



Approaches to Accountability

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Welcome back!

- We still thank our funder: Canadian Institute for Health Research, Partnerships in Health System Improvement (PHSI) program
- And our partners - old and new:



Acknowledgements

- Thanks to our researchers, partners, and students
- Including those who are willing to make in-kind contributions
- And those who are making sure the work actually gets done!



Outline of the afternoon

- Lunch!
- Conceptual Framework - short reprise
- Sub Sector Updates
- Views from our Partners
- Discussions within sub-projects:
 - Where are we, and where do we go from here
 - What's working well, what could use tweaking



What is accountability?

- This is the definition we are using:
- Having to be answerable to someone, for something:
 - meeting defined objectives



What is the problem?

- Much emphasis on accountability
- Many ways to go about it
- Nagging suspicion that we may not always be using the best approaches
- Done well: may improve performance
- Done poorly: may not only waste time and money, but create perverse incentives
- Coming attraction: View from the field!



Goal

- Get the 'dial settings' right!
- Learn from experience

- Assumption:
 - One size does not fit all
- Research approach:
 - Compare and contrast



To whom? By whom?

- Various combinations of:
 - Providers (public and private)
 - Patients
 - Payers (including insurers and the legislative and executive branches of government)
 - Regulators (governmental, professional)



Accountability: For what?

- Dimensions may include:
 - Financial (e.g., fiscal accountability to payers)
 - Performance (e.g., clinical accountability for quality of care)
 - Political/democratic dimensions (e.g., accountability to public)



Our conceptual model: 4 approaches

Derived from concept of policy instruments:

1. Information directed to purchasers/care recipients (e.g., report cards)
2. Information directed to providers (e.g., practice guidelines)
3. Expenditure (e.g., Pay For Performance)
4. Regulation



What works best?

- It depends
- We are examining the impact of:
 - Policy goals
 - Governance (including the public-private mix)
 - “Production characteristics” of the goods and services being provided
- We are comparing and contrasting across sub-sectors, and across jurisdictions



Policy goals

- We have concentrated on:
 - Access
 - Cost
 - Quality
- And combinations thereof



Governance

- Public-private
- Relates to both goals, and fiduciary responsibilities



Production characteristics

- We focus on 3 (related to service mix delivered):
 - Contestability
 - Measurability
 - Complexity
- These differ across sub-sectors



Contestability

- Contestable goods are characterized by low barriers to entering and exiting markets
- Non-contestable goods may be characterized by some or all of:
 - monopoly market power
 - geographic advantages
 - high sunk costs, and/or
 - “asset specificity” (a term meaning that it is relatively difficult to transfer assets intended for use in a given transaction to other uses)



Measurability

- The precision with which inputs, processes, outputs, and outcomes of a good or service can be measured
- Also relates to how easy it is to observe
- Note issue of transaction costs associated with monitoring



Complexity

- Whether the goods and services stand alone, or require coordination with other providers
- (better term – Embeddedness?)



Our policy assumption: There is no quick fix

- Policy choices are often about trade-offs
- As Wildavsky noted:
 - One rarely solves complex policy issues
 - One usually replaces one set of problems with another set
 - The mark of success is whether you prefer the new problems to the old ones



What are we doing to study it?

- CIHR funded Partnership for Health System Improvement (PHSI)
- Series of sub-projects with confirmed partners and possibility of new ones
- All on the web site!
 - Including updates, publications, presentations, etc.
 - Feedback, updates, etc. always welcome (hint hint)



One feature of working with partners

- They change!
- People move!
- We appreciate interest/willingness of old and new partners to work with us!



Update from last year

- Working groups have designed templates (adaptable) for:
 - Interview guides to cover off the key concepts and ensure some comparability across sub-studies (customized for each study)
 - Coding manual for documents and interviews
 - Ethics protocol
- Experts (partners) have helped pre-test the interview schedules, and suggest who we should be talking to - THANKS!



Next steps?

- Staff have been assembling key documents and literature as a resource for all sub-studies
 - Material which might be cited (articles, grey literature) is being entered into computerized bibliography system (including keywords)
 - Documents, web sites, etc. to capture documents for document analysis



Next steps?

- Web site is up!
- We have links to most partner sites



Breakout groups and rooms

- Group 1 – HS412
 - Hospitals, Health Authorities, Cancercare
- Group 2 – HS789
 - Public Health, Laboratories
- Group 3 – HS788
 - Community, LTC community
- Group 4 – HS451
 - Primary Care, Professions



Thanks!

- Same time next year?