Measuring what *really* matters

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Measures both *reflect* and *drive* system performance

If you can’t measure it, you can’t improve it
1. How do we make sure that the system always puts Dorothy first?
2. What is the system trying to achieve?
If the system is (primarily) trying to:

• Manage HbA1c in its population of diabetics
• Reduce unscheduled hospital admissions
• Reduce length of stay for people with LTCs

It won’t necessarily put Dorothy first
Successful systems

*Principles, activities and purpose*

- Focus on **purpose** (*the outcome they are trying to achieve*)
- Put in place **processes** (activities) to deliver on outcome
- Underlying the processes are **principles**; *propositions that serve as foundations for a chain of reasoning*
Successful systems

- Principles
- Processes
- Purpose
Successful measurement systems

- Principles
- Process Measures
- Outcome Measures
What are the principles of person-centred co-ordinated care?

What measureable person-centred activities does this represent?

What is the purpose of those activities?

Engaged, informed individuals and carers

Person-centred coordinated care

Health and care professionals committed to partnership working
High quality systems demonstrate process reliability
Linear system logic model
Complex system logic model

- Process 1
- Process 2
- Process 3

Outcome
Measurement coherence in linear system (a ‘then, then’ system)
Measurement coherence in complex system (an ‘and, and’ system)
What are the principles of person-centred care?  
Who’s outcome is it anyway?
Dorothy should always be treated with dignity, respect and compassion.
She should also experience **co-ordinated** treatment, care or support.
She should also experience **personalised** treatment, care or support.

- **Co-ordination**
- **Personalisation**
- **Dignity, respect, compassion**
She should also experience **enabling** treatment, care or support.
Principles, processes and purpose

- Compassionate
- Co-ordinated
- Personalised
- Enabling

Person centred processes/activities

Person-centred outcomes

Other system centric outcomes
1. What is the purpose of the House of Care?
   What measurable person-centred outcomes are we trying to achieve?
   How do they relate to each other?

2. What does the House logic model look like from Dorothy’s perspective?
Activation as a primary mediator of other outcome indicators.
Measure what really matters

Towards a coherent measurement system to support person-centred care

Dr Alf Collins

In this thought paper, Dr Alf Collins introduces “Dorothy”, a hypothetical patient with a number of long-term conditions, and puts forward ideas to help ensure that the system and the measures used in the system, reflect what’s important to Dorothy.

The paper describes the principles of person-centred care and the activities that a person-centred system should undertake in different contexts, and then describes how to think about constructing a measurement system for use in each of these contexts. The paper also describes the key components of person-centredness to demonstrate the steps that could be followed in order to develop a coherent measurement system.

The Health Foundation wants a more person-centred health care system. One that supports people to make informed decisions about and successfully manage their own health and care, including choosing whom to let others act on our behalf.

We want health care services to deliver care responsive to people’s individual abilities, preferences, lifestyles and goals.

This requires a change in behaviour and mindset from patients and clinicians, supported by a system that puts patients at its heart. We are working with patients, professionals, and health care providers so that people have a better health care experience and better health.

We hope that this paper will stimulate ideas, reflection and discussion.

Thought paper
April 2014

Helping measure person-centred care

A review of evidence about commonly used approaches and tools used to help measure person-centred care

Evidence review
March 2014