Improving care: What works, what doesn’t & why

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Why Focus on Quality among LMICs?

- Nations are becoming wealthier
- Universal coverage as a policy goal
- Greater demand for healthcare services
- Greater demand for good care
Why Quality Is Critical

Coverage ? Health Outcomes
Quality as catalyst

Coverage  Quality  Health Outcomes
Why is quality so important?

1. Poor Quality Care → Big Effect on Health

2. Measuring quality critical to cost control
Effects of unsafe care

42.7 Million In-Hospital Adverse Events

22.7 Million DALYS Lost

2/3 LMICs
And care is often ineffective

Getting History/Physical Exam Right: 30%-50%

Correct Diagnosis: 4%-30%

Probability of non-harmful treatment: 45%
Trust is fundamental to good care

Lack of Dignity and Respect
Lots of strategies on QI

- Clinical In-Service Training
- Supervision
- Standards-based Management & Recognition
- Client-oriented provider efficient (COPE)
- Collaboratives
- Accreditation
- And others
What do we know about them?

- Surprisingly little
  - In a systematic review conducted by the IOM, only 66 studies met inclusion criteria
  - Only 37 studies were from low income countries
  - There were zero rigorous studies of COPE, SBMR or Accreditation
  - Difficulty in assessing study precision and strength of implementation
  - High risk of bias and confounding
So what’s the takeaway?

- These strategies can work
  - But often don’t

- They can change what providers do
  - But far less often change how patients do

- They vary in their approach
  - Lack of detail on strategy and context
  - Lack of standardization

- They have a lot in common
  - Far more than ‘branding’ would suggest
So why do they work sometimes?

- Common features of successful strategies:
  - They involve buy-in from leadership
  - They engage front line clinicians
  - They involve measurement
  - They involve targets and feedback loops
  - They involve on-going customization

- Each requires paying careful attention to culture & context
Why don’t they work consistently?

It's not about the what

It's about the how
What do we mean “How”

- Do you have clearly defined goals?
  - Are they meaningful to patients and clinicians?
- Do the measures capture what matters?
  - Or are they at least close?
- Do you have well-defined targets?
  - Are they achievable?
  - Are they inspirational?
  - And can you pay real-time attention to progress?
What do we mean “How”

- Is the intervention customized?
  - Educational interventions
  - Organizational interventions

- Is it sustainable?
  - Will the effects persist over time?

- And is the organization bought in?
  - No cognitive dissonance
When efforts to improve fail

- Performance-based incentives (or P4P)
  - Performance targets not meaningful
  - Incentives not structured well
- Information Technology adoption
  - Because it’s not just about technology
  - About workflow, organizational focus on quality, etc.
  - And it’s about contextual factors
- Checklists (surgical, central-line)
  - Inadequate attention to customization, culture
Thinking ahead

- Quality central to getting our healthcare investment right
  - Improving quality is of paramount concern
  - As critical as coverage
- Our focus has been: find the “right” QI approach
  - The data tell us there is no such thing
Thinking ahead

- To be effective:
  - Appeal to innate desire to get better
    - And make the status quo uncomfortable
  - Create organizational buy-in (incentives)
  - Focus on results that matter
    - Don’t over-prescribe the approach
  - Create momentum for improvement
Because when it comes to QI: