

Measuring and improving performance in home care services: A four country comparison

Juliette Malley, Jose-Luis Fernandez & Marthe
Nyssens

PSSRU

at the University of Kent,
the London School of Economics
and the University of Manchester

Background

- Performance assessment increasing role in public sector
- Adoption of techniques varies within countries and by policy area
- This study: Look at one policy area – home care – understand variation in performance assessment and measurement in context of differing system objectives and structures

Study design

- Policy area: Home care for older people
- Method: Cross country comparison
 - Utilising structured questionnaire & describe examples of performance evaluation reports
 - Supplemented by additional published research
- Countries:
 - Belgium (Flanders & Wallonia), England, Germany, Italy

Research questions

- What is the regulatory, structural and policy context within which performance is evaluated?
- How do countries evaluate performance within this framework?
- What measures do countries use to evaluate performance?
- What is the subject focus of performance assessment activities?

FRAMEWORK FOR ANALYSIS

Defining performance

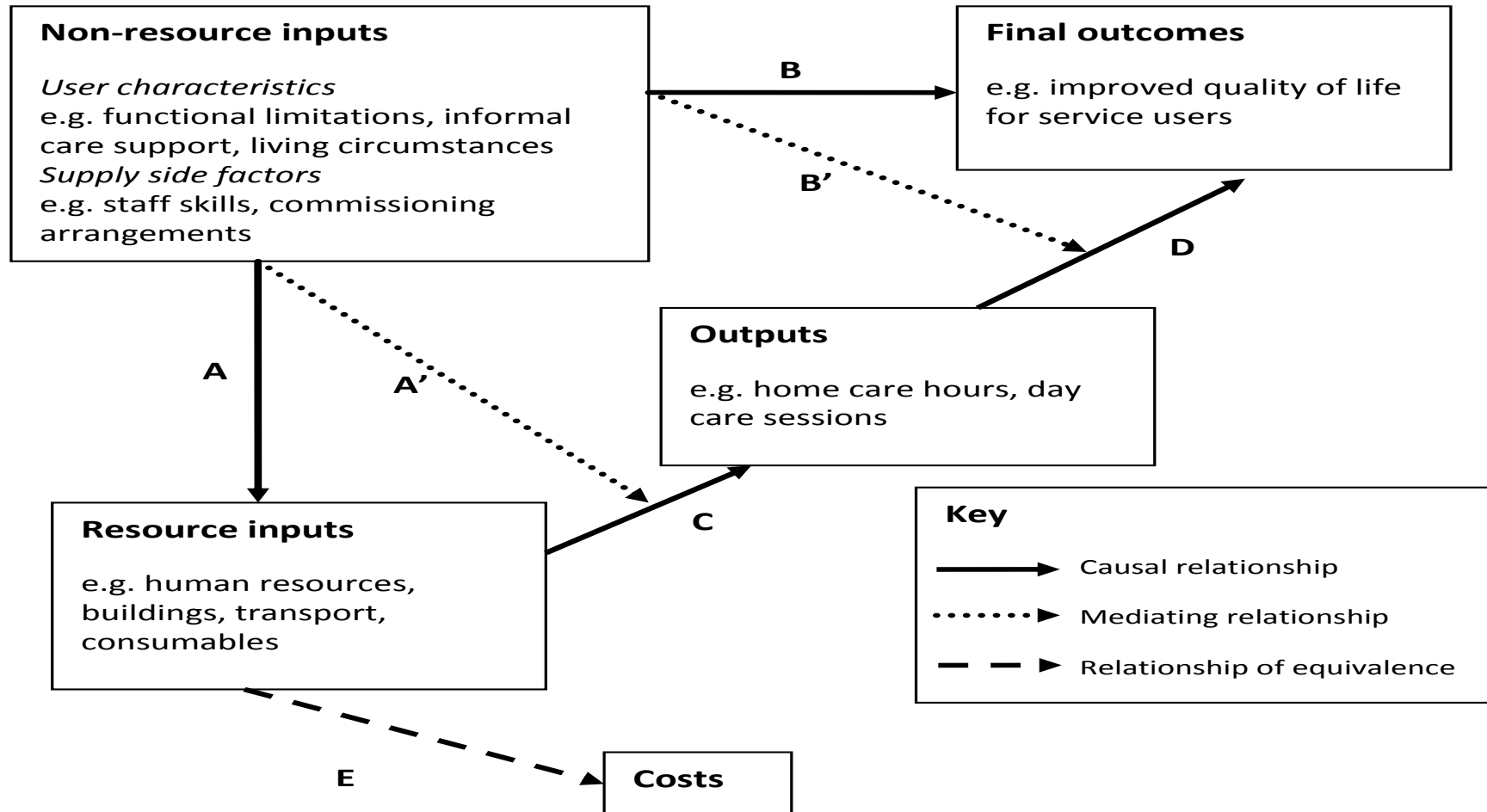
- Includes quality but not the same thing
- Performance necessarily at the system or service level
- Quality comes at a price – opportunity costs to pursuing ever higher quality
- Performance incl. assessment of costs & production process
- Public sector: equity of access and delivery also important

Evaluation approaches

- performance monitoring – management
- performance audit, inspection and oversight
- (quasi-)experimental evaluations and the evidence-based policy movement
- accreditation and evaluation system – public/private organisations
- monitoring and evaluation system – structured feedback on impact & results of policy

(Leeuw & Furubo, 2008)

Measuring performance: Production of Welfare (POW)



On the subject of assessment

- Traditional POW perspective = service user
 - carers important because externalities
 - workers directly involved in production process
- But policies sometimes implemented for workers or for carers not service users – specification of POW should reflect this

CASE STUDY EVIDENCE

Country context (1)

- England
 - Public funds allocated to any (registered) provider by competitive tender
 - Regulations cover entry, continued operation & exit
 - Locally-administered needs & means-testing
 - Increasing use of Personal Budgets/Direct Payments
- Belgium
 - High volume of home care provided
 - Public funds allocated to (accredited) public/NFP providers
 - 'Tutelary' type regulation, controlling entry & continued operation

Country context (2)

■ Germany

- LTC insurance – nursing & personal care
- Any provider (with contract) competes for users who have free choice of provider; prices are fixed
- National regulations: entry & continued operation

■ Italy

- Significant regional autonomy & high degree of variation in availability of means-tested home care
- Public funds allocated to any (authorised & accredited) provider by competitive tender
- Regional regulations: entry (and some continued operation)
- Large irregular workforce supported by care allowances

Regulatory environment

	Belgium	England	Germany	Italy
Entry requirements	Only accredited, public/NFP providers	Only nationally registered providers	Only providers with general contract with insurers	Only locally accredited providers
Standards	Yes, requirement for accreditation	Yes, requirement for registration	Yes, requirement for contract	Yes, requirement for accreditation
Authority	set regionally	set nationally	set nationally	set regionally
Relationship to evaluation	Audit/inspection	Inspection	Inspection	?
Focus & breadth of standards	Inputs and narrowly specified	'Outcomes' and broadly specified	Inputs and outcomes, and narrowly specified	Inputs, vary regionally
Sanctions	Yes, e.g. fines, remove accreditation	Yes, e.g. fines, remove/ suspend registration	Yes, e.g. cancel contracts	?

Summary of evaluation systems

	Belgium	England	Germany	Italy
Systems used	Accreditation (evaluative component stronger in Flanders) Limited use of provider audits/inspections (linked to accreditation) Monitoring and evaluation	Performance monitoring Regular provider audits/inspections Monitoring and evaluation Experimental & quasi-experimental evaluations of pilot schemes	Performance monitoring Regular provider audits/inspections Monitoring and evaluation	Accreditation (but lacking evaluative component) Weak & fragmented use of audit/inspection by regional authorities Weak use of monitoring and evaluation
Subject	Workers and service users	Service users, and to a lesser extent carers	Service users	Workers, and to a lesser extent service users
Target audience	Regional and federal bodies	Parliament, local and central government, prospective and current consumers	Bundestag, regional governments, insurers, current and prospective consumers	Local, regional and national government

Summary of measures

Type of measure	Belgium	England	Germany	Italy
Input	Yes	Yes, workforce data partial	Yes	Yes
Output	Yes	Yes	Yes	Yes
Cost	Yes	Yes	Yes	Yes
Quality	Yes, specific purposes Worker & (more limited) service user focus Process & outcomes	Yes, regular Service users & (more limited) carers focus Structure, process & outcome indicators Measures often user- reported	Yes, regular Service user focus Structure, process and outcome indicators Measures very clinical (body-related care acts)	No specific quality information

Discussion points (1)

- Differences in use of evaluation systems & measures depend on context
- Marketisation
 - Rationale for oversight, use of outcomes data & publication of provider results
 - Tutelary model, direct control over providers, control inputs (accreditation) & manage performance (reporting)
 - Italy outlier (restricted supply) & titres-services in Belgium (focus on labour market outcomes/ not restricted to dependent)

Discussion points (2)

■ Extent of provision

- Control necessary where sector is large e.g. Germany & England both developed audit/inspection systems when home care sector expanded
- Monitoring & evaluation meet policy needs – money spent well/system sustainable/meet policy objectives?
- If increase supply in Italy, stimulate performance evaluation?

■ Politics

- Focus on workers in Italy & Belgium
- Belgium: v large, organised workforce, collective agreements
- Italy: large, irregular workforce

Do different evaluation approaches support good performance?

- Rarely focus on efficiency
- Outcomes-focused v. Input/structure-focused
 - Outcome: Measurement problems, lack of risk-adjustment, but necessary for diverse 'personalised' services?
 - Input: focuses on improving conditions of workforce, but how would system fare if cost containment pressures?
- Market-based v. managed approach
 - Certain forms of evaluation necessary in quasi-markets
 - Rely on user choice to drive provider exit (inefficient & poor quality)
 - To what extent can users choose well (and move) freely?
 - Is audit/inspection a good enough back-up?
 - What about voice as an alternative to exit? Other alternatives?