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

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#EHMA2024
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).

**IDEA BEHIND PM IN PUBLIC SECTOR**

- **PI to achieve objectives**
- **PI to improve public sector accountability**

**PERFORMANCE INFORMATION (PI)**

The mere collection of PI is not sufficient (Dooren & Van de Walle, 2008; Moynihan, 2008)

Real use to guide decision-making
THEORETICAL BACKGROUND

Performance information use

Performance management in healthcare

Hybrid professionals
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
(Olsen, 2015; Fuenzalinda, 2021)
FRAMING
(Beackgaard et al., 2019; Bellardinelli et al., 2018)
FORMAT
(Bellardinelli et al., 2018; Bellè et al., 2022)
ANCHORING ELEMENTS
(Bellè et al., 2018; Nagtegaal et al., 2020)
Multidimensional measures of quality of care
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)
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)

PERFORMANCE INDICATORS

- TIMELY
- GRAPHICALLY INTERPRETABLE
- 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
  - Best-worst scaling exercise
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"
“There are two organizational units with the same speciality, as general director to which of the two units would you assign an award?”

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<thead>
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<th>Unità 2</th>
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<td>8</td>
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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?”

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

FIRST RESULTS

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<th>Factor</th>
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<tr>
<td>Patients' perceived quality</td>
<td>38.7</td>
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<tr>
<td>Voluntary discharges</td>
<td>22.2</td>
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<tr>
<td>Revenue from active mobility</td>
<td>39.1</td>
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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”

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<th>Quality perceived by patients through questionnaires administered to users.</th>
<th>% of voluntary discharges calculated through data from hospital discharge reports (30Ds).</th>
<th>Active mobility calculated through accounting data (revenues from outpatient attraction).</th>
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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.

 brewers
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**: Integration of patient data in the clinical setting could lead to more person-centered PMSs.
CONTRIBUTIONS

➢ 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
Thank you

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