Health Policy 121 (2017) 9–16

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Uncomfortable trade-offs: Canadian policy makers' perspectives on setting objectives for their health systems

Julia Abelson[a,b,*], Sara Allin[c], Michel Grignon[b,d,e], Dianna Pasic[b], Marjan Walli-Attaei[b,f]

[a] Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario L8S 4K1, Canada
[b] Centre for Health Economics and Policy Analysis, McMaster University, Hamilton, Ontario L8S 4K1, Canada
[c] Canadian Institute for Health Information, 4110 Yonge Street, Suite 300, Toronto, Ontario M2P 2B7, Canada
[d] Department of Economics, McMaster University, Hamilton, Ontario L8S 4K1, Canada
[e] Department of Health, Aging and Society, McMaster University, 1280 Main Street West, Hamilton Ontario L8S 4K1, Canada
[f] Health Policy PhD Program, Faculty of Health Sciences, McMaster University, Hamilton, Ontario L8S 4K1, Canada

ARTICLE INFO

Article history:
Received 9 October 2015
Received in revised form
19 September 2016
Accepted 14 October 2016

Keywords:
Health system
Decision makers
Qualitative research
Performance measurement

ABSTRACT

Background: Although a wide range of health system performance indicators are commonly reported on, there has been little effort to establish their relevance to the objectives that health systems actually pursue.
Objective: The aim of this study was to identify, explore and better understand health policy makers' views regarding the objectives and outcomes for their health systems, how they are prioritized, and the underlying processes that yield them to inform the development of health system efficiency measures.
Methods: A descriptive, qualitative methodology was employed using key informant interviews with 17 current and former senior health ministry officials in 8 Canadian provinces and 2 territories.
Key findings: Health ministries have clearly stated objectives for health systems focused on the achievement of health system delivery and population health goals and, increasingly, public, patient and financial accountability. Acute care objectives are routinely prioritized over population health objectives and viewed as resulting from challenges associated with difficult trade-off decisions shaped by organized interests and the media rather than explicit, evidence-based processes.
Conclusion: This study provides insights beyond publicly available documents to explore the processes that underlie simple statements of health system objectives. Our findings suggest that despite respondents giving priority to improving individual and population health, it is more commonly portrayed as an ideal objective than as a realistic one. By understanding what lies behind statements about what health systems are striving for, we offer a more robust avenue for increasing the uptake of future studies of health system performance.

1. Introduction

Since the World Health Report 2000 (WHO 2000), there has been a notable increase in efforts by governments across many jurisdictions to publicly report on their health systems' performance [1]. In the U.S., the Patient Protec-

* Corresponding author at: McMaster University, CRL Building, 2nd Floor, Room 203, 1280 Main Street West, Hamilton, Ontario L8S 4K1, Canada.
E-mail addresses: abelsonj@mcmaster.ca (J. Abelson), sallin@cihi.ca (S. Allin), grignon@mcmaster.ca (M. Grignon), walliam@mcmaster.ca (M. Walli-Attaei).

http://dx.doi.org/10.1016/j.healthpol.2016.10.007
0168-8510/

tion and Affordable Care Act was informed by the Institute for Healthcare Improvement's Triple Aim framework [2] and includes reporting requirements along four dimensions: improved health outcomes, prevention of hospital readmissions, improved patient safety and reduction of medical errors, and promotion of wellness and health [3]. In the United Kingdom, organizations providing health care commissioned under the NHS and Clinical Commissioning Groups are required to publish annual Quality Accounts [4]. And in Canada, the 2003 and 2004 health accords included a commitment from all provinces and territories to improve performance reporting, which has subsequently led to a variety of published reports [5]. Not surprisingly, a litany of health system performance indicators is now available. Moreover, not only is the number of potential indicators vast, these indicators also cover many different, potentially contradictory, objectives, such as preventing illnesses and providing timely access to care, and outcomes, such as life expectancy at birth or potential years of life lost to preventable diseases, without any prioritization.

In the midst of this "indicator chaos" [1], there has been a lack of clarity about what objectives are actually pursued. The stated objectives of governments are often broad and wide ranging, leaving the impression that they are pursuing all objectives equally and simultaneously. For example, a review of such stated objectives of official documents from Canadian provinces and territories was unable to discern whether health promotion and health inequities have become primary health system objectives [6]. Five overarching themes emerged from this review of health ministry annual reports, legislation and strategic planning documents: (i) overall population health, e.g., improving quality of life and life expectancy; (ii) system performance, e.g., improving access to and quality of care; (iii) distribution and disparities, e.g., reducing health inequalities; (iv) balancing priorities, e.g., statements about the need to balance acute care and prevention; and (v) public accountability and sustainability, e.g. engaging patients and being responsive to their needs. Absent from this document review was any discussion of explicit prioritization of objectives or outcomes making it almost impossible to assess the performance of these provincial health systems.

Perhaps because of this indicator chaos, most published studies on the performance of health systems choose one measure (variable) to assess what the health system is to be held responsible for, but make that choice in an ad hoc way, often justified on the basis of what is available in the data, without any theoretically grounded justification [6]. For example the World Health Organization (2000) report that set out to measure health system efficiency (their measure of health system performance) for 191 countries used disability adjusted life expectancy, responsiveness in the delivery of care (assessed by users) and fairness in financial contribution as their output measures (that they then combined into a composite index) [7]. The 2010 OECD study of health system efficiency focused on life expectancy and amenable mortality [8]. Nolte and McKee also used amenable mortality to measure health system performance across 19 OECD countries [9].

Other approaches to selecting output measures begin by defining the objectives that health systems are pursuing. For example, the OECD and WHO agree that one of the objectives of the health care system is to improve the health of the population [7,8]. However, Nolte and McKee suggest that improving population health is too ambitious and unrealistic an objective and that the health systems seeks, more modestly, to prevent premature deaths by providing good quality care in a timely manner when needed [9]. The disconnect between what health systems actually aim to do and objectives used in performance studies not only diminishes the relevance of these studies in providing valuable insights for stakeholders but has resulted in little to no uptake of these studies in guiding policy decisions [10,11].

We take a novel approach to determining the objectives of a health care system by exploring the perspectives of senior civil servants working in health ministries in Canadian provinces and territories on this topic. More specifically, we asked senior civil servants to describe the main objectives of their health systems, how these objectives are prioritized, and the trade-offs faced by governments in their attempt to pursue different health system outcomes. In pursuing this study aim, we seek to augment and provide a deeper understanding of what is typically available in documentary analyses of government reports that espouse various health system goals. Such an approach, in addition to reflecting the priorities of health system stakeholders, allows us to go beyond these objective statements of health system priorities to determine how these priorities are set and how trade-offs are made within governments between these potentially conflicting objectives. Canada provides an interesting policy context for this work given its long history of advocating for a 'population health approach' as a guiding framework to improving health outcomes, which began with the highly influential 1974 Federal government White Paper (the Lalonde Report) [12]. It is also an ideal study field in the sense that all provincial and territorial governments operate under the same umbrella (the Canada Health Act) and within the same context (e.g., comparable training for doctors and nurses) but still operate separate health systems that might pursue different goals.

2. Literature review

A comprehensive literature search was conducted to locate any methodologies, strategies or other resources that would help to inform a qualitative assessment of key stakeholder beliefs and values regarding health system outcomes. The literature on methods and criteria used to set priorities (e.g., Ref. [13]) was considered out of scope for this study given our primary focus on eliciting objectives and outcomes to inform the development of efficiency measures and only a secondary focus on the process and methods of setting priorities among these. We searched all databases within EBSCO host, including CINAHL as well as Social Science Citation Index via Web of Science focusing on peer reviewed publications in the English language without any restrictions on the publication date. We used the following search terms: "health care system" and "stakeholder values", "stakeholder preferences" and "health system", "policy maker views on health system",