Very preliminary results from a qualitative case study of 'accountability' in Ontario's cancer services system

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Background (1)

- Accountability is a "suitcase word in Canadian healthcare"[1]
- Many and varied meanings
  - Answerability,[2] reward and punishment,[3] responsibility,[4] trust,[5] to name but a few…
- Lack conceptual clarity and empirical study of *what* it is and *how* it works[6]
- But – it is nearly impossible to avoid!

Background (2)

- Useful to explore concepts that play central role in how we think about and operationalize approaches to governance[7]
- And to expose values underlying various interpretations to (a) make explicit different commitments of stakeholders and (b) better understand how these values/goals fit together[8]

We need to know what's in the suitcase!

‘Promises of accountability’ framework (1)

- Dubnick, Frederickson and Yang[6, 9, 10]

…analytical tool reflecting the range of meanings policy actors apply in their approach to accountability mechanisms… Particular mechanisms are believed to enhance certain objectives sought from the governance process, whatever the context…

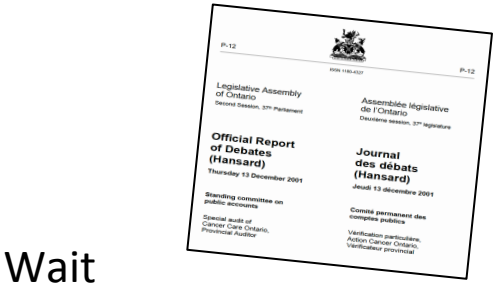
		Accountability valued…	
		A. Instrumentally	B. Intrinsically
Focus on…	1. Inputs	**A1. Control**	**B1. Integrity**
	2. Processes	**A2. Ethical behaviour**	**B2. Democratic legitimacy**
	3. Outcomes	**A3. Performance**	**B3. Justice/ fairness**

‘Promises of accountability’ framework (2)

- A1. Control
  - *To directly determine the acquisition, use, and disposition of material and human resources*
- A2. Ethical behaviour
  - *To promote and ensure actions meet standards of operations*
- A3. Performance
  - *To improve performance by focus on outcomes*
- B1. Integrity
  - *To create culture of competence and trust in those who control material and human resources*
- B2. Democratic legitimacy
  - *To establish and sustain procedures associated with contemporary standards of good governance*
- B3. Justice/ fairness
  - *To promote symbolic and cultural association with just and equitable treatment*

Situating the study (1)

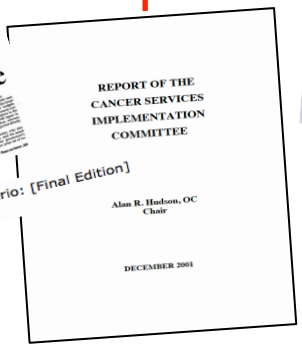
- Ontario cancer system crisis and restructuring, ~2001-2004

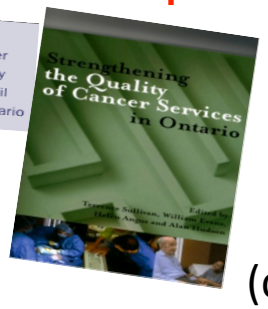


Wait times crisis

Jun 2001 | Dec 2001 | Sept 2002 | Oct 2003 | Jan 2004

Committee to examine cancer care in Ontario: [Final Edition]
Guy, David. The Ottawa Citizen [Ottawa, Ont] 06 June 2001: 6.



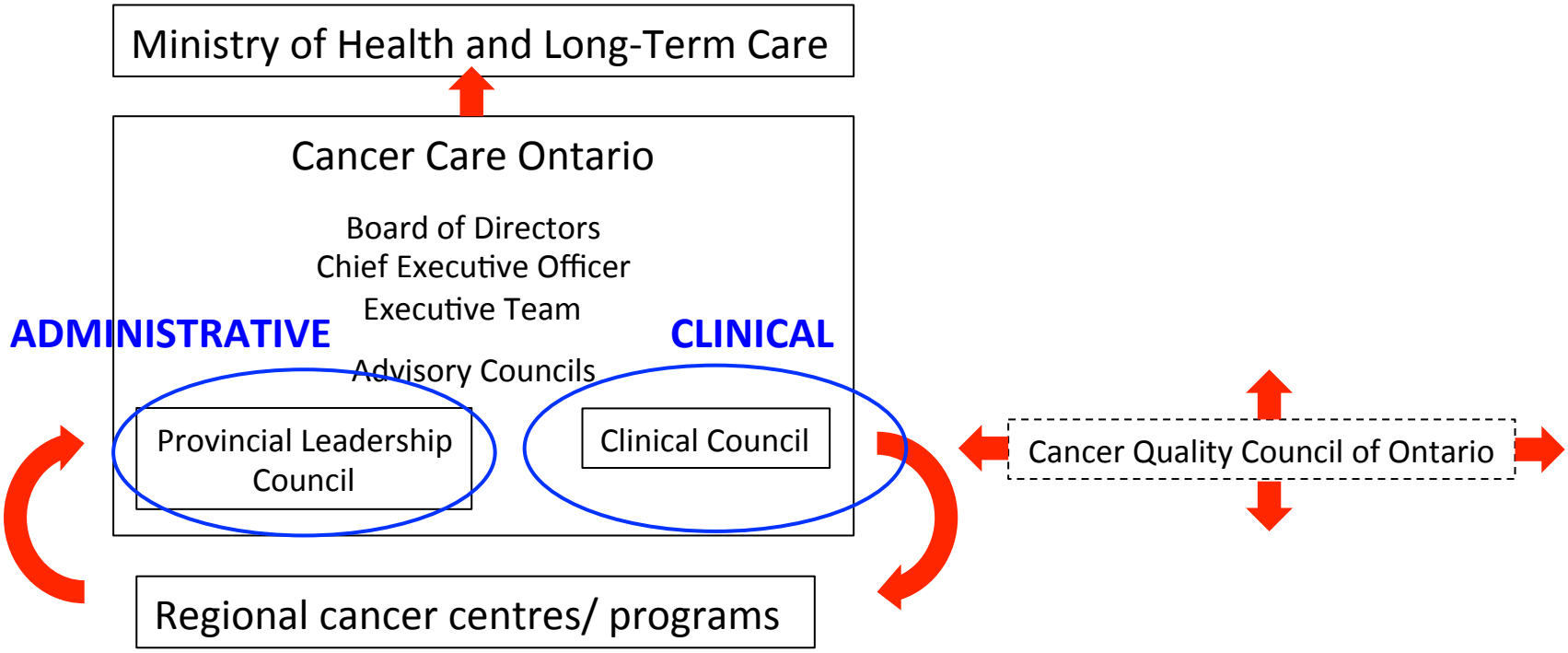


Cancer Program Integration Agreements (cancer centres and host hospitals)

- Cancer Care Ontario – MOHLTC agency
  - Now responsible for continually improving "the performance of the cancer system by driving quality, accountability, and innovation in in *all* cancer-related services

Situating the study (2)

- New model of accountable governance[11, 12]
  - Hailed for its approach to managing chronic disease[13, 14]



Research question and aims

- How is the concept of accountability valued and operationalized by Ontario's cancer services system leaders?
- Specifically, this study aims to:

1. Explore the *values* ascribed to accountability, *mechanisms* applied, and *consequences* of their application
2. Examine the *utility* of the 'promises of accountability' framework in the cancer system context

Methods

- Design: qualitative case study[15, 16]
- Data collection:
  - Document review
    - Publicly available
    - E.g., legislation, MOUs, agreements, strategic plans, data indices
  - Key informant interviews
    - Purposively selected
      - MOHLTC senior civil servants
      - CCO leadership (board of directors, executive team, PLC, CC, CQCO*)
- Data analysis:
  - Interpretive descriptive approach to support rich description and low-inference interpretation[17, 18]
  - Constant comparison to search for thematic patterns and relations between and within respondent groups[19]
  - Mixed strategy for coding: pre-determined codes from framework + emergent codes

Descriptive results

- Key informant interviews conducted between June and October 2012
- Semi-structured interview guide explored cancer system leaders'
  - Roles
  - Expectations (MOHLTC ⟺ CCO)
  - Attitudes toward 'promises of accountability' ⟸
  - Lessons learned
- Respondents

	Participated	No response	Declined	Total
MOHLTC	**5**	1	2	8
CCO	**14**	2	0	16
Total	**19**	3	2	24

A1. Control

- Both sides see CCO as having relative freedom to "do what it needs to do"
- But business practices are subject to variety of agency directives
- CCO feels a "clamp down" post-eHealth
- Can be "onerous" for CCO, and "doesn't really…have influence on what matters"
  - But "it is for a purpose, to make sure money is being spent wisely"

A2. Ethical behaviour

- Both sides see CCO as doing “a good job of that”
- MOHLTC “needs” CCO to add credibility to its decisions
- Codes of conduct “remind people of what’s right and wrong” and “complex” and “matrixed” system prevents abuse
- But some at CCO see “layers and layers of oversight” that “monitor people who never made a mistake”
  - May be more efficient if handled internally

A3. Performance

- MOHLTC sees this as “the management challenge”
- CCO’s performance management “ahead of the curve” Some uncertainty on both sides about what would happen if CCO underperformed (post-restructuring, hasn’t really been tested)
- Both sides see “changing times” as system moves from focus on process to outcome indicators (esp. quality) and tie to funding
- Some concern at CCO that as they are given more responsibility, “concentration is diverted”
- CCO somewhat divided wrt whether quarterly regional performance reviews represent “a complex dynamic” or simply “theatre”

B1. Integrity

- MOHLTC sees CCO as an organization having integrity
- CCO feels the MOHLTC trusts them "to do a good job," and CCO trusts MOHLTC "to do the right thing"
- By virtue of being in healthcare, individuals tend to have a "strong clock of wanting to do good"
- One CCO respondent struggles with integrity – the same act could be construed as lacking or having integrity

B2. Democratic legitimacy

- Did not resonate for some
- Tension between scientific/clinical and political/ societal issues
- MOHLTC needs to remind CCO sometimes that they "are also a government agency"
  - Even though CCO seems to recognize that MOHLTC "is our master"
- Political pressures can be "both a benefit and a challenge" for CCO
- Although CCO is a "highly political organization," it will indicate to MOHLTC if something is "wrongheaded"

B3. Justice/ fairness

- Both sides struggled to see the connection between this promise and accountability
- When discussed, very often focused on organizational attention to geographic, sociodemographic, or drug access issues
- CCO repeatedly referred to its principle of equity, which guides much of its work

Ranking exercise

- *Q. What promise is most (1) / least (6) important?*

	N=18	Control	Ethical Behav	Performance	Integrity	Demo Legit	Justice/ Fairness
TOTAL AVG (range)	*18*	3.56 (1-6)	4.22 (1-6)	2.11 (1-6)	3.28 (1-6)	3.17 (1-6)	3.00 (1-6)
MOHLTC AVG (range)	*5*	3.20 (1-5)	5.00 (4-6)	2.00 (1-6)	3.80 (3-5)	3.40 (2-5)	3.00 (1-6)
CCO AVG (range)	*12**	3.69 (1-6)	3.92 (1-6)	2.15 (1-5)	3.08 (1-6)	3.08 (1-6)	3.00 (1-5)

*1 respondent did not participate

Discussion

- Still early days but…
- High concordance in views, but some discordance between and within groups
- 'Performance' clearly a top value associated with accountability
  - But interestingly, not for everyone
- Some elements of framework may not hold up
  - E.g., 'integrity' and 'ethical behaviour' seen to be very similar
  - E.g., is the instrumental/intrinsic distinction meaningful?

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