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WORLDWIDE ANALYSIS REGARDING THE HEALTHCARE EFFECTIVENESS

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Abstract

One of the most important sectors in the human activity is represented by the healthcare system. This is because in this area the man is both subject and object of the activity. In other words, the man actionate over the man. Therefore it is important to see and understand how this activity is completed, which is its effectiveness.

In this paper the author wants to make a brief analysis of the effectiveness assessment for the healthcare services within different countries, capturing the characteristics and significant features.

Key words: *healthcare system, effectiveness, results, efforts*

Introduction

The concept of effectiveness in the health services domain can be addressed as a scientific dimension, defining the basic concept upon some theoretical models, source of some scientists' preoccupations, university teachers, who are part of public or private groups (Adair, 2006 [1]).

Theoretical vision

The problematic of effectiveness evaluation in this particular field of activity, constituted a preoccupation of many specialists, managing in time to be proposed a series of models with pragmatic valences not at all neglected for practitioners. In an attempt of systemizing the extremely rich volume of scientific information, found in special literature, the Group of interdisciplinary research for health, from Montreal University (Canada), in the frame of a research issue aiming the global and integrated evaluation of the effectiveness of health systems has inventoried a series

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of models, presented a real value from the perspective of the request to find the optimal solution in our approach to design an evaluation methodology of production competitiveness and distribution of health services in our country, convergent with the practices on world arena. These models are focused, in essence, on the evaluation of organizational effectiveness, at the level of public institutional entities involved in the complex process of health services conscription to every citizen from a certain region/territorial area of a country. So, there are known the following used methods, after the options of the decision-making factors involved, from case to case:

- *The reaching aims model*

It is the most utilized model by the analysts and practitioners and corresponds to functional, rational conceptualization of the organization. According to this approach, an organization exists for fulfilling the specific objectives and its effectiveness evaluation consists of, in these conditions, in estimating in what measure the organization has achieved its goals. (Sicotte, 1998 [2]; Charles L., 2002 [3]).

- *The model of internal processes*

Frequently used, this model accepts the idea that a performant organization is the one that works without obstacles/disfunctionalities following the observance of the established norms, without excessive tensions. Only in this way, the stability and control are valorized. This model places the measurement of organizational effectiveness at the level of production processes of the health system.

- *The model of acquiring resources*

When the organizations are seen as open systems, a major importance it is acquired to the established relations between organization and environment. The acquiring and maintaining at an adequate level of resources is becoming the major organizational stakes. This model represents for numerous managers the operational defining of the organization's object suggesting, that the success resides in the acquiring of resources, their growing and adaptability. The capacity of an organization to adapt to the environment, the necessary resources for a good functioning and its survival become important criteria for appreciating effectiveness.

- *The model of human relations*

Based upon an organic or natural vision of the organizations, the model puts an accent upon the necessary activities for a satisfying climate of collaboration within the organization and for satisfying people's needs who are making an appeal to the services which the organization is specialized to fulfill. This implies that a performant organization is the one, which focuses to function in a healthy quality environment. The stability, consent, motivation, work climate are fundamental values.

- *The politic model*

According to the principles of this model, an organization is performant if it follows to satisfy the internal and external stakes. The model is based upon a politic or strategic vision

according to which the organizations are political arenas, where the actors interact according to their own strategic interests, the accent being put upon negotiation and compromise.

- *The model of social legitimacy*

It is recorded into an ecologic perspective of organizations' functioning, considering that "an organization it is efficient in the measure in which it maintains and survives agreeing on the social processes and results, the aimed norms and objectives. The reputation, prestige and image are, in this case, effectiveness indicators (Leggat, 1998 [4]).

Along with these evaluation models of organizational effectiveness, other authors proposed some methods that are considered to be "*methodological*", among which are remembered:

- *The zero flaws effect*

Within this model it is estimated that "an organization is performant if it does not make flaws or if within it there are not encountered ineffectiveness moments" (Leggat, 1998 [4]).

- *The comparative model of effectiveness*

The model presumes the comparative analysis between similar organizations. Generally, the effectiveness criteria are chosen according to the available dates for different organizations, which are compared.

- *The normative model of the rational action system*

It is considered the most extended evaluation methodological model (popular) of the institutions' effectiveness within the health services domain. Donabedian (1966) proposed that the level of the health care qualities and, in general, the effectiveness could be evaluated being used norms, not only of results but also of process and structure.

The effectiveness of health services systems in the vision of the international organizations

From the World Health Organization point of view, the evaluation of the effectiveness of the health system services assumes to compare the accomplishing of the system's objectives (health amelioration, reactivity and equating the financial contribution) with what the system should be capable to fulfill, which means reaching the best possible results with same resources.

Organization for Economic Cooperation and Development (OECD) adopted this definition, integrated, although, in the model of aiming goals (objectives).

The Regional European Desk of WHO, in its project PATH (*Performance Assessment Tool for Quality Improvement in Hospitals*) mentions that "*a satisfying level of performance in hospitals means maintaining a functioning which corresponds to societal and professional norms, as well as the ones that are regarding the patients. A high level of performance in the hospitals should be based upon professional competencies*

in relation with actual knowledge, upon available resources and technologies, upon the effectiveness of resources' usage, upon minimum risks for the patients, upon the patients' reactivity, facts that would lead to a maximal contribution for results in health matters. Within the environment of health care, the performance raised in hospitals, should, moreover, approach the reactivity to the needs and exigencies of the collectivity, integration of services from hospitals in the ensemble of services conscription system and a sustained commitment upon health promotion. A raised performance of hospitals should be evaluated according to the accessibility of hospital services for all patients, regardless of physical, cultural, social, demographic and economic barriers”.

The definition of the European regional Desk of WHO is integrated into the models of aiming goals, internal processes, resources acquisition and social legitimacy.

In Great Britain, the frame of evaluation of the National Health System defines effectiveness as “*results of system's cares and efficient of health care carry out: to recognize that an equitable access is efficient, adapted and in the same time opportune, according to the convened norms*”. This definition is integrated in the models of reaching the goals and internal processes.

The Committee regarding the future of healthcare treatment from Canada defines quality (associated in this case with effectiveness) as “*distribution of best attentions possible and obtaining the best results possible, whenever individuals are in relation with the health system or are using its services (...), it is about making the best work possible with available resources. This signifies the fact that there must be reached the fixed goals and objectives, fact which can be measured in rapport with the a priori and valid accepted norms. For patients, the high quality of health care means attentions that correspond to their needs and expectations. For the medical staff, this quality means that the diagnosis put are exact, that them (medical staff) are part of a system which works good and the attentions which they offer are adequate and efficient. For our society, this quality signifies an global amelioration of the Canadians*”. This definition is integrated in the models of reaching goals and internal processes.

Effectiveness evaluation for healthcare services in different countries

As it can be seen, there are multiple definitions given to the concept of effectiveness in the domain of healthcare services. Some of them partially cover the vast area of the analyzed domain. Really, it is difficult finding a global definition to synthesize all aspects concerning the population's health status (Kuong & Krahn, 1999 [5]).

Health status of an individual is articulated upon two pillars, which compete in obtaining effectiveness in health services carry out. It is about, on one hand, the real system of according health assistance, and, on the other hand, the health diagnosis: social and physical environment, socio-economic level, education level or living conditions (Handler, Issel & Turnock, 2001 [6]). From this perspective, it becomes an incertitude the fact that the analysis of national health systems effectiveness cannot be completely and easy to accomplish because of the problems that appear in the approach of evaluation

of the results and difficulties of dissociating the contribution of health system by a series of other determined factors of one's health status; for example, the amelioration of the environment and living conditions which define/give content to activities of entertaining health and disease prevention.

The importance of taking into consideration the effectiveness classifications of health systems must not be put to doubt. Such a classification, even if starts contradictory debates, has evaluation logic, aiming, as any kind of evaluation, to promote a model of good practice for obtaining a better result. Such an objective, of using classifications, is compatible with the role which these international institutions have. So, the WHO roles are that of actions as a carry out man of services, for the national systems of member states, systems seen as health producers. This service carry out is concretized in network supplying ("good practices") for optimizing the health production realized by each system.

Although effectiveness measurement in the sanitary domain is a preoccupation which debuted could be fixed in the middle of the 19th century, its concrete application has begun to be realized after instruments which facilitated the constituting of information systems capable to answer, on one hand, to public powers in their action to know if the expenses run for health. Services carry out are well used, and on the other hand, to patients, better and better informed and interested in the level of health care services carried out by different carry out men.

Measuring effectiveness in the sanitary domain has special practice valences, linked by the oppression of public opinion and by the financial constrains which the know, today, nation health systems. That's why, measuring effectiveness of a national health system must be seen as being in the same time an action (D. Baubeau. C. Pereira 2004):

- legitimate, sustained by the aspirations of public opinion to a better health system and a high responsibility of this system.
- difficult, conditioned by the complexity of health status determinates and by the many actors in the production, distribution and financing of health services.
- political, because the nature of expected efficiencies depends on the objectives enumerated by public powers and by the expectations which the citizens have from health system.

From what could be drawn from the above analyze, on a determined area – a national health system – efficiencies has a multidimensional character, which makes necessary the defining of a package of indicators to reflect the dimensions of this effectiveness.

In order to establish a complete methodology for competitiveness evaluation of the Healthcare National System within Romania, it becomes indispensable to analyze, before all, the different standard procedures of evaluation concerning the effectiveness of the carry out of initiated and put into practice health services by some international organisms as well as by institutional entities from different countries.

Effectiveness evaluation framework of the health system in Great Britain

-_Contrary to other countries, Great Britain has a long national tradition of healthcare services, once with the creations, in 1948, of the National Health System – NHS. In this context, the British Health Department established an ensemble of structures for evaluating the effectiveness of its health services system, after 1997 (beginning with the choosing of the new government).

The British health Department developed NHS Performance Assessment Framework (PAF), based on the scorecards balance concept. It is about a unified measures system and of effectiveness evaluation with the aim of obtaining a more global image of NHS effectiveness. In this framework, effectiveness is defined as “results of caring through NHS and efficient carry out of adequate health care: recognizing that an equitable access is efficient, adequate and opportune in time and that it is according to the convened norms”.

In the British evaluation framework, there were identified 6 effectiveness domains:

- 1). Health improvement
- 2). Equitable access
- 3). Efficient carry out of adequate health care
- 4). Effectiveness -> productivity in integrative model
- 5). Patient experience/care distribution
- 6). Results in matters of health linked to care through NHS

There were developed 50 indicators for evaluating NHS performance and for measuring the existent cart between this effective performance and desired one.

In PAF, are distinguished 4 analysis perspectives:

- Services user
- Internal gestations
- Continuous improvement
- Financial point of view

In GB, in parallel with this evaluation framework were created different structures for being able to elaborate effectiveness norms and surveillance, developing NHS objectives; among these structures are to be found: National Service Framework (NSF) and National Institute for Clinical Excellence (NICE), Commission for Health Improvement, having as objectives supervising and sustain of the effectiveness evolution (Greenhalgh, Long, Brettle & Grant, 1996 [7]).

The PAF evaluation framework of NHS was firstly applied to sanitary authorities, subsequently to be extended also to health services carry out, as well as in hospitals, as well as at the level of primary care (family doctors) (Goddard, Mannion & Smith, 1999 [8]).

Effectiveness evaluation framework of the health system in Canada - In Canada were initiated measurement and supervising instruments of effectiveness for the health system, at the national, provincial and hospital level.

In 2000, at the federal level, the Canadian Institute of Informing concerning Health (ICIS) proposed in collaboration with the Canadian Statistics a conceptual framework of evaluating the effectiveness for health systems. This model is founded

upon a large conception of health and proposes 4 main dimensions of effectiveness, each of them having corresponding dimensions. (Cassette 1).

CASSETTE no. 1

Main dimensions of performance at federal level, in Canada

1. **Health status**
 - a. Health conditions
 - b. Human functions
 - c. Well-being
 - d. mortality
2. **Non-medical determinants of health**
 - a. Sanitary behaviors
 - b. Life and work conditions
 - c. Personal resources
 - d. Environment factors
3. **Performance of health system**
 - a. Acceptability – in what points health system corresponds to our expectations
 - b. Accessibility – knowing if we can obtain the services we need and when we need.
 - c. Adequate character – knowing if the care correspond to our needs and if they are established on fixed norms
 - d. Competence – knowing if the knowledge and skills of the medical service carry out men are adequate to the care they supply
 - e. Continuity – how services complete each other – coordination, integration, facilitation to meet again.
 - f. Efficacy – in what concerns the services functioning and in what point they have an incidence upon our health
 - g. Efficiency – touching the best results with the less high costs
 - h. Security – minimizing the eventual risks form an environment or health services
4. **Characteristics of the health system and of the collectivity**
 - a. Health system
 - i. the rate of entries and exists
 - ii. junction thorough grafting
 - iii. autoplasic of the haunch and at the knee
 - iv. consultancy accorded to the practitioners from different medical specialties with serious impact upon health status (mental health, dental services etc)
 - b. collectivity

At the provincial level, many more provinces of Canada elaborated their own evaluation systems and own effectiveness criteria. For example, Quebec, adopted the federal evaluation framework and chose as evaluation categories of public system of health care for province:

- population health
- service's quality

Following the accord between the Federal Minister of Health and Social Services with Health Minister in Quebec, the 2 categories of evaluation retake in a large part the proposed components and objectives in the federal framework. In annex 1, are to be found the indicators of evaluating the efficiencies, in the dimensional structure on these 2 levels of aggregation : federal and provincial.

Effectiveness evaluation framework of the health system in Australia - The federal government of Australia, after 1990, developed a coherent framework of evaluating the effectiveness of the national health system. In 2000, National Health Performance Committee (NHPC) elaborated a new framework of evaluation and of effectiveness measurement instruments (Australian National Health Performance Framework), framework which divides into 3 levels (cassette 2), each one having particular characteristics (this framework was much inspired form the Canadian practice).

CASSETTE no. 2

Levels of performance measurement

(Australia)

1. **Health status and results** – are Australians healthy ? Is health assured for everyone? Where is situated the best improvement possibility?
 - a. Health statuses
 - b. Human function
 - c. Living hope and well being
 - d. Mortality
2. **Health determinants** – are the factors which determine health changing in better? Are they all the same for everyone? Where and for whom do these determinants have a bigger risk of deterioration?
 - a. Environment and socio-economic factors
 - b. Collectivity's capacity
 - c. Compartments in health matters
 - d. Dimensions linked by the individual
3. **Performance of the health system** – at what level the system succeeds to offer quality measurements concerning health, for improving the Australians' health? Is this level the same for all?
 - a. Efficacy
 - b. Adequate character
 - c. Efficiency
 - d. Reactivity
 - e. Accessibility
 - f. Security
 - g. Continuity

Equity is always brought in discussion by the question which is put among each level (domain) of aggregation of the defining elements of effectiveness: "is it the same for everyone?". The intrinsic aim of the Australian evaluation framework is to

improve, in time, the effectiveness of the system. This framework is to be applied at the national, stately (Australia being a federal state) and local.

Conclusion

Effectiveness in the field of health services emphasis the effect's registration. Unlike economic effectiveness (where the evaluation of the effectiveness is made by taking into account both the efforts and effects of the activity), in the social - culture sphere (including the healthcare system) effectiveness means obtaining the effects. Therefore, the emphasis is not placed on the relationship between effect and effort, but more to the effects. This is because in the health system man is both subject and object of the activity.

Undoubtedly, the issue of health systems effectiveness and services of this nature is more complex than we think. In the present paper we have proposed only to emphasize certain aspects (considered significant by the authors), regarding the concept of effectiveness of health services and existing international procedures for its evaluation. We are convinced that this work may be a useful point of view for other authors and experts in the field, in their attempt to define, analyze and improve the effectiveness of a vital area of human activity: the healthcare system.

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