

068: THE POLICY DYNAMICS OF DEVELOPING A NATIONAL PERFORMANCE INDICATOR FRAMEWORK FOR THE NETHERLANDS

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Objective:

To describe the policy dynamics of developing a national performance indicator framework (PIF) for the Dutch health care system during the period June 2003 through June 2004.

Methods:

- Description of strategy and structure of the development process of the PIF by the ministry of health (MoH).
- Participatory observations of the social process, its intensity, outcomes and side effects.

Results:

Development philosophy. An iterative and interactive approach that links research support with policy development was chosen. Alignment with health system reforms and national information policies was sought.

Strategy and Structure. Development of the PIF was initiated in January 2002 by the MoH and influenced by OECD and WHO thinking. The main actors in the development process were: the Strategic Unit for Information Policy (SEIZ) was the main actor together with the Ministerial Steering Group and Working Group.

Observations. In the previous phase of the development process, researchers took an initial lead in the development of the PIF (first period), the ministry adopted the proposed framework (second period) and the activities focussed on the development of the 26 individual indicator areas (third period). For each of four indicator area groups a group manager was assigned, for each indicator area a project leader.

Second phase, first period June 2003 – January 2004.

- Project leaders developed proposals for individual indicators. The completeness of the proposals varied largely. Some were very explicit and included data, others were still very global.
- Integration of the indicators into the existing budgetary planning tools was proposed to link the framework with the governmental budgetary planning and control cycle. This initiative of the financial department was informative about the non-budgetary character of the framework and demonstrated the different goals of, on the one hand, the framework and budget plans and on the other, reports.

Second phase, second period January – June 2004.

- To strengthen the development of the framework a project began to fill as many indicators as possible. This exercise, carried out by a national health care data registry institute (Prismant), was guided by the 26 proposals.
- The Council for Public Health and Health Care (RvZ) advised the MoH on the strategic positioning of the framework in the existing organisational structure of the MoH and in the overall picture of roles, responsibilities and steering mechanisms.
- To build a stronger influence on the development process of the PIF and other information policies the ministry created a new department within the hierarchical line structure that addressed the ministry's information policy agenda. The new department was built on the existing frame of SEIZ but had a stronger position within the ministry and was linked to health system reforms.

Side effects.

- The need of the ministry to make policy goals more explicit.
- The need of the ministry to have more explicit division of responsibilities in the health care system.
- Overall impact: restructuring of existing information systems in health care.
- Link with debate on performance indicators in other parts of the health care system.

Conclusion:

The development of a PIF is a social/political process as well as a methodological exercise. It should be carefully managed as a research-based, policy-led change process. In the period June 2003 through June 2004, the focus was on the internal positioning of the framework within the organisational structure of the ministry of health and its overall strategies.