

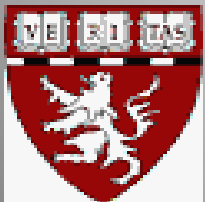
Discussant: Overview of Quality



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Implementation gap

What we know works



What is actually implemented

Implementation without quality is still a gap



Adapted from Nature **453**, 840-842 (2008)

Quality and outcomes

- All paths lead to the interaction between patient and health care system
 - Process as proximal step to outcomes

BUT

- Without uptake, quality can not occur
- So we need to look at quality and improvement along the continuum of access, uptake **and** delivery



How do we know where to look and intervene

- Before the patient get through the health care “door”
 - Access and utilization

Access
Acceptability/satisfaction
Systems

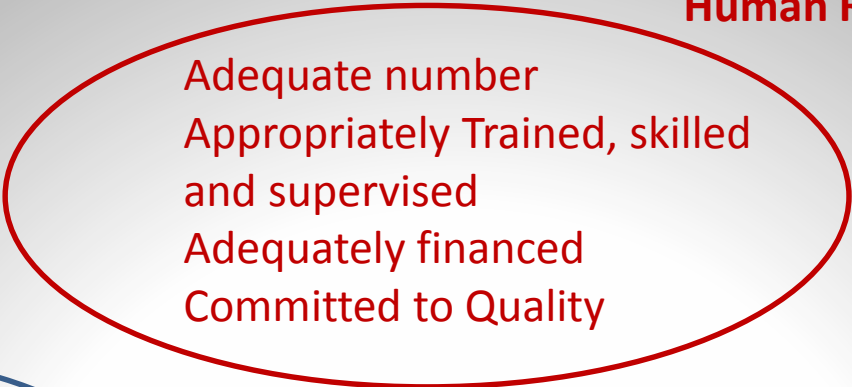
- Once they cross into care
 - What care they are offered
 - What care they accept
 - What care they receive
 - How well it is coordinated



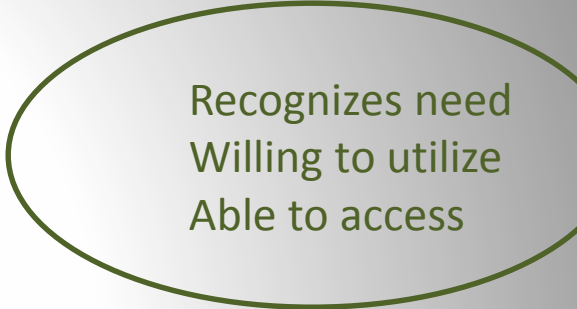
Systems
Process
Acceptability/satisfaction



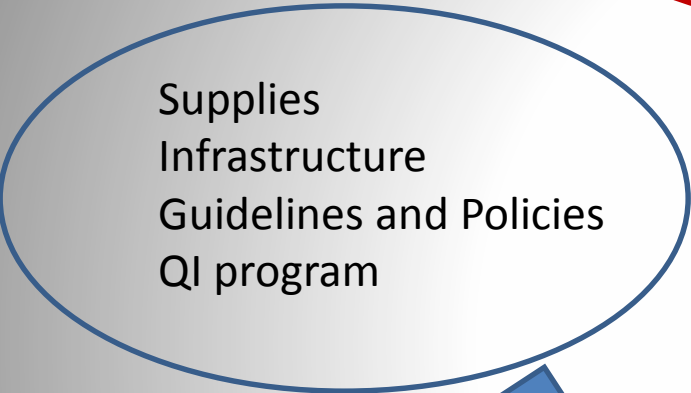
Human Resources



Patients



Systems



- Effective supervision
- Retention efforts
- Trained in QI

Right product, right place, right time

National Guidelines in place

Health literacy

Adhere to care and treatment

Early presentation to care



The right intervention was chosen



Improved health and other expected outcomes



Bridging the QI Implementation gap



How do we put into place what we know works to improve quality?



Effective interventions to improve selected areas

- Collaboratives: system and process
- PBF: Processes and systems
- Conditional cash transfer: uptake
- Task shifting: access and process
- Integrated HCW and QI Mentoring: systems and process
- Checklist: process and systems
- New technology (point of care): process



Can we “mandate” quality?

And will that improve outcomes?



What is the role of policy in helping get us across the gap?

- **Defining quality**
 - Guidelines and standards
- **Access**
 - Mutuelles
 - Removing User fees
 - Investment in CHWs
- **Systems and Organization**
 - Task-shifting
 - Financial commitment to adequate supplies and health facilities
 - Accreditation (sites, training, providers)
 - Mandated QI
- **Processes**
 - PBF
 - Integrated supervision
 - Mandated integration of proven interventions



Challenges of scale and sustainability

- How do we go from few sites, one district, one country to many?
- How do we use the variability in uptake and impact to inform and improve our implementation as we scale?
- How do we sustain the improvement?
- Can we ever stop measuring?



What are some new(er) challenges in resource constrained settings?



Challenges of success

- Improvements in child survival, HIV care => increased focus on non-communicable chronic diseases
 - How do we break down silo's of vertical efforts to deliver and improve quality more integrated and coordinated care and improvement
 - How do we move from episodic to longitudinal care retaining quality
 - How do we incorporate the 6 areas from IOM



Thank you

