European Commission Structural Reform Support Service N°SRSS/C2019/046





Final Report

Performance accountability for the Irish health system

Academic Medical Centre of the University of Amsterdam (AMC)

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Introduction

This final report consolidates the reporting and activities conducted in the scope of Action (Agreement NoSRSS/C2019/046) entitled: Performance accountability for the Irish health system. The Action officially commenced 22 August 2019 following the signing of the agreement. The indicative timeline in the Description of the Action was updated based on this start date. The timing of key milestones were discussed with the DoH, HSE and European Commission and were agreed upon at the Kick-off event. However with the outbreak of the COVID-19 pandemic, and related commitments of the DoH and HSE some adjustments had to be made (both in timeline, and ways of interacting with stakeholders) on which we communicated directly with the European Commission and reported on in the various progress reports. Nevertheless, all activities related to the action were completed.

Outputs

The specific outputs of the Action were three-fold. These three objectives correspond to the main deliverables of the Action (see Section four: Planning) and are defined as follows:

- 1. to provide a framework for health system performance assessment with a method for the collection, collation and analysis of robust health outcomes data around key performance indicators in the Irish health system;
- to provide modules within the health system performance assessment framework with measurable and quantifiable outcome-based indictors that are linked to relevant health policies and strategies, enabling the integration of policy and reforms into a broader view of performance; and,
- 3. to enhance the capacity of the Irish authorities to produce the first HSPA report.

The below table reports the achievement of the specific deliverables, tasks and submitted progress reports.

Table 1. Achievement of deliverables and tasks

Deliverable (D)/task (T)	Description	Deadline
D1: Inception report	Minutes from kick-off	Completed January 2020
	meeting and agreed upon	(reported in 6 month progress report,
	work-plan and deliverables,	submitted on 22 February 2020)
	key-points for subsequent	
	stages of work-plan	
T1: Citizen Panel	Developing the focus of	Completed: 7 December 2019
	HSPA framework by input	(reported in File Deliverable 2,
	from Citizen Panel	Methodological Report)
T2: Internal and External	Developing the focus of	Completed: 31 January 2020
Stakeholder Panels	HSPA framework by input	(reported in File Deliverable 2,
	from Internal and External	Methodological Report)
	Stakeholder Panels	
T3: HIS assessment	Assessment of the Health	Completed: 31 January 2021 (reported
	Information Systems in	in File Deliverable 2, Methodological
	Ireland (WHO Tool)	Report Chapter 3, and Supplementary
		File 2)
Progress report		Submitted on 19 February 2020

T4: Domains and indicators	Define domains and	Completed: 26 February 2021 (reported
	indicators to be included in	in File Deliverable 2 Methodological
	HSPA, International Advisory	Report and Supplementary files 1a and
	Board	1b)
Progress report		Submitted on 29 July 2020
T5: Data collection and analysis	Define improvements of	Completed: 26 February 2021 (reported
strategies	data collection mechanisms	in File Deliverable 2 Methodological
	and analytical	Report and Supplementary files 1a and
	methodologies	1b)
D2: Methodological report	Information about	Completed: 26 February 2021 (reported
	preceding tasks compiled in	in File Deliverable 2 Methodological
	a methodological report.	Report and Supplementary files 1a and
		1b and 2)
T6: Subsets of indicators	Definition of subsets of	Completed: 26 February 2021 (reported
	indicators for assessing	in File Deliverable 3)
	policies and reforms	
D3: Assessment modules	Assessment modules for	Completed: 26 February 2021 (reported
	specific policies and reforms	in File Deliverable 3)
Progress report		Submitted on 30 November 2020
D4: Action plan 1st HSPA report	Action plan for a first HSPA	Completed: 26 February 2021 (reported
	report	in File Deliverable 4)
T7: Organise International	Organize an International	3 International workshops were held.
Workshop	Workshop on Health	One on March 11th 2020 and two on
	Outcomes Frameworks	October 26th 2020.
D5: Report of the Workshop	Reporting of the outcomes	Completed: 26 February 2021 (reported
	of the International	in File Deliverable 5)
	workshop on health	
	outcomes frameworks.	
T8: Presenting sample of	Production and presentation	Completed: 26 February 2021 (reported
indicators	of sample indicators	in File Deliverable
D6: Semi-populated HSPA	HSPA framework based on	Completed: 26 February 2021 (reported
framework	sample indicators	in File Deliverable 6)

Since this final report is accompanied by Deliverables 2 to 6 and the corresponding tasks, we refer to the attached files for detailed information on each.

We do not report in this Final Report on Deliverable 1 the Inception Report, because it was already submitted on February 22, 2020. The Inception Report reported on the Minutes from kick-off meeting and agreed upon work-plan and deliverables, key-points for subsequent stages of work-plan.

In the following sections, we briefly describe the content of each accompanying file:

Deliverable 2, Methodological report: The development of the Irish Health System Performance Assessment Framework & its relation to the Health Information System

The Methodological report describes how the Irish Health System Performance Framework is developed and the approach taken to define domains and identify indicators (Chapter 2).

Supplementary File 1a: HSPA Framework Overview

Supplementary File 1a provides the developed HSPA framework (see figure 1) including clusters, domains, sub-domains, features and data sources, and an overview of total number of indicators and their link to the three functions of the framework. The file support Chapter 2 of the Methodological report.

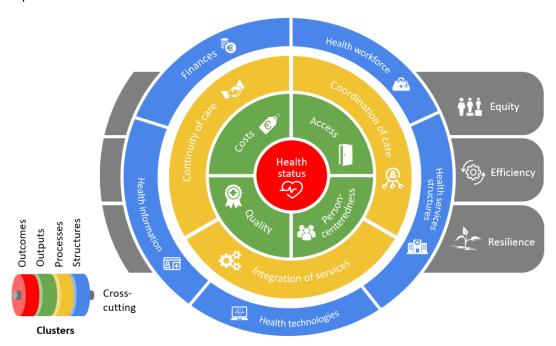


Figure 1 Graphical display of the developed Irish HSPA Framework

The framework was ordered by the five clusters of outcomes, outputs, process, structures, and a cross-cutting cluster. Each cluster of the Framework was populated by 1 to 5 domains which were in turn divided by 5 to 8 sub-domains. The sub-subdomains were structured by approximately 5 to 13 features, which were populated with in total 260 indicators for all three purposes (uses) of the framework (see tables 2 and 3).

Table 2 Overview of current HSPA Framework for Ireland

Clusters	Outcomes	Outputs	Process	Structures	Cross-cutting	Totals*
Domain	1	4	3	5	3	16
Sub-domain	5	9	6	8	8	36
Approx. features	13	19	5	6	6	49
Approx. indicators	35	95	30	70	30	260

^{*}Note totals are for all three purposes (uses) of the framework

Table 3 Overview of clusters, domains, sub-domains and features

Cluster	Domain	Sub-domain	Feature
Outcomes He	Health status	Self-reported health	Self-reported health status
		Disability	Self-reported disability
			Types of disability
		Morbidity	Burden of disease
			Select types of morbidity
			Multi-morbidity
		Mortality	Life expectancy
		,	Avoidable mortality
			Causes of mortality
			•
		District of the second	Healthy life expectancy
		Risk factors	Overvweight/obesity
			Lifestyle/environment
			Health literacy
·	Access	Affordability	Social protection
		Availability	Availability
	Person-centredness	Patient-reported experiences	PREMs
			Satisfaction
		Patient-reported outcomes	PROMs
			Experience
		Carer experiences	2.,50
		Staff experiences	Experience
	Quality	Clinical effectiveness	Cardiovascular and diabetes
	Quality	Cilinical Circulvelless	
			Cancer
			Chronic conditions and ambulatory/primary care sensitive
			conditions
			Mental health
			Infectious diseases
			Prescribing
		Safety	Medication
			Patient accidents
			Clinical process/procedure
			Health care associated infection
			Resources/Organizational management
	Costs	Costs	Expenditure
Process	Coordination	Self-reported health	Patient
Process			
Process			Patient
Process		Self-reported health	Patient Carers Staff
Process			Patient Carers Staff Follow-up
Process	Coordination	Self-reported health Transition management	Patient Carers Staff
Process		Self-reported health Transition management Care delivery	Patient Carers Staff Follow-up
Process	Coordination	Self-reported health Transition management Care delivery Readmission	Patient Carers Staff Follow-up
Process	Coordination	Self-reported health Transition management Care delivery Readmission Informational	Patient Carers Staff Follow-up
	Integration Continuity	Self-reported health Transition management Care delivery Readmission Informational Relational	Patient Carers Staff Follow-up Discharge
	Coordination	Self-reported health Transition management Care delivery Readmission Informational	Patient Carers Staff Follow-up
	Integration Continuity	Self-reported health Transition management Care delivery Readmission Informational Relational	Patient Carers Staff Follow-up Discharge Capacity
	Integration Continuity Health workforce	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning	Patient Carers Staff Follow-up Discharge Capacity Migration
	Integration Continuity	Self-reported health Transition management Care delivery Readmission Informational Relational	Patient Carers Staff Follow-up Discharge Capacity
	Integration Continuity Health workforce	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning	Patient Carers Staff Follow-up Discharge Capacity Migration
	Integration Continuity Health workforce Health services structures	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning Infrastructure	Patient Carers Staff Follow-up Discharge Capacity Migration Facilities Beds
	Integration Continuity Health workforce Health services structures Health	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning	Patient Carers Staff Follow-up Discharge Capacity Migration Facilities Beds Technology capacity
	Integration Continuity Health workforce Health services structures	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning Infrastructure	Patient Carers Staff Follow-up Discharge Capacity Migration Facilities Beds Technology capacity Technology accessibility
	Integration Continuity Health workforce Health services structures Health technologies	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning Infrastructure Use and uptake of technologies	Patient Carers Staff Follow-up Discharge Capacity Migration Facilities Beds Technology capacity
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Structures	Integration Continuity Health workforce Health services structures Health technologies Health information Finances Equity Efficiency	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning Infrastructure Use and uptake of technologies Registries Digitalization Expenditure Reimbursement mechanisms Investment in R&D Population groups Geographic Short-term Mid-term Long-term Motivated and well-supported	Patient Carers Staff Follow-up Discharge Capacity Migration Facilities Beds Technology capacity Technology accessibility technology diffusion Waiting times
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Process Structures Cross-cutting	Integration Continuity Health workforce Health services structures Health technologies Health information Finances Equity Efficiency	Self-reported health Transition management Care delivery Readmission Informational Relational Workforce capacity planning Infrastructure Use and uptake of technologies Registries Digitalization Expenditure Reimbursement mechanisms Investment in R&D Population groups Geographic Short-term Mid-term Long-term Motivated and well-supported workforce	Patient Carers Staff Follow-up Discharge Capacity Migration Facilities Beds Technology capacity Technology accessibility technology diffusion Waiting times

Supplementary file 1b: Indicator Passports

The indicator passports are provided in a manageable excel file (Supplementary File 1b). They provide a complete overview of the indicators mapped to the health system performance framework developed. Each tab refers to a specific cluster of the framework. For each indicator, where available, details are reported on:

- *Indicator title:* The specific indicator or question
- *Numerator/denominator:* For quantitative measures, this field lists the details of the numerator/denominator or refers to the source with details defined. For categorical questions, this field lists the specific answering categories.
- Dissagregations: Relevant disaggregations for purposes of analysis
- *Indicator source/suggestion:* The original source for the indicator (where it draws from). The source may also be one of the workshops conducted and is noted as such.
- *Primary use:* Of the framework's main purposes of use (public reporting, strategy development and services planning), this field refers to the main purpose of use as signalled by workshops participants.
- Secondary use: An alternative or secondary use of the indicator.
- Available data: The identified sources that are known or expected to report on the indicator.
- *Alternative data*: An alternative or secondary use of the indicator. This may include where the indicator is available for international comparisons.
- *Other comments*: Any additional comments from workshop participants, including possible limitations or considerations for analysis.

Deliverable 3, Assessment modules for specific policies and reforms

The linkage between the strategic actions from the Sláintecare reform were evaluated and translated to the choice of domains and indicators in the HSPA framework. Deliverable 3 provides a clustered list (module) of indicators proposed for the Irish HSPA framework, categorised according to Slaintecare goals. The DoH can use this subset of indicators to monitor progress and impact of strategic system reforms (which is one of the 3 functions of the framework). By receiving regular reporting (e.g. through a dashboard) on this reform subset of indicators questions can be answered by the DoH such as: Have I the right areas to prioritize? What is the impact of the strategies that are in place? What changes are needed in a mid-term horizon?

Deliverable 4, Action Plan

Deliverable 4 provides an Action Plan presenting some initial considerations for the further implementation of the Irish HSPA Framework and its reporting. First discussions about the further implementation of the framework took place January and February 2021 with both the working- and steering group of the project. Both parties agreed to work towards further inception of the developed framework via a launch event at a time Ireland is out of the immediate pandemic crisis. Initial plans are in the make for late spring/early summer.

Deliverable 5, Reporting on International Workshops

The original workplan included the organisation of one international workshop in the final phase of the project in Dublin. However, during the kick-off meeting of the project it was decided it would be functional to set up an International Advisory Board which would meet virtually (due to the COVID-19 pandemic) at two key moments in the project, and to closely align the work with the expertise of the European Commission's Expert Group on HSPA. As a result, two international workshops were held with the International Advisory Board (on March 11th 2020 and on October 26th 2020), on one

meeting was held with EU Expert Group on HSPA (on October 26th 2020). At all three events the meetings were organised and hosted by the DoH and HSE, and co-host by the AMC R&D team. Deliverable 5 reports on all three meetings.

Deliverable 6, Semi-populated HSPA Framework

Deliverable 6 demonstrates the outcomes cluster of the framework populated with existing data as an illustration. It covers a subset of indicators in this cluster based on data availability. Specific data sources, breakdowns and visualizations should be chosen based on the specific function (purpose of use). The modality of reporting (dashboard, report, etc.) should also be carefully developed with the target use and user in mind. In the file, the original sources of each figure are noted accordingly for further reference. Reference is also made to Deliverable 1: Indicator Passports (Excel) to view the indicator set for this cluster in full.

In a sum, a HSPA framework for Ireland has been developed with a focus on health outcomes data (**Outcome 1**) that can be used by the DoH (1) for public reporting on overall performance to the general public, and (2) to monitor progress and impact of strategic system reforms, and that can be used by the HSE to (3) to signal performance for short-term planning and priority setting across services delivery.

All project results have contributed to enhancing the capacity of Irish authorities to implement the HSPA Framework and to produce the first HSPA report (**Outcome 2**). Nevertheless, the AMC R&D team will remain available to support the next phase of implementation as deemed appropriate and useful by the DoH and HSE.