

May 3, 2017

9:30am EDT | 2:30pm BST | 8:30pm ICT

Engaging Non-State Actors in Governing Health – the Key to Improving Quality of Care?



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**Health Finance
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A Quick Look at Today's Agenda

Engaging the Non-State Actors in Governing Quality of Care: Framing the Issues

Capturing Citizen's
Voices

Participation of health
professionals in
governing quality

Use of regulatory
& financing
instruments

- Q & A
- Summary & Next Steps

Speakers

Panelists



Dr. Carlos Cuéllar
Vice President and Senior Fellow
Abt Associates



Paulina Pacheco Estrello
Director, Directorate for Quality
of Health Care and Education
Ministry of Health, Mexico



Dr. Raul M. Quillamor
Head Executive Staff, Office of
the Chairperson of the Board
Philippine Health Insurance
Corporation



Nathaniel Otoo
Former CEO
Ghana National Health
Insurance Authority

Moderator



Dr. Leizel Lagrada-Rombaua
Independent Consultant
Results for Development

**ENGAGING NON-STATE ACTORS IN GOVERNING
QUALITY OF CARE
Webinar May 3, 2017**



**Engaging
Private Sector
in Promoting
Quality of Care:
Framing the
Issues**



Dr. Carlos Cuéllar
Vice President and Senior Fellow
Abt Associates

Content



- Challenges to private sector engagement in governing Quality of Care (QoC)
- Role of governments in fostering quality, affordable care in the private sector

The private health sector is diverse



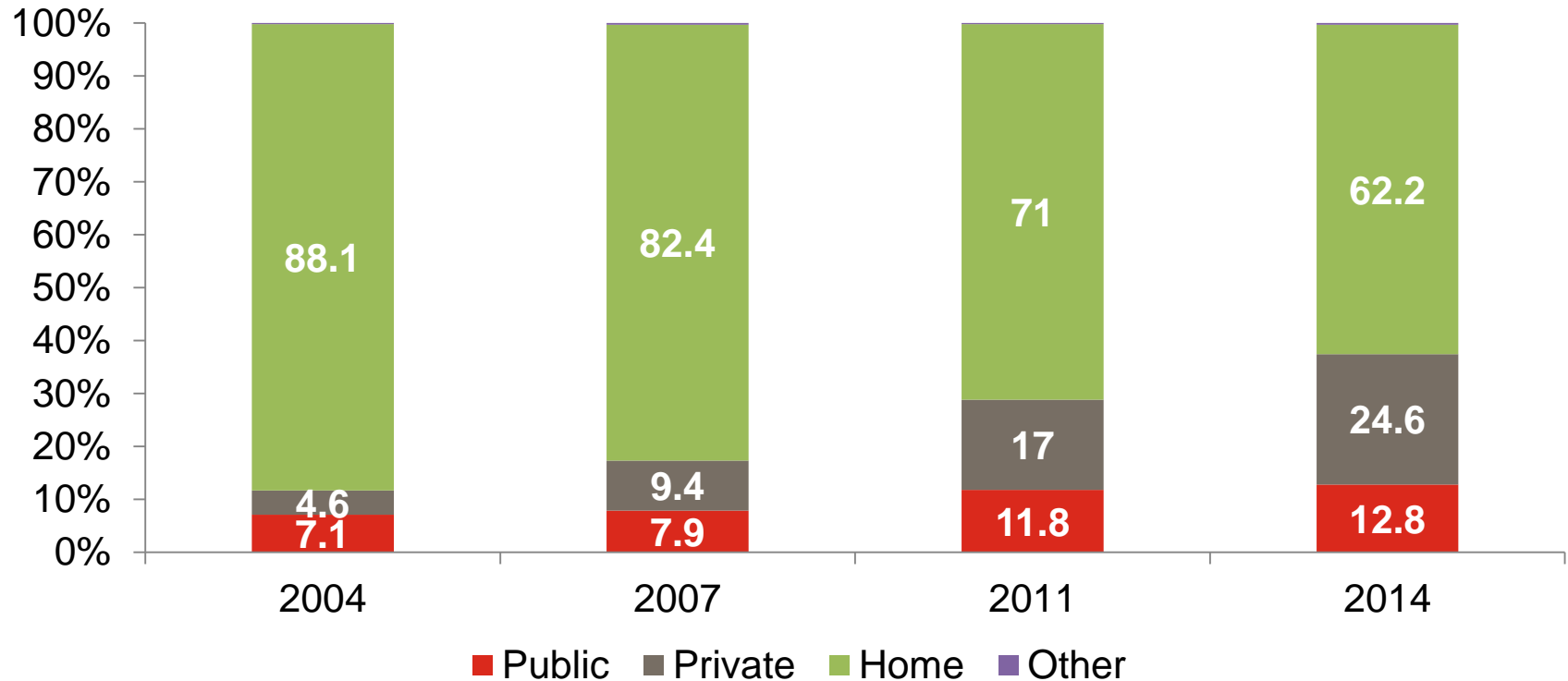
As are private providers



Private sector is significant and growing



Expansion of private sector provision of institutional delivery in Bangladesh



Source: Statcompiler.com

Private sector in LMICs



- Plays a large role in the health system, from financing health care to production of health products and services
- Its diversity and significance is a strength for delivering priority service assuming that **QoC is present**

Challenges to private sector engagement



- Unorganized – limited voice, visibility
- Limited access to quality improvement, training programs, finance
- Unlikely to participate in health financing schemes due to:
 - Licensing-Certification-Accreditation requirements
 - Payment mechanisms and rates
 - Administrative burden

Reference: *UHC: markets, profit and the public good*, Lancet, June 26, 2016

QoC in the private sector



Main issues:

- Uneven quality of services
- Virtual absence of QI systems
- Collecting/reporting of information often poor
- User's voice muffled

So what's needed?



Engaging private sector in governing QoC needs:

- Regulations and legislation that supports engagement of private providers
- Increased private sector integration in the health system
- Organized networks of high quality providers
- Involved professional associations and scientific societies
- Communities/users' active participation

What governments do/can do to support QoC in the private sector?



1. Policy regime and environment conducive to PS provision of quality of care



2. Mixed health system approach to leverage PS



3. Quality standards and assessments for QoC improvement



4. Amplify the voice of other non-state actors (provider unions/associations and the user/community)

A mixed health system approach to leverage PS



Policy Objectives

Main Interventions

Intermediate Outcome

Ultimate Outcome

Foster the development of networks of high quality providers

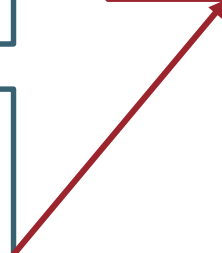
- Provider aggregation: individual practice vs. network
- Systems to improve quality of services: access to training, tools
- Systems to improve quality and price of products
- Management/marketing practices
- Access to financing

Engage and oversee provider networks

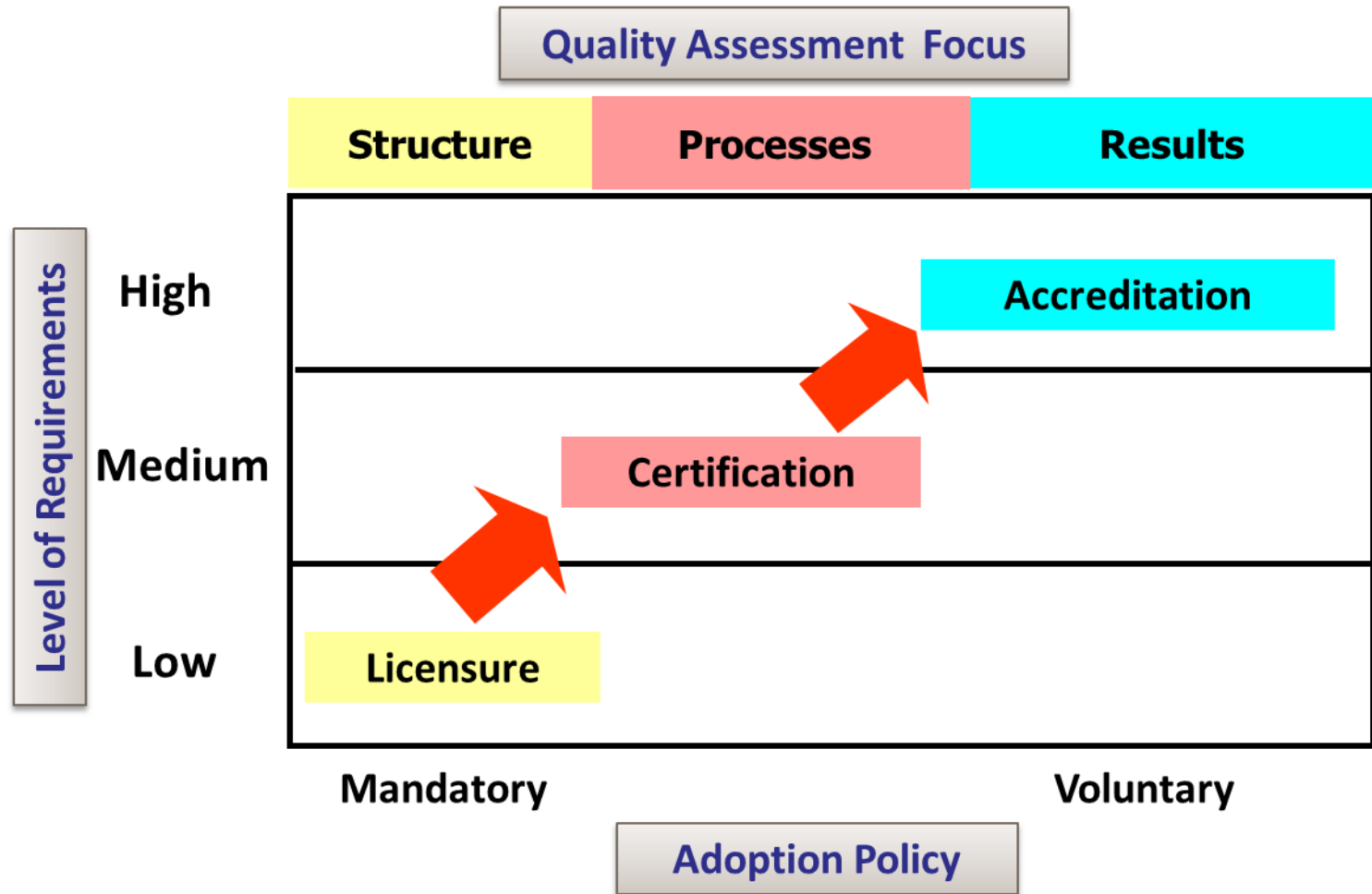
- Regulation
- Licensing-Certification-Accreditation
- Financing: links to government insurance schemes
- Public purchasing

Government leverages private providers for health care delivery

Increase access, quality, and effective coverage of health services



Quality assessment approaches



Quality governance areas



Government managed

Mixed

PS managed

Involvement of users and non-state actors

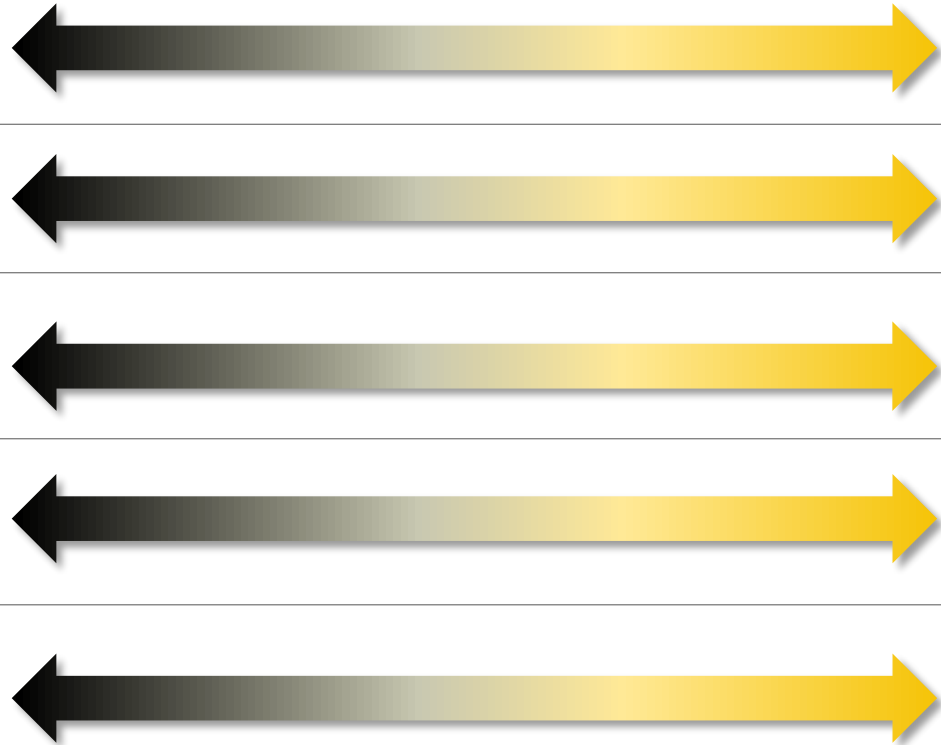
Quality Standards

Quality assessments

Link to health financing/incentives

Accountability

Enforcement



Thank you!



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THINKERS
DRIVING
REAL-WORLD
IMPACT**

For more information contact:
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USE OF REGULATORY & FINANCING INSTRUMENTS IN SECURING QUALITY CARE IN THE PRIVATE SECTOR



Nathaniel Otoo


Former CEO

Ghana National Health Insurance Authority



Content

- ▶▶ Voices on the issue of healthcare quality within Ghana's health system.
- ▶▶ Accreditation as a healthcare quality governance tool.
- ▶▶ Clinical Audits as a mechanism for improving quality of healthcare.
- ▶▶ Emerging outlook for governance and regulation of healthcare quality.



“For private medical institutions to be of benefit to the health delivery system in Ghana, and meet the needs of the system in the way that we have been discussing, they must have certain characteristics. I believe that private hospitals and medical institutions, be they laboratories or radiology facilities in Ghana, must be of the highest quality. By highest quality, I am not saying they should have the same sophisticated equipment as we have in developed economies. What I am saying is that, if they say they have a CT scan, then, the reports of the CT scanning should be accurate and of the highest standard so that patients are not given wrong diagnoses based on poor results.”

The same should go for laboratory and ultrasound results. There seems to be a proliferation of stand-alone laboratories and ultrasound facilities in Ghana. How reliable are the results coming out of these stand-alone institutions? How qualified are the technicians? Are patients paying for quality? Are patients being harmed by poor results? Why are technicians directly telling patients what they think is wrong before their reports get to the doctor? Who is checking the quality of these facilities? Who has oversight responsibilities? And how are these responsibilities discharged? Where does an aggrieved patient go to seek redress?”

Friday July 16, 2013 – **Posted by Dr. Joseph Boateng**


<http://ghanalinx.com/private-hospitals-in-ghana-editorial-by-dr-joseph-boateng/>

Medical equipment in Ghana inaccurate – GSB

Lawrence Markwei




The accuracy of most medical equipment and devices in use at health research centres and hospitals countrywide cannot be trusted.



“Stakeholders in the health sector have expressed worry about the proliferation of unqualified health personnel in health facilities, saying the situation is a major setback to the quality of healthcare delivery”

Timothy Ngnebe, Daily Graphic Online, 11th March 2017

<https://www.google.com.gh/amp/www.graphic.com.gh/news/general-news/forum-decries-proliferation-of-quacks-in-health-facilities.amp.html>



“As a country, we need to start talking openly about the quality of medical care that is given to patients in our hospitals and clinics and of patients’ satisfaction of that care”

Dr. Joseph Boateng

<https://www.google.com.gh/amp/www.graphic.com.gh/features/opinion/making-the-case-for-improved-healthcare-delivery-in-ghana.amp.html>



NHIS accreditation - a new perspective for quality governance

- Accreditation has emerged as a new mechanism for regulating quality of health services for facilities operating under the NHIS.
- NHIS started with blanket accreditation for public facilities and ad-hoc accreditation for private facilities in 2004.
- Development of accreditation standards and tools started 2006
- Refining of NHIS accreditation standards & tools started in 2008
- Full scale NHIS accreditation started in 2009 and soon became an important tool for quality assurance in the health sector
- NHIS Accreditation has modules on equipment, human resources, management, physical premises etc.

NHIS accredited facilities by grade (2014)

GRADE	NUMBER OF FACILITIES	PERCENTAGE (%)
GRADE A+	13	0.32
GRADE A	187	4.67
GRADE B	1155	28.85
GRADE C	1698	42.41
Grade D	951	23.7
TOTAL	3949	100.0

Source: NHIA Quality Assurance Directorate, 2016



Clinical audits within Ghana's NHIS, a mechanism for improving quality of healthcare

- Clinical Audits within the NHIS started as an ad-hoc process in 2008
- In 2010, clinical audits were streamlined and mainstreamed to offer assurances of efficient use of resources and provision of quality healthcare services
- Clinical audits are conducted with multi-disciplinary teams and involve stakeholders from the public and private sectors to make results more acceptable
- The results of clinical audits with the NHIS have become an input for quality improvement among key provider groups.
- Clinical audits have led to financial recoveries in excess of USD7.5 million in unmerited claims.
- Clinical Audits have led to disaccreditation or downgrading of facilities.



Areas of focus of NHS clinical audits

- Wrongful application of service tariffs
- Non-adherence to national clinical treatment guidelines and protocols
- Inappropriate medical documentation
- Incomplete medical notes
- Overbilling of medicines/investigations
- Substitution of medicines
- Inflation of quantities of medicines supplied
- Substitution of diagnoses
- Poly-pharmacy
- Variance in claims cover letter
- Use of unqualified staff/ attrition of staff
- Summation errors
- Prescribing outside the NHS medicines list
- Prescribing above designated level



Emerging outlook for governance and regulation of healthcare quality

The Ministry of Health of Ghana in 2016 commenced the process of developing a comprehensive health quality strategy. Some of the pillars of the strategy are as follows:

- Institutional coordination & policy rationalization
- Improved health outcomes in priority areas
- Placing the patient at the centre of care
- Strengthening regulation and accountability processes



Thank you

The Role of Specialty Societies in Strengthening the Governance of Quality: Insights from a member of Quality Assurance Committee of PhilHealth



Dr. Raul M. Quillamor
Head Executive Staff, Office of the
Chairperson of the Board
Philippine Health Insurance Corporation

Creation of Quality Assurance Committee

- Mandated by the IRR of Republic Act 7875 [National Health Insurance Act of 1995] as amended by RA 9241 and RA 10606
- To achieve the objectives of performance monitoring of Health Care Providers; the monitoring activities shall include **peer review**

Evolution of the Quality Assurance Committee



consolidation of the functions
of the Peer Review Committee
and RUV Oversight Committee
PBR No. 1109, s-2008



creation of the Peer Review
Committee
PBR #471 s-2002



creation of RUV Oversight
Committee
PBR#242 s- 1999

FUNCTIONS OF THE QAC

- Assist in:
 - developing corporate policy on performance monitoring for accredited providers particularly on peer review
 - resolving technical issues encountered in claims processing and performance monitoring
- Assess the quality of practice behavior of HCPs and recommend solutions to resolve issues related to such activity – and adopt mechanisms and tools such as utilization review and outcomes assessments
- Promote the development and use of CPGs, clinical pathways, and other acceptable standards of quality care based on best available evidence
- Apply the information derived from its activities, including the development and adoption of standards of care, for the promotion of quality in Philippines health care settings

QAC Composition (External Experts)

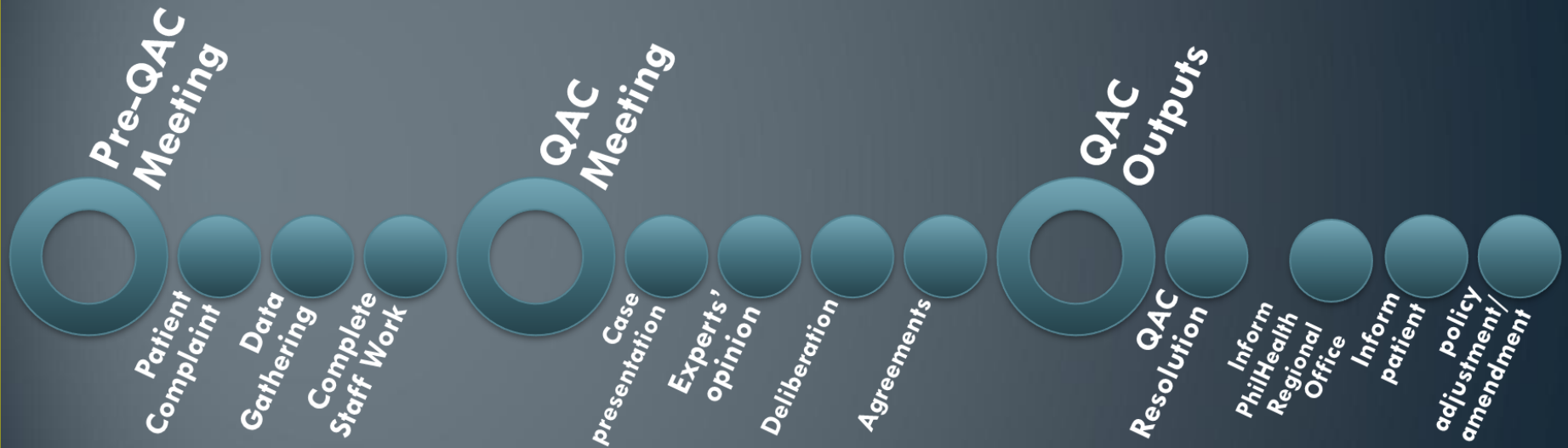
1. Phil. Hospital Association (PHA)
2. Professional Regulation Commission (PRC)
3. Phil. Medical Association (PMA)
4. Phil. College of Surgeons (PCS)
5. Phil. College of Physicians (PCP)
6. Phil. OB and Gyne Society (POGS)
7. Phil. Pediatric Society (PPS)
8. Phil. Society of Anesthesiologists (PSA)
9. Phil. Academy of Family Physicians (PAFP)
10. Phil. Academy of Ophthalmology (PAO)

QAC Composition (Internal)

- Senior Vice President - Health Finance Policy Sector;
QAC Chairperson
- Group Vice President - Quality Assurance Group
- Senior Manager - Benefits Development and Research
Department
- Senior Manager - for Accreditation Department
- Senior Manager - Fact Finding Investigation and
Enforcement Department
- Senior Manager - Standards and Monitoring
Department

Secretariat of QAC - Standards and Monitoring Department

How does the QAC work?

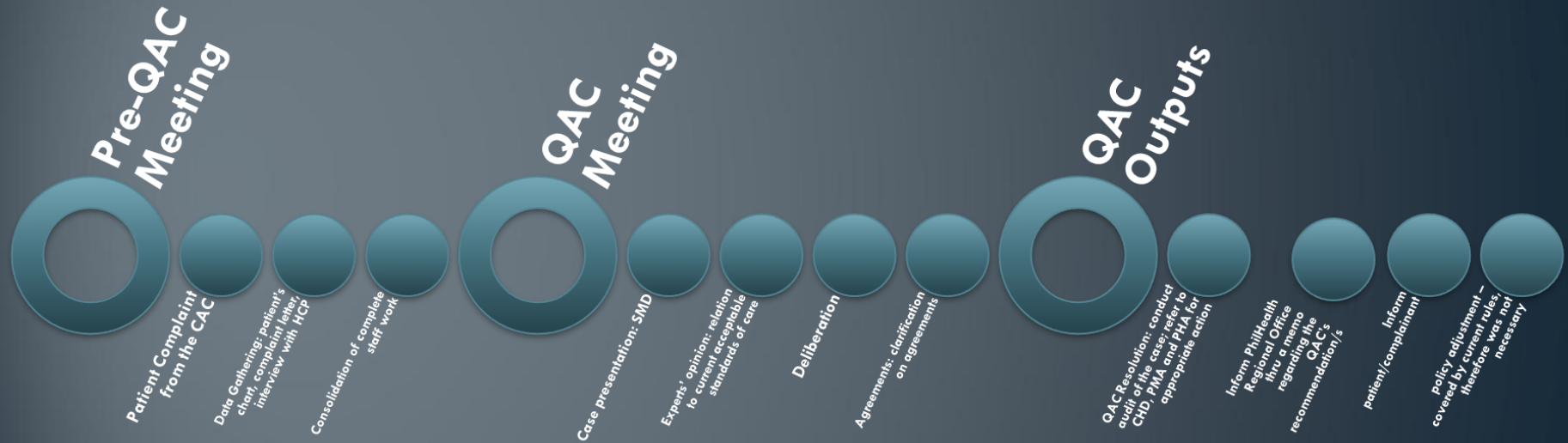




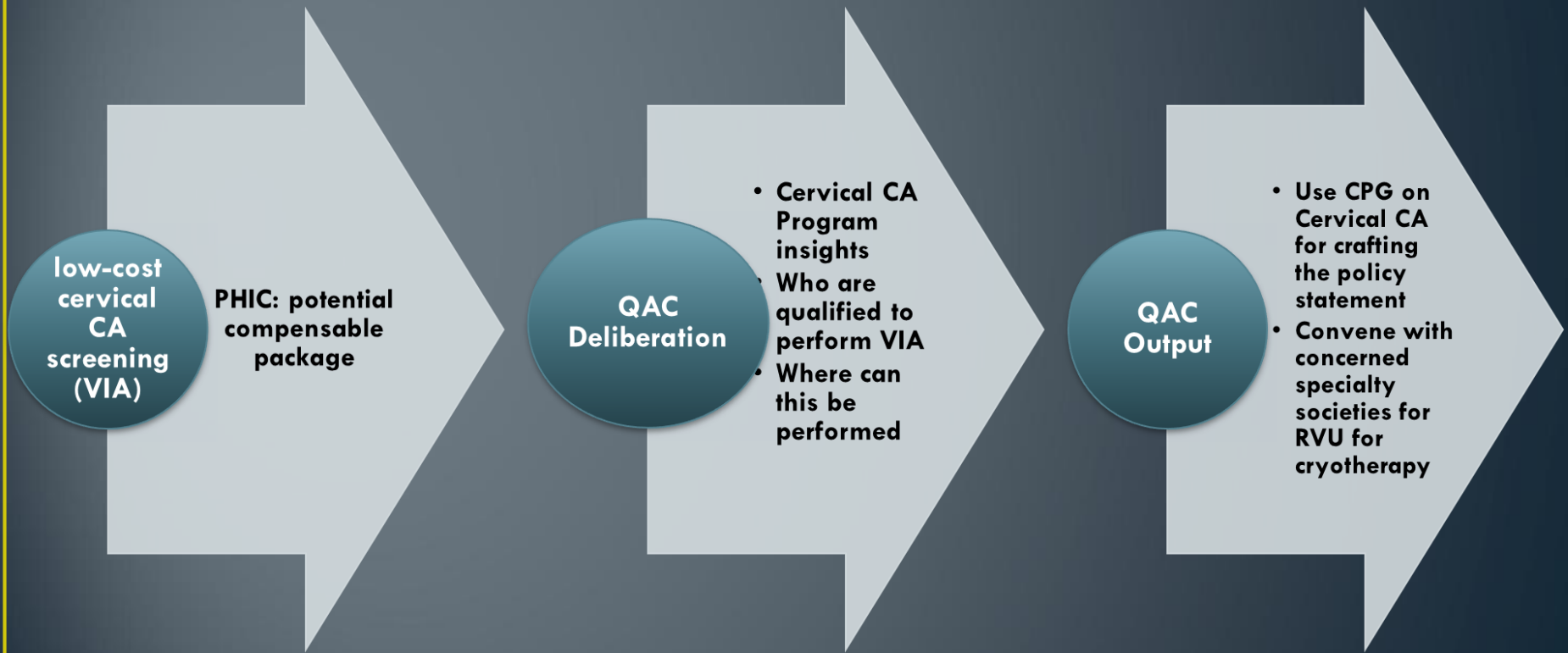
**How does
Specialty
Societies
contribute to
Governance
of Quality?
Some
examples**

Example 1: Review of OB Case presented to QAC

Management of a 25 y/o primigravid, post-CS due to arrest of labor, post-hysterectomy, however, expired post-op



Example 2: Deliberation on Cervical Visual Inspection with Acetic Acid (VIA) as a possible compensable service by PhilHealth



Other insights on how Specialty Societies contribute to Governance of Quality, outside QAC

- Compliance to approved/ updated management protocols/CPGs
- Discussions on current peer practices related to delivery of care which may need to be addressed by enhancement of current policies
- Consultations on how doctors would want the PF portion of PhilHealth reimbursements be distributed among HCPs who handled the case are on-going
- “policing their own ranks”: Audit Board/Committee, Ethics Committee
- Update knowledge by attending Continuing Medical Education activities

Thank you.



Construir Ciudadania en Salud:
Aval Ciudadano

Aval Ciudadano

**General Directorate for Quality of Health Care
and Education – MoH Mexico**



Paulina Pacheco Estrello
Director, Directorate for Quality
of Health Care and Education
Ministry of Health, Mexico

May, 2017

Population
does not trust
its institutions



How to
recover their
confidence?

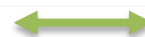


Since 2001
“Aval
Ciudadano”
(Citizen’s endorsement)

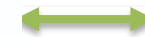
- Mechanism of citizen participation that endorses the actions of perceived quality and dignified treatment provided by health institutions, in order to contribute for their improvement
- In an independent and responsible way, this mechanism takes part on the evaluation of the health services, helping the institutions to increase the confidence the users have on them



Users



Construir Ciudadania en Salud:
Aval Ciudadano



Health care units

General:

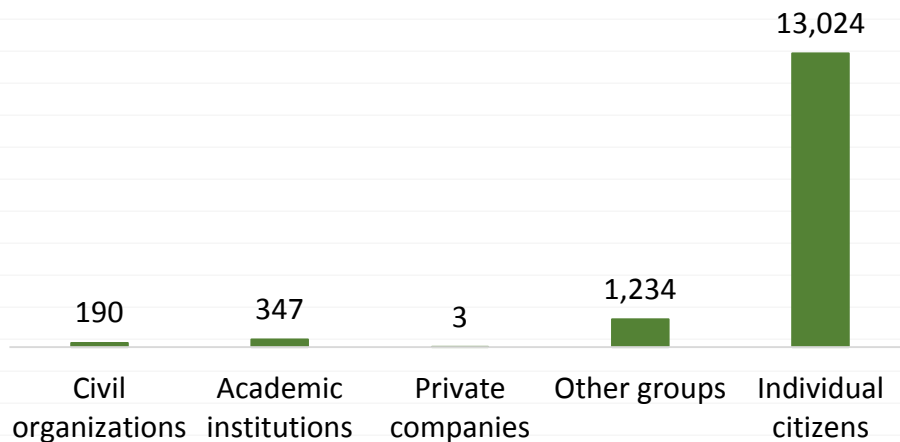
To promote citizen participation on the evaluation and improvement of quality on health care services

Specifics:

- Identify needs and expectations of quality improvements
- Generate transparency of the information and results
- Participate with authorities and health personnel in decision-making
- Increase the confidence of patients and citizenship in health institutions
- Spread information to users of health services
- Generate new initiatives that promote a broader participation of citizens in order to achieve optimal quality on health services

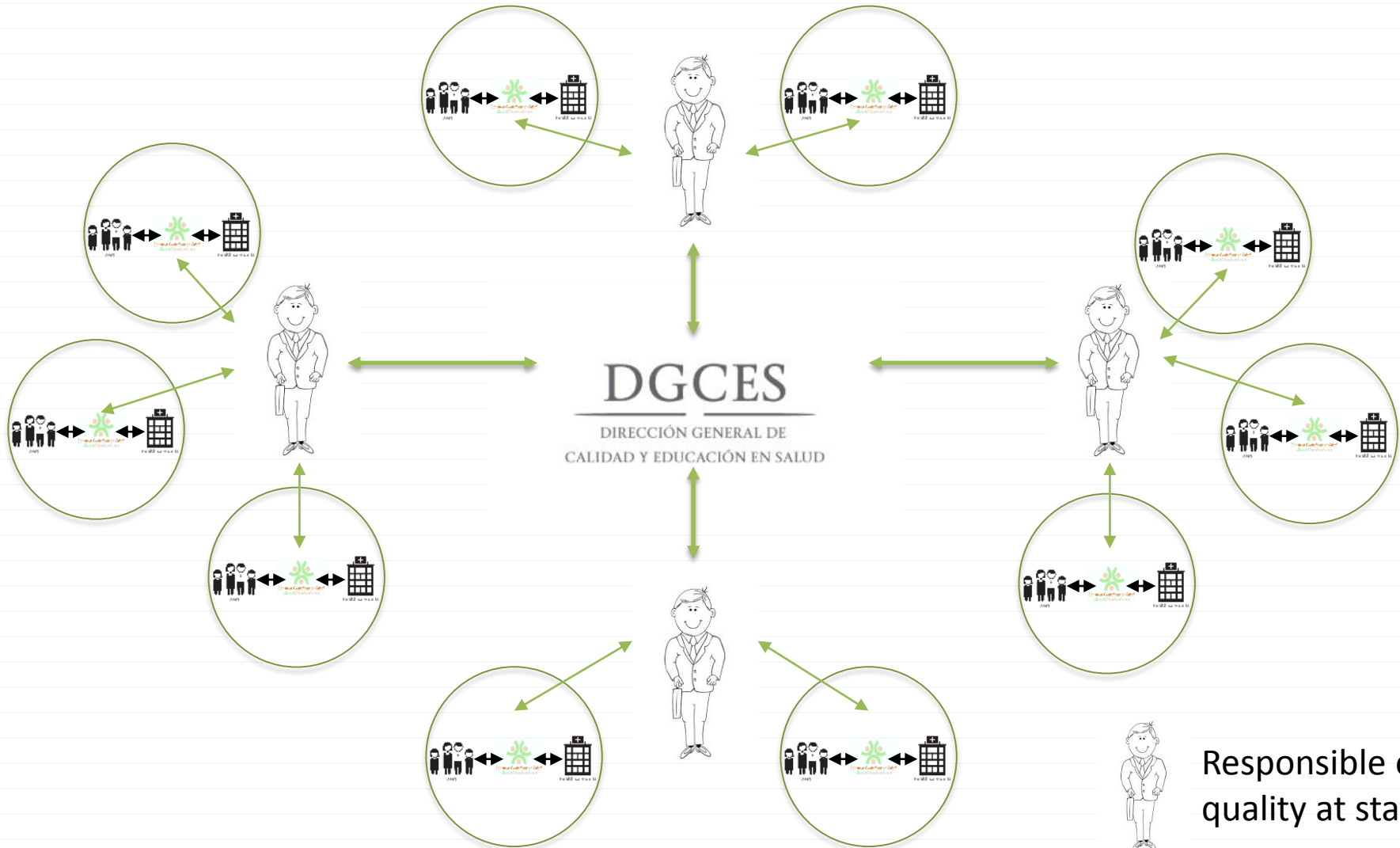
- Civil organizations, academic institutions, private companies, other groups and individual citizens, with social representativeness, prestige and credibility among the population

Number of "Avales Ciudadanos" by type,
December 2016



- Every “Aval Ciudadano” must adhere to a Code of Conduct, which consists of 10 points that promote the performance of an objective work, avoiding conflicts of interest and honoring the designation
- According to their scope of action, an “Aval Ciudadano” can be categorized as: Local, Municipal, Jurisdictional/Delegational, or Statewide

- Apply perception surveys to users, in order to know their opinion regarding the attention received
- Collect suggestions from users to improve the quality of care
- Review the conditions of waiting rooms, restrooms and consulting rooms
- Make proposals for improvement
- Disseminate rights and responsibilities of patients
- Follow-up “letters of commitment” made by the heads of quality of the medical institutions, regarding the suggestions issued by the "Aval Ciudadano"
- Participate in the Patient Quality and Safety Committee
- Participate in the accreditation process whereby the establishments receive funding



Responsible of quality at state

- Since 2009, 132,513 letters of commitment have been signed, of which to date 81,636 have been attended
- Thanks to the participation of “Avales Ciudadanos”, there are cases where the federal government have identified areas that can be improved in terms of: resource management process between health care establishments and local authorities; the need to remodel or expand medical facilities; or to improve quality of healthcare in specific areas, etc.
- As part of the joint work between the health system and “Avales Ciudadanos”, two organizations proposed the creation of the Decalogue “Rights and responsibilities of patients”. This proposal was approved by DGCES in 2012; since then it is disseminated at the health care facilities to inform users

- To achieve a greater participation of the academy and civil society organizations, since the great majority of “Avales Ciudadanos” are individual citizens
 - There is not much interest to participate, since the activity does not imply an economic remuneration



Construir Ciudadania en Salud:
Aval Ciudadano

Aval Ciudadano

**General Directorate for Quality of Health Care
and Education – MoH Mexico**

May, 2017



Q&A



**Dr. Carlos
Cuéllar**



**Mr. Nathaniel
Otoo**



**Dr. Raul M.
Quillamor**



**Ms. Paulina
Pacheco
Estrello**



**Dr. Leizel
Lagrada-
Rombaua**



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Thank You!

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