ABSTRACT

The quantity of the social and health care services required is expected to increase considerably in the next few decades. An increasing focus on the effectiveness of the activities and services coincides with the fragmentation of the Finnish health care service system, a decrease in the resources and a growth of effectiveness and productivity requirements. Health care services should benefit the taxpayer, society and those availing themselves of the services. The process of the development in the evaluation of effectiveness has, however, been rather tardy. With an absence of evaluation systems and practices, no holistic and integrated evaluation of the effectiveness of health care services, care chains and service processes has been made yet.

The purpose of the present study is to produce scientific knowledge for a holistic and integrated evaluation of both client and societal effectiveness. The research questions were as follows: In what ways can client effectiveness be evaluated in a care chain? In what ways can societal effectiveness be evaluated in a care chain? In what ways can an electronic patient record system be used in the evaluation of effectiveness? The birth mechanism of effectiveness was viewed here in the framework of the Balanced Scorecard (BSC), in which the personnel, process, client and effectiveness perspectives connected with the vision and strategy are interlinked in generative causality. Realistic evaluation was applied to the assessment of effectiveness and impacts.

The research process included two phases, the first having mainly been the evaluation of client effectiveness through one care chain, and the second the evaluation of both client and societal effectiveness through three care chains. The care chains of a person suffering from rheumatism, a person with a heart disorder and a person with an artificial joint were investigated. 110 realistic theme-based interviews were conducted with care chain experts and patients, and 76 patients suffering from rheumatism received each a questionnaire. The experts interviewed represented both specialised medical care and primary health care, and both on the practical and administrative levels. The interviews were analysed through a content analysis and the questionnaires through the SPSS.

The first phase of the analysis was dedicated to the investigation of mechanisms which either enhanced or hampered the evaluation of effectiveness, and which were in a generative causal relationship with each other in accordance with the perspectives of the Balanced Scorecard. The evaluation of effectiveness was considered important but, actually, the effectiveness was not evaluated, and there were few, if any, spoken evaluations of the impacts.
The second phase of the analysis was dedicated to the investigation of mechanisms which either enhanced or hampered effectiveness and were very care-chain-specific. What was common to the care chains was that the patients had difficulties in obtaining a referral for specialised medical care and examinations, and that there were deficiencies in rehabilitation. A lack of resources in primary health care also impaired effectiveness.

The second phase of the research process drew attention to a few critical success factors in line with the Balanced Scorecard, e.g. sufficient and competent personnel, a smooth care chain, recovering from a treatment, functional capability, the overall situation in life and the development of a client feedback system. Both the client and societal effectiveness (the sufficiency and allocation of the services and cost effectiveness) were investigated in each care chain. Client effectiveness in the organisations was typically evaluated by means of illness-specific indicators. National statistics and research were considered important in the evaluation of effectiveness, but there was also some criticism. Recoding practices should be unified. The sufficiency and allocation of the services was mainly examined through client queues, because no needs analyses had been made.

The sufficiency and allocation of rehabilitation was viewed as deficient in all care chains. In the evaluation of cost effectiveness it was deemed important to collect cost information on all events of the care chain and to evaluate effectiveness through target-orientation.

The results show that various diagnose-generated care chains require their own evaluation systems of effectiveness. Impacts and effectiveness should be evaluated through target-orientation. The evaluation scorecard should be based on the strategic objectives of each municipality, joint municipal authority and/or health care organisation, the objectives of each specialty and care chain modelling, and every client’s individual goals and objectives. Scorecards with identical names can be used, but an illness-specific content should be created for each scorecard in the care chain. The Balanced Scorecard with a realistic evaluation methodology provides a good and holistic basis for perceiving effectiveness and is well suited to the evaluation of effectiveness. Nowadays the electronic patient record system does not allow the evaluation of effectiveness because of e.g. the quantities and incompatibility of the different data systems. The evaluation of impacts and effectiveness is, however, scheduled to be carried out by means of the electronic patient record system in the future.

Further research should focus on the evaluation of effectiveness from the point of view of the client, service purchaser, service provider and service payer as well as society at large. The use of the electronic patient record system should also be investigated in the evaluation of effectiveness.
Keywords: impacts, effectiveness, evaluation of effectiveness, care chain, Balanced Scorecard (BSC), realistic evaluation, generative causality