-hand side readers can see "What's happening where I live?" - measures in accessible graphical form of local work, initiatives and progress contributing to impact on our purpose. Information available on the page can also include links to other accountability documents, such as details of DHB financial performance.

41. The high-level "impact" measures would be ready for public reporting following testing the measures with the sector, establishing benchmarks, and assurance of good data quality. The date of publication is planned for Q1 2020/21. For this to be achievable, if Cabinet agrees to the high-level measures, they will need to be included in DHB annual planning guidance, which will be sent to DHBs in mid-December 2019.

42. The lower level "check" and "work" measures, once developed, will be added to local level reports over time.

Data quality

43. With the exception of the primary mental health service utilisation measure (which is under development), the initial "impact" measure set outlined in Table 1 contains measures from well-established data sets, which will enable rapid incorporation into the framework.

Implementation

44. Full implementation of the framework will require the following (indicative timelines are outlined in parentheses):

44.1 Testing of "impact" measures with sector experts – these should be able to tested relatively quickly (by Q3 2019/20);

44.2 Development of "check" and "work" measures in collaboration with the health and disability sector (from Q3 2019/20 to Q2 2020/21);

44.3 Extensive communications with DHBs, PHOs and community health service providers, professional bodies, and those currently involved in the SLM programme. This will to set out not just the proposed measures, but the underlying logic of the framework and process and how this differs from previous approaches, while building on processes

already established and well-regarded (from Q3 2019/20 to Q2 2020/21);

44.4 Training and support for those involved in establishing local level plans (from Q3 2019/20);

44.5 Work with Māori stakeholders to ensure that there are no unintended effects of the framework which might harm equity or Māori advancement (from Q3 2019/20 to Q2 2020/21);

44.6 The full design of the process including: reporting mechanisms, instructions, timelines, and criteria for local planning (by Q2 2020/21);

44.7 Maintenance, development and promotion of the Health Quality Measures New Zealand website (from Q4 2020/21);

44.8 Finalisation of the design of complete public facing reports (by Q4 2020/21).

Consultation

45. The following agencies were consulted on this paper: The Treasury, the Department of the Prime Minister and Cabinet, and the Health Quality and Safety Commission.

Financial Implications

46. There are no financial implications for this proposal. All costs relating to implementing the new set of measures and publishing progress on them will be met through existing baselines.

Legislative Implications

47. There are no legislative implications arising from the recommendations in this paper.

Human Rights

48. The proposals outlined in this paper are consistent with the Human Rights Act 1993 and the New Zealand Bill of Rights Act 1990.

Gender Implications

49. There are no gender implications arising from the recommendations in this paper.

Disability Perspective

50. There are no implications for disabled people arising from the recommendations in this paper.

Publicity

51. Subject to your agreement, my intention to publicly report on these measures will be communicated publicly in a media release in May 2020.

Proactive Release

52. This Cabinet paper will be publicly released following the media release in May 2020. The release is subject to redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister of Health recommends that Cabinet:

1. **Note** this is a report back to Cabinet on measures to drive improvement in my five priority areas for the health system: "Improving child wellbeing"; "Improving mental wellbeing"; "Improving wellbeing through prevention"; "Strong and equitable health and disability system"; and "Primary health care". [SWC-19-MIN-0059 refers].

2. **Note** that the previous six national health targets have been phased out because they lack an overall coherent framework, some of the targets promote undesirable behaviours and encourage gaming, and because they gave only a partial view of New Zealanders' experience of healthcare.

3. **Agree** to the new measurement framework's approach of:

3.1 The Minister of Health/Government set the priorities for the health system;

3.2 The Health Quality and Safety Commission (HQSC) and Ministry of Health develop appropriate high-level measures;

3.3 Local providers working with local consumers to agree with the HQSC and the Ministry what local actions are needed to contribute to the high-level goals;

3.4 Monitoring and publicly reporting on local contributions made to the national high-level goals by local actions.

4. **Agree** that the proposed approach mitigates undesirable consequences of health system measurement through establishing shared accountability for system performance, better buy-in from health service providers in system improvement initiatives, and establishing "check" measures to ensure that progress against measures of health system goals are not achieved at the expense of other important health outcomes.

5. **Authorise** the Minister of Health to finalise the following proposed set of high-level "impact" measures, following testing with health sector experts:

5.1 Immunisation rates for children up to two years old (Improving child wellbeing);

5.2 Ambulatory sensitive hospitalisations for children, age range 0-4 (Improving child wellbeing);

5.3 Access to primary mental health services (Improving mental wellbeing) – in development;

5.4 Under 20s able to access specialist mental health or addiction services within 3 weeks of referral (Improving mental wellbeing);

5.5 Amenable mortality excluding coronial cases (Improving wellbeing through prevention) – in development;

5.6 Participation in the national bowel screening programme (Improving wellbeing through prevention);

5.7 Acute bed day rate (Strong and equitable public health system);

5.8 Access to planned care (volumes) (Strong and equitable public health system);

5.9 Self-reported unmet need in primary care (Primary Health Care);

5.10 People report being treated with kindness and respect (Primary Health Care).

6. **Agree** to publish the finalised set of "impact" measures from Q1 2020/21.

7. **Authorise** the Minister of Health to finalise the lower levels of the framework, on advice from the Health Quality and Safety Commission and Ministry of Health following development with stakeholders.

Authorised for lodgement

Hon Dr David Clark

Minister of Health

Appendix One:

A Framework for Measuring our Health and Disability System

Govt priorities	Improving child wellbeing	Improving mental wellbeing	Improving wellbeing through prevention	Better population health outcomes supported by **primary health care**	Better population health outcomes supported by a strong and equitable public health and disability system
Our purpose	**Keeping kids out of hospital**	**Better mental health and wellbeing for everyone**	**Keeping people well**	**The right care at the right time for everyone**	**Great hospital care when you need it; home again when you're ready**
Our impact (no. 1) High level measure	**1,287 children didn't have to go to hospital** **XXX tamariki didn't have to go to hospital** Avoided hospital admissions based on change in ASH admissions for children aged 0-4 (or 0-9) per 1,000 population	**XXXX more people got to see a primary mental health carer** **XXXX more Māori got to see a primary mental health carer** Measure in development	**2.056 more people screened for bowel cancer** **XX more Māori screened for bowel cancer** Increase in eligible people screened for bowel cancer within an appropriate period based on change in bowel screening rate	**xx more people reported having their need for care met** **OR** **93% of people had their need for care met** **xx more Māori reported having their need for care met** **OR** **93% of Māori had their need for care met** % of people or primary care patients who report no barriers to accessing primary care.	**New Zealanders spent 2,187 fewer days in hospital** **Māori spent 2,187 fewer days in hospital** Change in total number of bed days for acute hospital stays per 1,000 population by DHB
Our impact (no. 2) High level measure	**xx more children got every immunisation they need by the age of two** **xx more tamariki got every immunisation they need by the age of two** Increased immunisations based on % of eligible children on NIR who have completed all age-appropriate immunisations on the day that they turn 2 years of age	**218 more young people got to see a mental health specialist fast** **XX more young Māori got to see a mental health specialist fast** Young people (under 20) get the best mental health care fast (Access to specialist mental health services within 3 weeks of referral) – target 80%	**16 avoided deaths of New Zealanders** Change in deaths amenable to healthcare based on change in amenable mortality rate (revising to exclude coronial cases that delay timeliness of measure)	**Xx more patients said they were treated with kindness and respect by their GPs** **OR** **91% of patients said they were treated with kindness and respect by their GPs** **Xx more Māori patients said they were treated with kindness and respect by their GPs** **OR** **91% of Māori patients said they were treated with kindness and respect by their GPs** Change in or report of data from quarterly primary care patient survey	**XX,XXX people received a planned care procedure (X% more than planned)** **XX,XXX Māori received a planned care procedure (X% more than planned)** Number of planned care interventions delivered against planned care interventions agreed in DHB plan

This page provides an example of the framework for the child wellbeing priority . This includes examples of lower level measures: 'check' measures to ensure that the pursuit of improvement against the 'impact' measures above does not adversely affect other important outcomes; and contributory 'work' measures, used to better understand progress to improve the 'impact' measures at a local level. These are for illustration purposes only, and a set of 'check' and 'work' measures will be developed by the Ministry of Health, the Health Quality and Safety Commission, and the health sector with input from consumers over the next year.

Our checks	**All measures should at a minimum be calculated for Māori and Non-Māori and effect of changes on equity noted. The general rubric being an improvement which worsens equity is not an improvement. This approach may also be appropriate for other groups e.g. Pacific and SE deprivation.**				
Balancing measures	ED attendances for ASH [equity] – top four conditions: respiratory, dental, skin and gastroenteritis				
Our work	Hospital admissions for ASH [equity] – top four conditions: respiratory, dental, skin and gastroenteritis				
Contributory measures	ED attendances for ASH [equity] – top four conditions: respiratory, dental, skin and gastroenteritis				
	Asthma bundle: hospitalisations; preventer/ reliever [equity]				
	Primary care access barriers 0-14 [equity]				
	Days out of school [equity]				
	B4 School Check (B4SC) before age 5 - [equity]				
	Quadruple enrolment				
	Oral health – enrolled in oral health service, caries free at age 5, hospital admissions				