

Using standard setting to understand stakeholder perspectives of '*How good is good enough*'

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Aims

- The aim of this paper is to investigate success from a stakeholder's standpoint
- Demonstrate that stakeholders have different views of success and are influenced by a variety of attributes when making judgments about programs.
- Describe standard setting methodology as a means of explore stakeholder's perspectives of success
- Determine attributes that may influence a stakeholder's judgment about a program.

- A standard is a statement about whether a performance is good enough for a particular purpose

Evaluation is about judgments

What is a standard?



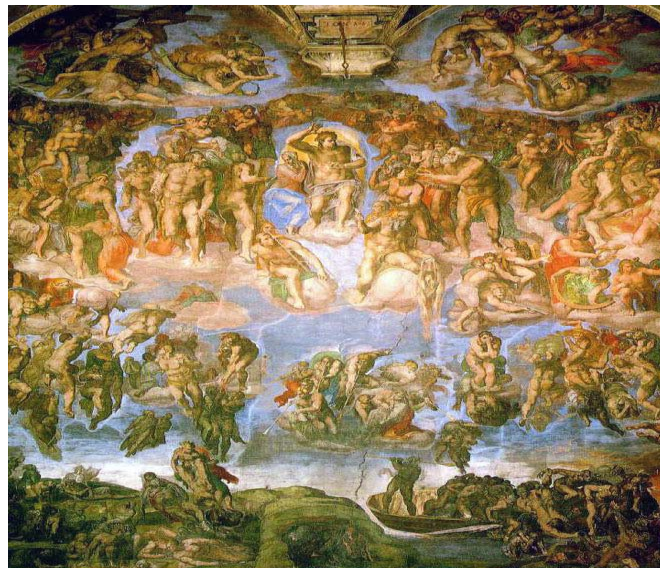
The judges

- The use of benchmarks to understand success:
 - Common practice
 - Developed from literature reviews & input by stakeholders

however

 - Often inaccurate or not representative
- The lack of strong evidence and diverse cultures often makes the process of determining standards difficult

How have we done this in the past?



Praying.....

- Standard setting is a means of systematically harnessing human judgment to define and defend a set of standards

What is standard setting?

A process of rationally deriving, consistently applying, and describing procedures on which judgments can be made

The process decides on a “cut-score” that then creates distinct and defensible categories e.g., pass/fail, allow/deny, excellent/poor.

Describes the attributes of each category e.g., what makes a program fall into the category of excellent

Standard setting methodology

- Based on theories of judgment analysis & attribution theory
- Used in educational measurement e.g. Jaegar, 1997
- Methods
 - Angoff
 - Bookmark
 - Hofstee
 - Lens Modelling

The method has to be:

- Defensible
- Credible
- Supported by body of evidence in the literature
- Feasible
- Acceptable to all stakeholders

All about the process and the right fit

Theoretical basis & method



- Understand best practice of chronic care management programs --- nationally.
- Develop a user friendly best practice workbook:
e.g. COPD, Stroke, CVD & CHF
 - The evidence---Literature review
 - What is happening---Stock take survey
 - Key stakeholders--Expert interviews
 - Acceptable practice--Standard setting exercise
 - Evaluation of individual programs or sites
 - Development of a best practice work book

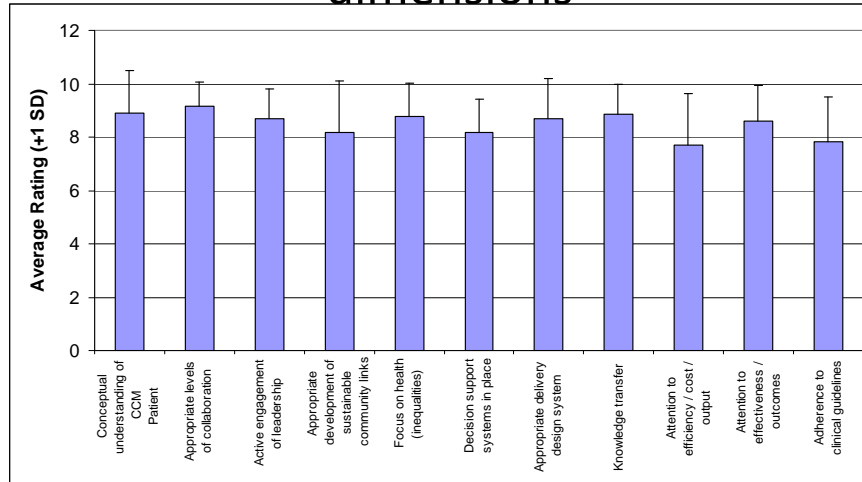
The project

Conducted Standard Setting Workshops

- 5 sites around NZ
- Invite experts/stakeholders
- Group and individual rating exercises
- Analyze the assessments
- Define a standard
- Determine success indicators

Applying the methodology

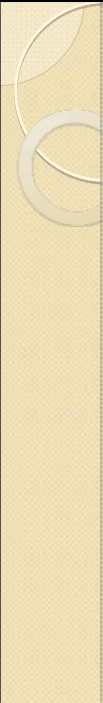
Stakeholder view of saliency of dimensions



- Form representative groups
- Describe and discuss the dimension
- Read the profiles & make a judgment about the standard of the dimensions
- Rate the dimensions
- Each individual records the reason or explanation for their choice

The Exercise 2:

DIMENSION	LEVEL OF SUPPORT FOR CHRONIC CARE										EXPLANATION	
	Limited		Basic			Reasonably Good		Fully Developed				
	1	2	3	4	5	6	7	8	9	10		
Conceptual understanding of CCM												
Appropriate levels of collaboration												
Active engagement of leadership												
Development of sustainable community links												
Focus on health (inequalities)												
Decision support systems in place												
Appropriate delivery design system												
Knowledge transfer												
Attention to efficiency /cost/output												
Attention to effectiveness/outcomes												
Adherence to clinical guidelines												
Overall perception of the programme												



- Analyze all the information
 - Present the information back to the established groups of mixed stakeholders
 - Individual information was returned

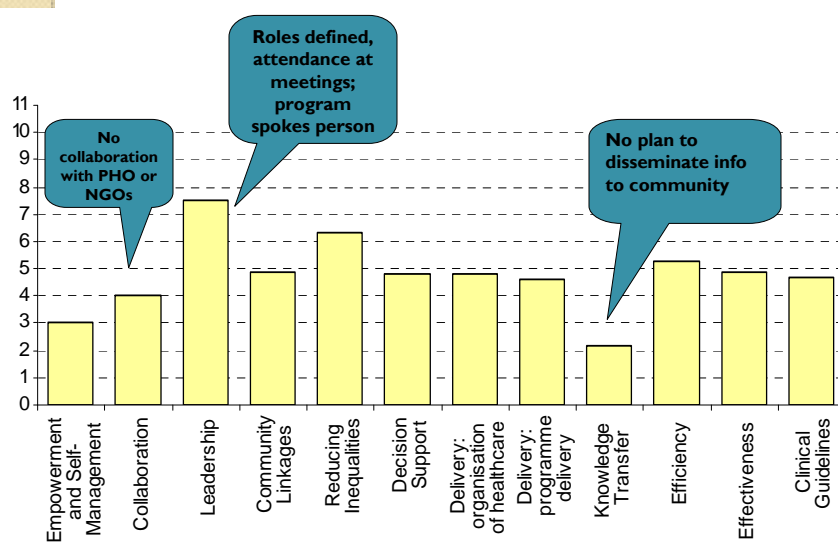
Analyzing the information

- Information returned
- Groups discuss their individual choices
- Aim to get group consensus on rating best practice of dimensions
- Information recorded along with the explanations



Exercise 3

Results for each profile



- Regression to determine importance of dimensions
- Create a matrix of explanations first by individuals then by group consensus
- Consult the evidence & the experts
- Determine the 'cut scores' for each assessment area—used the bookmark method

Analysis of results

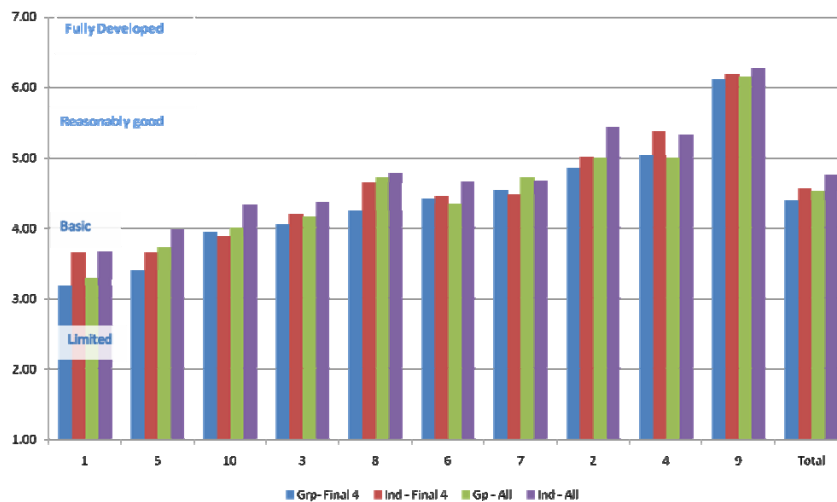
Overall means

	N	Mean	sd
Engagement of leadership	479	5.23	1.81
Focus on health (inequalities)	479	4.97	2.09
Collaboration	478	4.96	1.86
Adherence to clinical guidelines	477	4.88	1.95
Conceptual understanding	475	4.76	2.00
Community links	475	4.67	1.86
Attention to effectiveness / outcomes	476	4.65	2.03
Attention to efficiency / cost / output	468	4.63	2.01
Delivery design system	469	4.40	1.70
Decision support systems	478	4.39	1.79
Knowledge transfer	476	4.21	1.81
Overall	480	4.72	1.76

Factor analysis

	Individuals			Groups		
	1	2	3	1	2	3
Program & Organization						
Community links	.92	.06	-.18	.69	.06	.06
Collaboration	.74	.04	.05	.90	-.00	-.07
Focus on health inequalities	.72	.01	.00	.75	-.10	.17
Conceptual understanding	.61	-.07	.21	.86	.06	-.08
Delivery design system	.54	.05	.22	.52	.36	-.01
Engagement of leadership	.40	.06	.39	.48	.24	.24
Effectiveness/Efficiency						
Attention to efficiency	-.03	.97	-.03	.04	.91	-.02
Attention to effectiveness	.10	.73	.12	.15	.79	-.03
Information						
Decision support systems	.08	.10	.72	.30	.19	.70
Adhere to clinical guidelines	.05	.21	.59	-.11	.67	.32
Knowledge transfer	.14	.36	.39	.43	.48	-.00
Factor inter correlations						
Program	1			1		
Efficiency/Effectiveness	.62	1		.68	1	
Information	.66	.68	1	.38	.51	1

Across the exemplars



DIMENSION	LEVEL OF SUPPORT FOR CHRONIC CARE									
	LIMITED		BASIC			REASONABLY GOOD			FULLY DEVELOPED	
	1	2	3	4	5	6	7	8	9	10
CONCEPTUAL UNDERSTANDING	Blue	Blue	Red	Red	Red	Red	Green	Green	Purple	Purple
COLLABORATION	Blue	Blue	Blue	Blue	Red	Red	Red	Green	Purple	Purple
ACTIVE LEADERSHIP	Blue	Blue	Red	Red	Red	Green	Green	Purple	Purple	Purple
COMMUNITY LINKS	Blue	Blue	Red	Red	Red	Green	Purple	Purple	Purple	Purple
FOCUS ON INEQUALITIES	Blue	Blue	Red	Red	Red	Green	Purple	Purple	Purple	Purple
DECISION SUPPORT	Blue	Blue	Red	Red	Red	Green	Green	Purple	Purple	Purple
DELIVERY SYSTEM	Blue	Blue	Red	Red	Red	Green	Green	Purple	Purple	Purple
KNOWLEDGE TRANSFER	Blue	Blue	Red	Red	Red	Green	Green	Purple	Purple	Purple
EFFICIENCY COST/ OUTPUT	Blue	Blue	Red	Red	Red	Green	Green	Purple	Purple	Purple
EFFECTIVENESS-OUTCOMES	Blue	Blue	Red	Red	Red	Green	Green	Purple	Purple	Purple
USE OF CLINICAL GUIDELINES	Blue	Blue	Blue	Red	Green	Green	Green	Purple	Purple	Purple
OVERALL	Blue	Blue	Blue	Blue	Red	Red	Green	Green	Purple	Purple

Dimension	Limited	Basic	Reasonably good	Excellent
Collaboration	No work with community No evidence Hospital focus Poor referral system	Low engagement with Maori low levels of trust Little primary/secondary integration	Recognises weaknesses Evidence of partnerships Good initiatives	Community approach evidenced Whole system collaboration Lots of alternatives
Leadership	No champion Poor management Lack of evidence	Some leadership No champions Foundation of leadership	Strong clinical leadership Weak champions Identified problems but no change	Evident leadership at program Strong champions Evidence of vision

The standard

Making judgements

- The factor analysis illustrated three higher order factors that explain aspects of CCM programs.
- Dimensions are robust
- Providers do seem to use all dimensions in their deliberations how they might judge the quality of CCM programs.

	Individuals			Groups		
	1	2	3	1	2	3
<i>Program & Organization</i>						
Community links	.92	.06	-.18	.69	.06	.06
Collaboration	.74	.04	.05	.90	-.00	-.07
Focus on health (inequalities)	.72	.01	.00	.75	-.10	.17
Conceptual understanding	.61	-.07	.21	.86	.06	-.08
Delivery design system	.54	.05	.22	.52	.36	-.01
Engagement of leadership	.40	.06	.39	.48	.24	.24
<i>Effectiveness/Efficiency</i>						
Attention to efficiency / cost / output	-.03	.97	-.03	.04	.91	-.02
Attention to effectiveness / outcomes	.10	.73	.12	.15	.79	-.03
<i>Information</i>						
Decision support systems	.08	.10	.72	.30	.19	.70
Adherence to clinical guidelines	.05	.21	.59	-.11	.67	.32
Knowledge transfer	.14	.36	.39	.43	.48	-.00
Factor intercorrelations						
Health related	1			1		
Efficiency/Effectiveness	.62	1		.68	1	
Support and information	.66	.68	1	.38	.51	1

Importance of dimensions and stakeholder differences

- The participant rating of the importance of the dimensions were analyzed according to the participant characteristics and their engagement with CCM programs.
- Manova indicated no differences in the means across the 10 dimensions relating to the age, ethnicity, gender, training, and educational background of the participants
- Role and Involvement were statistically significant differences

The role of the stakeholder

- The stakeholder's role was most important in determining what influenced which dimensions were considered important in understanding CCM

Regression weights for the 10 dimensions by the roles of the participants

	Analyst	Clinical	Community	Leadership	Operational
Conceptual Understanding	0.14	0.11	0.38*	-0.02	0.26*
Collaboration	0.11	0.10	0.29*	0.25*	0.10
Leadership engagement	0.14	0.08	0.04	0.09	-0.14
Community Links	0.08	0.13	-0.07	-0.10	-0.07
Focus on health	0.13	-0.02	0.11	0.22*	0.33*
Decision support	0.31*	-0.03	0.29	0.07	0.11
Delivery Design	0.06	0.20*	0.05	0.11*	0.23*
Knowledge Transfer	0.04	0.16	0.01	0.10	0.03
Efficiency costs	0.01	0.06	-0.01	0.12	0.12
Effectiveness	0.00	0.13	0.04	0.16*	0.02
Clinical Guidelines	0.02	0.16*	0.01	0.15*	0.21*

Stakeholder involvement

- Two major categories: clinical and organisational.
- The R² for both were high with Clinical .78 and Organisation .72.
- Conceptual understanding collaboration, delivery design, and clinical guidelines were important
- Leadership, community links, decision support, and knowledge transfer were not important at all.

	Clinical	Organizational
Conceptual Understanding	0.11*	0.12*
Collaboration	0.17*	0.18*
Leadership engagement	0.05	0.09
Community Links	-0.03	0.02
Focus on health	0.10	0.15*

Regression weights for the 10 dimensions by the Involvement of the participants


What does this mean?

- Stakeholders have very different views of what constitutes success
- Role will influence- what they say is important and the judgements they make
- Actual program involvement will influence how judgements are made


Understanding all stakeholder views of success and recognizing how they make judgements is essential

- Creates a benchmark for judgment
- Validates research through practice
- Understand different views of success
- Facilitates self-review
- Encourages learning
- Encourages an evaluation perspective

Strengths of the approach

- 
- Resource intense
 - Analysis can be problematic
 - Time
 - Pressures
 - Setting league tables in health
 - Scary

Draw backs

- 
- Systematic Stakeholder analysis is critical
 - Standard setting not so much the **METHOD** as the **PROCESS**

Final word

The judgment



Thank you

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