

EHMA 202-

Shaping and managing innovative health ecosystems



How different performance information types drive decision-making in healthcare organizations: an experimental study

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INTRODUCTION: PERFORMANCE MANAGEMENT IN PUBLIC SECTOR



After 1980s

New Public Management

 Introduction of Performance Management (**PM**) tools and model from private sector. **PM** encompasses the activities of measuring, managing and evaluating the performance of a company or group of companies, and is a discipline of management control (Otley, 1999, 2003; Ferreira & Otley, 2009).



PERFORMANCE INFORMATION (PI)



IDEA BEHIND PM IN PUBLIC SECTOR

Decision-makers



PI to achieve objectives



PI to improve public sector accountability





The mere collection of PI in not sufficient



Real use to guide decision-making

(Dooren & Van de Walle, 2008; Moynihan, 2008)



THEORETICAL BACKGROUND

Performance information use



Performance management in healthcare



Hybrid professionals



T.B.: PERFORMANCE INFORMATION USE (1/3)

Determinants of PI use:

(Kroll, 2015)

MATURITY OF PI SYSTEM



INVOLVEMENT OF EXTERNAL STAKEHOLDER



PROPENSITY OF MANAGER



INSTITUTIONALIZATION OF PM



Human rationality aspects of PI use:

(Tversky & Kahneman, 1974)

NEGATIVE BIAS

dissatisfaction / satisfaction

(Olsen, 2015; Fuenzalinda, 2021) ta

targets achieved / targets not achieved

FRAMING

+/-

(Beackgaard et al., 2019; Bellardinelli et al., 2018)

EX-ANTE / EX-POST evalutation

FORMAT

Graphic or textual

(Bellardinelli et al., 2018; Bellè et al., 2022)

ANCHORING ELEMENTS

(Bellè et al., 2018; Nagtegaal et al., 2020)



T.B.: PERFORMANCE MANAGEMENT IN HEALTHCARE (2/3)







Inter-organizational performance measures



Patient-reported performance measures PREMs PROMs





Facilitate the analysis of effectiveness and cost-effectiveness

(Coulter, 2006; Withers et al., 2021)



Improve clinicians' decision-making and service delivery (Coulter, 2006; Withers et al., 2021)



Enhance administrative practices of healthcare organizations (Gleeson et al., 2016; Elliott et al., 2010)



Align service delivery with patients' expectations (Coulter, 2014)



T.B: HYBRID PROFESSIONALS (3/3)



(Giacomelli, 2019; Alibrandi et al., 2021)

PROFESSIONAL BUROCRACIES: "knowledge-intensive" activities relying on the skills and competencies of the working professionals (i.e., medical doctors).



PROFESSIONAL ROLES

(i.e., taking care of people)



MANAGERIAL RESPONSABILITIES

(i.e., budgeting, performance tools)











COMPARATIVE



RESEARCH OBJECTIVE

PERFORMANCE INDICATORS

Financial data

Administrative data

Patient-reported (PREMs/PROMs)



RQ: Are hybrid professionals keener to use **user-based** performance information, rather than **traditional** performance measures, when taking a decision?



METHODOLOGY: EXPERIMENTAL APPROACH



August - December



Sicilian healthcare hybrid professionals



Web-based experiment (Qualtrics software)







CONJOINT EXPERIMENT

"There are two organizational units with the same speciality, as general director to which of the two units would you assign an award?"



- 8 scenarios
- 3 levels (6/8/10)
- 3 Factors:

"Rating (1 to 10) on the basis of patients' perceived quality";

"Rating (1 to 10) on the basis of voluntary discharges";

"Rating (1 to 10) on the basis of revenues from active mobility"

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CONJOINT EXPERIMENT

"There are two organizational units with the same speciality, as general director to which of the two units would you assign an award?"

	Unità 1	Unità 2
Valutazione (da 1 a 10) sulla base della QUALITA' PERCEPITA DAI PAZIENTI	8	6
Valutazione (da 1 a 10) sulla base della % di DIMISSIONI VOLONTARIE	6	8
Valutazione (da 1 a 10) sulla base dei RICAVI PER MOBILITA' ATTIVA	8	10
	0	0

	Unità 1	Unità 2
Valutazione (da 1 a 10) sulla base della QUALITA' PERCEPITA DAI PAZIENTI	8	10
Valutazione (da 1 a 10) sulla base della % di DIMISSIONI VOLONTARIE	8	10
Valutazione (da 1 a 10) sulla base dei RICAVI PER MOBILITA' ATTIVA	8	6
	0	0



CONJOINT EXPERIMENT

"There are two organizational units with the same speciality, as general director to which of the two units would you assign an award?"

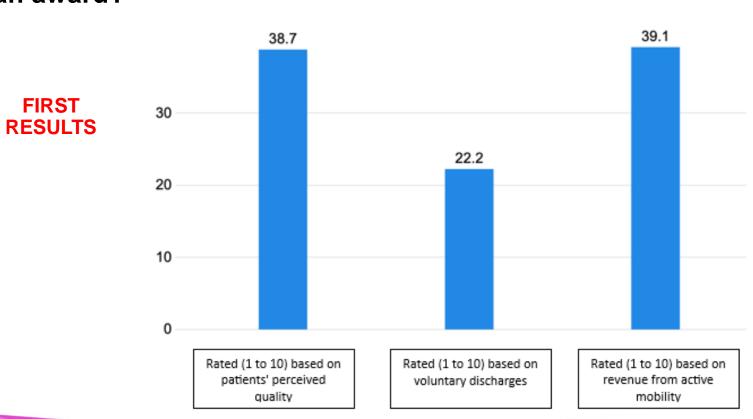


- 3 levels (6/8/10)

- 3 Factors: QUALITY

DISCHARGES

MOBILITY





BEST-WORST SCALING EXERCISE

PERFORMANCE INDICATORS

Financial data

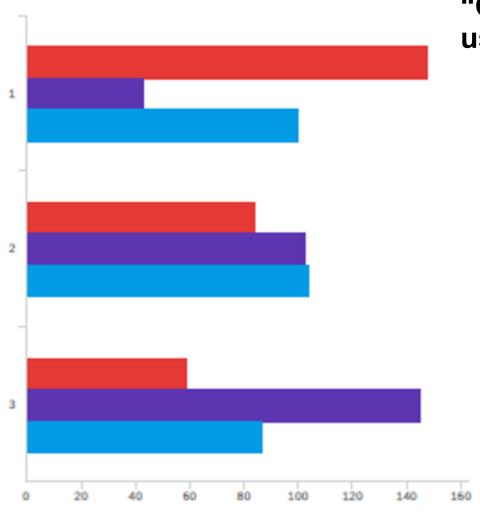
Administrative data

Patient-reported (PREMs/PROMs)

"Order indicators based on those you would use to evaluate an organizational health unit"



BEST-WORST SCALING EXERCISE



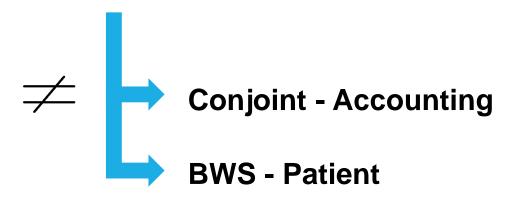
"Order indicators based on those you would use to evaluate an organizational health unit"

- Quality perceived by patients through questionnaires administered to users.
- % of voluntary discharges calculated through data from hospital discharge reports (SDOs).
- Active mobility calculated through accounting data (revenues from outpatient attraction).



RESULTS

- Administrative data are considered less within the decision-making process.
- Accounting and patient PI would seem to be the most reliable for healthcare professionals and the most used for the evaluation of an organizational unit.









RESULTS



- Professionals are generally more used to taking financial aspects into account because they have an important weight in budget reports (CONJOINT)
- In the stated choice, they weigh more on their background as clinicians, putting the information from the patient first (BWS)



MANAGERIAL IMPLICATION

BUDGET REPORT



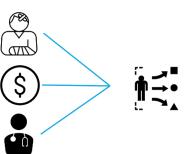
Balance between financial objective and quality of care

Integration of patient data in the clinical setting could lead to more person-centered PMSs





How **different types** of PI (i.e. user-reported, administrative data and financial data) may impact their use



New way to structure PI to better engage hybrid professionals with their managerial role

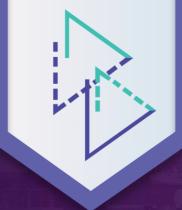


Investigating the use that doctors make of these tools



Insights for adoption, integration and implementation of patient-reported measures in PM system





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