

Health system quality: findings and next steps from the Lancet Commission

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QuEST

Quality Evidence for
Health System
Transformation

Definition of high quality health systems



Health systems are for people. A **high quality health** system optimizes health in a given context by

- **consistently** delivering care that improves or maintains health,
- being **valued and trusted by all** people,
- **responding** to changing population needs.



HIGH QUALITY HEALTH SYSTEM FRAMEWORK

FOR PEOPLE

PROCESSES OF CARE

**COMPETENT
CARE & SYSTEMS**

**POSITIVE USER
EXPERIENCE**

QUALITY IMPACTS

**BETTER
HEALTH**

**CONFIDENCE
IN SYSTEM**

**ECONOMIC
BENEFIT**

LEARNING / IMPROVEMENT

FOUNDATIONS

POPULATION
health needs &
expectations

GOVERNANCE
policy, insurance,
non-health sectors

PLATFORMS
accessibility and
organization of
care

WORKFORCE
numbers, skill,
support

TOOLS
equipment,
medicines, data

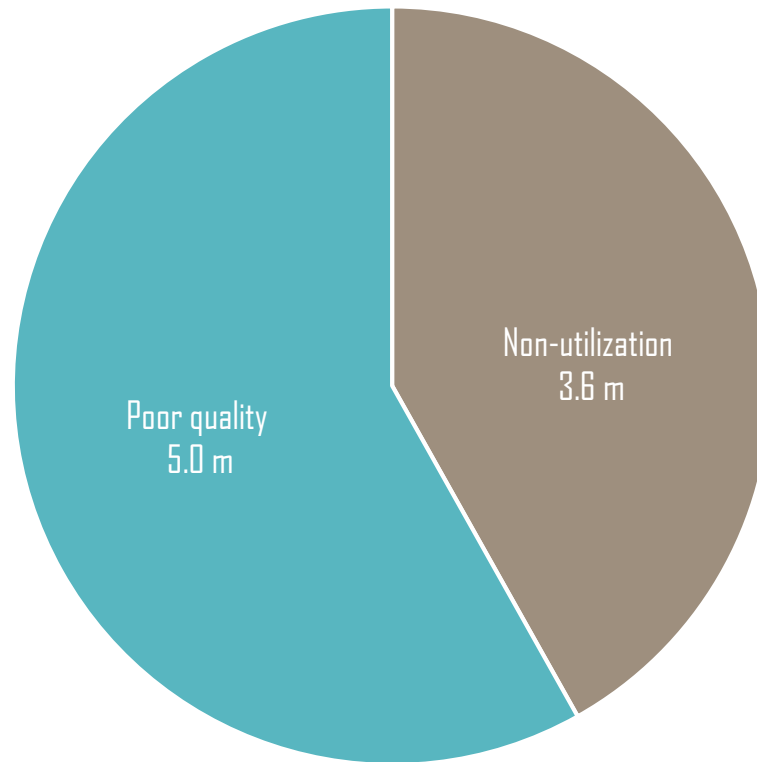
EQUITABLE

RESILIENT

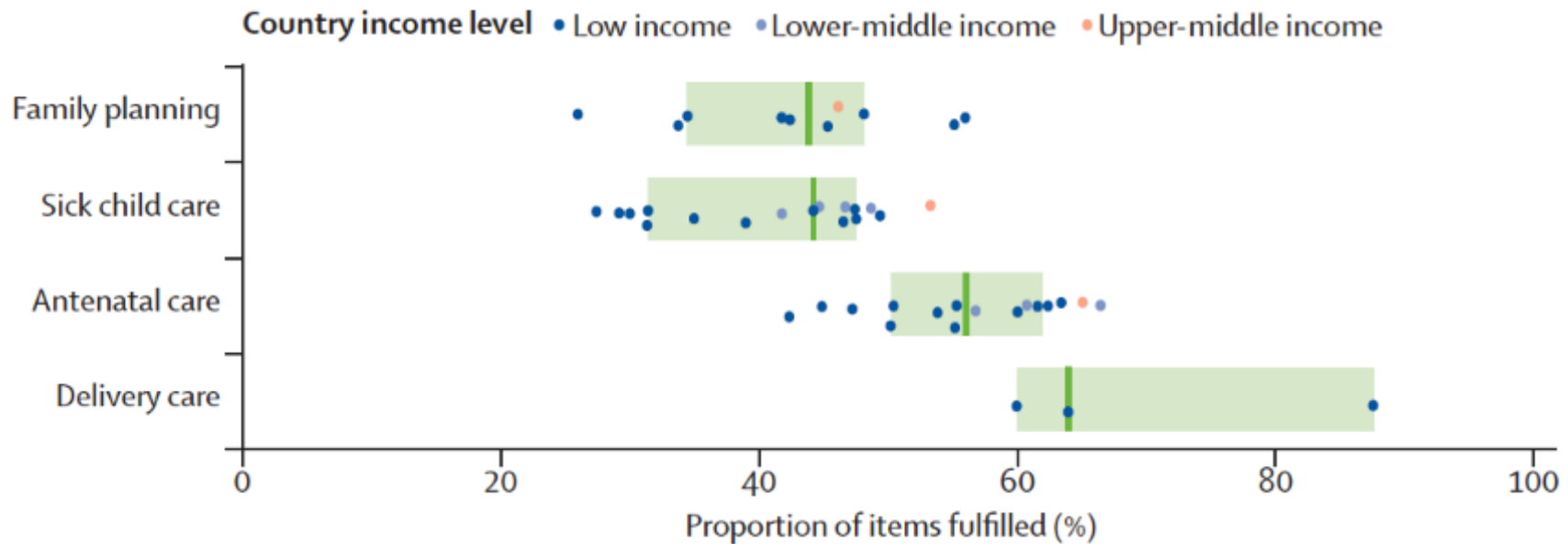
EFFICIENT



Of 8.6 million deaths from treatable conditions in low-income and middle-income countries:
60% are due to poor quality among people using care

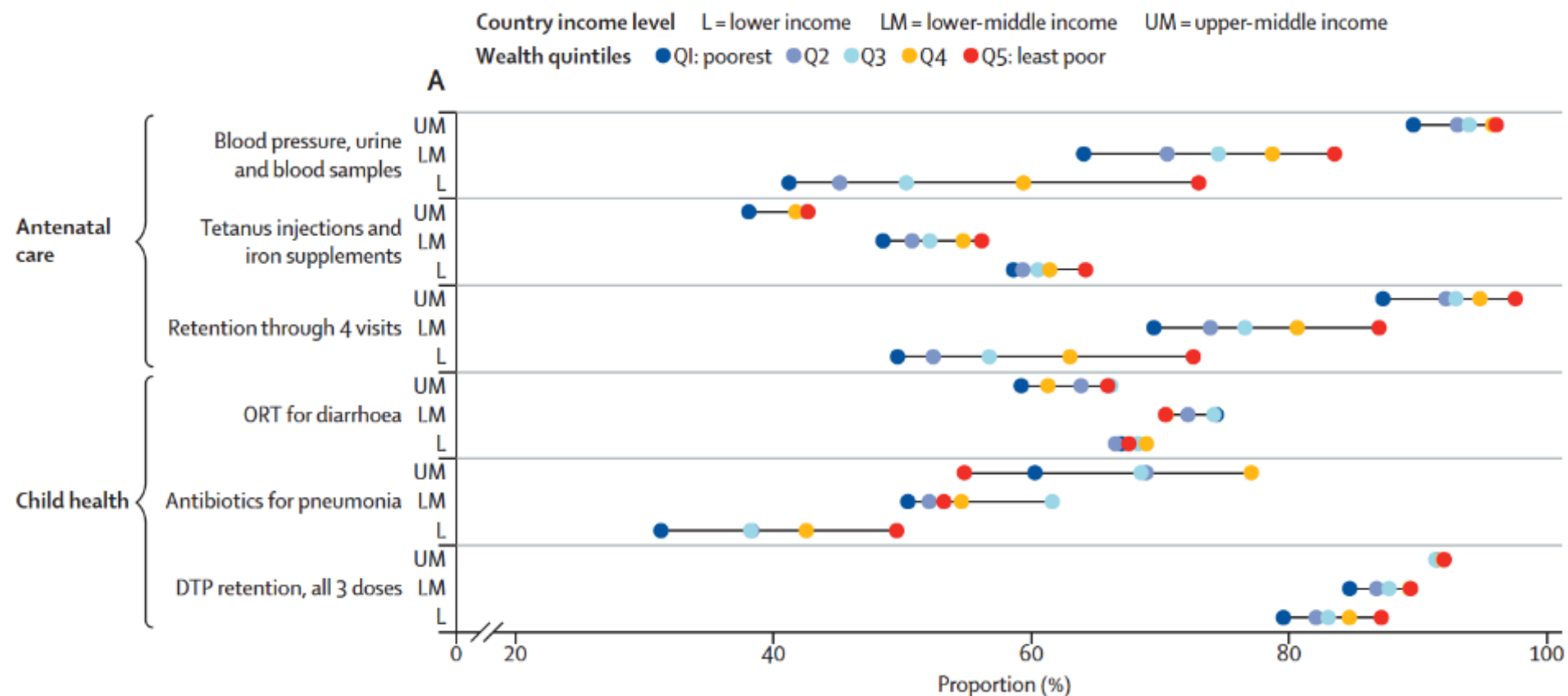


Health providers perform 1/2 of basic clinical actions for common conditions



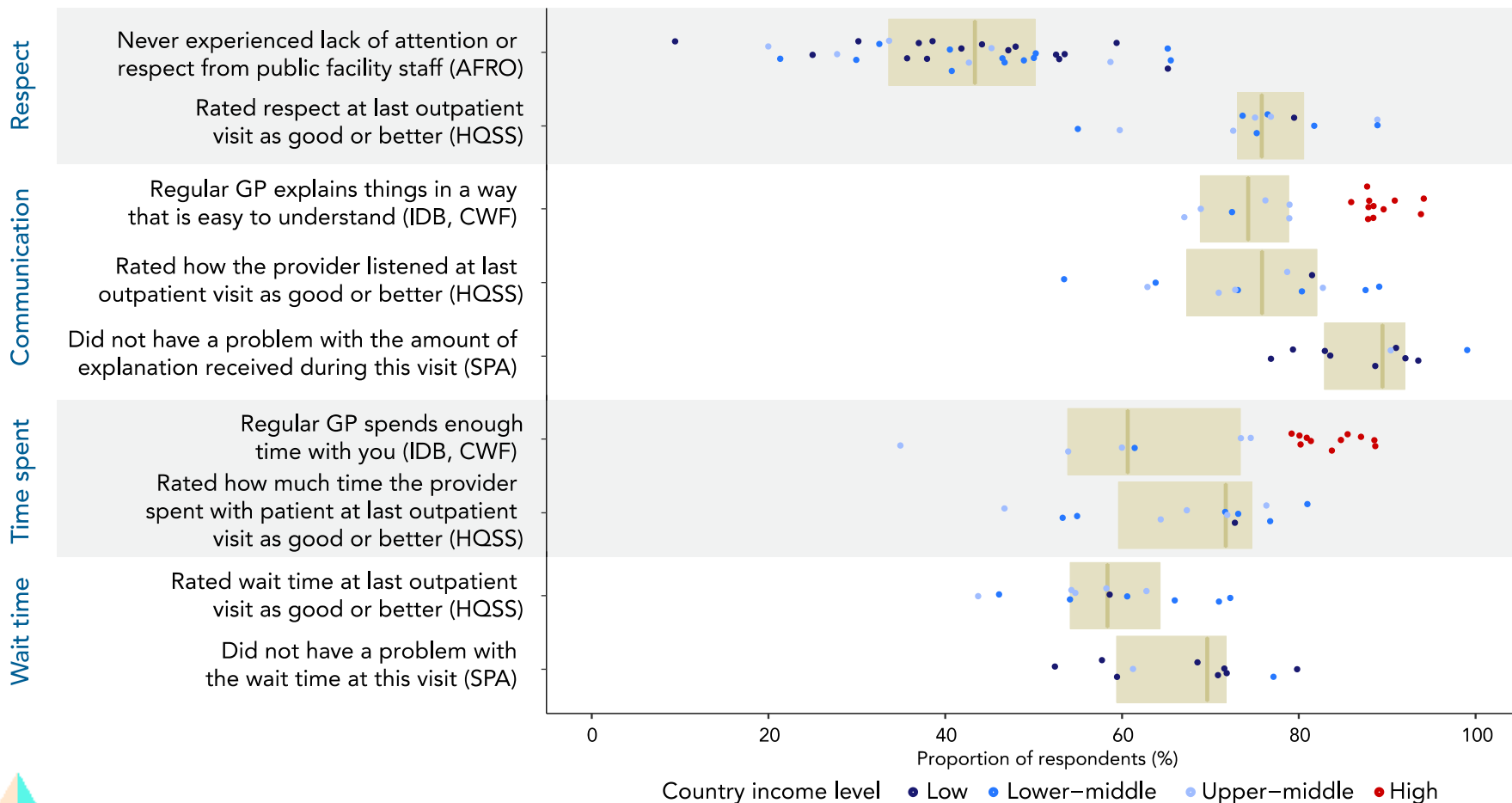
Kruk ME, Gage AD, Arsenault C. et al. High quality health systems—time for a revolution. Report of the Lancet Global Health Commission on High Quality Health Systems. Lancet Global Health. 2018;6(11):e1196-e252.

Poor quality for the poor



Kruk ME, Gage AD, Arsenault C. et al. High quality health systems—time for a revolution. Report of the Lancet Global Health Commission on High Quality Health Systems. Lancet Global Health. 2018;6(11):e1196–e252.

Approximately 1/3 of patients experience disrespectful care, short consultations, poor communication or long wait times




Competent systems?

Safety: 6 surgical site infections for every 100 operations vs. 0.9 per 100 in US



Prevention: 36% of women in 9 countries in Latin America received pap smear

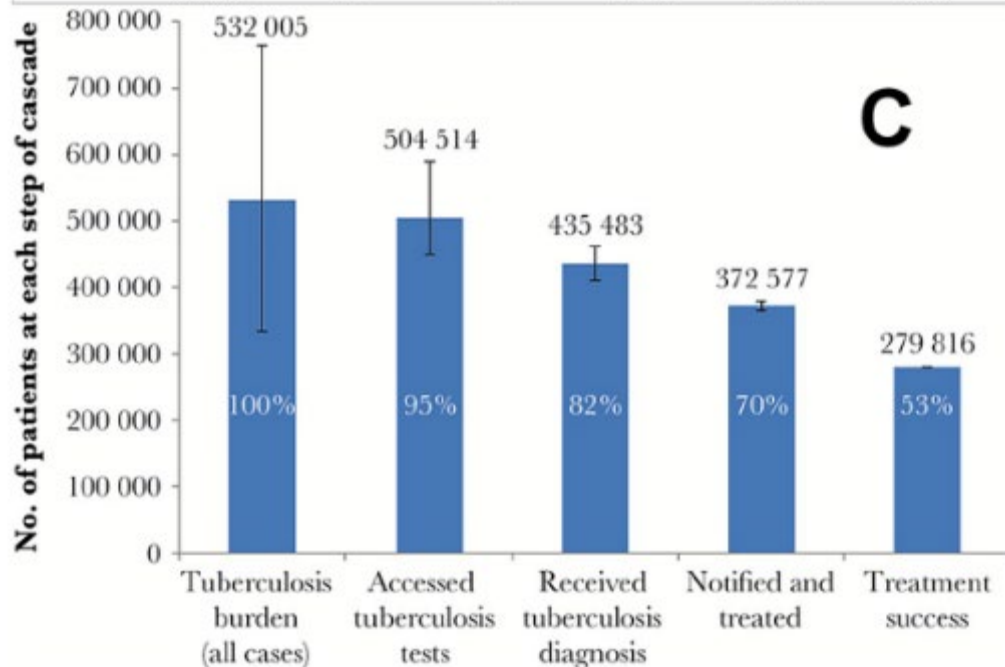
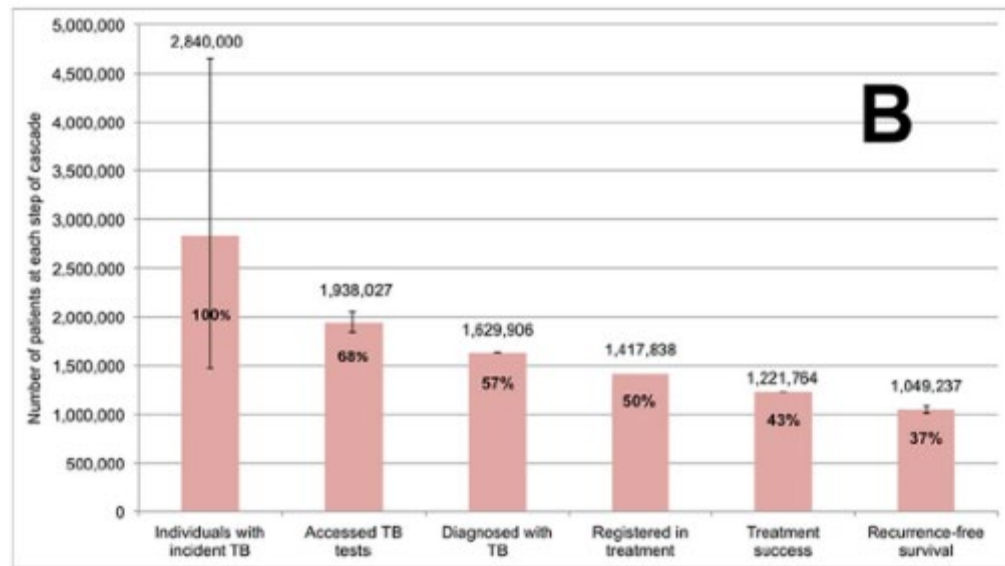
Continuity: 1 in 5 people on ART stop treatment within one year

 **Timely action:** <50% of women had postpartum check within 1 hour; 11.7 days from admission to surgery for femur fracture vs. 0.6 in US

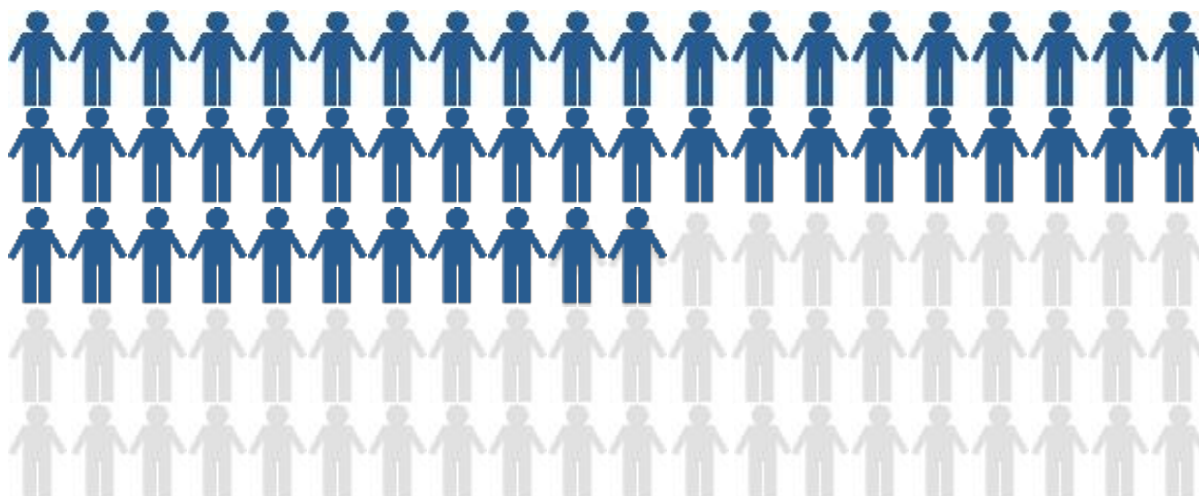
Population health management: <1/2 adults over 40 in 6 countries in Latin America had BP checked in past year



Care cascades as system competence measures: TB cascades in India and South Africa



“If you or your child is very sick tomorrow, can you get the health care you need?”



Svoronos T, Macauley RJ, Kruk ME. Can the health system deliver?
Determinants of rural Liberians' confidence in health care. *Health Policy Plan*. Jul 27 2014.

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Fewer than 1 in 4 people
believe their health
system works well



Measure what matters, when it matters

Functions not inputs

- Real time registries of health system assets, health needs
- Health system competence not buildings, provider competence not numbers

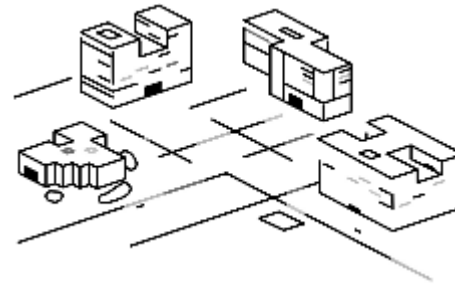
Performance in normal and crisis times

- Health system quality dashboards shared with people
- Service provision, quality, mortality for index AND routine needs during crisis

People's voice and values

- User experience, confidence, endorsement
- Function (not presence) of feedback channels

Move beyond micro-level fixes



Micro (point-of-care)

Facility-level
Behavior change
Short term
Local scale
Project based

Macro (structural)

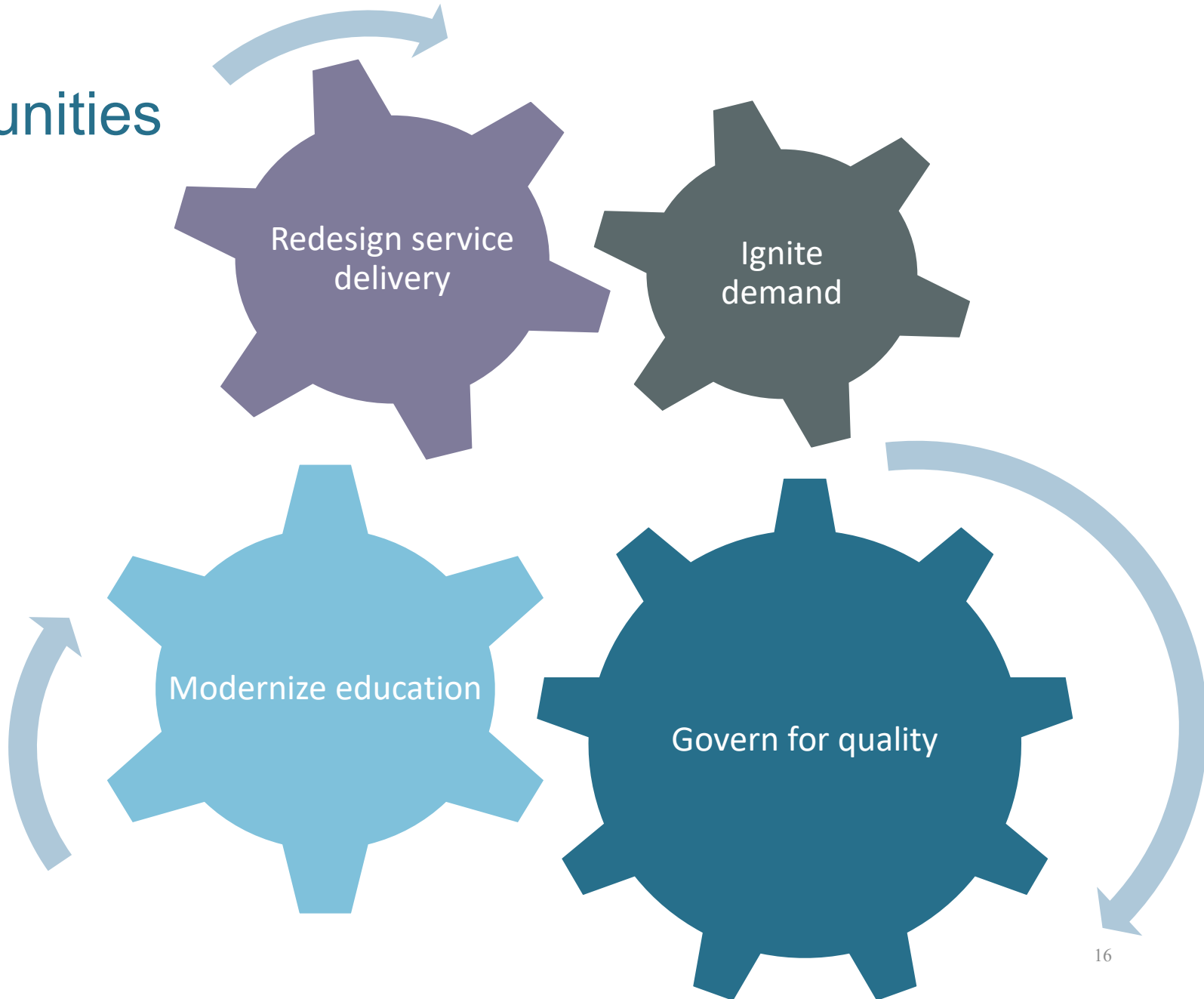
System-level
Foundation change
Long term
Large scale
Nationally led



How have high quality systems developed?



Four opportunities



Four structural reforms for high quality health systems

Services and clinics are placed without regard to quality, clinical needs, or user preferences;

Arrange system to maximize quality

Redesign service delivery

User input should be used to improve services;

People overrate quality;

Empower users to demand more

Ignite demand

Modernize education

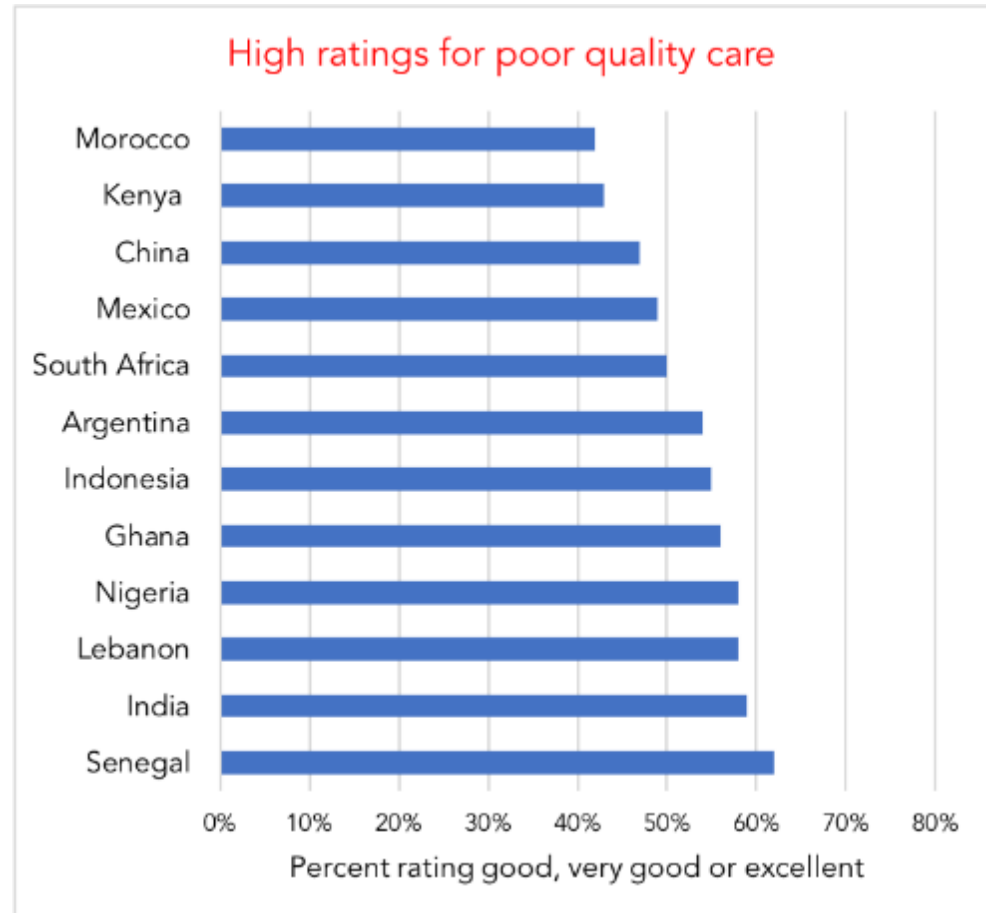
In-service education does not work, pre-service training models are out of date;
Move to competency-based, problem-solving, teamwork and patient focused clinical training

Govern for quality

Systems lack coherent vision of quality and accountability; quality efforts super fragmented;
Institute simple rules, regulations, consequences, intrinsic motivators; learning systems

People need information and power to influence change

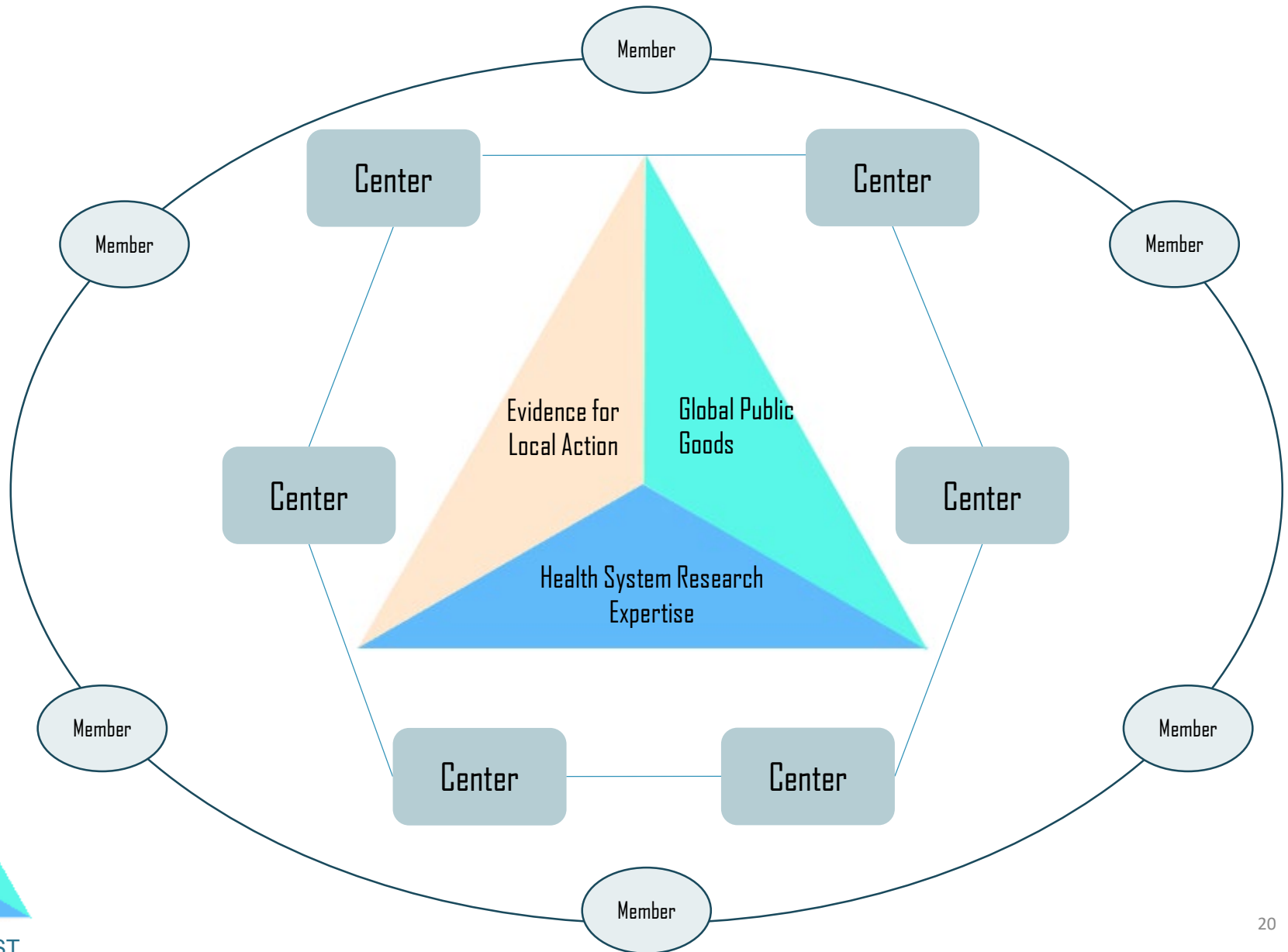
[Anthony] is a 45-year old man with high blood pressure who needs a regular check up. At the health facility the nurse does greet him and introduce herself and change his medication. She does not ask about his symptoms or check his blood pressure.



Quality Evidence for Health System Transformation (QuEST) Centers and Network

Build the **evidence base** to support transformation to high quality health systems by improving measurement, testing solutions, and creating generalizable knowledge in partnership with change makers in low- and middle-income countries

QuEST structure



QuEST Phase One research

Measurement

1. People's Voice Survey

- Rapid assessment of health system performance from perspective of the population

2. e-Cohorts for system competence

- Measure health system competence over course of care to identify drop-offs in quality

3. Health system resilience during Covid

- Use routine information systems to extract data on health system management of non-Covid conditions

Improvement

1. Service delivery redesign

- Codevelop and evaluate care reorganization models to optimize health outcomes (rather than increasing contacts)

QuEST principles: doing research differently

- Rigor: high quality evidence for health system transformation
- Partnership: collaboration at all stages of research
- Shared governance: research priorities jointly determined
- Relevance and clarity: results policy relevant
- Opportunity: elevating research and researchers
- Public goods: all products freely available