

The policy dynamics of developing a national performance indicator framework

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Objective:

To describe the policy dynamics during the first eighteen months of the development of a national performance indicator framework (PIF) for the Dutch health care system.

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 by the MoH and influenced by OECD and WHO thinking. A strategic unit for information policy (SEIZ) was formed at the MoH. A working group of representatives of directors of all departments (PBW) was the platform for information policies in general and the development of the PIF in particular. PBW advises the Steering Group Information Policy Health Care (SIZ). SIZ has decision making power, and consists of the director generals (Public Health, Cure-Care, Welfare), directors of the financial and macro-economic departments and the director of SEIZ. A professor in social medicine was invited to give research support to the MoH for the development of the PIF. He and his team report to PBW and SEIZ. To optimize the interaction between policymakers and researchers a member of SEIZ who coordinates PBW, joined the research team. From the start research support was considered as an integral part of the policy development process.

Observations. *First period, January – June 2002.* Most activities were carried out by researchers. Progress was presented in monthly PBW meetings. PBW members, although interested, were apprehensive towards “yet another initiative of which the consequences are unclear”. At national level, the research group consulted institutes dealing with health statistics and public health. At international level, the principal investigator represents The Netherlands in the OECD indicator project and participates in other networks focussing on indicator development. At the MoH, departments that had performance measurement on their agenda, sought contact with the researchers. They gave and got feedback to align other policies with the developing PIF. This occurred already in the first months. Researchers and SEIZ tried to make all efforts convergent. *Second period, July 2002 – January 2003.* When the first sketchy contours of the framework became visible, the discussions in PBW focussed on the question “What does it mean for “my” department”. This was discussed at different levels. In January 2003 the framework —with indicator areas, not indicators— was officially endorsed by PBW and decided upon by SIZ. The framework became a tool (under construction) owned by the ministry. *Third period, February – June 2003.* Activities focussed on the development of the individual indicator areas, 26 in total. For each of four indicator groups a group manager was assigned, for each indicator area a project leader. He/she leads the development of a specific indicator. Most group and project leaders attend PBW frequently. Researchers participated in indicator group meetings and met separately with project leaders on request. In two invitational conferences the PIF was communicated with other parties in the health care field.

Side effects. • need of the ministry to have more explicit policy goals • 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 governmental planning and control cycles • link with debate on performance indicators in other parts of the health care system.

Intensity of process as indicated by number of institutions and persons actively involved.

	Period 1 (Jan.-June '02)	Period 2 (July '02-Jan.'03)	Period 3 (Feb.–June '03)
MoH departments (# pers.)	1 (2)	14 (35)	14 (50)
Research team members	5	6	6
Extern. research institutes (# pers.)	1 (1)	3 (4)	5 (7)
Extern. health care institutions* (# pers.)	0	0	75 (180)

*= health care institutions that participated in invitational conferences and/or contacted the research team

Conclusion. The development of a PIF is a social process as well as a methodological exercise. It should be carefully managed as a research-based, policy-led change process.