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

Margaret E. Kruk
Professor of Health Systems
Harvard T.H. Chan School of Public Health
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.
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

Poor quality for the poor

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?”

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?

- QI + incentives
- Redress + sanctions
- Management
- Resources + tools
- Rigorous training
- Effective regulation
- Strong education
- Supervised practice
- Quality standards
Four opportunities

- Modernize education
- Redesign service delivery
- Ignite demand
- Govern for quality
Four structural reforms for high quality health systems

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

- **Ignite demand**
  - User input should be used to improve services;
  - People overrate quality;
  - **Empower users to demand more**

- **Redesign service delivery**
  - Services and clinics are placed without regard to quality, clinical needs, or user preferences;
  - **Arrange system to maximize quality**

- **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**
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

questnetwork.org
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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 researchefhs
• Public goods: all products freely available