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Review

The performance measurement–management divide in public health

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ABSTRACT

What happens when performance measurement and management (PMM) is applied to public health systems? This review of the experiences of high-income jurisdictions reveals considerable challenges, some familiar from the general public management literature and some more unique to public health. To aid understanding, the PMM ladder, a framework for evaluating PMM systems is developed and applied to 55 public health measurement systems from Australia, Canada, EU, New Zealand, UK and US. Results indicate that: considerable measurement is occurring for informational purposes; measurement focuses more on clinical than on population health measures; and there is relatively little use of measurement results for improving management. Results demonstrate that much public health performance measurement is restricted to population health outcomes and fails to include more proximate activity and output measures that would be more useful for managing public health organizations. There are early signs of the emergence of a new breed of public health performance measurement that attempts to do just this. The PMM ladder proved useful for assessing efforts across a range of jurisdictions. It allows policymakers and managers to easily compare their PMM efforts with others and assists researchers in assessing what happens when PMM is applied to public health.

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1. Introduction

Since at least the 1980s, with the advent of New Public Management, public health systems in high-income countries have developed performance measurement and management (PMM) schemes that purport to go beyond traditional monitoring and surveillance. In some cases, PMM has been introduced as part of more general public health system reform. At times PMM in public health is part of government-wide reforms in which New Public Management approaches are central.

Performance measurement has been defined by the United States Government Accountability Office (GAO) as "the ongoing monitoring and reporting of programme accomplishments, particularly progress towards pre-established goals."[1] Their definition notes that such activities are typically conducted by the management of the programme or agency responsible for them. The GAO contrasts this with programme evaluation, which is often conducted by experts external to the programme, and may be periodic or *ad hoc*, rather than ongoing. The GAO definitions, like many performance measurement systems in health care often use the framework of Donabedian, which focuses on various combinations of structures, processes, outputs, and outcomes [2–4].

Performance management both paves the way for and requires a performance measurement system. Many measurement systems are developed with the goal of defining where improvements can be made, with the assumption that managers can employ them once the measurement

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results are examined [5]. Performance management can be defined as the action of using performance measurement data to affect change within an organization to achieve predetermined goals [6]. There are a number of success stories in public management of using well-designed measurement systems to improve performance [7]. As noted below, however, although measurement may be necessary for management, not all performance measurement systems assume that they will be used to manage.

A number of reviews of various PMM efforts in the health sector have been published; they include both examination of individual countries, and comparisons among OECD countries, including Canada, the US, the UK, and Australia [8–14]. Much of the literature focuses on using performance measurement to improve clinical quality of care in a variety of sub-sectors, including primary care, and emergency care [15–17].

Largely missing from this literature about PMM in health is a comparative exploration of a central question in the general public management literature: In public health, to what extent is performance measurement information useful and being used in practice in a true performance management system [19,20]. In the introduction to a special issue of *Public Performance and Measurement Review* on PMM in general public administration, Schwartz concludes: “There is widespread agreement that the performance measurement movement has succeeded in creating a culture and norms of measurement. The fruits of this accomplishment raise considerable doubts.” [21]

The measurement management divide may be particularly pertinent to public health where the goals are improving the health of populations, but where many factors that influence population level outcomes are beyond the control of the public health organizations who are working to promote wellness and prevent disease. It is likely that use of population outcome data to manage public health organization performance will be far less tangible and immediate than is the case with healthcare organizations. Schwartz and Pais have demonstrated the challenges of linking tobacco control population outcomes to tobacco control strategy activities noting, for example, that several policy and programmatic interventions as well as ecological factors affect changes in tobacco use prevalence [56]

Yet, in keeping with the New Public Management approach, there is a desire to use population outcome data to improve public health performance. To understand how this dilemma is being addressed, this article describes the state of measurement in public health systems and applies a novel PMM ladder to assessing the performance measurement-management divide. We developed the PMM ladder in order to be able to assess differences amongst public health measurement systems in the extent to which they approach the ideal use of performance measurement to affect change in public health organizations in order to better achieve their desired population health outcomes. In so doing we aimed to describe measurement systems that fall across a broad continuum ranging from those that continue to resemble classic health statistics collection to those that use public health performance data in making decisions to improve the functioning of public health organizations. The purpose is to ascertain the extent of the measurement management divide in public health and to identify approaches to public health performance measurement that are more suited to its unique population health outcome orientation.

Ideal PPM has been described as involving three interdependent processes: (1) developing reasonable agreement among key stakeholders on missions, goals, and strategies; (2) developing performance measurement systems sufficiently documenting performance and supporting decision-making; and (3) using performance information for policy decision-making, programme effectiveness, and accountability. Well-functioning PPM systems are coordinated with decision-making for budgeting, planning and managing [55].

The key rungs of our PPM ladder (goals articulated, indicators defined, data collected, data use) are common concepts in the performance measurement literature [19,20]. We developed the sub-categories of use from distinctions in the literature and from a grounded theory approach in which we developed codes on the basis of the experiences that we found in our review of case materials.

The discussion offers insights as to why many public health measurement systems are largely divorced from directly influencing public health management and how others have adapted PMM to the unique characteristics of public health. The PMM ladder evaluative framework and the results from its application should be useful to decision makers looking to establish PMM systems or to improve the systems used in their jurisdictions.

2. Methods

We followed the approach to systematic reviews recommended by Pawson et al. [22], which, while still “explicit and transparent about the methods used,” takes a more iterative approach to developing the research questions, allowing the policy makers to participate in refining the research questions [23]. It recognizes that much of the analysis will, of necessity, be thematic and interpretative [24,25], including use of cross-case analysis [26,27] and a ‘barriers and facilitators’ conceptual framework to draw together the conclusions [28].

As the ESRC UK Centre for Evidence Based Policy and Practice has noted, social science reviews differ from the medical template in that they rely on a “more diverse pattern of knowledge production,” including books and grey literature [29]. We accordingly employed policy synthesis methodology [24,26,27,30–33], using a ‘best-evidence synthesis’ [34–39] to allow the review to recognize the difference between the methodology required for systematic reviews which address the question “what works?” (for which narrower methods may indeed be appropriate) and those which address a broader array of questions, such as “what combination of interventions works where, for which sub-populations, in which environmental circumstances, in which combinations, administered at what rate of intensity, over which period of time and in what order?” [40].

Our search strategy included multiple sources. To capture published and grey literature, we searched the following databases: PubMed, Web of Science, and Google

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