Improving Health Care: Global Overview

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USAID Applying Science to Strengthen and Improve Systems
FY2013 Activities

Contributions to Achieving the MDGs in FY13

<table>
<thead>
<tr>
<th>MDG</th>
<th>Countries where HCI TO3 activities contribute in FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health MDGs</td>
<td>Haiti, Kenya, Malawi, Mozambique, Nigeria</td>
</tr>
<tr>
<td></td>
<td>Afghanistan, Georgia, Kenya, Malawi, Mali, Mozambique, Nigeria</td>
</tr>
<tr>
<td></td>
<td>Afghanistan, Burundi, Haiti, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, South Africa, Swaziland</td>
</tr>
<tr>
<td></td>
<td>Afghanistan, Botswana, Ethiopia, Georgia, Indonesia, Madagascar, Mali, Mozambique, South Africa</td>
</tr>
<tr>
<td></td>
<td>Burundi, Cote d’Ivoire, Ethiopia, Haiti, Kenya, Laos, Malawi, Mozambique, Nicaragua, Nigeria, Pakistan, South Africa, Swaziland, Tanzania, Uganda</td>
</tr>
</tbody>
</table>

Health MDGs Scorecard

<table>
<thead>
<tr>
<th>Indicator</th>
<th>World</th>
<th>Africa</th>
<th>Americas</th>
<th>Eastern Europe</th>
<th>Europe</th>
<th>South East Asia</th>
<th>Western Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death rates from avoidable causes</td>
<td>5.1</td>
<td>12.6</td>
<td>4.1</td>
<td>3.3</td>
<td>2.8</td>
<td>3.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Maternal mortality rate</td>
<td>207</td>
<td>465</td>
<td>62</td>
<td>33</td>
<td>50</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>Under-5 mortality rate</td>
<td>66</td>
<td>127</td>
<td>43</td>
<td>34</td>
<td>28</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Access to care</td>
<td>86</td>
<td>95</td>
<td>82</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Access to contraception</td>
<td>87</td>
<td>95</td>
<td>82</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Access to Chlamydia</td>
<td>87</td>
<td>95</td>
<td>82</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Access to HIV treatment</td>
<td>87</td>
<td>95</td>
<td>82</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Access to family planning</td>
<td>80</td>
<td>94</td>
<td>82</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
</tbody>
</table>

The issue of quality in health care

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What is the problem

“The reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and at an adequate scale.”

—Margaret Chan
Director General
World Health Organization


• 439 indicators of clinical quality of care
• 30 acute and chronic conditions, plus prevention
• Medical records for 6712 patients
• Participants received 54.9% of scientifically indicated care (Acute: 53.5%; Chronic: 56.1%; Preventive: 54.9%)
• Conclusion: The “defect rate” in the technical quality of American health care is approximately 45%

Hospital Death Rate
(Standardized for Age, Sex, Race, Payer, Admission Source & Type)
vs. Charge per Admission (2004)
(Standardized for Age and Diagnosis)

The Issue of Quality in Health Care

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

“… The problems come from poor systems – not bad people…”

Mortality Reduction as a Result of the Reliable Implementation of the AMI Bundle

What results are we seeing?

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Niger: AMTSL Compliance and PPH Reduction

Mail: AMTSL & post-partum hemorrhage management

Nicaragua: Case fatality for early neonatal sepsis, 4 hospitals, January 2009 to November 2011.

Kenya: Quality of ANC in 21 facilities, Kwale district, Jan 2011- Aug 2012

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### Evaluation of Results of 27 Collaboratives: Study Objectives

- Were significant improvements in quality of care and outcomes achieved with collaborative improvement?
- How quickly were improvements achieved?
- Were gains maintained over time?

### Scope and content of study

- **Countries**: (12) Benin (3), Bolivia (1), Ecuador (2), Guatemala (2), Honduras (1), Nicaragua (1); Niger (3), Russia (6), Rwanda (3), Tanzania (3), Uganda (1), Vietnam (1).
- **Collaboratives**: 27
- **Topic areas**: MNCH, FP, HIV/AIDS, Tuberculosis, Malaria, PNC
- **Indicators and Time series charts**: 135 time series charts representing 81 indicators

### Analysis of the Results from 27 Improvement Collaboratives in 12 Countries

- **Performance improved regardless of baselines**: 88% teams reached 80% compliance or above; 76% teams reached 90% compliance or above
- **Results were achieved relatively rapidly**: For indicators starting at < 50%, teams reached 80% compliance in 13 months; for indicators starting at > 50%, teams reached 80% compliance in 6 months
- **Collaborative improvement can produce sustained gains in performance**: 80% performance was sustained on average for 13.4 months out of 19.5 months of data collection

### What is Quality Care?

- Quality care is what happens at all the points of service along the continuum of care, and high quality care is a function of the system’s ability to produce care that will address the client’s needs in an effective, responsive and respectful manner...

- **David Nicholas**

### Aims for Quality Health Care System

- Safety
- Effectiveness
- Patient Centeredness
- Timeliness
- Efficiency
- Equity

- **Institute of Medicine, USA**

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How Are These Results Obtained?

Different Ways BY Which Quality Can Become Better

- Through gradual accumulation of knowledge and experience over time
- Through advances in science and scientific experiments
- Through trial and error
- By coincidence
- On the basis of improvement science

Integrating Content and Organization of Care

Improvement Principles & Frameworks

Fundamental Concept of Improvement: “Every system is perfectly designed to achieve exactly the results it achieves”

Principles of Improvement:
- Understanding work in terms of processes and systems
- Developing solutions by teams of health care providers and patients
- Focusing on patient needs
- Testing and measuring effects of changes
- Shared Learning

Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?

Multiple Ramps of Changes Towards a Single Aim

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IOM Crossing the Quality Chasm:
Four Tier Health System Design

<table>
<thead>
<tr>
<th>Patient and Community</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro-system</td>
<td>Process</td>
</tr>
<tr>
<td>Organizational Context</td>
<td>Facilitator of Processes</td>
</tr>
<tr>
<td>Environmental Context</td>
<td>Facilitator of Processes</td>
</tr>
</tbody>
</table>

Employee Engagement (...or lack thereof)

Coming Soon

17 April (South Pacific Teleclass) CLOSTRIDIUM DIFFICILE IN THE COMMUNITY: FOOD FOR THOUGHT
Speaker: Prof. Tomas Riley, University of Western Australia

18 April LEADERSHIP IN INFECTION PREVENTION AND CONTROL
Speaker: Martin Keenan, Southport & Ormskirk Hospital NHS Trust

25 April (Denver Russell Memorial Teleclass) ROLE OF SURFACES IN DISEASE TRANSMISSION: DOES ENHANCED DISINFECTION REDUCE TRANSMISSION?
Speaker: Prof. Bill Rutala, University of North Carolina

06 May (Free WHO Teleclass ... Europe) SPECIAL LECTURE FOR MAY 5
Speaker: Prof. Didier Pittet, World Health Organization, Geneva

09 May SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION IN ACUTE CARE SETTINGS

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