

**“If we can’t measure it,
we can’t do it”**

**The role of health outcomes in
community and allied health service
accountability.**

Susan Alison Nancarrow

Thesis resubmitted in January, 2003
for the Degree of Doctor of Philosophy
Australian National University

Statement of originality

The work documented in this thesis has been undertaken whilst I was enrolled as a student at the Australian National University. None of the work presented in this thesis has been submitted for credit for any other degree or part thereof. To the best of my knowledge, it contains no material, written or published by another person, except where due reference is made in the text.

Signature:.....

Date:.....

Acknowledgements

I am indebted to a number of people for their support on this journey. Dr Dorothy Broom took me under her wing and encouraged me through multiple incarnations of this thesis. If she ever ceased to believe in me, she never showed it. She also enabled me to see health, and the health world through a new set of eyes. I suspect that this was the greatest lesson for me in undertaking this research. Dr Paul Dugdale helped me maintain my sanity by sharing my enthusiasm and frustration with the health outcomes field, engaging with me and extending my mind into areas that I am still not sure I understand, but at least showing me the potential! Associate Professor Nicholas Glasgow, who as both my PhD supervisor and my boss has been supportive and understanding throughout my study and employment. Professor Karen Grimmer has been a wonderful mentor throughout the latter part of my study and helped me grapple with some of the specific issues around health outcomes for allied health.

I would also like to express gratitude to many of my other colleagues at the National Centre for Epidemiology and Population Health, particularly Professor Bob Douglas, Professor John Deeble, Dr Gabriele Bammer, Dr Bev Sibthorpe, Dr Charles Guest, Professor Louis Pilotto and of course, my fellow students, particularly the former members of “Club Jelly” whose initiation to the PhD process ensured that studying was never dull!

To my close friend, Kate Senior, who shared all my PhD and personal joys and insecurities whilst carrying her own burden – thank you. Jim Collins, whose support from the management perspective has been invaluable, as has your friendship - and of course the regular supply of M and M's!

My colleagues at ACT Community Care, particularly the Academic Unit of General Practice and Community Care provided much of the inspiration for this thesis, as well as endless support and encouragement. I am particularly indebted to Julie Clark whose hard work and enthusiasm enabled me to submit my thesis before leaving for the UK. Mrs Kathy Vanduren from the Department of Veterans' Affairs and the health service providers and patients who participated in various components of this work, thank you for your input and feedback.

My friends at Sheffield Hallam University; Dr Allister Butler, Dr Gail Mountain, Dr Anne Hollows, Robyn Bowen and Dr Peter Hilliard - thank you for encouraging me to finish the modifications when it would have been much easier not to!

Mum and Dad, this is for you. Thank you for your unconditional love and support throughout my adventures.

Abstract

Health outcomes fulfill a number of roles in the health sector. Economists, clinicians, researchers and managers use health outcomes in a range of different contexts for distinct purposes. New management approaches that use contracts as the basis for health service accountability have attempted to take health outcomes from their clinical role into a management setting. In particular, the purchasers and managers of some health services expect that service providers should demonstrate that they improve the health outcomes of their patients to justify their on-going funding.

However, a number of organisations have experienced barriers to the application of the outcomes approach to health service management and there has been no systematic evaluation of the approach. Nor has there been an investigation into why purchasing organisations have difficulty introducing health outcomes into purchasing contracts. The result is that managers and purchasers continue to assign resources to the pursuit of health outcomes as an accountability tool.

This thesis addresses two research questions around the use of health outcomes in community and allied health service accountability. The first is the barriers to the application of health outcomes to health services accountability. The second question examines the conditions that must be met before health outcomes can be used as an accountability tool in purchasing contracts for allied health.

The research questions are addressed through the analysis of case studies that explore systematically the approach taken by two organisations, the Department of Veterans' Affairs and ACT Community Care, in their attempts to identify health outcomes that could be used in purchasing contracts for community and allied health services. The case study analysis uses a health services research approach that draws on multidisciplinary techniques including epidemiology, health services management and anthropology.

The thesis describes the accountability interactions within the purchaser-provider model. Accountability is not a uniform construct. It consists of many domains, levels and interactions. In health service delivery, there are a number of different actors and a wide range of interactions for which they are accountable. Two important interactions are identified: professional accountability, which describes the accountability of the health service professional to their patient; and contractual accountability, which is the obligation of the health service provider (or providing organisation) to the purchaser through their contractual agreement. I conclude that health outcomes are not an appropriate domain of contractual accountability but they are an important component of professional accountability and I discuss the implications of these findings for theory and practice.