DCP3 Quality Meeting on Instruments of Policy to Influence Intervention Access, Uptake and Quality

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Highlights

- Policies as informed and negotiated agreements among principals
- Tenets of Universal Health Coverage and Quality of Care
- The Holy Grail: High Coverage and High Quality
- What do we really know?
- ..But measurement alone will not suffice
- What will it take to do better?

Universal Health Coverage

- Universal Health Coverage: "..the situation where all people are able to use the quality health services that they need and do not suffer hardship paying for them.."

[WHO and World Bank, 2013]

- Embodies multiple themes: Coverage, Universality, Services, Affordability, Necessity

Quality of Care: Doing the right thing right, right away

[Walton, 1986]

"Proper performance, according to standards, of interventions that are known to be safe, that are affordable to the society in question, and that have the ability to produce an impact on mortality, morbidity, disability and malnutrition." [Roemer and Montoya-Aguilar, 1988]

- "The quality of technical care consists in the application of medical science in a way that maximizes its benefits without correspondingly increasing its risks."

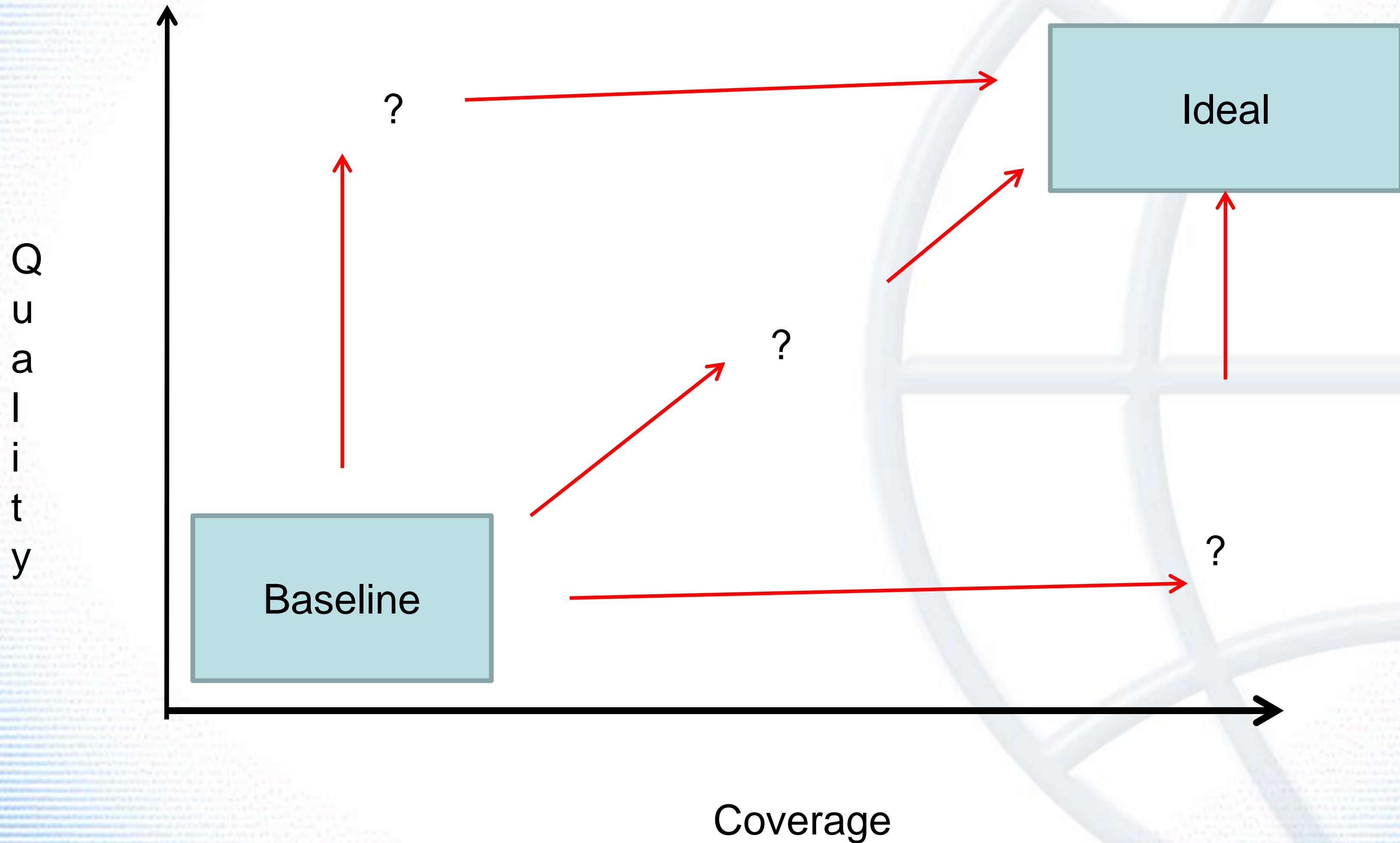
[Donabedian, 1980]

The IOM's Six Elements of Quality: Something for Everyone?

- Patient safety
- Effectiveness
- Patient centeredness
- Timeliness
- Efficiency
- Equity

[Source: Institute of Medicine, 2001]

Holy Grail: High Coverage & High Quality



Insight from measuring *some* dimensions of quality of care in low-income settings

- Variations in compliance with technical guidelines and standards in service delivery
- Poor compliance, even among highly trained workers like doctors and nurses
- Lack of responsiveness/ accountability to patients, payers and communities
- Absenteeism

[The Quality Assurance Project; Das and Hammer, 2004; Das and Hammer, 2007; Das, Hammer and Leonard, 2008; The Service Delivery Indicators (SDI); Adeyi and Morrow, 1997; Peabody and others, 2006]

Beyond Measurement and Critiques: Improving Quality on a Large Scale

- Whole-of-system configuration, fit for purpose
- Routine measurement, use and reporting of QoC data at the levels of service delivery, management and payment
- Identify and resolve data problems, including completeness and validity
- Make better use of information technology: decision-support tools and reminders

[Adapted from Steinberg, NEJM, 2003; Ogunbekun, Adeyi, Wouters, Morrow, 1996; Peabody and others, 2006; Quality Assurance Project]

Beyond Measurement and Critiques: Improving Quality on a Large Scale (contd.)

- Capitalize on the power of patients to improve (a dimension of) QoC
- Align financial incentives with increased QoC
- Make the cost of poor quality a big policy challenge

Decision Tools and Reminders: "Job Aids", "Prompts" and "Checklists"

- Simplifying complexity at the interface between service providers and patients
- Mitigating fallible human memory
- Pre-empting error-prone improvisation
- Reducing variations in performance
- Improving performance
- But only one element; not a panacea…

[Adapted from: Adeyi & Morrow, 1997; Steinberg, 2003; Gawande, 2011]

Strategies to Improve Health Care Provider Performance

- Diverse strategies have been implemented
- In a review of 56 studies, evaluating 74 strategies, most strategies had small median effect sizes (<10%), although some had large effects (>25%)
- When specific types of components are combined, there was more potential to a larger positive effect size
- ? The types of components combined, rather than simply the number of components, is related to effect size [Printed materials or job aids + training + quality management techniques had a larger median effect than any single one of those components]
- Differences in effect according to the scale of implementation.

[Rowe and others. 2009]

Performance Based Financing and Incentives to Improve Quality of Care

- Performance based financing; aligning incentives with improvements in quality, not only coverage; benchmarking; and independent verification
- PBF: positive effect on quality of care
  - QoC improved in in treatment group
  - QoC improved even more for providers who had a higher competencies - - synergistic effect of basic knowledge and incentives [Gertler and Vermeersch, 2012]
- But what are the limits? ["Large Stakes and Big Mistakes…" Ariely and others, 2009]

Influence of Patients on Quality of Care

- Improving accountability of service providers to patients and to the payer
- Increasing patient compliance with patient-dependent aspects of care
- Controlling costs (but limited by asymmetry of information)

“Are you being served…?”

Costs of Poor Quality

- Internal failures
- External failures
- Product and Service “Recalls”
- Direct costs
- Indirect costs

Costs of Poor Quality:
Lessons from manufacturing and consumer services?

- Internal failures
- External failures
- Product and Service "Recalls"
- Direct costs
- Indirect costs
- Damaged brands?

Toyota Product Recall

[http://solvesolution.files.wordpress.com/2011/05/toyota-case-study.pdf]

A few concerns of policymakers: what, how, where, why and by whom?

- Increased performance levels
- Reduced variations in performance
- Scale
- Institutions to make it work
- Accountability
- Cost containment
- Surprises..

Thank you