

# Every Breath You Take

## Ethical Considerations Regarding Health Care Metrics

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Every breath you take  
Every move you make  
Every bond you break  
Every step you take



I'll be watching you

# Video Disclosure

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# Who are Metrics for?

- **Patients?**
  - Assumed to be interested in quality care
  - Not sensitive to provider metrics
- **Providers?**
  - Sensitive to reputation, status, and professional pride
  - Metrics alone do not improve patient outcomes
- **Administrators?**
  - Sensitive to reputation and threat of job loss
  - Targets improve if reputation can be repaired

# The Upside of Metrics

- **Better ethics**
  - We ought to know if we are helping
  - We ought to know if we are harming
- **Better care**
  - Particularly with rare and complex cases
  - Effective practices can be shared
- **Better decisions**
  - Attend to aspects of care that matter
  - More reliable and efficient

# An Example

**1. Derek seems to know what he is talking about**

Strongly Disagree 1 2 3 4 5 Strongly Agree

**2. This talk is covering material that I hoped it would**

Strongly Disagree 1 2 3 4 5 Strongly Agree

**3. I like Derek's approach to presenting the material**

Strongly Disagree 1 2 3 4 5 Strongly Agree

**4. Overall, this talk is going well**

Strongly Disagree 1 2 3 4 5 Strongly Agree

# The Downside of Metrics

- **Problems of measurement**
  - Selecting one target displaces another
  - Precision is inversely related to importance
- **Unintended consequences**
  - Measure fixation and ossification: “Treat to the test”
  - Resources are diverted from providing care
- **Campbell’s/Goodhart’s law**
  - Any metric used for control becomes corrupt
  - Fosters gaming and degrades outcomes

# Heart Attack Deaths

- **The measure**
  - EMS response to heart attacks within 8 minutes
- **The consequences**
  - *Reported* improved response times to heart attacks
  - No change in response times to other emergencies
- **Campbell's/Goodhart's law**
  - Ambulances deployed to high density areas
  - Calls reclassified after ambulance response



# A Way Forward

- **Use metrics wisely**
  - To evaluate systems – not providers
  - Require evidence that benefits outweigh burdens
- **Use metrics collaboratively**
  - Providers to identify meaningful metrics
  - Managers to review utility of metrics
- **Use metrics to assist**
  - Normative information for provider or system
  - Enable individual or institutional learning

# Thank You

- Questions?
- [derek.truscott@ualberta.ca](mailto:derek.truscott@ualberta.ca)
- The handouts to accompany this presentation are available on the John Dossetor Health Ethics Centre website:

[ualberta.ca/john-dossetor-health-ethics-centre](http://ualberta.ca/john-dossetor-health-ethics-centre)

# References

- Bevan, G., & Hamblin, R. (2009). Hitting and missing targets by ambulance services for emergency calls. *Journal of the Royal Statistical Society*, 172(1), 161-190.
- Campbell, D. T. (1979). Assessing the impact of planned social change. *Evaluation and Program Planning*, 2(1), 67-90.
- Goodhart, C. A. (1984). Problems of monetary management. In *Monetary Theory and Practice* (pp. 91-121). London, UK: Palgrave.
- Moscelli, G., Gravelle, H., Siciliani, L., & Santos, R. (2018). Heterogeneous effects of patient choice and hospital competition on mortality. *Social Science & Medicine*, 216, 50-58.
- Muller, J. Z. (2018). *The tyranny of metrics*. Princeton, NJ: Princeton University Press.
- Olivella, P., & Siciliani, L. (2017). Reputational concerns with altruistic providers. *Journal of Health Economics*, 55, 1-13.
- Urbach, D. R., Govindarajan, A., Saskin, R., Wilton, A. S., & Baxter, N. N. (2014). Introduction of surgical safety checklists in Ontario, Canada. *New England Journal of Medicine*, 370(11), 1029-1038