RE: Signed Health Targets Secondary Briefing [UNCLASSIFIED]

Richard Hamblin
To 'Ben McBride [DPMC]'

Reply Reply All Forward

Thu 7/12/2023 10:23 am

You forwarded this message on 7/12/2023 10:28 am.

H2023032864 Second Stage Briefing - Implementing health targets [RH comments].pdf
372 KB

Kia ora Ben

Thanks for sight of this and I've now had a chance to read thoroughly

The front end of this is actually not bad at all in my view. I've added some comments in the attached, but these are generally in the nature of "...and this" type comments which strengthen the points made. The high level recommendations are probably not a long way from what I would suggest given the govt commitment to a target regime. In my view it runs out of steam a little towards the end or at least jumps from very high level to very detailed in the appendices in ways that I wouldn't have gone – not wrong so much as not convinced these are particularly helpful...

My biggest worry is the electives/ waiting time target which the paper kind of recognises as the most tricky. There are particularly NZ conditions here which apply (especially the much higher private sector proportions of elective work and the presence (still I think) of explicit rationing of access) together with different targets for O/P appt and treatment following referral to list rather than an end to end wait time. These have the risk of interacting in ways that are perverse (ox-bow lakes of patients held between the measurement processes, changing thresholds for treatment) and which operate inequitably.

So I think any elective target really does need much broader consideration of exactly how the elective system actually works – so expressing an intent and then doing some serious hard work in the new year makes a lot of sense to me.

I'm away on leave from this weekend and will be in the UK until early January. I'll forward this response to Peter so he's aware, and I'll brief Catherine Gerard my 2 i/c just in case anything urgent crops up – but happy to pick up again in the new year.

Anyway look forward to talking further when I'm back

All best
Richard

Richard Hamblinhe/him/ia
Director, Health Quality Intelligence | Tumu whakarae, kounga hauora

Te Tāhū Hauora Health Quality & Safety Commission
[redacted]

RE: Forming advice on gaming of health targets and mitigations

Richard Hamblin
To 'Jo Williams'

Reply Reply All Forward

Mon 29/04/2024 4:30 pm

On the unintended consequences of publishing performance data in the public sector.pdf
2 MB

Rough estimate of ED pathway (very simplified.pptx
62 KB

Hi Jo

Yeah sure

Happy to take you through the research on this – best place to start is Peter Smith's seminal work from (eeek) 30 years ago (attached) – the point being that the unintended consequences are wider than gaming (although this is a real and destructive issue)

Of the five announced targets, three have obvious risks of gaming (the two elective waits and ED waiting times) We know from Tenbensel and from our own analysis that this happened in EDs last time. The real worry on electives is that with explicit rationing in place (which I believe remains the case) the score to "get on the list" is de facto raised. Even without this any WT time target that doesn't run referral to treatment risks the possibility of ox bow lakes (ref: Carol Propper some time in the mid 90s) between the measures points of the system. As a measure tightly coupled to its end goal imms is pretty sensible, I haven't had long enough to think about the cancer one to comment – but it has been of some value elsewhere (distributions inside the 31 days and access to "what?" are probably the detail in which the devil resides)

In terms of mitigation you have three major approaches to avoiding unintended consequences
1/ audit of data – often this can be done simply by looking at the distribution of results (discontinuity near target point demonstrates gaming) or use of balancing measures
2/ change of target measure or value (measure is more useful)
3/ a more comprehensive consideration of the system in which the target measure operates, what the influences are and thus the measures needed is probably of the most value – attached was one I knocked up around the ED target in conversation with DPMC a few months back – it may be of some use – the advantage of these is they give you a starting point about how you actually solve the problem rather than make the numbers look good…

Anyhow hope that's a reasonable starting point, very happy to talk further – I think your paper outline looks sensible and its an important paper I think

Best
R

Richard Hamblinhe/him/ia
Director of Health Quality Intelligence | Kaitohu Kounga Hauora

RE: First draft briefing on gaming and the health targets

Richard Hamblin
To 'Jo Williams'; 'Peter Jones (ADHB)'; 'Amanda Rosenberg'; 'Peter Jones'

Reply Reply All Forward

Tue 7/05/2024 9:36 am

Managing the potential for health target gaming and unintended consequences v1 for sending RHqs and comments.docx
126 KB

Thanks Jo

A few comments and qs from me

See you tomorrow

Best
R

Richard Hamblinhe/him/ia
Director of Health Quality Intelligence | Kaitohu Kounga Hauora

Te Tāhū Hauora Health Quality & Safety Commission
[redacted]

RE: Final draft health targets Cabinet paper and implementation plans

Richard Hamblin
To 'Jo Williams'

Reply Reply All Forward

Thu 13/06/2024 1:44 pm

Hi Jo

Some quick first blush thoughts – not really for changes at this stage.

Table 1 – this is probably all that is achievable especially in light of the financial issues alluded to elsewhere bit I wonder how the relatively small improvements being targeted here will land with the public.

Para 36 – I have a suspicion that this might be seen as "marking your own homework" by the public – is there an MoH/HQSC role (under para 41 perhaps) to provide a quarterly commentary onI'll read what we see and what this means.

Para 41 – yes but there's been very little progress in actually involving either of us in this to date!.

I'll read properly and get back to you any thoughts by tomorrow
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Best
R

Richard Hamblinhe/him/ia
Director of Health Quality Intelligence | Kaitohu Kounga Hauora

Te Tāhū Hauora Health Quality & Safety Commission
[redacted]

RE: Measure sets including balancing measures for Health Targets 5th instalment Imms at 2yrs

Richard Hamblin
To 'Penny Andrew'

Reply Reply All Forward

Tue 23/07/2024 10:18 am

You forwarded this message on 23/07/2024 4:56 pm.

First and most importantly wanted to check in that you were OK – so sorry to hear of yet more turbulence for you guys and hope that you are not too badly affected.

I have been through all of these measure sets, and have some general and specific comments.

General

Most of the measures are really contributory (i.e. measuring the operation of the system to hit the target) rather than balancing (i.e. checking for perverse unintended consequences) that's fine but I've suggested some balancing measures below where I think these might help

WRT to contributory measures I was slightly unsure where the milestone target levels and dates come from. Are these a/ based on modelling of the system operation in order to understand the required operation of different parts of the system in order to hit the target; b/ based on maintaining/ improving current position or c/ other. My only concern is if not a/ then how do you know the relationship between the contributory and headline measure well enough to set a target level? I guess in other words do you have to achieve all of these contributory level measures to hit the top one? If not why have the targets at this level?

Specific
ESPI 5: Potential balancing measures
1 Refused referrals (geographic variation, equity)
2 Distribution of time between FSA and decision to treat (would identify if a cohort of patients being "held" in an outpatient loop)
3 Median time waiting
4 90/5th percentile time waiting
5 ratio 90/5th percentile to median time waiting (3-5 derive from the theoretical work on waiting lists from King's Fund/ Audit Commission/David Speigelhalter about 25 years ago – still think this is the most convincing articulation of how elective rationing through waiting works.

ESPI 2: Potential balancing measures
1, 3, 4, 5 as above

Imms
I would recommend adding who is missing what i.e. % with all , % missing 1, % missing more, % missing all – logic is that this distinguishes between a child being slightly late for one versus the total anti-vax position – better describes the true nature of the position and progress and actions we need to take. With a register approach this should be possible.

FCT
The quality and pathways measures to some extent operate as balancing measures here – this make sense (with the milestone and date caveat above)

ED
These looked really good to me – you might want to consider something around a state of play either end of the acute journey (i.e. primary care and potentially ARC and community care) in order to inform interventions

Really happy to talk through – and on the safety paper

I will share these comments with Duncan Bliss

All best

RE: Jane Carpenter|Richard Hamblin initial catch-up (in-person)

JC

Jane Carpenter [redacted]

To Richard Hamblin

Reply Reply All Forward

Thu 19/06/2025 10:59 am

You forwarded this message on 19/06/2025 11:40 am.

Kia ora Richard,

Nice to catch-up and identify opportunities to work together on Health Targets over the coming year.

My notes from the conversation is below for our records, and I spoke to Jo Williams about the balancing measures and gaming and unintended consequences analysis and I believe she will share that work with you (feel free to give one of us a nudge if you haven't got it get).

- Note looking to establish a programme management approach to health targets, which includes establishing a leadership group to provide oversight of the programme and issues and risks – intend for HQSC to part of this, will look to establish in July and first meeting second half of quarter, noting finalisation and timing may be affected by the change process. Jane to share workplan when complete.
- Intend to use the Ministry's quarterly system monitoring report to provide the Minister with reporting on unintended consequences and gaming every 6 months and unwarranted variation every alternative 6 months. As well as any novel HT-related analysis prioritised through the Ministry's issues register.
- Also have weekly, fortnightly and monthly reporting in issues, risks, results and activities.
- Initial thoughts from Richard on things that HQSC can do
    - Insights reporting and soft intelligence – eg concern that CRASH / rapid response teams are increasing which may be related to ED admissions before full work-up
    - Reach tool – eg triage levels in ED. Can identify where quality risk lies
    - ED-specific questions coming from the patient experience survey for the first time
    - Could provide quality improvement expertise – would need to be formally commissioned from Health NZ as some but not a lot of spare capacity
    - Have commissioned NZIER to look into the cost of delay to quantify the value of improved access
    - Could also do some re and post PROM analysis in a pilot site eg in relation to knee replacement
- Agreement that the Leadership Group would be an appropriate mechanism to identify areas for collaboration ongoing – while that is being established, Jane to discuss above thoughts internally and stay in touch about any potential opportunities for collaboration.

Ngā mihi, nā

Jane Carpenter (She/Her)
Principal Advisor
Regulation and Monitoring