

Article title: The Association Between Hospital Financial Performance and the Quality of Care – A Scoping Literature Review

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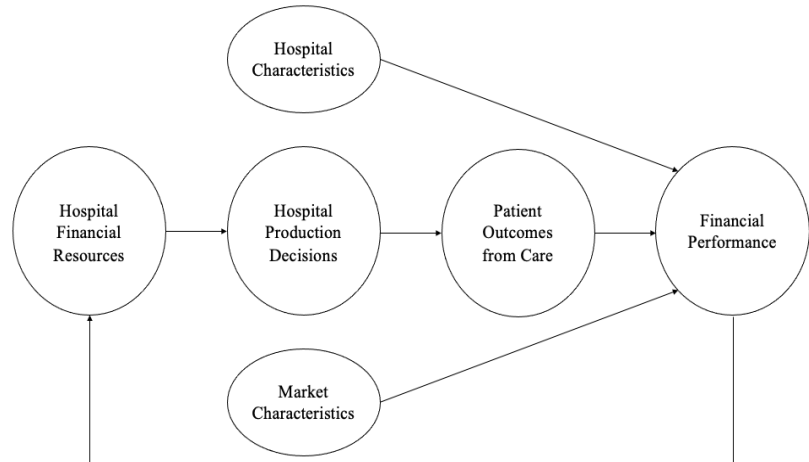
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Supplementary file 6. Overview of the Theoretical Frameworks Used in Empirical Studies

Theoretical or conceptual frameworks applied in empirical research – overview:

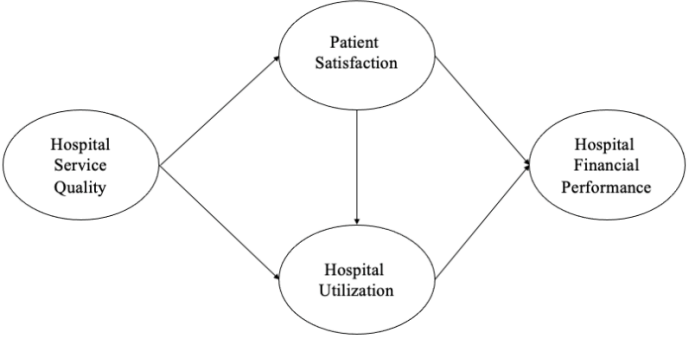
No	Reference number	First author/s and publication year	Theoretical/conceptual framework	Reference/Visualization
1.	49	Harkey & Vraciu 1992	a theoretical model on the impact of quality on profitability via two routes: reduced costs and market gains	<pre> graph LR Quality --> PPS[Patient & Physician Satisfaction] Quality --> IP[Improved Productivity • Quicker Patient Recovery • More efficient process] PPS --> HL[Hospital Loyalty] PPS --> RQ[Reputation for Quality] IP --> LCP[Lower Costs Per Patient Stay] HL --> IMS[Increased Market Share] RQ --> IMS RQ --> HP[Higher Prices] HP --> IMS LCP --> Profit IMS --> Profit </pre> <p>Harkey & Vraciu 1992</p>
2.	55	Irwin et al. 1998	resource-based theory (Barney 1991)	<ul style="list-style-type: none"> Barney, J., 1991. Firm resources and sustained competitive advantage. J. Manage. 17, 99–120.
3.	57	Li & Collier 2000	a theoretical model of relationship between 5 domains: clinical technology, information technology, clinical quality, process quality, and financial performance	

				<pre> graph LR CT(Clinical Technology) --> CQ(Clinical Quality) CT --> PQ(Process Quality) IT(Information Technology) --> CQ IT --> PQ IT --> HFP(Hospital Financial Performance) CQ --> HFP PQ --> HFP </pre> <p>Li & Collier 2000</p>
4.	72	Encinosa & Bernard 2005	a conceptual framework of gradual influence of financial performance on patient safety	
5.	37	Alexander et al. 2006	theory on control- vs learning-oriented approach to quality improvement (Sitkin et al. 1994)	<ul style="list-style-type: none"> Sitkin, S. B., Sutcliffe, K. M., & Schroeder, R. G. (1994). Distinguishing control from learning in total quality management: A contingency perspective. <i>The Academy of Management Review</i>, 19, 537–564.
6.	77	Menachemi et al. 2006	the resource-based theory (Barney 1991): organizations compete based on unique organizational resources that are valuable, rare, difficult to imitate, and nonsubstitutable by other resources	<ul style="list-style-type: none"> Barney, I. 1991. "Firm Resources and Sustained Competitive Advantage." <i>Journal of Management</i> 17 (1): 99-120.
7.	82	Bazzoli et al. 2007	an economic theory of hospital behaviour (Hoerger 1991; Newhouse 1970)	<ul style="list-style-type: none"> Hoerger, T. J. 1991. "Profit" variability in for-profit and not-for-profit hospitals. <i>Journal of Health Economics</i> 10(October): 259-89. Newhouse, J. P. 1970. Towards a theory of nonprofit institutions. An Economic Model of a Hospital <i>American Economic Review</i> 60(1): 64-74.
8.	74	Kazley & Ozcan 2007	resource dependence theory (Pfeffer & Salancik 1978): hospitals use EMR for securing patient demand and financial reimbursement	<ul style="list-style-type: none"> Pfeffer, J., and C. Salancik. 1978. <i>The External Control of Organizations: A Resource Dependence Perspective</i>. New York: Harper&Row.

9.	86	Bazzoli et al. 2008	an economic model of a hospital behaviour (Newhouse 1970)	 <p style="text-align: center;">Bazzoli et al. 2008</p> <ul style="list-style-type: none"> • Newhouse, J. P. 1970. Towards a theory of nonprofit institutions. <i>An Economic Model of a Hospital</i> <i>American Economic Review</i> 60(1): 64-74.
10.	81	Zhao et al. 2008	an economic theory of hospital behaviour (Hoerger 1991) on hospitals profits maximalization / surplus targeting involving staff costs constrains	<ul style="list-style-type: none"> • Hoerger, T. J. 1991. "Profit" Variability in For-Profit and Not-for-Profit Hospitals. <i>Journal of Health Economics</i> 10(3):259–289.
11.	59	Maiga & Jacobs 2009	A theoretical framework linking the relationships between 6 dimensions: leadership, clinical quality, process quality, patient satisfaction, cost Improvement, hospital profitability	

				<p>Maiga & Jacobs 2009</p>
12.	73	Ginn et al. 2011	institutional theory (Meyer and Rowan 1977; DiMaggio and Powell 1983): pressure from healthcare policymakers forces hospitals to adopt EHRs to preserve their legitimacy; resource dependency theory (Pfeffer & Salancik 1978): hospitals would adopt EHRs to ensure patient demand	<ul style="list-style-type: none"> • DiMaggio, P. I., and W. W. Powell. 1983. "The Iron Cage Revisited: Institutional Iso-morphism and Collective Rationality in Organizational Fields." <i>American Sociological Review</i> 48 (2): 147-60. • Meyer, J. W., and B. Rowan. 1977. "Institutionalized Organizations: Formal Structure as Myth and Ceremony." <i>American Journal of Sociology</i> 83 (2): 340-63. • Pfeffer, J., and C. Salancik. 1978. <i>The External Control of Organizations: A Resource Dependence Perspective</i>. New York: Harper&Row.
13.	79	Navathe et al. 2012	an economic model of a hospital behaviour (Newhouse 1970): decreasing reimbursement reduces providers' incentives to incur the costs necessary to provide levels of quality above the profit-maximizing level and beyond the minimum level implied by professional standards, regulations, etc.	<ul style="list-style-type: none"> • Newhouse J. P. (1989). Do unprofitable patients face access problems? <i>Health Care Financing Review</i>, 11, 33-42.
14.	64	Reiter et al. 2012	economic models of production: hospitals marginal revenues are equal to their marginal costs (Avery & Shultz 2007).	<ul style="list-style-type: none"> • Avery, G., and J. Shultz. 2007. "Regulation, Financial Incentives, and the Production of Quality." <i>American Journal of Medical Quality</i> 22 (4): 265-73.

15.	47	Everhart et al. 2013	resource-based theory (Barney 1991)	<ul style="list-style-type: none"> Barney J. Firm resources and sustained competitive advantage. Journal of Management. 1991; 17(1):99–120.
16.	75	Lindrooth et al. 2013	a model on hospitals cross-subsidizing quality in unprofitable services using the financial surplus from other services depending on the financial surplus availability (David et al. 2011).	<ul style="list-style-type: none"> David, G., R. C. Lindrooth, L. A. Helchem, and L. R. Burns. 2011. “Do Hospitals Cross Subsidize?” NBER Working Papers 17300.
17.	84	Turner et al. 2015	a conceptual relationship between VBP adjustment and financial performance	<p>The diagram illustrates a conceptual model with the following components and relationships:</p> <ul style="list-style-type: none"> Hospital Profitability (top left) has a bidirectional arrow connecting to VBP Domain Performance (top center). VBP Domain Performance (top center) has an arrow pointing to VBP Adjustment to IPPS Base Rate (middle right). VBP Adjustment to IPPS Base Rate (middle right) has an arrow pointing to Hospital Profitability (bottom center). Control Variables (bottom left) has an arrow pointing to Hospital Profitability (top left). Control Variables (bottom right) has an arrow pointing to VBP Adjustment to IPPS Base Rate (middle right). <p>Turner et al. 2015</p>
18.	88	Collum et al. 2016	corporate financial theory (Copeland et al 2005).	<ul style="list-style-type: none"> Copeland, T.E., Weston, J.F., & Shastri, K. (2005). Financial the oryand corporate policy (4th ed.). Reading, MA: Addison-Wesley.
19.	90	Crowe et al. 2017	a leadership development systems perspective using the High-Performance Work Practices (HPWP) theory (Huselid 1995) that is an extension of the original resource-based theory (Barney 1991) of the firm.	<ul style="list-style-type: none"> Huselid M. The impact of human resource management practices on turnover, productivity, and corporate financial performance. Acad Manag J1995; 38: 635–872. Barney J. Firm resources and sustained competitive advantage. Journal of Management. 1991; 17(1):99–120.

20.	65	Richter & Muhlestein 2017	the service-profit chain framework (Heskett et al. 1994), linking the customers satisfaction/loyalty with revenues growth.	<ul style="list-style-type: none"> Heskett, J., Jones, T. O., Loveman, G. W., & Schlesinger, L. A. (1994). Putting the service-profit chain to work. <i>Harvard Business Review</i>, 72(2), 164Y174.
21.	94	Karim et al. 2018	A theoretical framework - signaling theory - signalling aims to reduce the imbalance of information between two parties (also known as information asymmetry) (Erdem 1998). If the signal is effective, an overall improvement in hospital financial performance is expected.	<ul style="list-style-type: none"> Erdem, T. T. (1998). Brand equity as a signaling phenomenon. <i>Journal of Consumer Psychology</i>, 7(2), 131–157.
22.	58	Lim et al. 2018	a conceptual model of the relationships between hospital service quality, patient satisfaction, hospital utilization, and hospital financial performance	 <pre> graph LR A([Hospital Service Quality]) --> B([Patient Satisfaction]) A --> C([Hospital Utilization]) B --> D([Hospital Financial Performance]) C --> D </pre> <p>Lim et al. 2018</p>

23.	68	Wang et al. 2018	theoretical model on the relationships between IT investments, financial performance, and intermediate business processes, i.e. electronic health records adoption	<p style="text-align: center;">Wang et al. 2018</p>
24.	85	Akinleye et al. 2019	Rogers' (2003) work on diffusion of innovations (HIT adopters' groups)	
25.	40	Asagbra et al. 2019	a conceptual framework on combining multiple measures of both FP and Q into predictive model	<ul style="list-style-type: none"> • Rogers, E. M. (2003). Diffusion of innovations. New York, NY: Free Press; 551.
26.	41	Beauvais et al. 2019	a theoretical model on the connection between service quality improvement, cost reductions, and profitability (Rust et al 1995)	<ul style="list-style-type: none"> • Rust, R. T., Zahorik, A. J., & Keiningham, T. L. (1995). Return on quality (ROQ): Making service quality financially account able. The Journal of Marketing,58Y70.
27.	67	Upadhyay et al 2019	Resource dependence theory (Pfeffer & Salancik 1978): organization's survival relies on its ability to acquire resources from the external environment. When resources become less available, organization adapt strategies to survive, i.e., readmission reduction.	<ul style="list-style-type: none"> • Pfeffer, J., and C. Salancik. 1978. The Exter-nal Control of Organizations: A Resource Dependence Perspective. New York: Harper&Row.
28.	81	Zhao et al. 2019	Donabedian's quality framework (1988, 2003)	<ul style="list-style-type: none"> • Donabedian, A. The quality of care. How can it be assessed? 1988. Arch. Pathol. Lab. Med. 121 (11): 1145–1150.

				<ul style="list-style-type: none"> • Donabedian, A. 2003. An introduction to quality assurance in health care. New York, NY: Oxford University Press
29.	42	Brooks et al. 2021	institutional isomorphism based on institutional theory – process whereby organizations exposed to the same institutional environments tend to adopt similar characteristics and practice	<ul style="list-style-type: none"> • DiMaggio, P.J.; Powell, W.W. The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. Am. Sociol. Rev. 1983, 48, 147–160.