

Setting targets for measuring performance of Breast, Cervical and Colorectal Cancer Screening Programs

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BACKGROUND

What are Targets?

- A tool designed to improve health and health system performance.
- Facilitate the achievement of health policy by expressing a clear commitment to achieve specific results in a defined period.
- Facilitate the monitoring of progress towards achievement of broader goals and objectives.
- Can be quantitative or qualitative.

Why set targets at Cancer Care Ontario (CCO)?

- Targets are used to set priorities in organized cancer screening programs, provide a mean to measure achievement and improve performance.
- Targets are set for the following indicators: participation, follow-up and retention rates.
- Current methods of target setting at Cancer Care Ontario (CCO): Forecasting historical trends, jurisdictional comparisons, scientific review and consensus, while considering new evidence and anticipated program changes.

OBJECTIVE

- To summarize literature on the processes and policies of setting targets for cancer screening performance measures.

METHODS

- In this systematic review, all studies published in English from 1990-2013, indexed in MEDLINE and EMBASE were included.
- Combinations of the following search terms were used: 'mass screening,' 'program evaluation,' 'benchmarking,' 'target setting,' 'health policy,' 'forecasting,' and 'healthy people programs.'
- Articles were excluded if not related to preventive health and target setting or benchmarking.

RESULTS

Figure 1. Results of Review

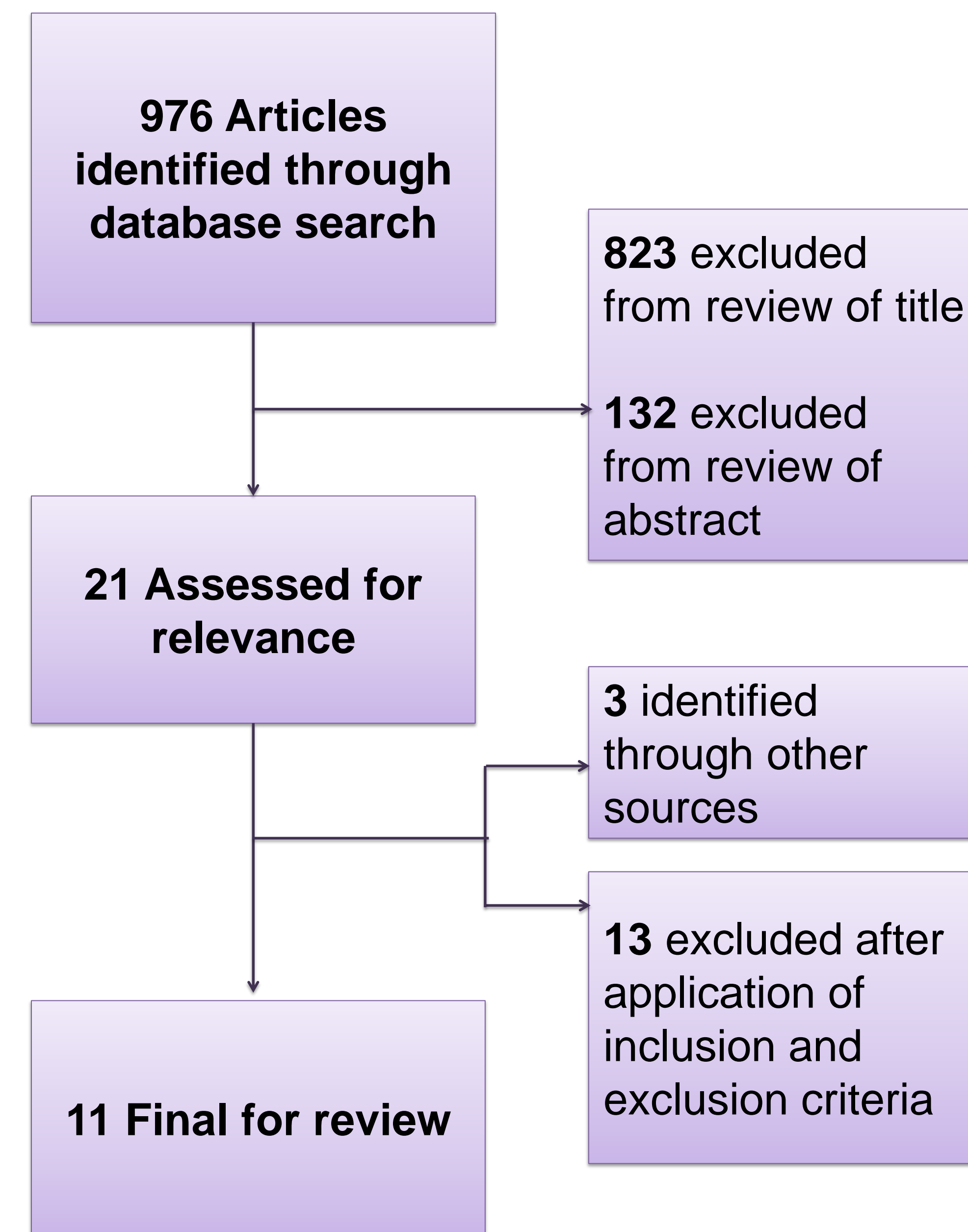
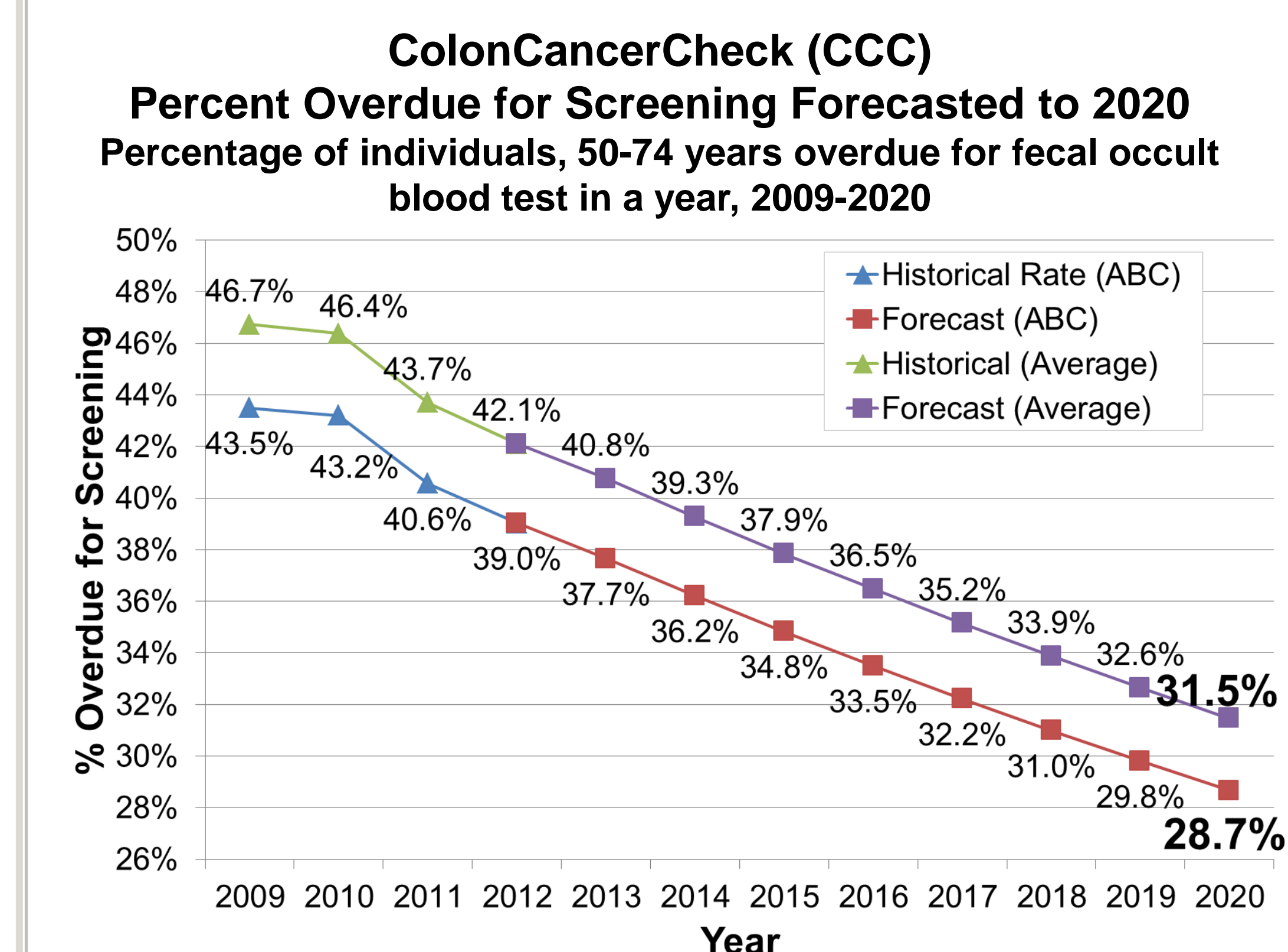
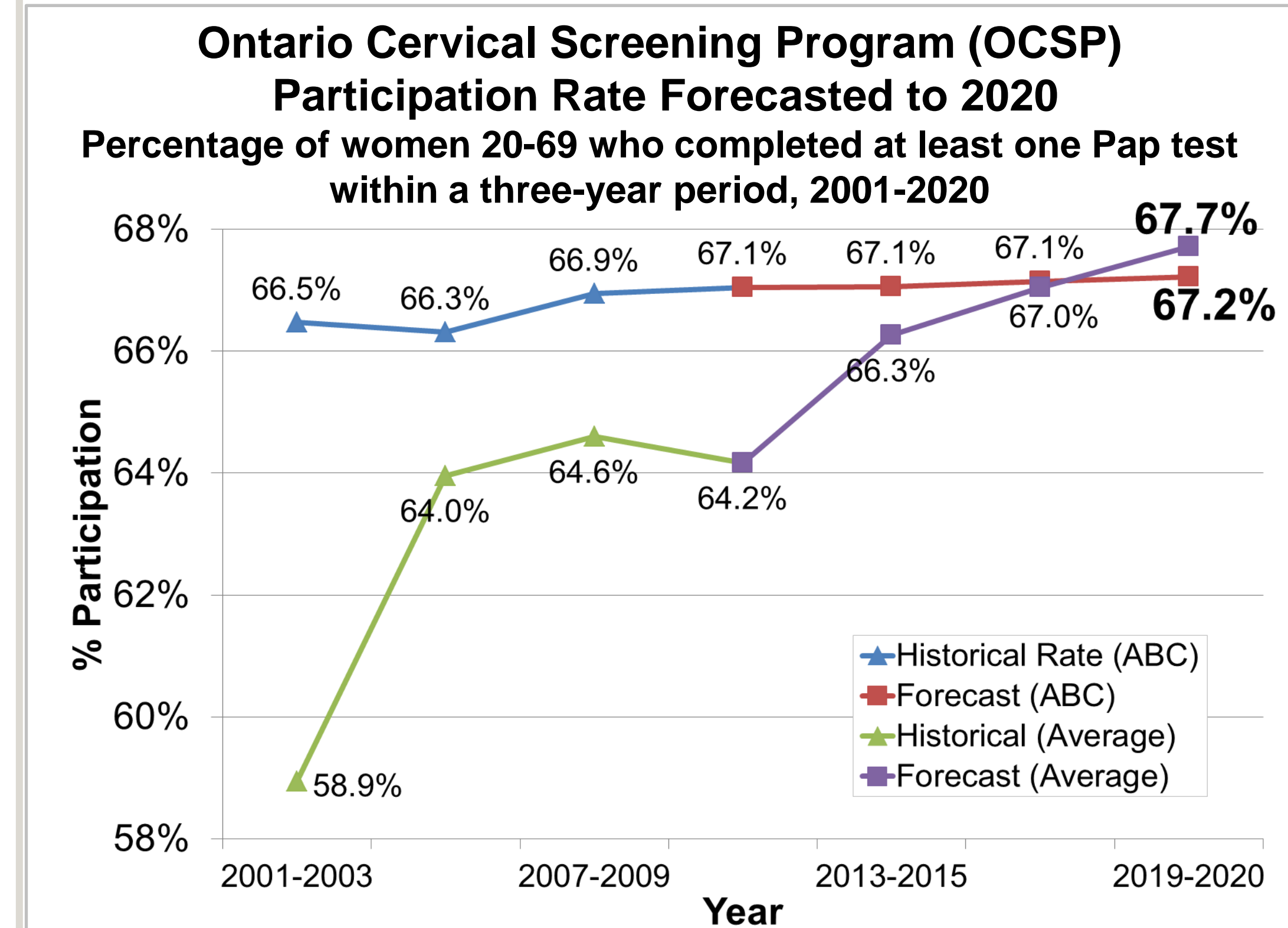
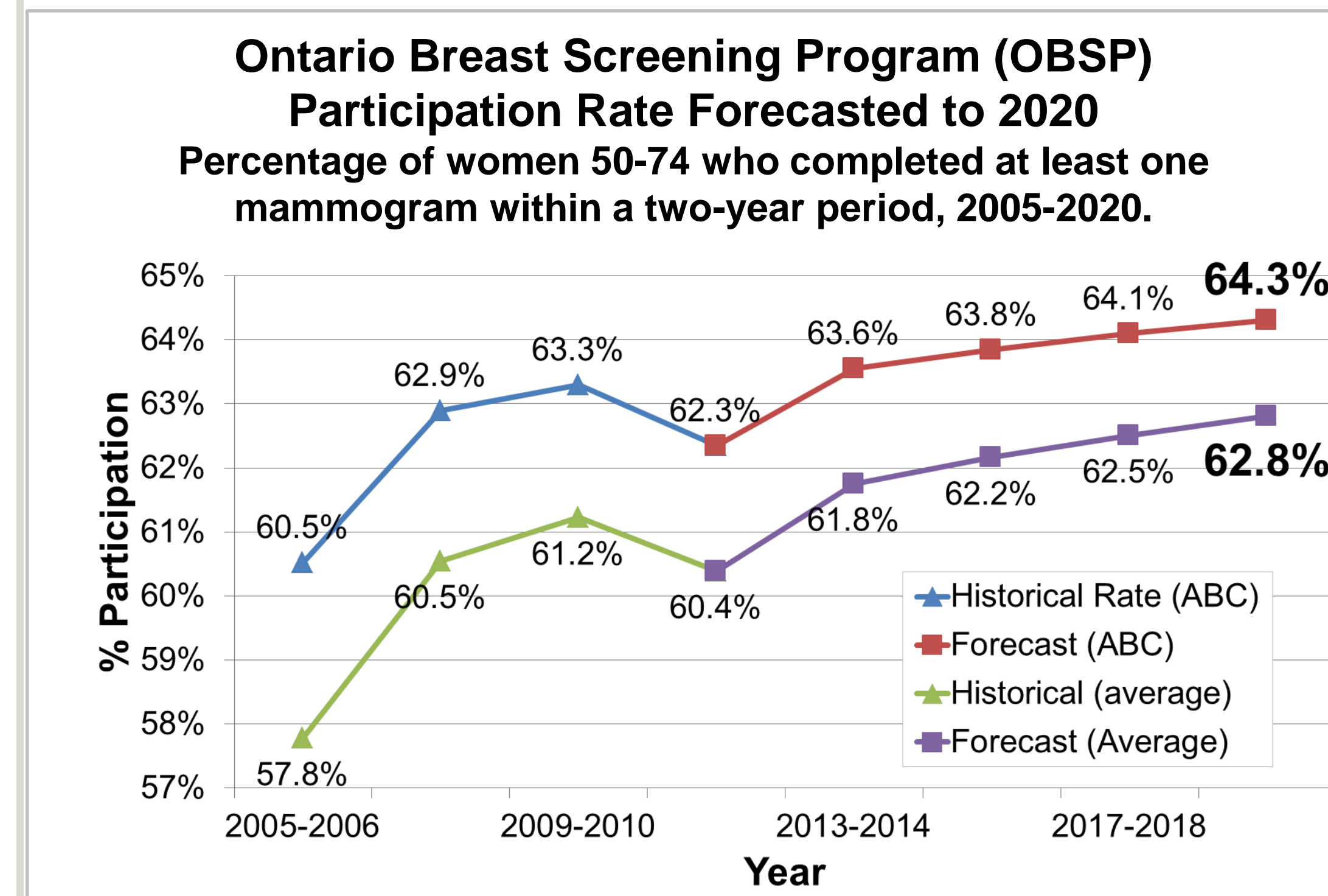


Table 1. Identified Target Setting Methods

METHOD	TARGET SETTING PROCESS
Data-Driven	<ul style="list-style-type: none"> - Forecasting of historical trends - Time-series forecasting in absence of historical trends - Pared-Mean Achievable Benchmark of Care (Top Performers) - Percentile Rank Approach - Combination of Pared-Mean and forecasting of historical trends
Consensus	<ul style="list-style-type: none"> - Consensus driven targets set by government, researchers and national experts - SMART Targets S: Specific, M: Measureable, A: Achievable, R: Realistic, T: Timely

RESULTS

Figure 2. Comparison of Target Setting Methods



RESULTS

Table 2. Target Setting Results

Program	ABC	Historical
OBSP	64.3%	62.8%
OCS	67.2%	67.7%
CCC	28.7%	31.5%

- Forecasting of ABC and historical averages produced very similar proposed targets.
- CCO target setting method is similar to the ABC method identified in this review.

CONCLUSIONS

- Most recommended target setting processes involve a combination of data-driven and consensus-based methods.
- The benefits and drawbacks of target setting processes need to be examined prior to setting health targets.
- Current CCO methods are in accordance with findings of this review.
- Through scientific review and consensus, CCO also incorporates new evidence and anticipated program changes.
- A limitation is that this statistical model does not incorporate population growth, age or sex distributions.
- Future work will include more comprehensive forecasting.

IMPLICATIONS OF RESEARCH

- Setting targets provides an incentive to improve performance and focuses attention on the issue.
- The results of this work will help guide organizations in setting optimal targets for their programs to achieve improvement.