THE AGA KHAN UNIVERSITY

Quality of Care for Universal Health Coverage: The overlooked dimension

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Presentation Objectives

- Present the concept of UHC and the importance of quality of care as integral to this agenda of global importance.
- Identify key gaps, challenges and opportunities for mainstreaming quality of care in the UHC agenda in the context of L&MICs.
- Present strategies and approaches for mainstreaming quality of care in health system strengthening and UHC.

Sustainable Development Goals and UHC

SDG 3 - Good Health and Wellbeing

–

13 Targets

Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

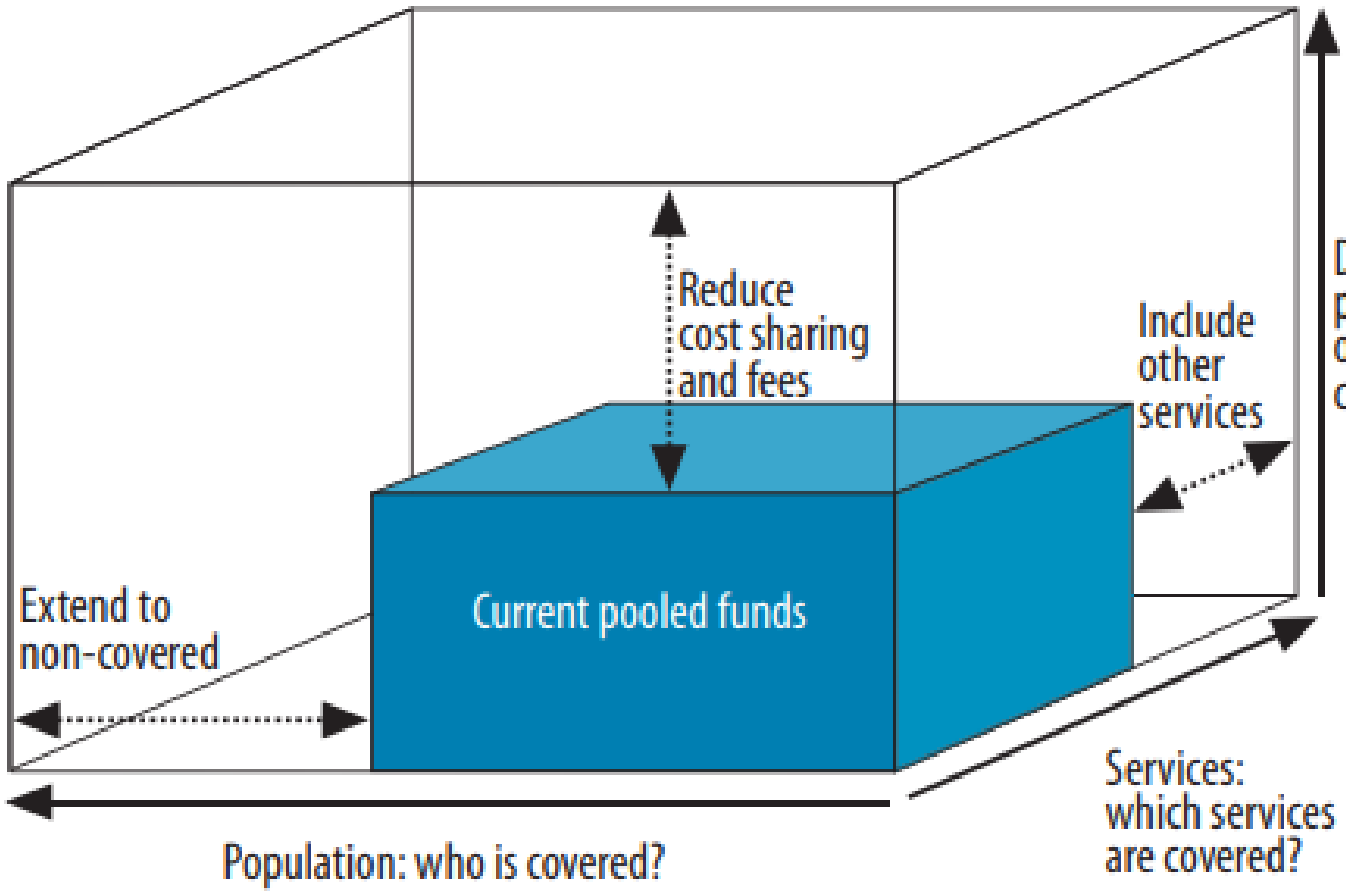
Universal Health Coverage [UHC] and Quality of Care?

- UHC means ensuring that **all people** have access to **needed health services** (including prevention, promotion, treatment, rehabilitation and palliation) of **sufficient quality** to be effective while ensuring that their use **does not expose the user to financial hardship**.

World Health Day 2019 – Universal Health Coverage

Source: Adapted from WHO, 2016

The UHC Cube and its three Dimensions: Quality is everywhere!!



Quality - Equity, Efficiency

Service quality, User satisfaction

Clinical Quality, Patient Safety

Source: WHR 2010

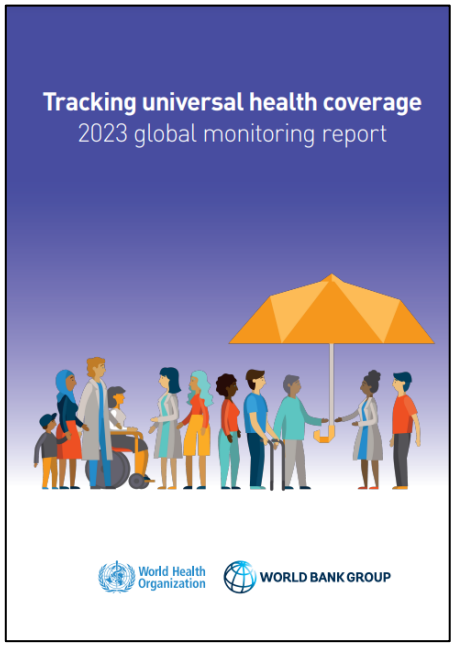
Global Monitoring of Progress towards UHC

Target 3.8

Achieve universal health Coverage

Indicator 3.8.1:
Coverage of essential health Services – Based 16 Tracer Indicators – Service Coverage Index

Indicator 3.8.2:
Proportion of a country's population with large household expenditure on health a share of household total consumption on income (catastrophic spending on health)
More than 10% or 25%



Currently Monitoring Quality is not part of UHC Progress

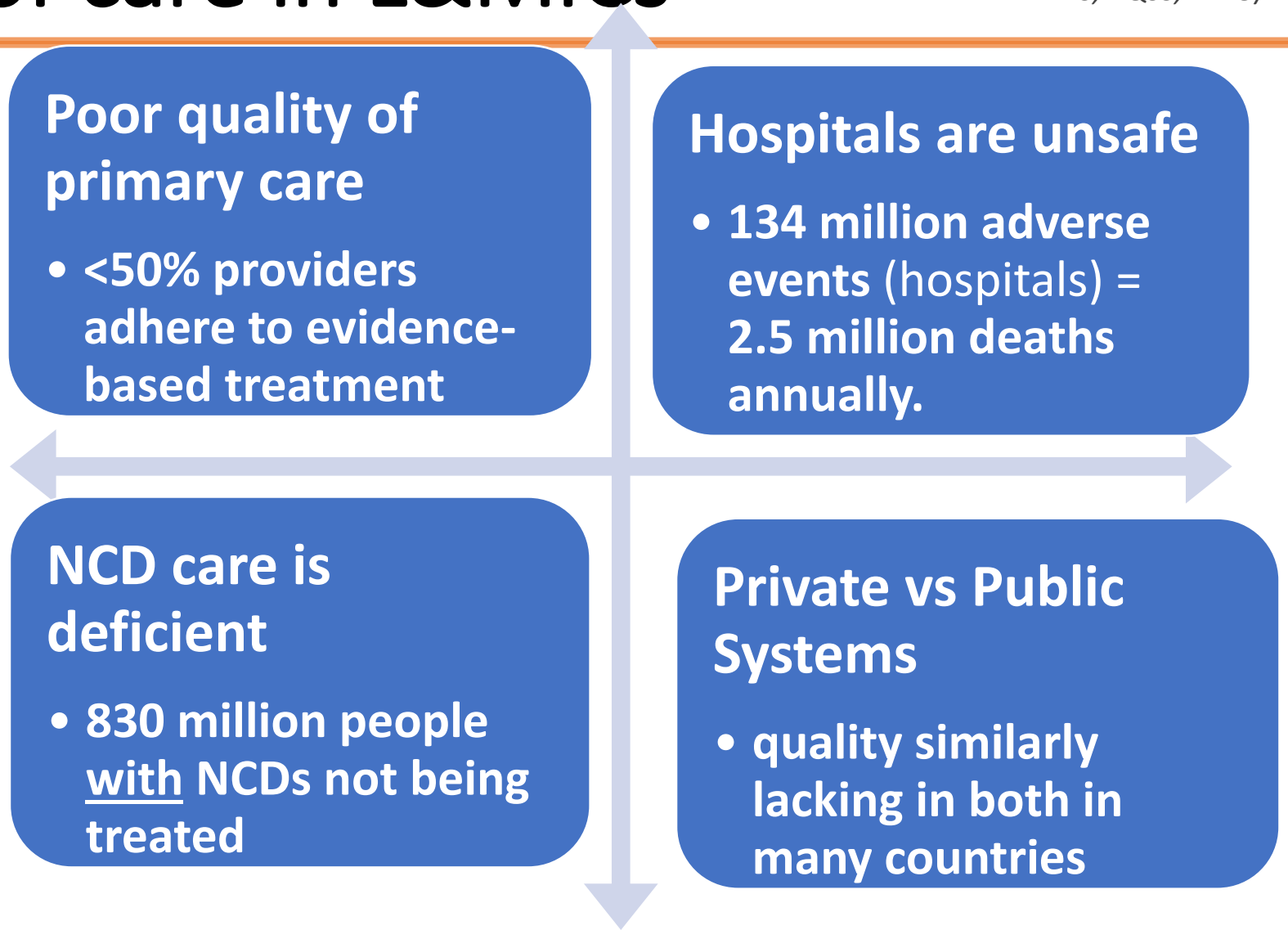
The Costs of Poor Quality in Numbers

- **Between 5.7 – 8.4 million deaths occur annually** from poor quality of care for conditions that should be treatable by the health system.
- In 2015 alone these deaths resulted in **US$6 trillion in economic losses**.
- 60% of deaths from conditions amenable to health care are due to poor-quality care
- High-quality health systems could prevent each year:
  - **2.5 million deaths from cardiovascular disease**
  - **1 million newborn deaths**
  - **900,000 deaths from tuberculosis**
  - **Half of all maternal deaths**

Jaouni et al. 2022

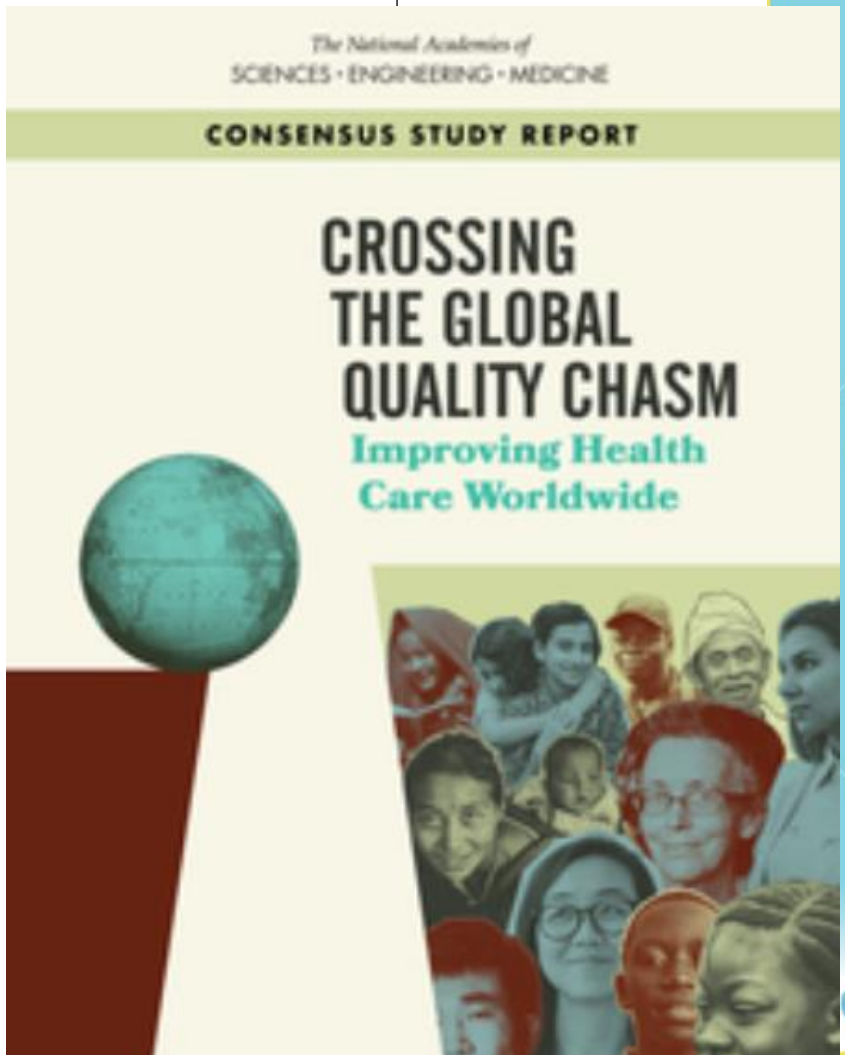
Enormous Challenges Associated with Poor Quality of care in L&MICs

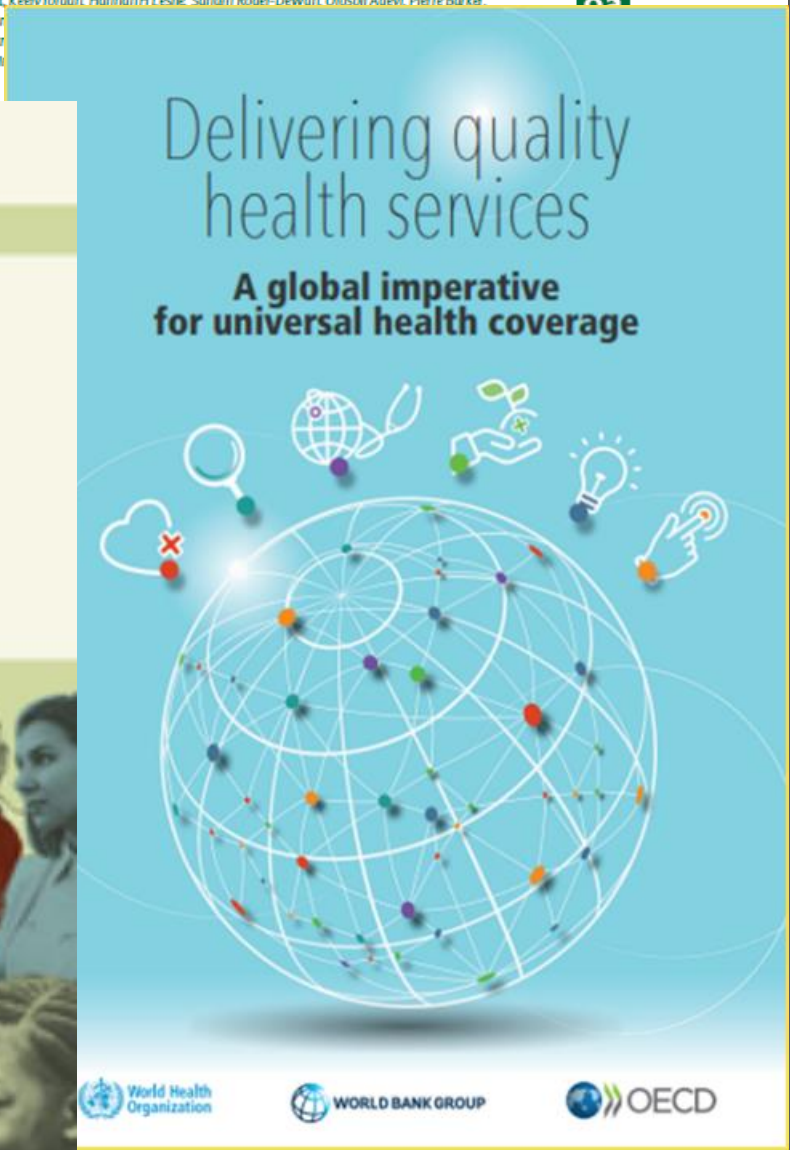
NAS, HQSS, WHO/WB/OECD, 2018



Three landmark reports on Quality of Care – 2018

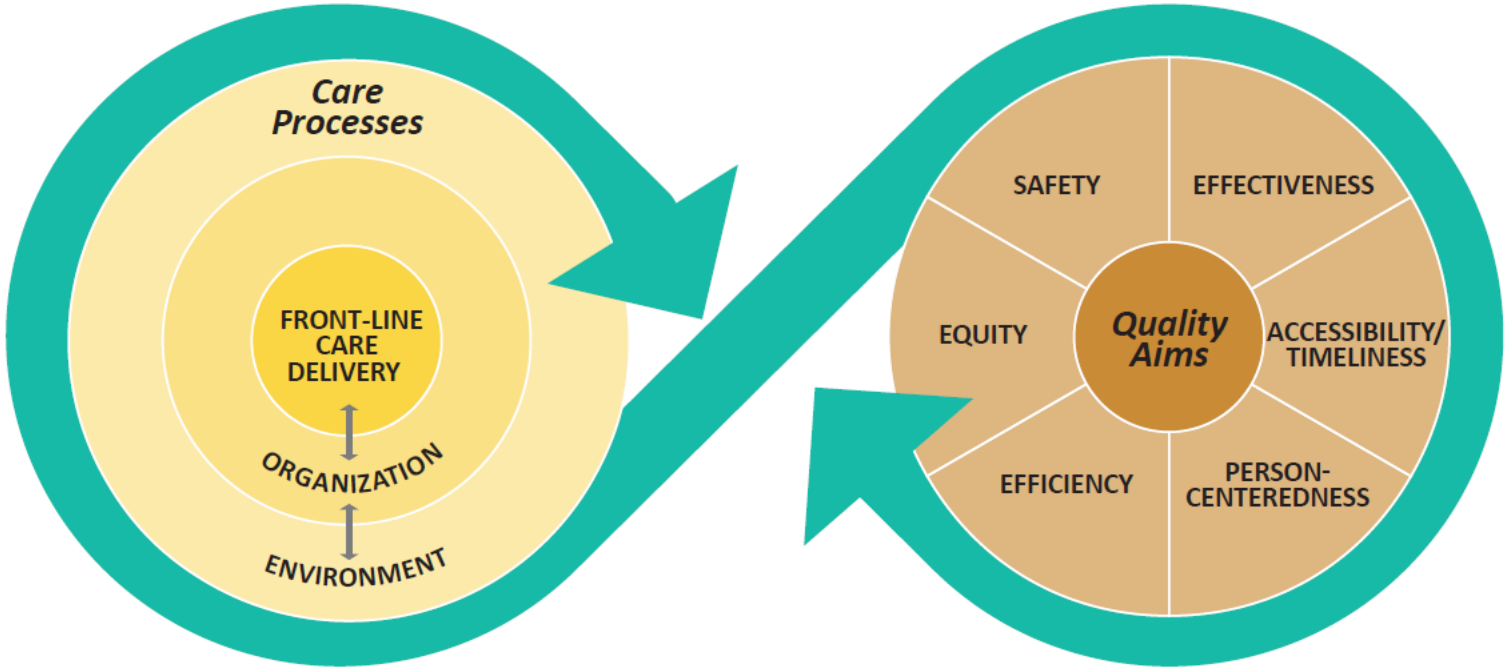
- Affirm quality as central to UHC with a focus on L&MICs
- Identify major gaps in quality in:
  - extreme adversity /fragile-conflicted-vulnerable (FCV) /emergencies
  - informal health care sector





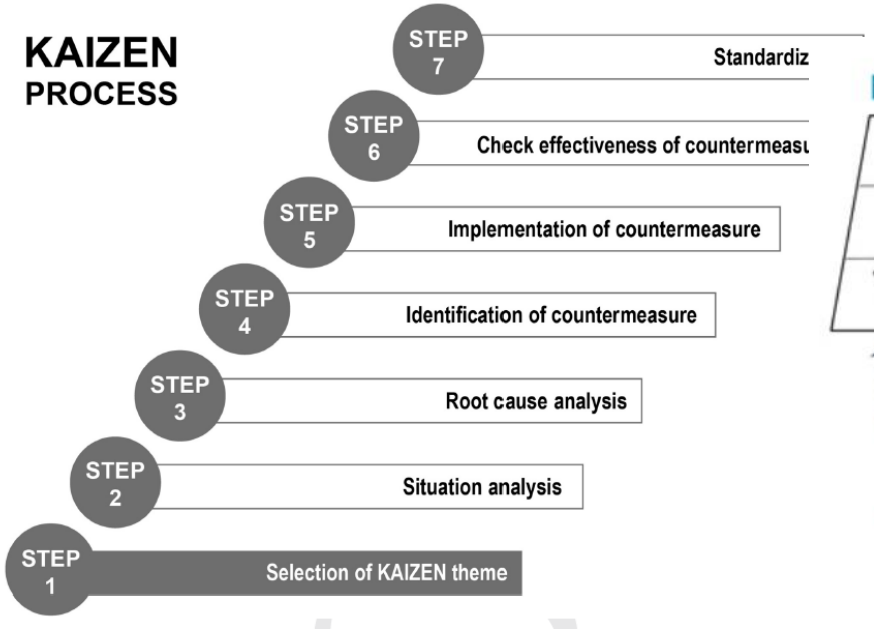
Healthcare Quality and its Attributes?

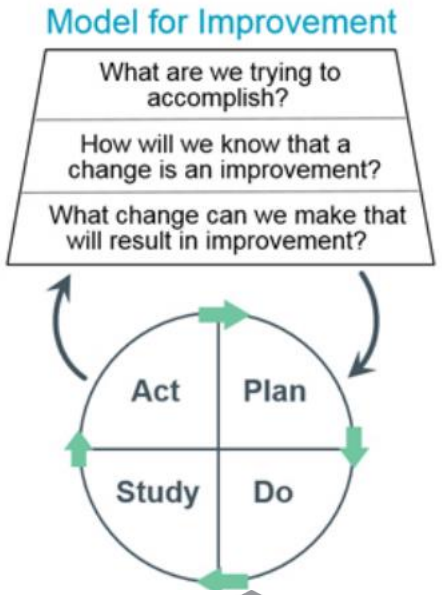
- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge



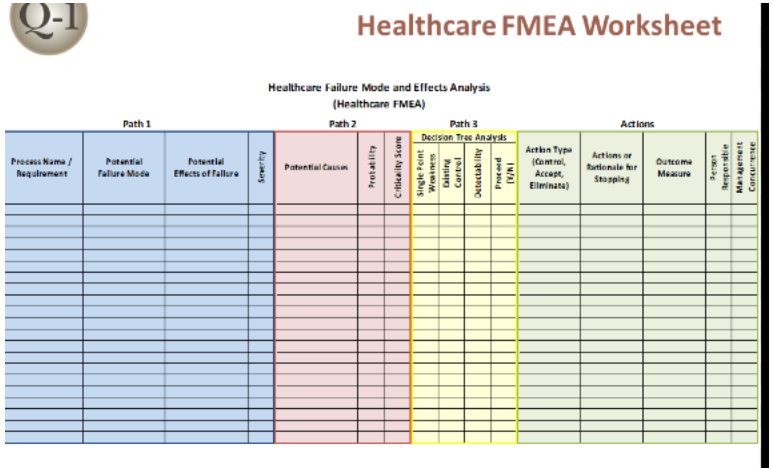
Crossing the Quality Chasm: Guiding framework for transformation of care delivery

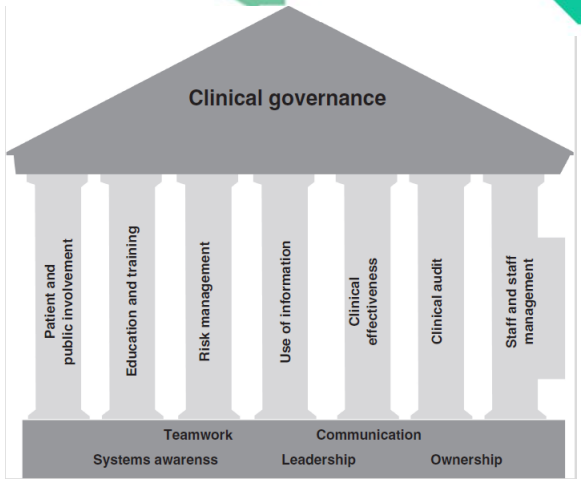
Quality Assessment and Improvement Approaches and Tools

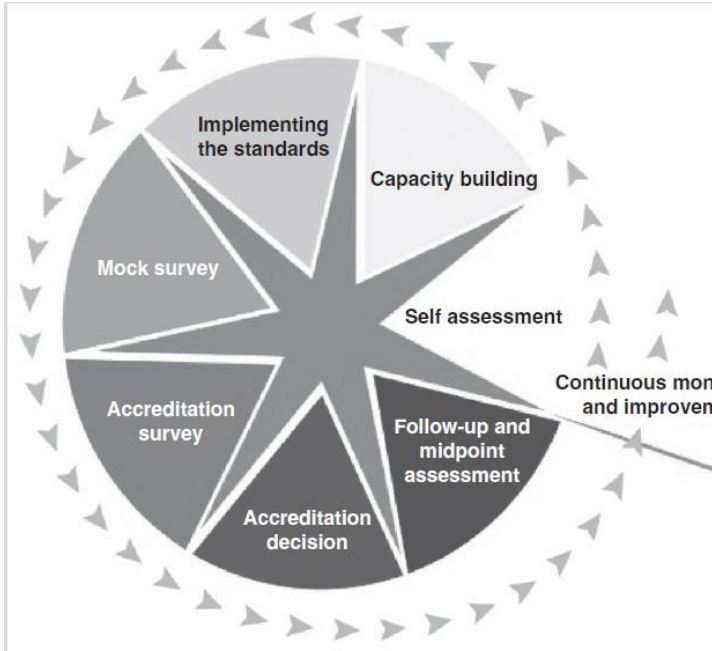




Lean waste in healthcare





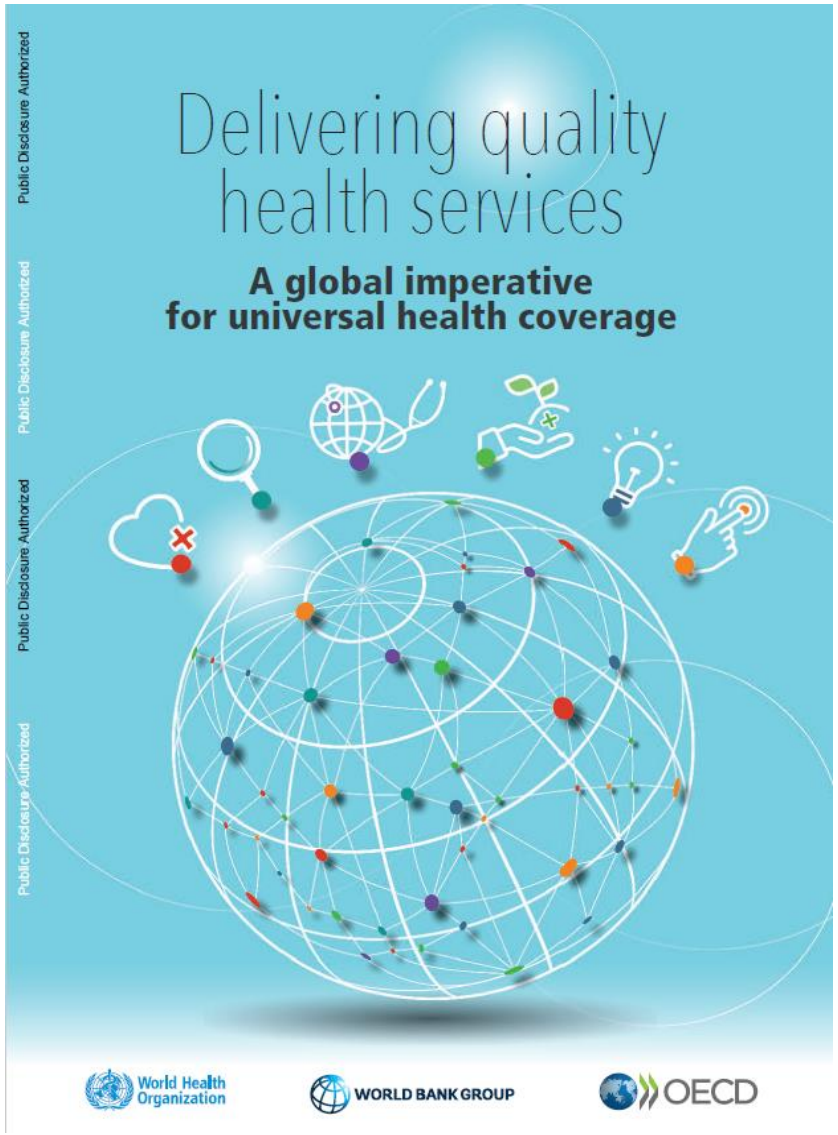


Healthcare Accreditation

Integrating Quality in UHC Schemes: Options and Approaches

- Quality Policy, Strategy, and Interventions
- Essential Package of Health Services
- Strategic purchasing through outsourcing of health services
- Provide payment methods and quality of care
- Empanelment of Healthcare Institutions in Insurance Programs
- Strengthening Healthcare Accreditation Programs

Quality Policy and Strategy

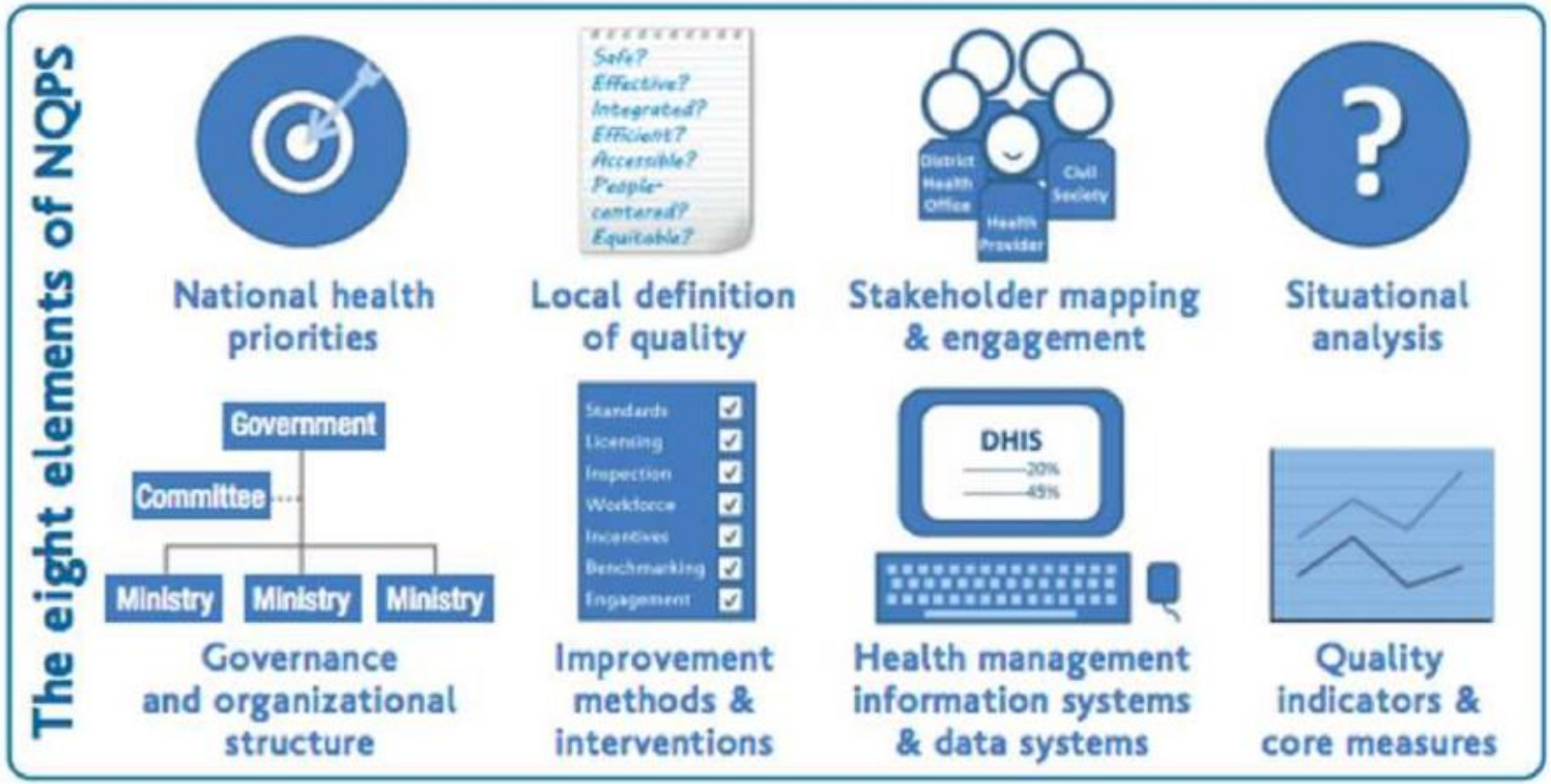


Quality policy and implementation strategy as part of formal health sector national plan;

Healthcare Interventions

- Changing clinical practice at the front line;
- Setting standards;
- Engaging and empowering patients, families and communities;
- Information and education for health care workers, managers and policy-makers;
- Use of continuous quality improvement program and methods;
- Establishing performance-based incentives
- Legislation and regulation.

National Quality Policy and Strategy (NPQS): Prerequisite for Quality Commitments in UHC



WHO. Handbook for national quality policy and strategy [Internet]. WHO, 2018.

Essential Package of Health Services (EPHS) and Quality of Care: What is it and Why?

EPHS or health benefits package is a set of prioritized health services publicly financed through a UHC scheme

- Address high burden problems
- Cost-effective interventions
- Promote equitable access
- Ensure the efficiency of resources
- Minimize budgetary impact

(Glassman and others 2016)

Key Objectives of EPHS Design

Design of EPHS

- Did EPHS development involve sound diagnosis?
- **Have explicit objectives associated with EPHS been formulated?**
  - Population coverage expansion
  - Financial protection
  - Health Status
  - Beneficiary satisfaction
  - Equity in access and financing
  - Efficiency in provision
  - **Quality of care**
- Is there coherence between EPHS and the criteria used to construct it?
- Has access to EPHS interventions been defined with enough clarity?
- Is the proposed EPHS publicly available?
- Will there be enough supply to meet demands of EPHS interventions?

Create systemic capacity for quality improvement at multiple levels

National

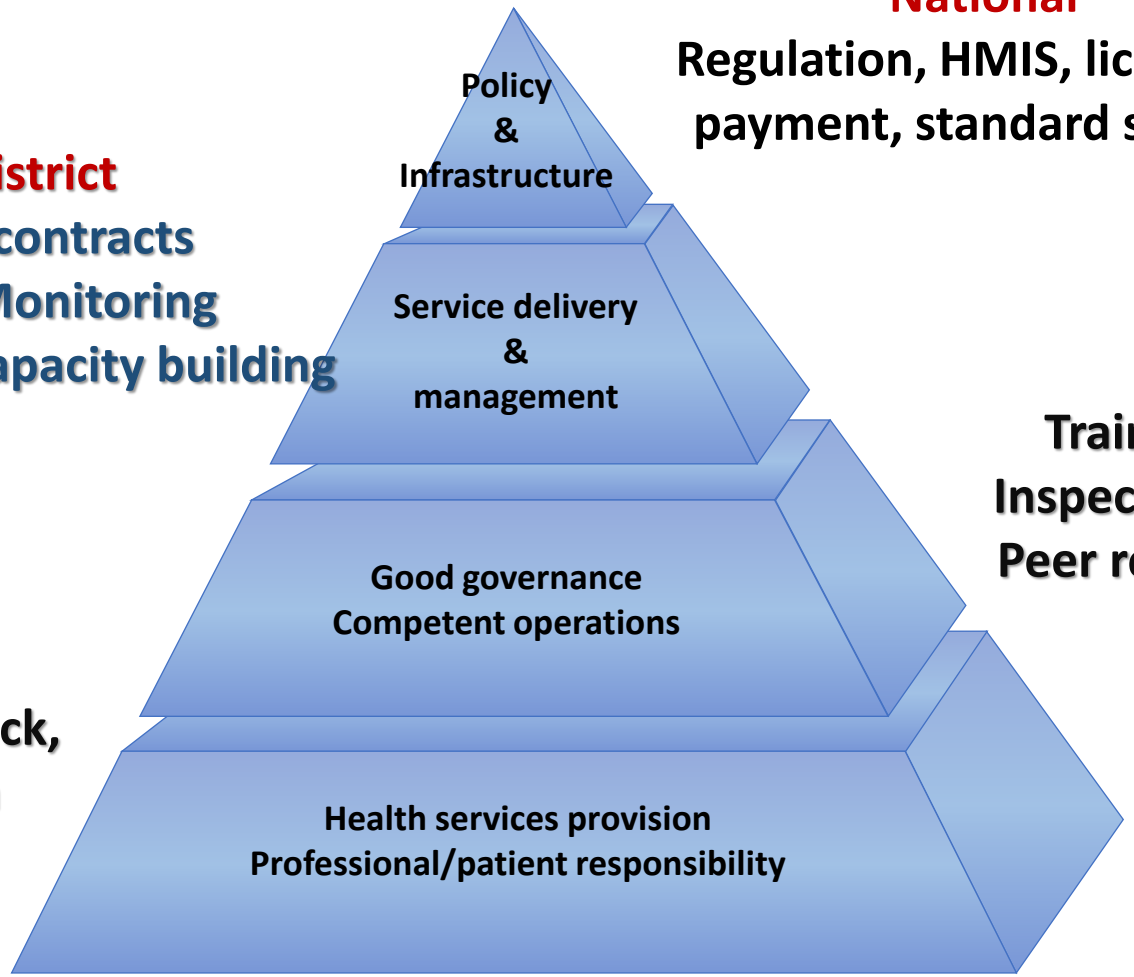
Regulation, HMIS, licensing, payment, standard setting

Region/ District

Performance contracts

Performance Monitoring

Human workforce capacity building



Facility

Infection control

Training and development

Inspection/external evaluation

Peer review against standards

Individuals

Supervision, performance feedback, patient education

Measuring Primary Care Quality in L&MICs Settings: Selected Indicators of 34

	Structure	Process	Outcome
Access and Equity	▪ % of catchment population registered with the facility	▪ % of patients seen in PH being managed for mental health conditions	▪ Staff satisfaction rate ▪ % women receiving ANC during 1st trimester
Safety	▪ % of individuals patient file in health facility with unique identifier	▪ % of facility staff fully immunized for Hep B ▪ % of injections given with a new sterile standard safety syringe	▪ Number of adverse events reported (immunization/medication)
Efficiency	▪	▪ % of prescriptions that include antibiotics in out-patient clinics	▪ # days stock outs/year for identified 15 essential medicines in facility ▪ % of 8 essential CVD and DM medicines with no stock out in last 3 months
Effectiveness	▪	▪ % of hypertensives with BP >140/90 at last 2 follow-up visits ▪ % of diabetics with FBG controlled at last 2 follow-up visits ▪ % of smokers attending cessation counseling	▪ % of children under 23 months immunized according to the national protocol ▪ % of Diabetes patients with HbA1C < 7% ▪ % of pregnant women with ≥4 ANC ▪ % of <5 children with weight and height measured in the past year
Patient centeredness	▪	▪	▪ % of patients aware about patients' rights and responsibilities
Timeliness	▪	▪ % of appropriate referrals during last 6 months ▪ Average waiting time (min) at out-patient clinics	▪

Letaief et al. 2021

Contracting Out of Health Services and Effect on Quality of Care

- **Cochrane Review** - Contracting out probably reduces individual out-of-pocket spending on curative care, but probably makes little or no difference in other health utilisation or service delivery outcomes *(Odendaal et al. 2018)*
- **Studies from L&MICs** (Iran, Nigeria, Turkey, Pakistan) report some improvement in quality mostly due to better service inputs
- Outsourcing of services to for-profit companies by **NHS England** corresponded with significantly increased rates of treatable mortality,……. decline in quality of health-care services. *(Goodair & Revees. Lancet PH, 2022)*
- ***Effect of outsourcing on quality of care in L&MICs remains inconclusive***

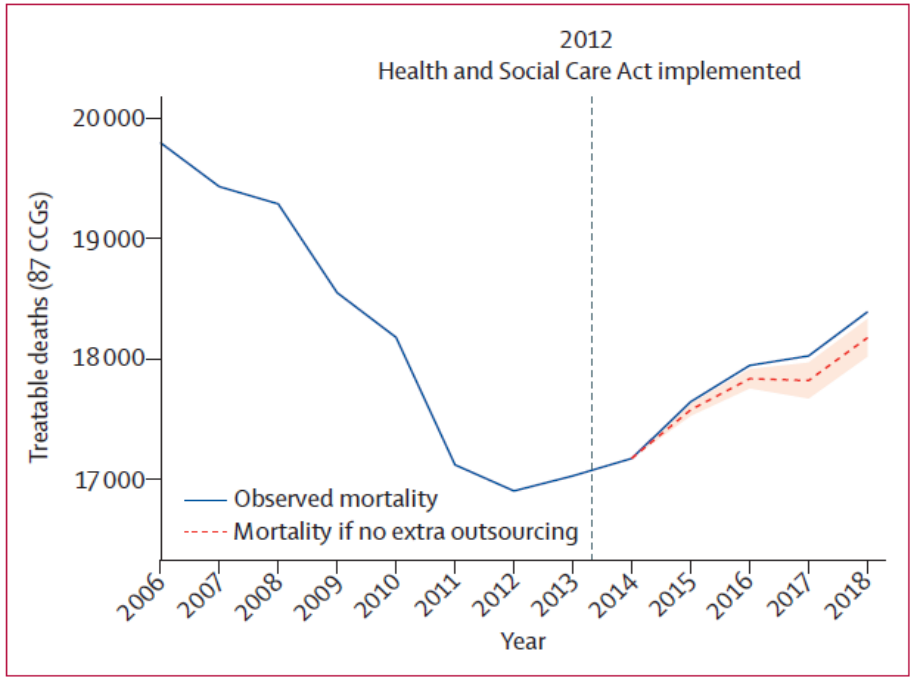


Figure 2: Treatable deaths from 2006 to 2018

Provider payment & Quality of Care

Key Questions
▪ Who receives the payment ▪ Who pays ▪ Whether the payment is fixed vs. activity-based ▪ Whether payment is prospective vs. retrospective ▪ Whether payment is based on inputs needed or outputs produced ▪ Whether patients have choice to see physicians without a gatekeeper ▪ What is the unit of reimbursement

Provider	Payment Methods	Impact on Quality
Physician	Fee For Service (FFS), Capitation, Episode-based payment, Informal payments, Lumpsum payments	**Payment systems appear to have minimal to no impact on quality as measured by health outcomes**
Hospital	Line-item or Global budgets, Per diem, FFS for inpatient care, Case-based payments, Diagnostic Related Group (DRG)/per-stay	
Integrated Care	Bundled-episode payment, Global/ integrated capitation, Shared savings	
Mixed or Blended	Capitation + FFS (partial capitation), Lump sum + FFS, Pay for performance, Salary + additional income	

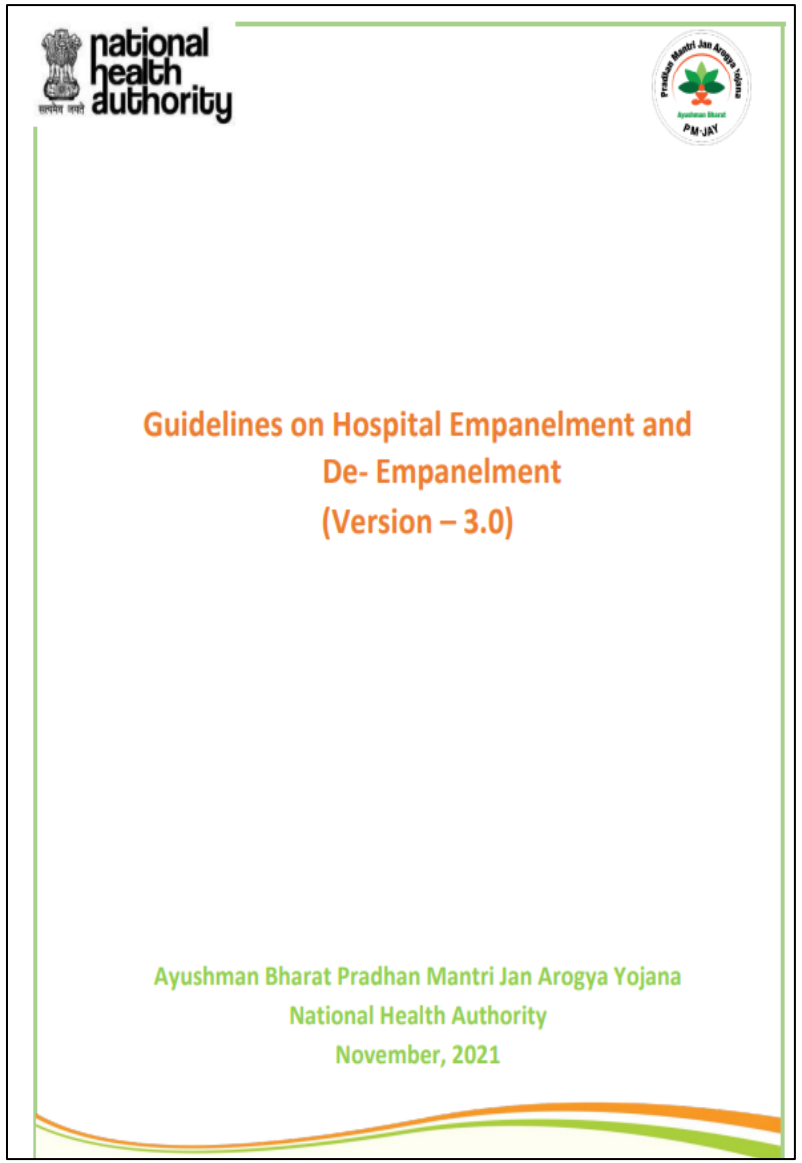
Bersenson et al. 2012

Empanelment of hospitals and Health Insurance

- Hospitals fulfilling the minimum prescribed standards and thereby tied up in network of hospitals by the insurer.

Empanelment Criteria - India

- **At least 10 inpatient beds with adequate spacing and supporting staff as per norms.**
- **Adequate and qualified medical and nursing staff (doctors & nurses), physically in charge round the clock……..**
- **Fully equipped & engaged to provide medical & surgical services commensurate with the scope of available specialties and beds.**
- **Adequate arrangements for round-the-clock support systems …….like Pharmacy, Blood Bank, Laboratory, Dialysis unit,....**



Health Care Accreditation and Quality of Care

- Accreditation falls within a group of tools known as external evaluation programs.
- Involves a process to assess performance in relation to established standards and to implement ways to continuously improve.
- Viewed as an external audit, and QI process whereby organizations self-assess and validate their efforts to demonstrate quality standards

Global Monitoring of Progress towards UHC

Target 3.8

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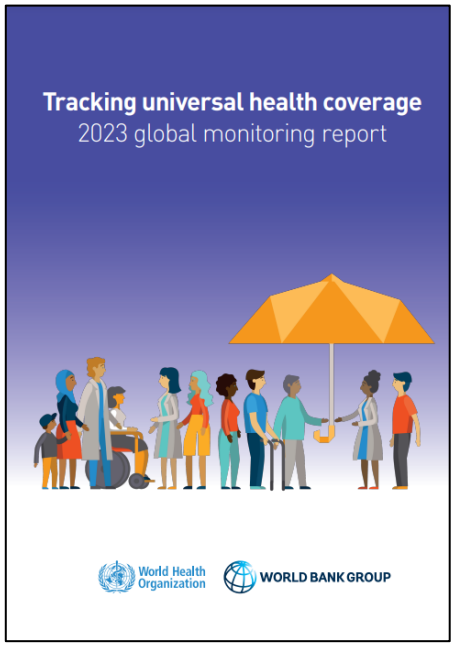


Currently Monitoring Quality is not part of UHC Progress

Building Composite Quality Indicator for UHC based on Service Coverage Index??

Tracer Area	Indicator
Reproductive, maternal, newborn, and child health (RMNCH)	
Family planning	▪ Demand satisfied with modern methods
Pregnancy & delivery care	▪ ANC, 4+ visits
Child immunization	▪ DTP immunization, three doses
Child treatment	▪ Care-seeking behavior for suspected ARI
Infectious diseases	
TB treatment	▪ TB treatment coverage
HIV therapy	▪ HIV - ART coverage
Malaria Prevention	▪ ITN use
Water & Sanitation	▪ Population with access to at least basic sanitation
Noncommunicable diseases	
Prevention of CVDs	▪ Prevalence of treatment for hypertension (Adults 30-79)
Mgmt. of diabetes	▪ Mean FPG (Adults 18+)
Tobacco control	▪ Tobacco use (Adults 15+)
Service capacity and access	
Hospital access	▪ Hospital beds density
Health workforce	▪ Health worker density: Comprising Phy, Psy, Surg
Health security	▪ IHR core capacity index

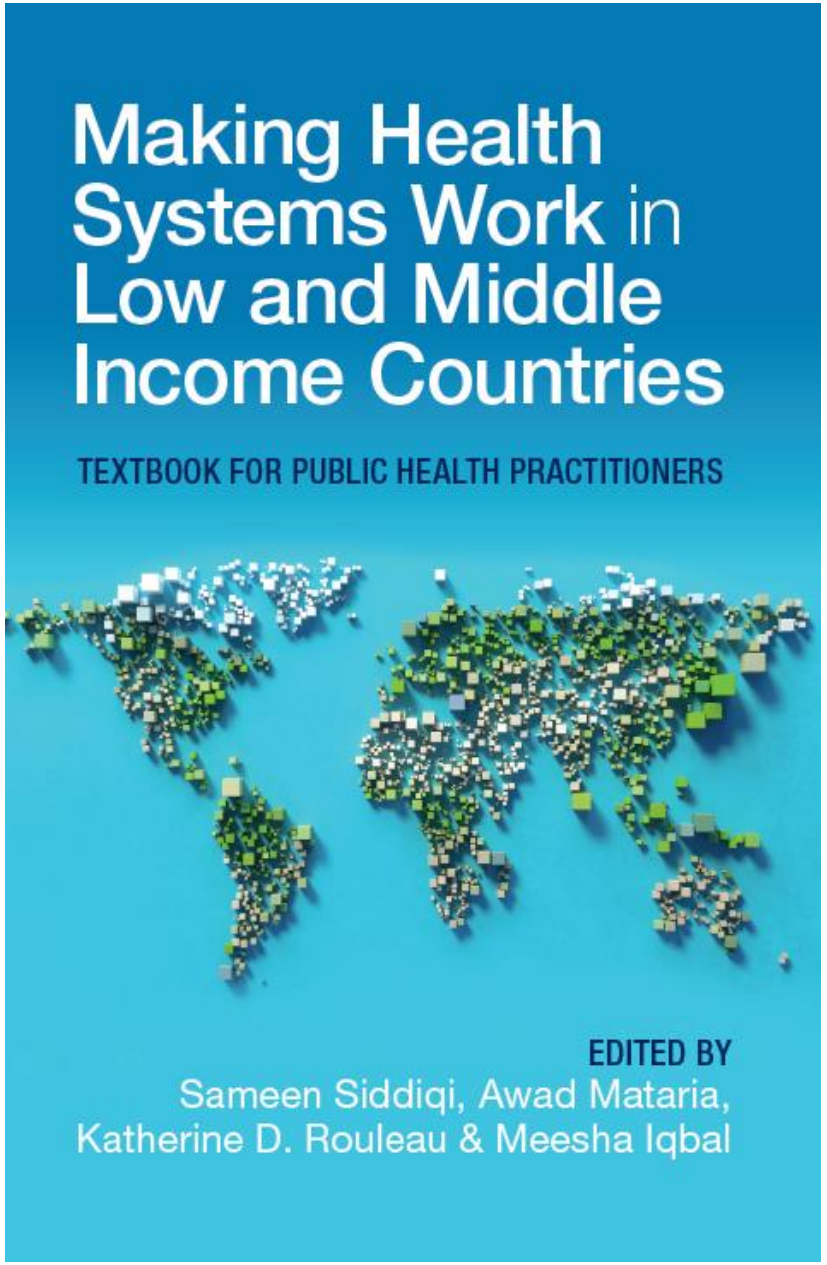
Country	Score
Bahrain	76
Bangladesh	52
Belgium	86
Brazil	80
Egypt	70
Ethiopia	75
France	85
India	63
Iran	74
Jordan	**65**
Kenya	53
Lebanon	73
Malaysia	76
Thailand	82

Mainstreaming Quality in UHC

- There is no UHC without adequate Quality of Care.
- Every country needs a Quality Policy and Strategy and UHC should be integral to it
- Mainstreaming quality within UHC requires incorporating it in:
  - Essential package of interventions
  - UHC Reforms – contracting, provider payment, health insurance
- **Quality and UHC experts need to work together to develop a Composite Indicator for monitoring quality in UHC**

Closing Thoughts!!

- Application of quality improvement in all aspects of care, with a focus on patients, team involvement, accountability, and use of data
- Adoption of multimodal approaches, with attention to the proper selection of QI models as fit to the goal and situation
- Look at quality using a health system lens is critical for its integration in health services and systems
- **As much as health system experts need to understand quality and its dimensions the reverse is equally true!**



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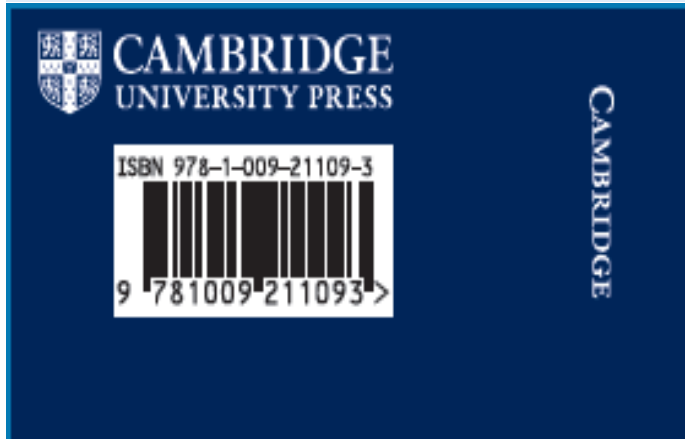

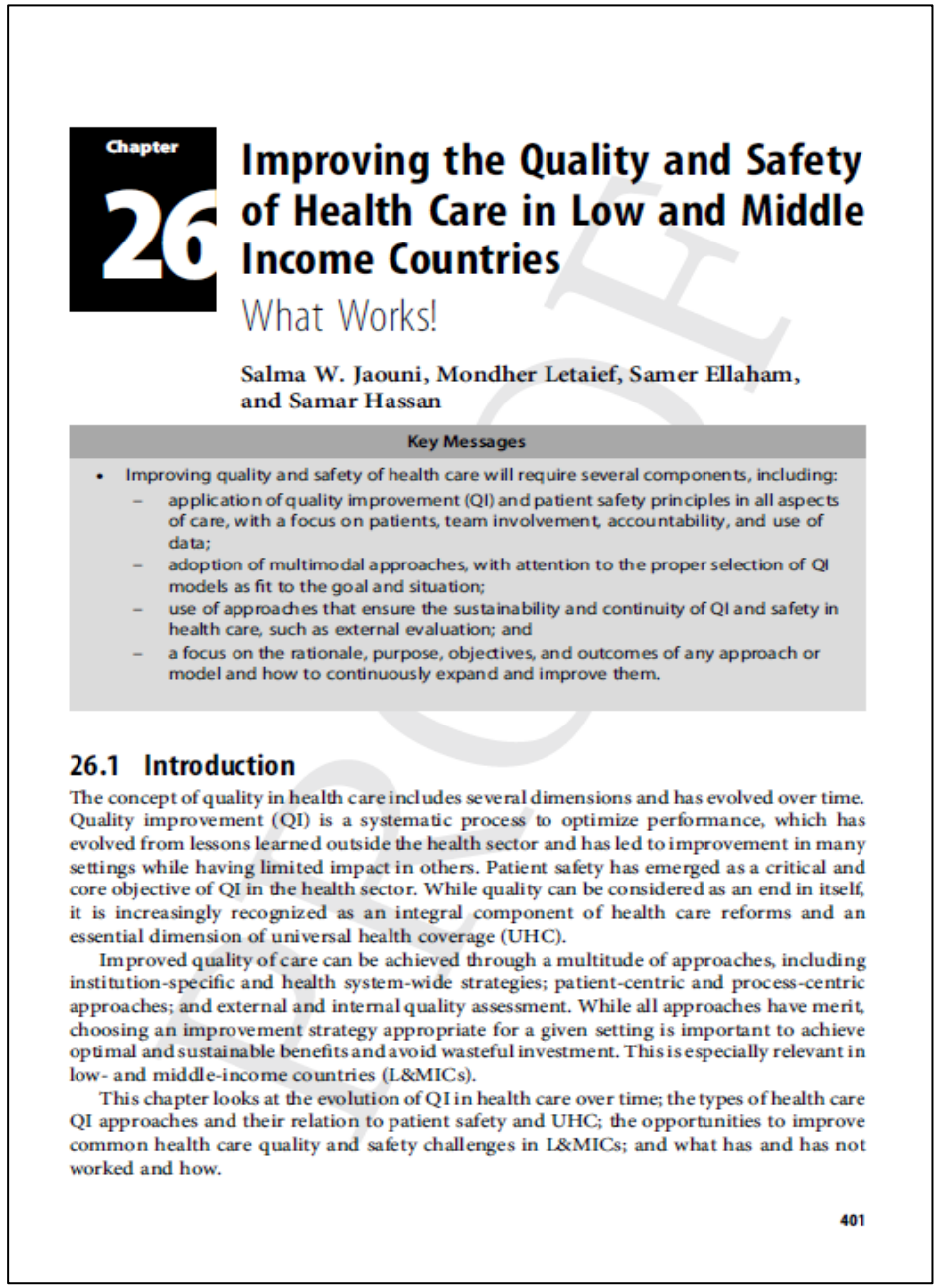

Chapter 26

Improving the Quality and Safety of Health Care in Low and Middle Income Countries

What Works!

Salma W. Jaouni, Mondher Letaief, Samer Ellaham, and Samar Hassan

Key Messages

- Improving quality and safety of health care will require several components, including:
  - application of quality improvement (QI) and patient safety principles in all aspects of care, with a focus on patients, team involvement, accountability, and use of data;
  - adoption of multimodal approaches, with attention to the proper selection of QI models as fit to the goal and situation;
  - use of approaches that ensure the sustainability and continuity of QI and safety in health care, such as external evaluation; and
  - a focus on the rationale, purpose, objectives, and outcomes of any approach or model and how to continuously expand and improve them.

26.1 Introduction

The concept of quality in health care includes several dimensions and has evolved over time. Quality improvement (QI) is a systematic process to optimize performance, which has evolved from lessons learned outside the health sector and has led to improvement in many settings while having limited impact in others. Patient safety has emerged as a critical and core objective of QI in the health sector. While quality can be considered as an end in itself, it is increasingly recognized as an integral component of health care reforms and an essential dimension of universal health coverage (UHC).

Improved quality of care can be achieved through a multitude of approaches, including institution-specific and health system-wide strategies; patient-centric and process-centric approaches; and external and internal quality assessment. While all approaches have merit, choosing an improvement strategy appropriate for a given setting is important to achieve optimal and sustainable benefits and avoid wasteful investment. This is especially relevant in low- and middle-income countries (L&MICs).

This chapter looks at the evolution of QI in health care over time; the types of health care QI approaches and their relation to patient safety and UHC; the opportunities to improve common health care quality and safety challenges in L&MICs; and what has and has not worked and how.

401

Thank you!

Comments and Reflections!