



The Quality Imperative

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

What is quality?

What is Quality?

What does quality health care look like?

- At the individual level
- At the facility or program level
- At the population level

Defining Quality Health Services – 1

Quality is the extent to which health services:

- Are based on evidence
- Are provided in a technically and culturally competent manner, with good communication and shared decision-making
- Improve desired health outcomes

- US Institute of Medicine

Defining Quality Health Services – 2

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

- WHO



Defining Quality Health Services – 3

Donabedian's Framework:

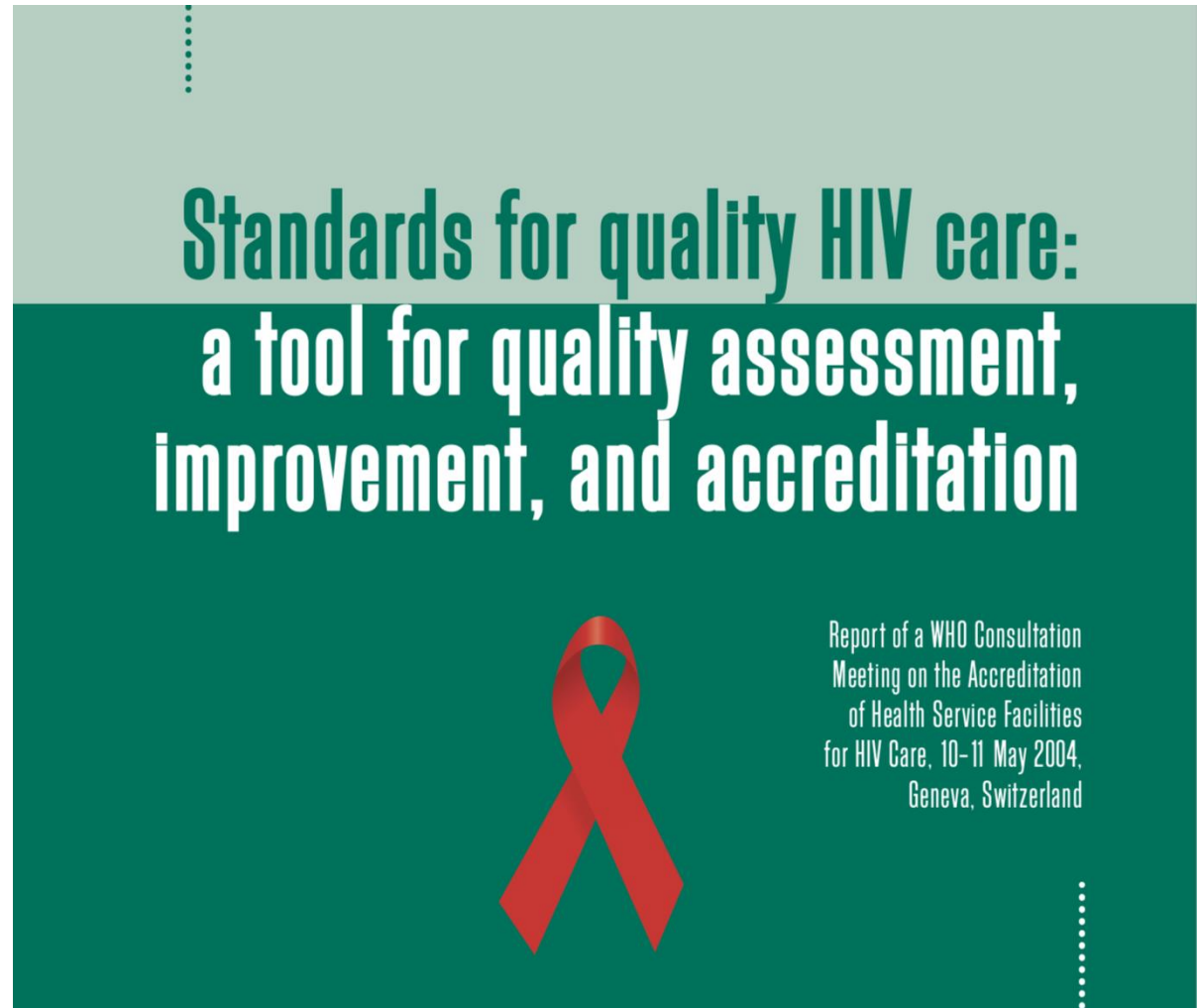
- 1. Structure:** The context in which care is delivered, including infrastructure, staffing, financing and equipment
- 2. Process:** Transactions between providers and recipients of care (what is done and how it is done)
- 3. Outcome:** Effects of health care on the health status of patients and populations

Donabedian Framework - examples

Category	Sub-Category	Description and Indicators
Structure	Infrastructure	Availability and condition of facilities, equipment, drugs and supplies
	Supply chains	
Delivery	Responsiveness	Waiting time, privacy, friendliness, communication, dignity
	Effort	Length of consultation time, # of explanations given, physical examination
	Patient satisfaction	Patients' satisfaction with last consultation
Technical	Competence	Professional knowledge and skills
	Clinical practice	Presence/absence of critical elements of care, following standards and guidelines, correct prescribing behavior

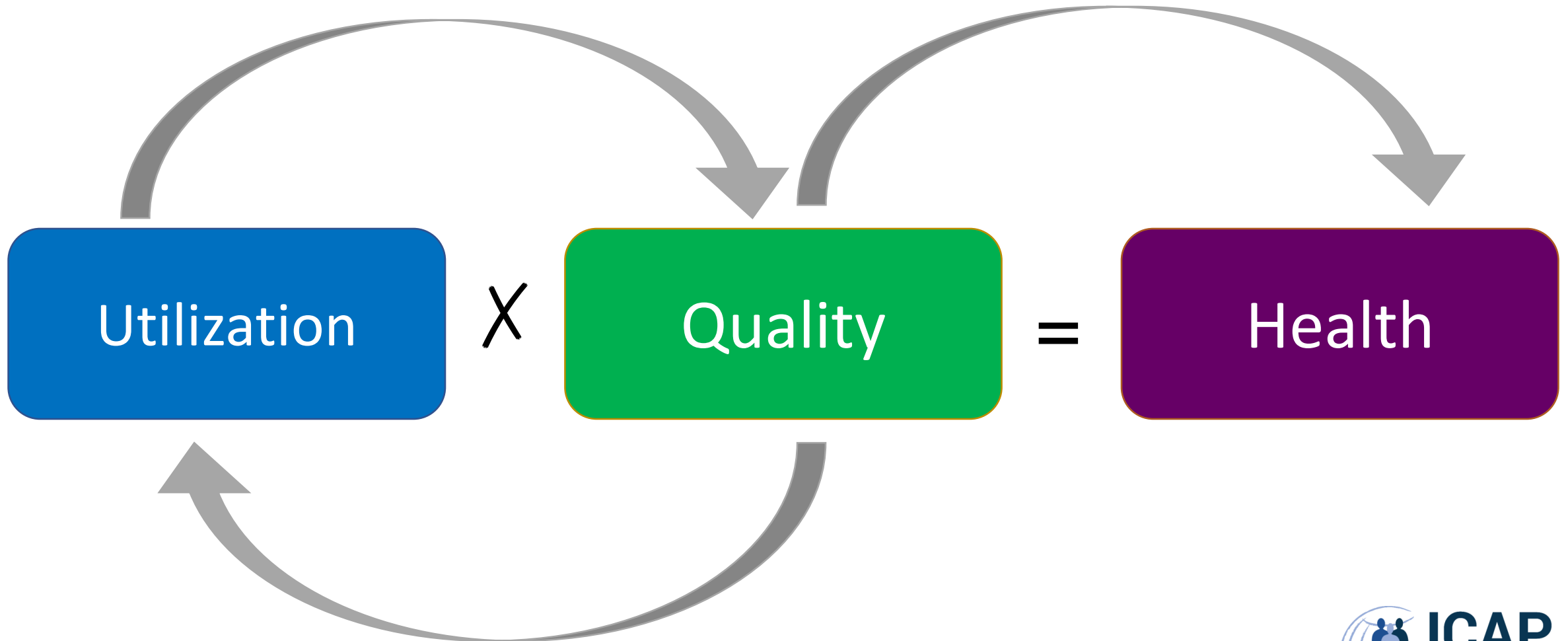
Standards of Care

Articulating standards of care is often a prerequisite to assessing quality of care



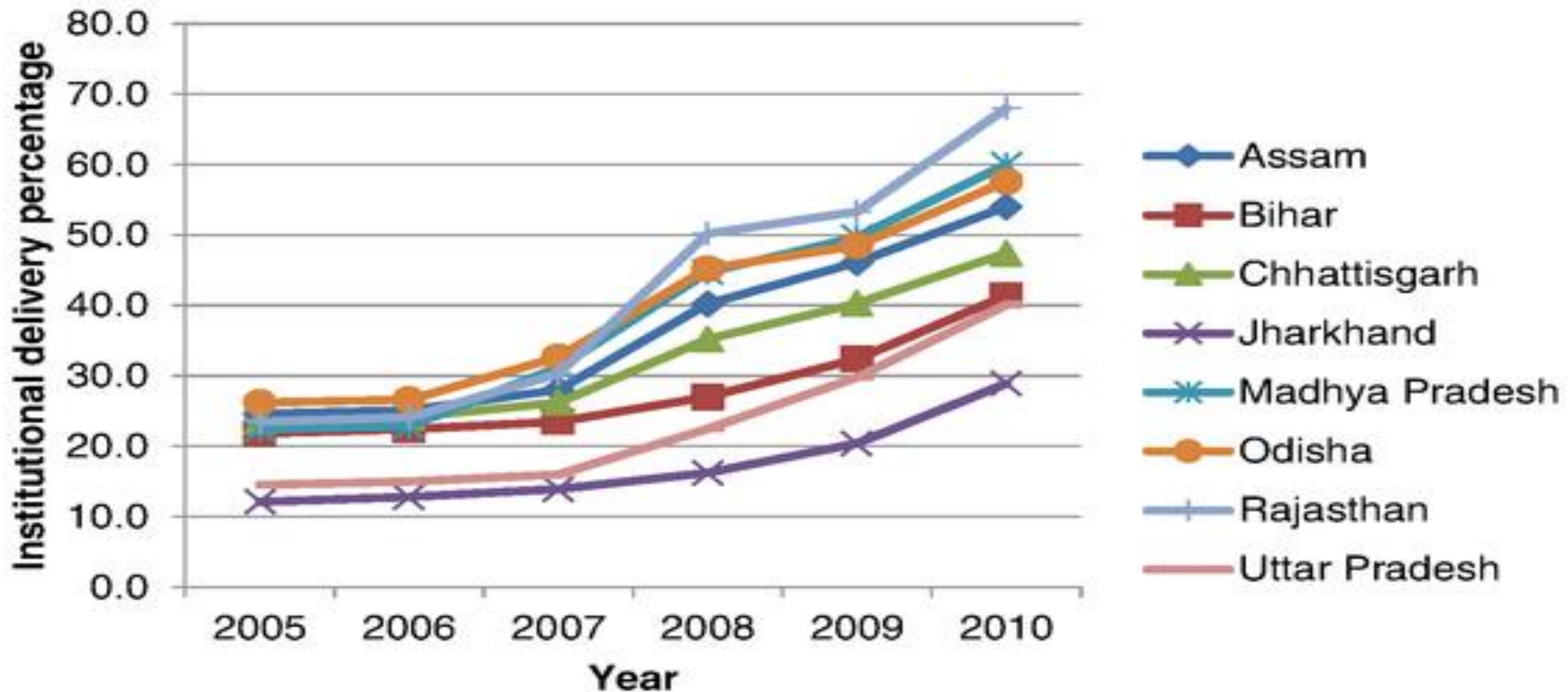
Why is quality important?

The Role(s) of Quality in Health

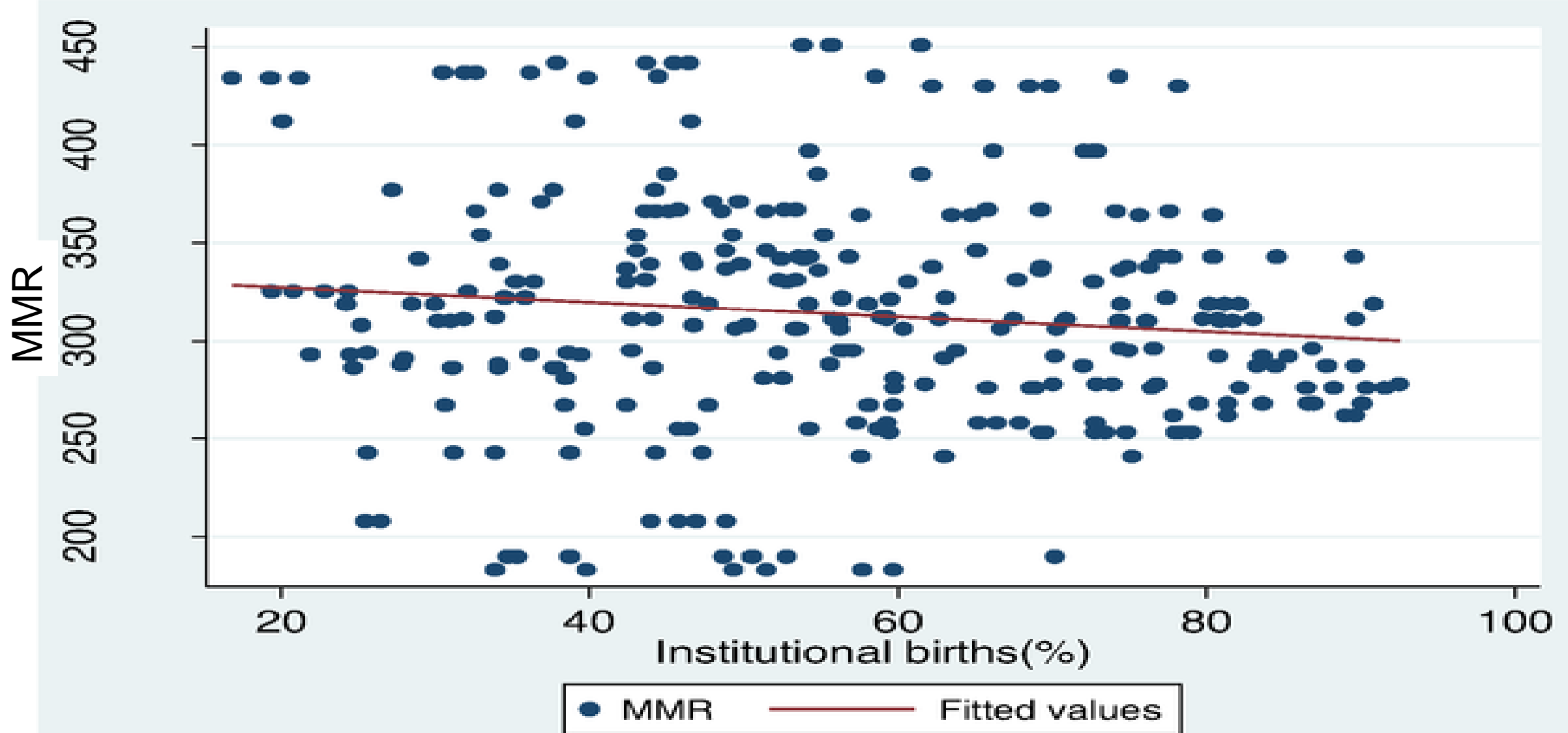


The Impact of Quality

- In 2005, India implemented the JSY program in response to persistently high maternal mortality
- JSY was a large-scale conditional cash transfer program in 9 states, in which women were incentivized to deliver in health facilities
- Rates of facility-based deliveries increased markedly
- But there was no detectable change in MMR



Randive B, Diwan V, De Costa A (2013) India's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality?. PLoS ONE 8(6): e67452. doi:10.1371/journal.pone.0067452
<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0067452>



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<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0067452>

Why is Quality Important?

“The right to health is meaningless without good quality care, because health systems cannot improve health without it.”

- 2018 Lancet Global Health Commission on High Quality Health Systems

2018 Lancet Global Health Commission on High Quality Health Systems

High-quality health systems in the Sustainable Development Goals era: time for a revolution



Margaret E Kruk, Anna D Gage, Catherine Arsenault, Keely Jordan, Hannah H Leslie, Sanam Roder-DeWan, Olusoji Adeyi, Pierre Barker, Bernadette Daelmans, Svetlana V Doubova, Mike English, Ezequiel García Elorrio, Frederico Guanais, Oye Gureje, Lisa R Hirschhorn, Lixin Jiang, Edward Kelley, Ephrem Tekle Lemango, Jerker Liljestrand, Address Malata, Tanya Marchant, Malebona Precious Matsoso, John G Meara, Manoj Mohanan, Youssoupha Ndiaye, Ole F Norheim, K Srinath Reddy, Alexander K Rowe, Joshua A Salomon, Gagan Thapa, Nana A Y Twum-Danso, Muhammad Pate



Executive summary

Although health outcomes have improved in low-income and middle-income countries (LMICs) in the past several decades, a new reality is at hand. Changing health needs,

and children receive less than half of recommended clinical actions in a typical preventive or curative visit, less than half of suspected cases of tuberculosis are correctly managed, and fewer than one in ten people

Lancet Glob Health 2018

Published Online

September 5, 2018

[http://dx.doi.org/10.1016/S2214-109X\(18\)30386-3](http://dx.doi.org/10.1016/S2214-109X(18)30386-3)

HQSS Findings – 1

- **Poor quality care is common** across conditions and countries, with the most vulnerable populations faring the worst. “Not infrequently, diagnoses are missed, treatment is incorrect, unsafe or too slow, and people are not treated with the respect they deserve.”
- **Poor quality care is lethal.** More deaths are due to poor quality than to non-utilization of health services, and high quality health systems could save millions of lives each year in LMIC.
- **Quality is insufficiently monitored.** Inputs (such as staff, training and equipment) do not necessarily correlate with quality.

HQSS Findings – 2

High quality health systems could save millions of lives each year in LMICs

- More than 8M people in LMICs die each year from conditions that should be treatable by the health system
 - In 2016 alone, these deaths resulted in U\$D 6 trillion in economic losses
- Poor quality care is now a bigger barrier to reducing mortality than insufficient access
- 60% of deaths from conditions amenable to health care are due to poor quality of care; only 40% are due to non-utilization

HQSS Observations

“In this Commission, we assert that providing health services without guaranteeing a minimum level of quality is ineffective, wasteful, and unethical...”

“We propose that health systems be judged primarily on their impacts, including better health and its equitable distribution; on the confidence of people in their health system; and on their economic benefit, and processes of care, consisting of competent care and positive user experience...”

The Quality Challenge

**“Between the health care we have
and the health care we *can* have lies
not only a gap, but a chasm...”**

- IOM 2001

Where Health Care Won't Go

A tuberculosis crisis in the Black Belt

By Helen Ouyang

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the patient's lung

America's Shocking Maternal Deaths

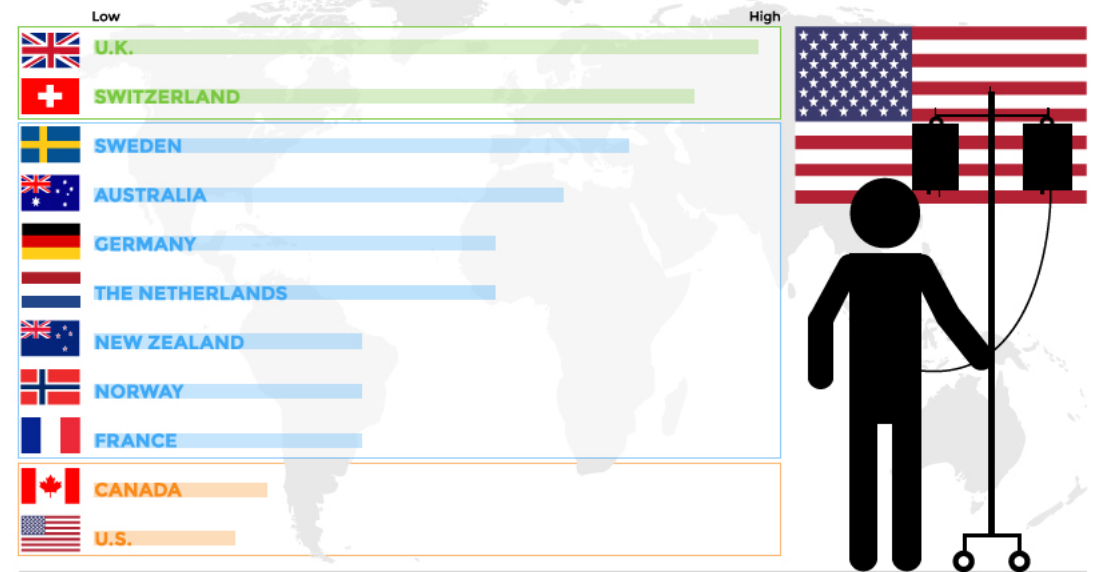
By THE EDITORIAL BOARD SEPT. 3, 2016



U.S. HEALTH CARE RANKS LAST AMONG WEALTHY COUNTRIES

A recent international study compared 11 nations on health care quality, access, efficiency, and equity, as well as indicators of healthy lives such as infant mortality.

Overall Health Care Ranking



Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2014 Update*, The Commonwealth Fund, June 2014.

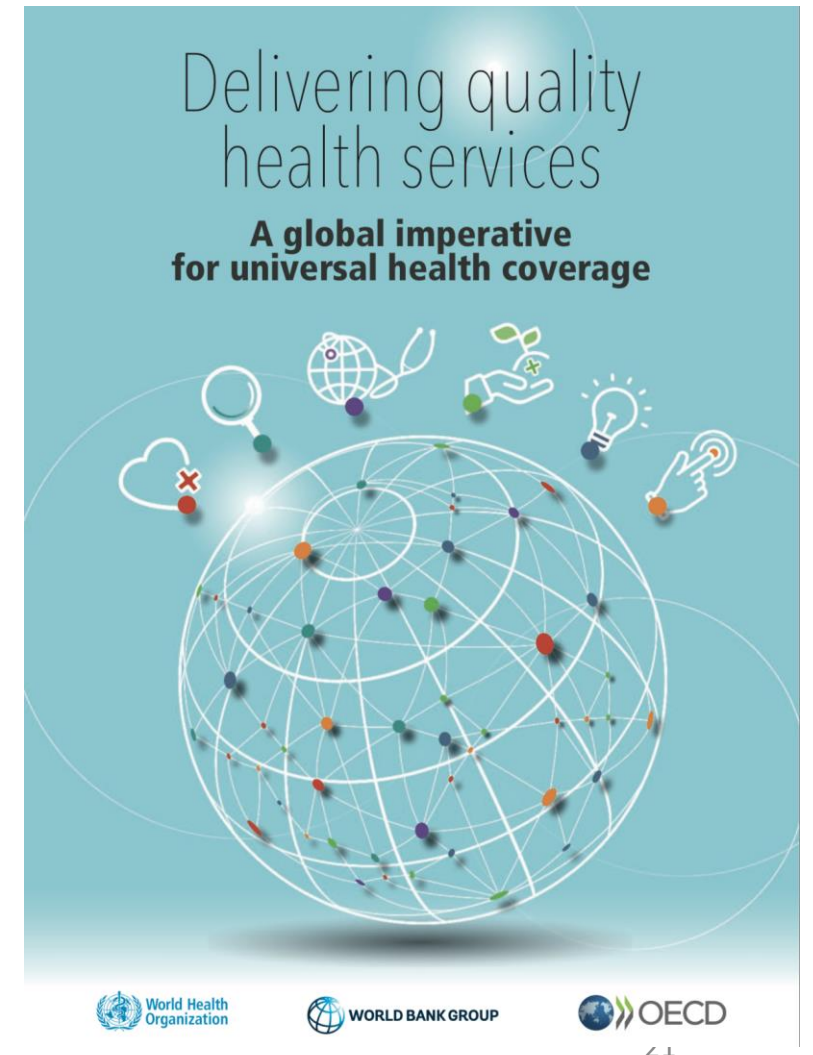


Quality in the Sustainable Development Goals

3 GOOD HEALTH AND WELL-BEING



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.




National Quality Policy and Strategy

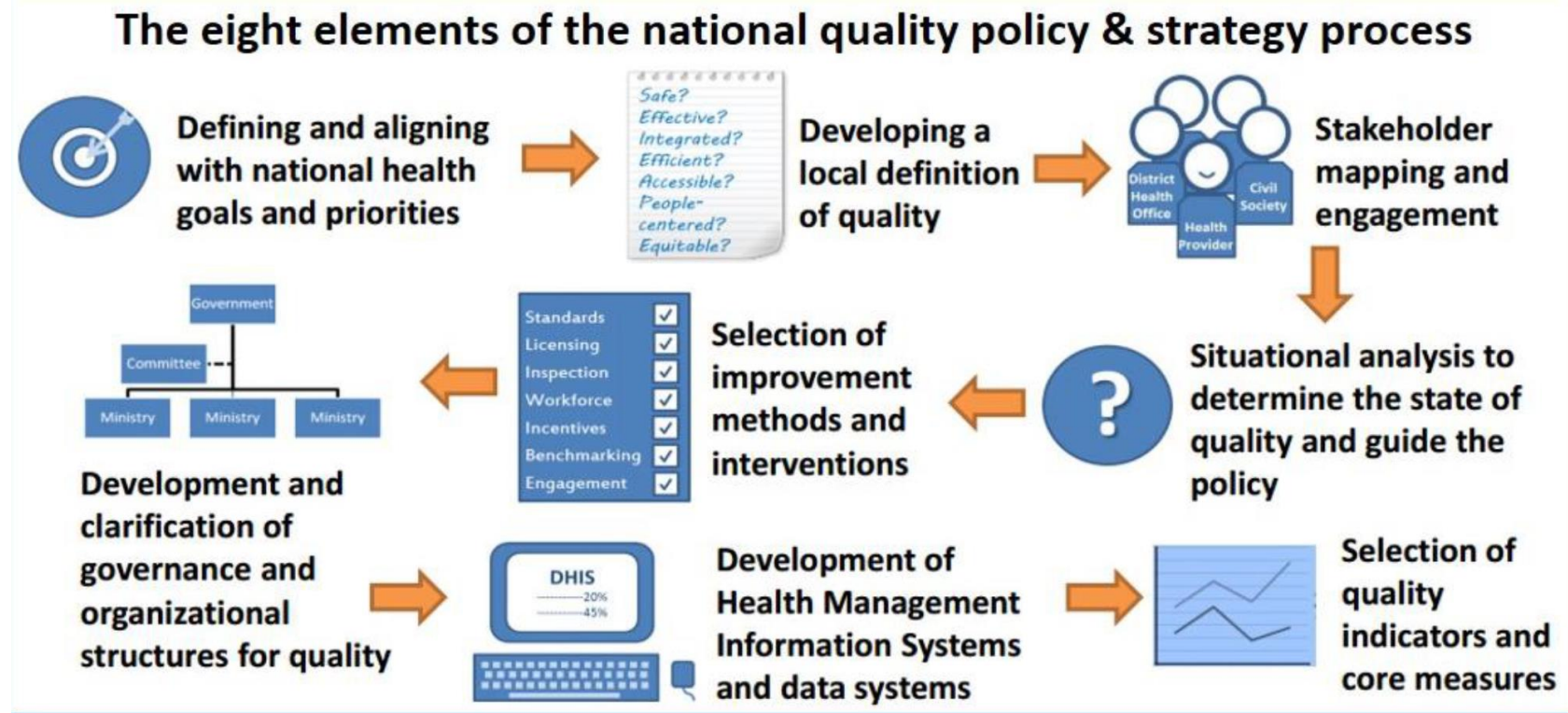
NATIONAL QUALITY POLICY AND STRATEGY
WHO MEETING REPORT

CO-DEFINING A PATHWAY FOR IMPACT

WHO Global Learning Laboratory for Quality UHC
14-16 June 2017
WHO headquarters, Geneva



World Health Organization



How can we
improve quality?

Quality Challenges are Systems Challenges

“If you pit a good performer against a bad system, the system will win almost every time. We spend too much time fixing people who are not broken, and not enough time fixing organizational systems...”

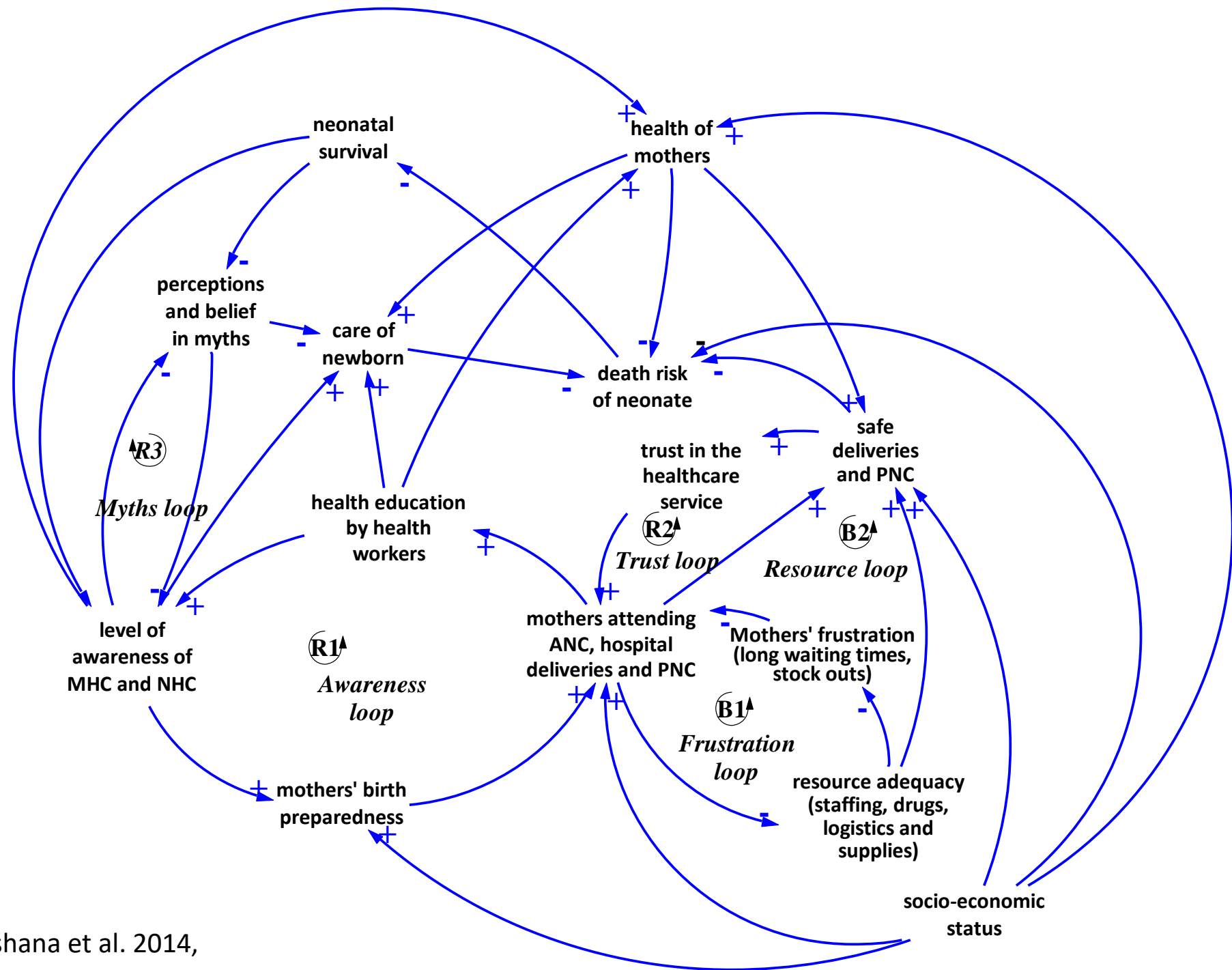
- W. Edwards Deming

What Causes the Quality Chasm?

Why are we not able to consistently deliver health interventions that we know to be effective?

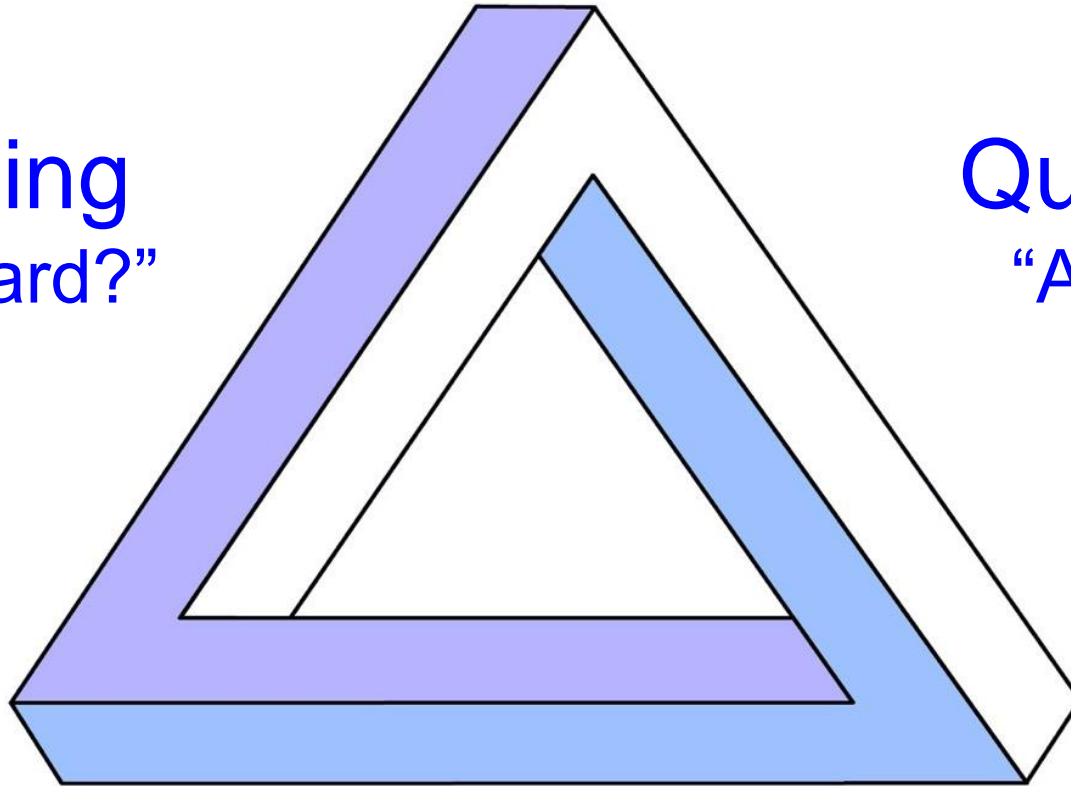
- Scarce resources?
- Lack of knowledge/skills?
- Lack of accountability?
- **Health system complexity**

Feedback loops: Causal Loop Diagram for Neonatal Mortality in Uganda



A Systems Approach to a Systems Problem

Quality Planning
“What is the standard?”

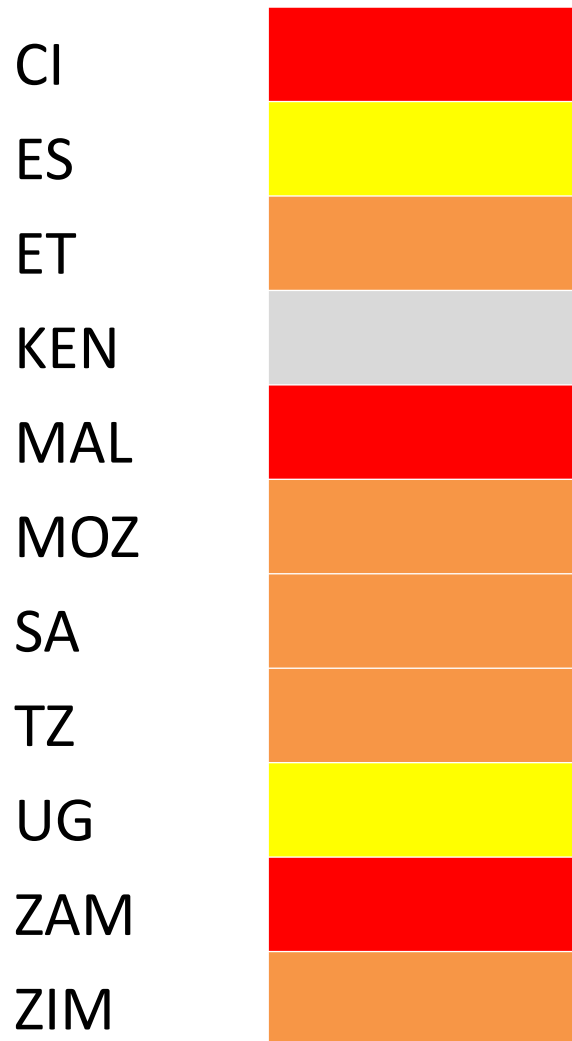


Quality Assurance
“Are we meeting the standard?”

Quality Improvement
“How can we change practices to meet or exceed the standard?”

Quality and DSD

What do we know about DSD Quality?



Quality standards for DSDM have not been defined and are not currently in development	National quality standards for DSD programs are in development or have been defined, but no evaluations of quality using national standards have been completed	At least one evaluation of DSD program quality has been conducted using the national quality standards, but the results do not indicate that standards have been met

What are DSD Quality Challenges?

- We asked each country team to meet and complete a pre-meeting questionnaire
- We asked the same question on the meeting registration survey
- Concordance was high



What are DSD Quality Challenges?

- Ensuring that laboratory testing (e.g., viral load) occurs on schedule for everyone in differentiated ART models
- Ensuring that DSD-specific M&E tools are used consistently and correctly
- Providing adequate and updated information and education to recipients of care/communities to improve demand for differentiated ART models
- Ensuring that TB screening and linkage services are systematically and routinely provided to all recipients of care in DART models

What are DSD Quality Challenges?

- Ensuring assessment of and support for adherence and retention is routinely provided to everyone in differentiated ART models
- Integrating family planning services into differentiated ART models
- Correctly categorizing recipients of care as eligible vs. ineligible for differentiated ART models (e.g., stable vs. unstable)

What are DSD Quality Challenges?

- Ensuring that visits to health facility and/or meetings in community occur at the correct frequency and intervals (e.g., fidelity to visit schedules)
- Keeping “fast track” visits fast – e.g., meeting standards for time spent at health facility for people in fast track models
- Providing sufficient medication/avoiding drug stock-outs for people enrolled in multi-month prescribing models

The Quality Imperative

- As CQUIN network countries bring DSD to scale, they have the opportunity to ensure that quality is incorporated at all levels
- The next three days will focus on defining quality standards, discussing how to assess quality, and sharing examples of quality improvement approaches and tools
- Keynote presentations will address quality and HIV programs, quality improvement and HIV programs, and the perspective of recipients of care

Avedis Donabedian

“Systems awareness and systems design are important for health professionals, but are not enough. They are enabling mechanisms only. It is the ethical dimension of individuals that is essential to a system’s success. Ultimately, the secret of quality is love.”