Governing to Improve Quality Workshop

JW Marriott Hotel Jakarta
Jakarta, Indonesia
9-11 August 2017

Governing to Improve Quality Workshop

Day 1: Wednesday, August 9

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SESSION 1:
WELCOME, INTRODUCTIONS, OBJECTIVES AND WORKING GUIDELINES

Welcome!

▸▸ **Pak Donald Pardede,** Special Advisor to Minister for Health for Health Economics and Evaluation, Ministry of Health Indonesia

▸▸ **Zohra Balsara,** Deputy Health Officer, USAID/Jakarta

▸▸ **Lisa Tarantino,** Principal Associate, USAID Health Finance & Governance (HFG) Project

▸▸ **Rashad Massoud,** Project Director, USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project

▸▸ **Fred Adomako-Boateng**, Deputy Director of Clinical Care, Ashanti Region, Ghana Health Service, Joint Learning Network (JLN)

▸▸ **Nana A. Mensah Abrampah,** Technical Officer, Universal Health Coverage & Quality (QHC) Service Delivery and Safety Department, World Health Organization (WHO)

Countries Engaged in Joint Learning for Governing Quality

Product Development Roundtable Meeting	Virtual exchanges, KII, surveys	Workshop and content dev

Mexico — 1
Ghana — 2
Uganda — 3
Malawi — 4
Tanzania — 5
Ethiopia — 6
India — 7
Malaysia — 8
Indonesia — 9
Philippines — 10

Facilitation Team Leading This Collaborative Meeting

Workshop Objectives

1. Discuss and **agree on the Conceptual Framework** for Health Financing Actors in Governing Quality of Care

2. **Learn from global practices** in engaging health financing actors to govern quality of care

3. **Map out various actors' roles and responsibilities** vis-a-vis health financing actors in governing care

4. **Identify challenges and opportunities** for health financing actors in governing quality care among participating countries

5. **Identify and prioritize research topics and questions** in governing quality of care

6. **Decide on the elements of consensus statement** in governing quality of care

7. **Agree on timeline and next steps** in finalizing the research agenda, consensus statement and practical guide

Approach

▸▸ **Framing Presentations**

▸▸ **Sharing Common Challenges**

▸▸ **Learning from Peer Experiences and**

▸▸ **Synthesizing Lessons**

▸▸ **Reaching Agreements**

▸▸ **Work Products: Practical Guide, Research Agenda and Consensus Statement**

Overview of the Agenda: Day 1 August 9th

Time	Activities
9:00 -10:00	**Session 1: Opening Welcome, Introductions, and Objectives**
10:00-10:30	Group Photo and Coffee/Tea Break
10:30-11:45	**Session 2: Setting the Stage, Institutional Roles and Relationships in Governing Quality**
11:45-12:15	**Session 3: Global Lessons in Defining Roles and Responsibilities: Who Does What?**
12:15-13:30	Lunch Travel Reimbursement and Per Deim Disbursement for JLN- and HFG-funded participants
13:30-14:30	**Session 4: Roles and Responsibilities in Governing Quality: A Conceptual Framework for Health Financing Actors**
14:30-15:00	Coffee/Tea Break
15:00-16:00	**Session 5: Spotlight on Country Experiences: Learning from Peers in Defining Roles and Responsibilities of Health Financing Actors in Governing Quality**
16:00-16:15	**Summary, Consensus Statement Introduction, and Preview of Tomorrow**

Overview of the Agenda: Day 2, August 10th

Time	Activities
8:30 -9:00	**Session 6: Recap and Review of Agenda for the Day**
9:00-10:30	**Session 7.1: Mapping out Actors, and Identifying Challenges and Opportunities**
10:30-11:00	Coffee/Tea Break
11:00-12:15	**Session 7.2: Mapping out Actors, and Identifying Challenges and Opportunities**
12:15-13:30	Lunch
13:30-14:30	**Session 8: Action planning: Outlining Activities and Timelines to Co-Produce the Practical Guide**
14:30-15:00	**Session 9: Developing a global research agenda to meet the needs of policy-makers**
15:00-15:30	Coffee/Tea Break
15:30-17:00	**Session 10: Exploring unanswered questions in governing quality of care**
17:00-17:15	**Summary and Preview of Day 3**
19:00	**Reception for Participants**

Overview of the Agenda: Day 3, August 11th

Time	Activities
9:00 -9:30	**Session 11: Recap, Review of Agenda for the Day and Icebreaker**
9:30-10:30	**Session 12: A Consensus Statement: Framing the Issues on Governing Quality**
10:30-11:00	Coffee/Tea Break
11:00-12:30	**Session 13: Finalization of consensus statement**
12:30-13:30	Lunch
13:30-15:30	**Session 14: Next steps, closing remarks and evaluation**

Working Guidelines

What guidelines or norms might help us work efficiently and collaboratively over the next three days?

1. All participants' inputs are equally valued.
2. The sessions will start and end on time.
3. The group is responsible for creating a safe environment.
4. Limit use of electronic devices to coffee breaks.
5. ……

Wall of Challenges

Challenges in Governing Quality

Quotable Board

SESSION 2.
SETTING THE STAGE: INSTITUTIONAL ROLES AND RELATIONSHIPS IN GOVERNING QUALITY

The problem

- "…without adequate attention to quality, the promise of UHC runs the risk of being an empty one."

  - WHO, 2017 (http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/)

- Quality of care is a challenge for every country around the globe.

- In the context of UHC, with an inherent focus on health finance reform to achieve affordable access for all, maintaining and improving quality requires careful attention to policy, governance, and institutional roles and relationships (among other things).

Good governance in the health sector

- **The governance of quality in health care** is the process of competently directing health system resources, performance, and stakeholder participation toward the goal of delivering health care that is effective, efficient, acceptable/patient centered, equitable, and safe*.

▸▸ Governance has long been recognized as key to improving performance in the health sector of a country and, along with improving health financing and delivery of services, is central to achieving Universal Health Coverage (UHC)**.

*Cico, et. al, 2016, adapted from Health Systems 20/20, 2012; WHO, 2006
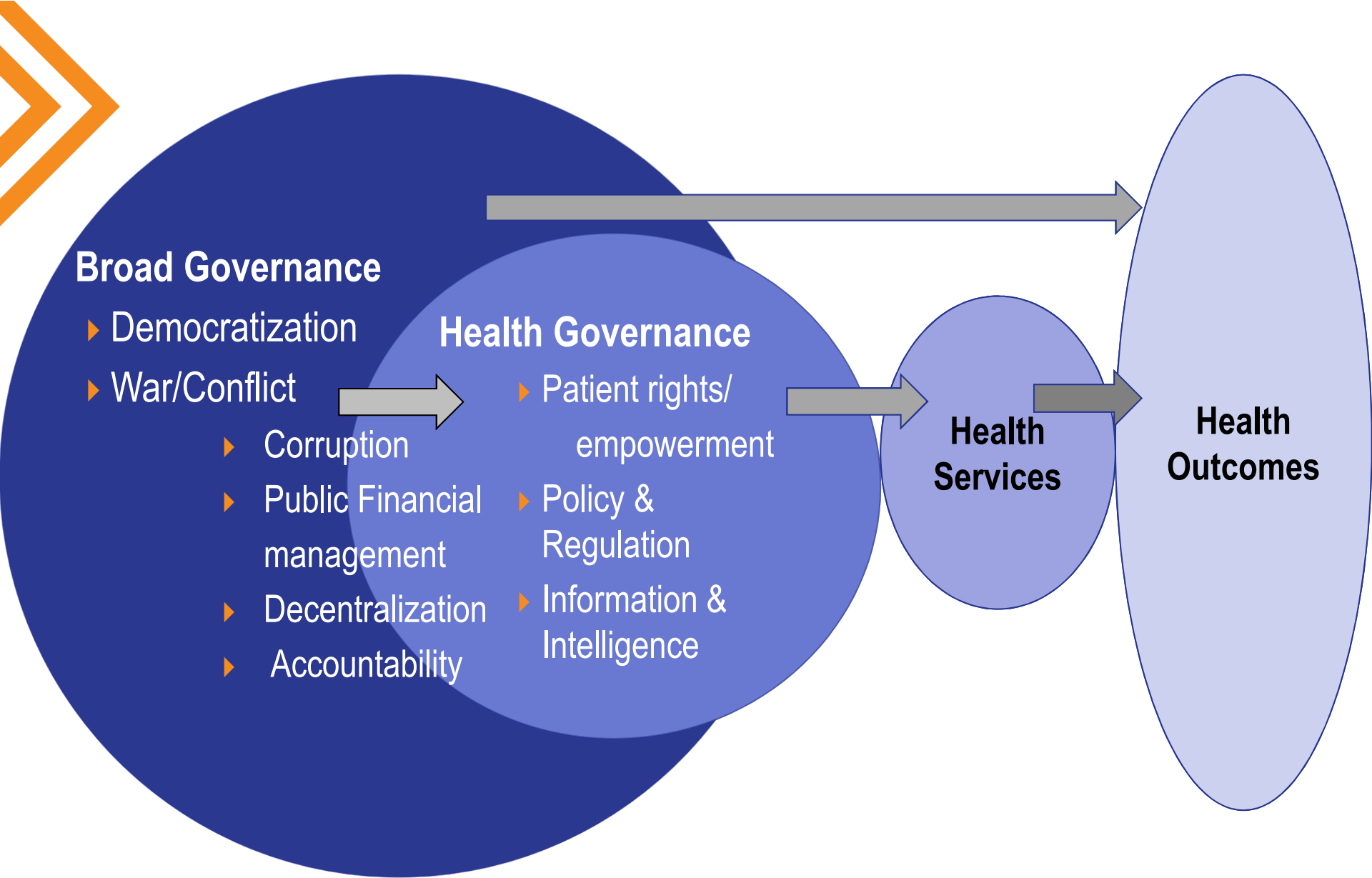** Fryatt, et. al, 2017

How is governance important to quality?

▸ *Decentralization* can indirectly improve health outcomes by strengthening accountability, allowing institutions to respond better to local needs, enhancing community engagement, and improving the efficiency of certain health system functions

▸ *Corruption and rule of law* can have a direct effect on life expectancy, child mortality, maternal mortality, and self-reported health status

▸ If <u>roles and responsibilities</u> are not clearly defined, technically sound HSS interventions can fail to provide their intended benefits

USAID, 2015

How is governance important to quality?

▸ *Transparency* in the policy process and use of *data for decision making* improves the impact that HSS interventions have on quality of care, access to essential health services, and health outcomes

▸ *Accountability, voice, political stability, institutional strength, and democratic processes* are positively associated with under five & infant mortality rates, higher immunization rates, and greater ART coverage

▸ Greater *community engagement* with payers and providers is positively associated with improved neonatal mortality rates, greater utilization of services, lower child deaths, and better quality of care

USAID, 2015

Broad Governance

- Democratization
- War/Conflict
  - Corruption
  - Public Financial management
  - Decentralization
  - Accountability

Health Governance

- Patient rights/ empowerment
- Policy & Regulation
- Information & Intelligence

Health Services

Health Outcomes

Multiple channels through which governance may affect health – both direct and indirect

HFG Project, 2017

What are current practices? How to improve governance to impact quality?

▸▸ Ongoing learning through the Community of Practice, JLN, focused on institutional roles & relationships in context of pursuit of UHC

▸▸ Literature review of 25 country experiences, in-depth interviews

▸▸ Tanzania meeting in 2016 brought some key issues to light – potential keys to success and current challenges.

❖ 8 themes, or "stones," connoting a foundational structure on which to build strong governance and that must be addressed when considering strengthening governance to ensure quality of care.

Governing for quality: 8 "Stones"

1. Governing quality with strategies, policies, and other mechanisms
2. Data for quality improvement
3. Developing a quality improvement culture
4. Using regulatory techniques to improve quality of care
5. Linking finance to quality
6. Addressing the knowledge gap of quality care at various levels
7. Institutionalizing non-state involvement in pursuit of person-centered quality care
8. Garnering political will to pursue quality

INSTITUTE FOR HEALTH SYSTEMS RESEARCH,
Ministry of Health, Malaysia- Overview

Governing to Improve Quality Workshop
9-11 Aug,2017
JW Marriot Hotel, Jakarta, Indonesia

Institute for Health Systems Research

fully independent institution in **2002** **The "New"** (**since 18 February 2013**)

The "Future" (2017)

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Institute for Health Systems Research

Vision

Advancing Nation's Health through Health Policy and Systems Research.

Mission

IHSR will conduct Health Policy & Systems Research and creatively translate evidence into policy and practice.

Institute for Health Systems Research

RESEARCH

- **Research to support healthcare transformation**
- **Quality Assurance projects**

TRAINING

- **Research related courses**
- **Quality Assurance trainings**
- **Lean healthcare trainings**

CONSULTANCY

- **Health systems research**
- **Research methodology & statistics**
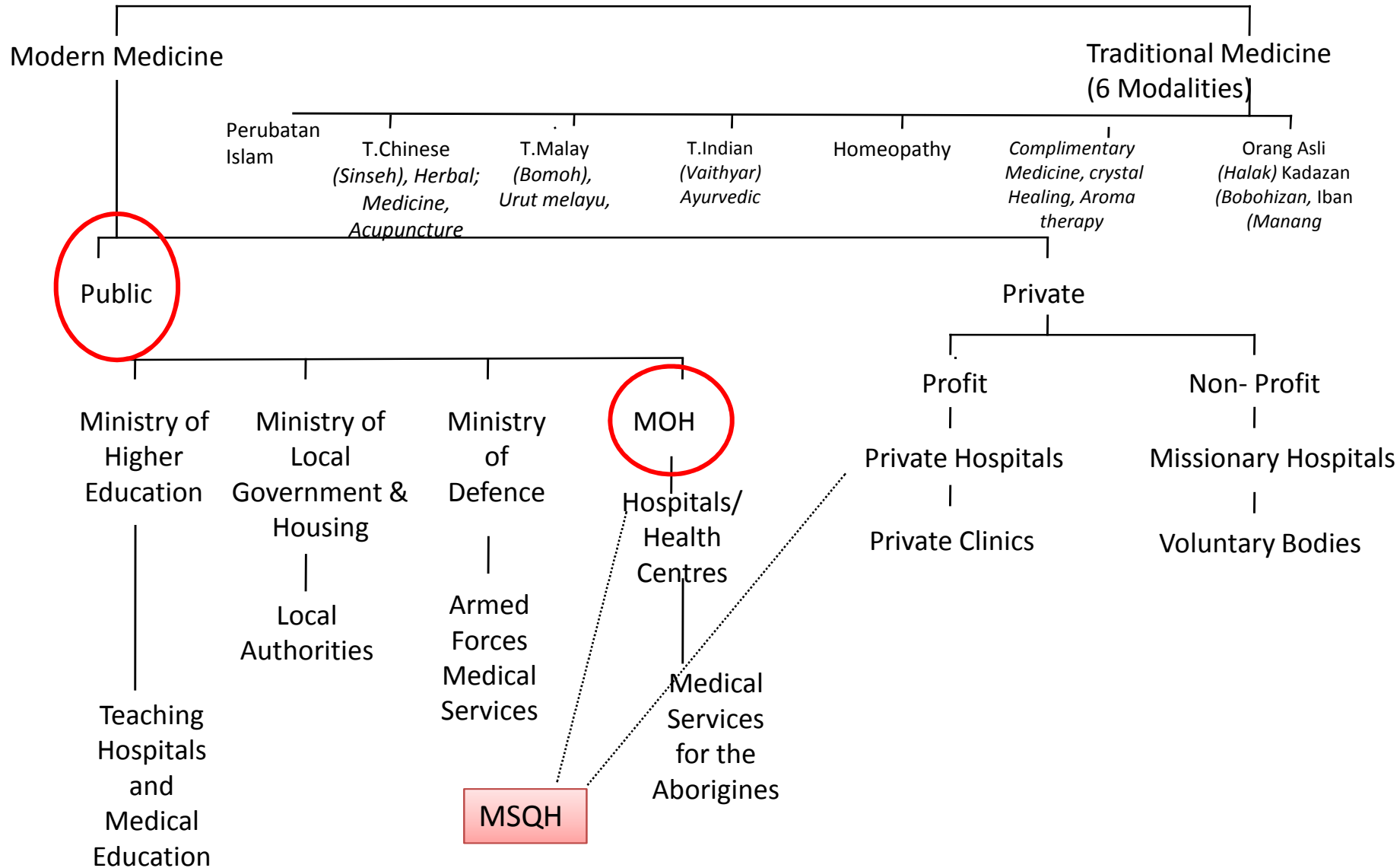- **Quality improvements (QA & Lean)**

INSTITUTIONAL ROLES IN GOVERNING THE QUALITY HEALTHCARE : Malaysian Experience

Governing to Improve Quality Workshop
9-11 Aug,2017
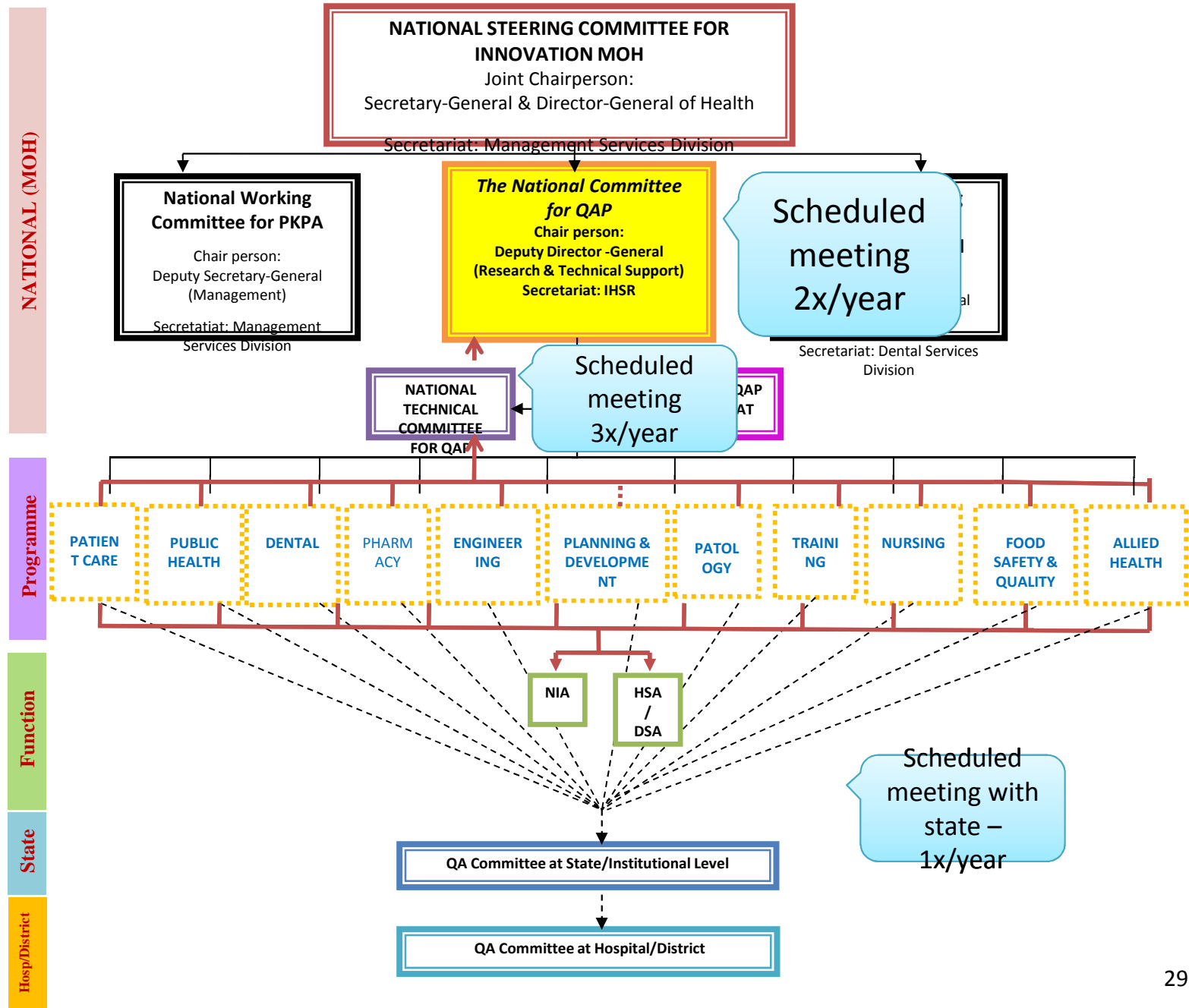**JW Marriot Hotel, Jakarta, Indonesia**

HEALTH CARE IN MALAYSIA

Modern Medicine

Traditional Medicine (6 Modalities)

- Perubatan Islam
- T.Chinese *(Sinseh), Herbal; Medicine, Acupuncture*
- T.Malay *(Bomoh), Urut melayu,*
- T.Indian *(Vaithyar) Ayurvedic*
- Homeopathy
- *Complimentary Medicine, crystal Healing, Aroma therapy*
- Orang Asli *(Halak)* Kadazan *(Bobohizan,* Iban *(Manang*

Public

- Ministry of Higher Education
  - Teaching Hospitals and Medical Education
- Ministry of Local Government & Housing
  - Local Authorities
- Ministry of Defence
  - Armed Forces Medical Services
- **MOH**
  - Hospitals/ Health Centres
  - Medical Services for the Aborigines

MSQH

Private

- Profit
  - Private Hospitals
  - Private Clinics
- Non- Profit
  - Missionary Hospitals
  - Voluntary Bodies

Health Care in Malaysia
Source : Prof. Jason Teoh

QAP STRUCTURE

NATIONAL STEERING COMMITTEE FOR INNOVATION MOH
Joint Chairperson:
Secretary-General & Director-General of Health
Secretariat: Management Services Division

National Working Committee for PKPA

Chair person:
Deputy Secretary-General (Management)

Secretatiat: Management Services Division

The National Committee for QAP
Chair person:
Deputy Director -General (Research & Technical Support)
Secretariat: IHSR

Scheduled meeting 2x/year

Secretariat: Dental Services Division

NATIONAL TECHNICAL COMMITTEE FOR QAP

Scheduled meeting 3x/year

QAP ~~AT~~

NATIONAL (MOH)

Programme

| PATIENT CARE | PUBLIC HEALTH | DENTAL | PHARMACY | ENGINEERING | PLANNING & DEVELOPMENT | PATOLOGY | TRAINING | NURSING | FOOD SAFETY & QUALITY | ALLIED HEALTH |

Function

NIA

HSA / DSA

Scheduled meeting with state – 1x/year

State

QA Committee at State/Institutional Level

Hosp/District

QA Committee at Hospital/District

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QUALITY INITIATIVES IN MOH

Managerial/Administrative

1. Financial Management
2. Total Quality Management
3. Customer Satisfaction
4. Web Portal
5. Client Charter
6. Public Complaints
7. 5S
8. Star Rating
9. Quality Control Cycle
10. Innovation
11. Development Administrative Circulars
12. Corporate Culture
13. Counter Service

1.ISO

2.KPI

3.NINA

4.HSA/DSA

Technical

1. Clinical Audit
2. Lean
3. Accreditation
4. Patient safety
5. Incident Reporting
6. Peri-Operative Mortality Review
7. Hospital Acquired Infection
8. Confidential Enquiry into Maternal Death Review
9. Clinical Practice Guideline

Setting the Stage: Learning for impact in governing quality

Ms Nana A. Mensah Abrampah, MSc
Technical Officer
Universal Health Coverage & Quality
Service Delivery & Safety
Health Systems and Innovations Cluster

Meeting: Governing Quality Collaborative
August 9-11,2017
Jakarta, Indonesia

World Health Organization

Thinking through the cube…

Universal Health Coverage
What's in the Cube?

But look at the cube again…

"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"
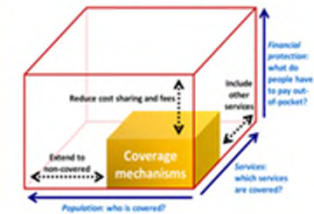
Margaret Chan,
World Health Assembly - May 2012
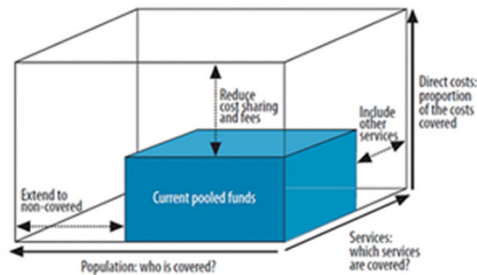
Figure 3. plot of MMR and proportion institutional births.
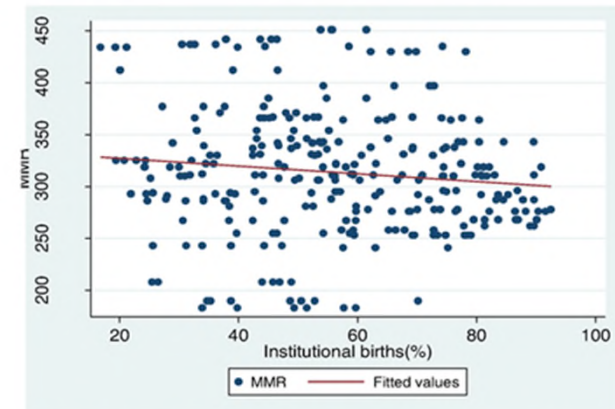
Consensus emerging...

- Quality of care is relevant to each of **the three dimensions of the classic "UHC cube"** – proportion of the population to be covered; the range of services to be made available; and the proportion of the total costs to be met – and further implications beyond the cube.
- Health systems pursuing UHC provide an opportunity to develop **integrated people-centred service delivery** for all stages of the human life course.
- Reforms in purchasing and provision of health services as part of UHC can improve **health system efficiency and effectiveness** and embed quality of care measurement within system design.
- The **safety** of patients, families and communities must be paramount when considering the prioritization and expansion of services designed to improve their health.
- **UHC-quality convergence** is crucial to achieving good health outcomes with implications for health systems in issues of leadership, measurement, health workforce, health service delivery models, the role of non-state actors, and the knowledge enterprise all built on a foundation of equity.
- The quality of **primary health care** closely integrated with hospital care is a critical area for health systems pursuing UHC.
- Enhanced **understanding** of quality care as an integral component of UHC at all levels of the health system – from policy makers to the frontline – is urgently required in order for global moves towards UHC to be successful.

Global Working Group:
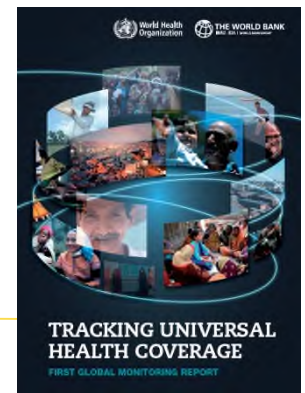
Universal Health Coverage and Quality

Convening Meeting - 10 July 2014

PAHO Headquarters

Washington D.C., USA

World Health Organization

SERVICE DELIVERY & SAFETY

World Health Organization

And again…

Challenge no. 2: measuring effective coverage. Where coverage data are available, there is rarely sufficient information to monitor levels of effective coverage. Effectiveness is a measure of the degree to which evidence-based health services achieve desirable outcomes (24), and effective coverage is coverage with services that achieve those outcomes (25). Measuring coverage with quality of care is clearly at the heart of the UHC endeavour, and there is thus considerable interest in measuring it (26). However, measuring quality of care often requires the use of methods and measures in addition to basic coverage indicators (Box 1).

Now Embedded in the SDGs

3 GOOD HEALTH AND WELL-BEING

Ensure healthy lives and promote well-being for all at all ages

Target 3.8   Achieve **universal health coverage**, including financial risk protection, access to *quality* essential health-care services and access to safe, effective, *quality* and affordable essential medicines and vaccines for all.

Universal Health Coverage

Ensuring that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

World Health Organization

2016 – World Health Assembly Resolution

SIXTY-NINTH WORLD HEALTH ASSEMBLY   WHA69.24

Agenda item 16.1   28 May 2016

Strengthening integrated, people-centred health services

The Sixty-ninth World Health Assembly,

Having considered the follow-up of the report on the framework on integrated, people-centred health services;[1]

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;
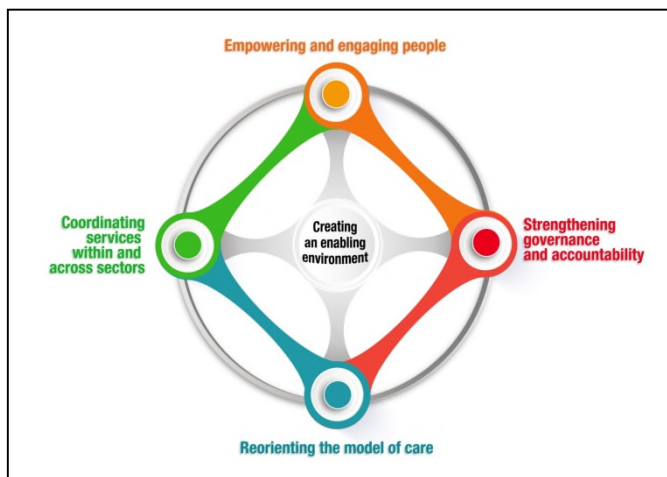
1. ADOPTS the framework on integrated, people-centred health services;

2. URGES Member States:

    (1) to implement, as appropriate, the framework on integrated, people-centred health services at regional and country levels, in accordance with national contexts and priorities;

    (2) to implement proposed policy options and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage, including with regard to primary health care as part of health system strengthening;

    (3) to make health care systems more responsive to people's needs, while recognizing their rights and responsibilities with regard to their own health, and engage stakeholders in policy development and implementation;

    (4) to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health, and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;

    (5) to integrate, where appropriate, traditional and complementary medicine into health services, based on national context and knowledge-based policies, while assuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health;

World Health Organization

Strategies, Policy Options & Interventions (WHO, 2016)

Empowering and engaging people	Strengthening governance and accountability	Reorienting the model of care	Coordinating services within and across sectors	Creating an enabling environment
1.1 Empowering and engaging individuals and families 1.2 Empowering and engaging communities 1.3 Empowering and engaging informal careers 1.4 Reaching the underserved & marginalized	2.1 Bolstering participatory governance 2.2 Enhancing mutual accountability	3.1 Defining service priorities based on life-course needs, respecting people's preferences 3.2 Revaluing promotion, prevention and public health 3.3 Building strong primary care-based systems 3.4 Shifting towards more outpatient and ambulatory care 3.5 Innovating and	4.1 Coordinating care for individuals 4.2 Coordinating health programmes and providers 4.3 Coordinating across sectors	5.1 Strengthening leadership and management for change 5.2 Strengthening information systems and knowledge management 5.3 Striving for quality improvement and safety 5.4 Reorienting the health workforce 5.5 Aligning regulatory frameworks

WHY NATIONAL QUALITY POLICY & STRATEGY?

Driving Convergence: National quality policy & strategy

Why now?
- Many countries currently reviewing national policy/health sector plans in light of SDG/UHC 2030 agenda – <u>timely</u>.
- Each country will require specific tools and support to allow for tailored solutions based on need and priorities – <u>country specificity</u>.

Why focus on quality policy and strategy?
- Catalyze and organize national efforts – drive <u>convergence</u> of effort!
- Secure high level <u>commitment</u> for quality.
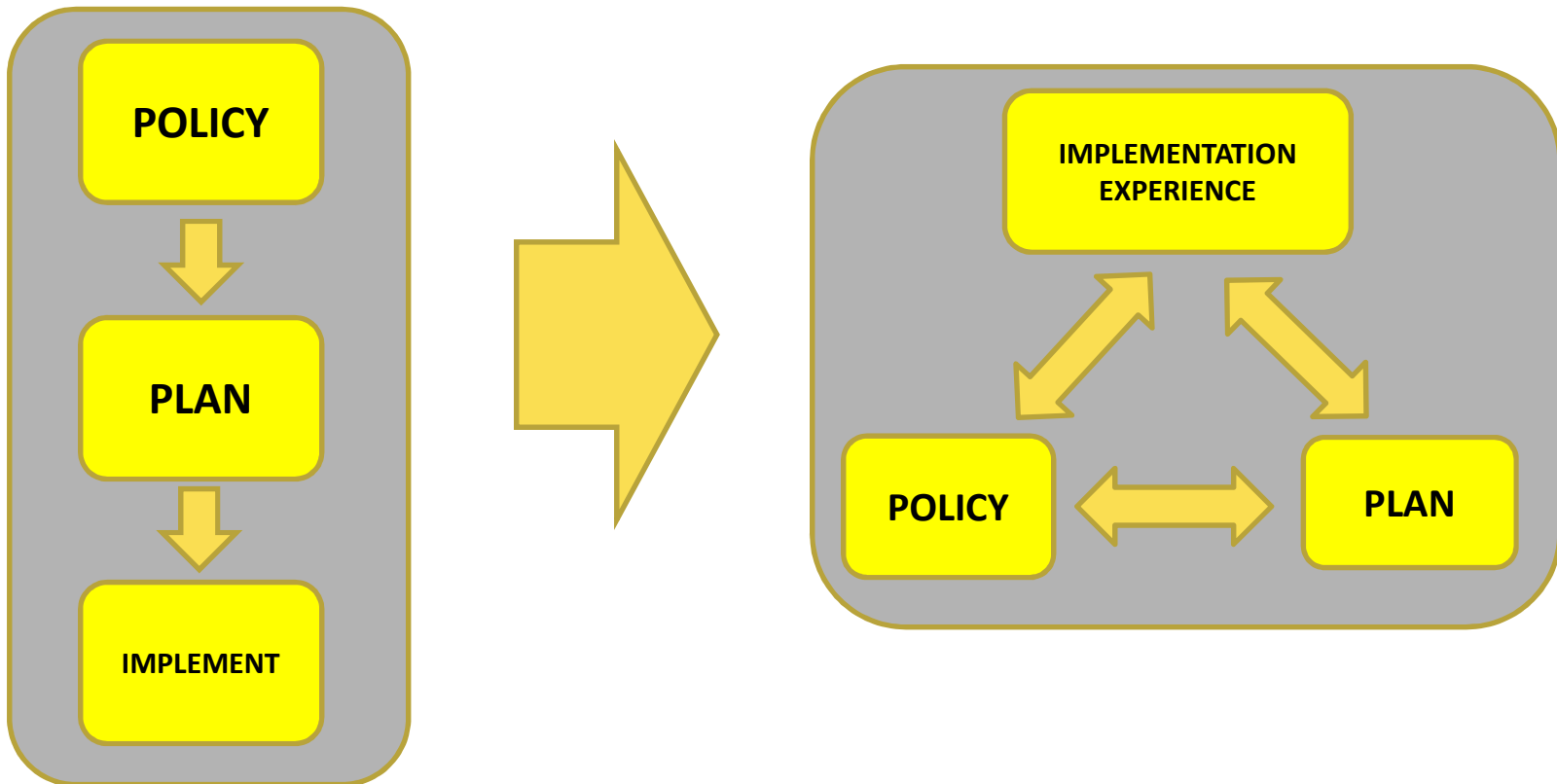- Ensure partner <u>alignment</u>.

How can quality policy and strategy be developed?
- <u>Mandate</u> from national leadership.
- Active engagement of multiple stakeholders in <u>co-development.</u>
- <u>Grounded</u> in local definition, analysis & priorities.
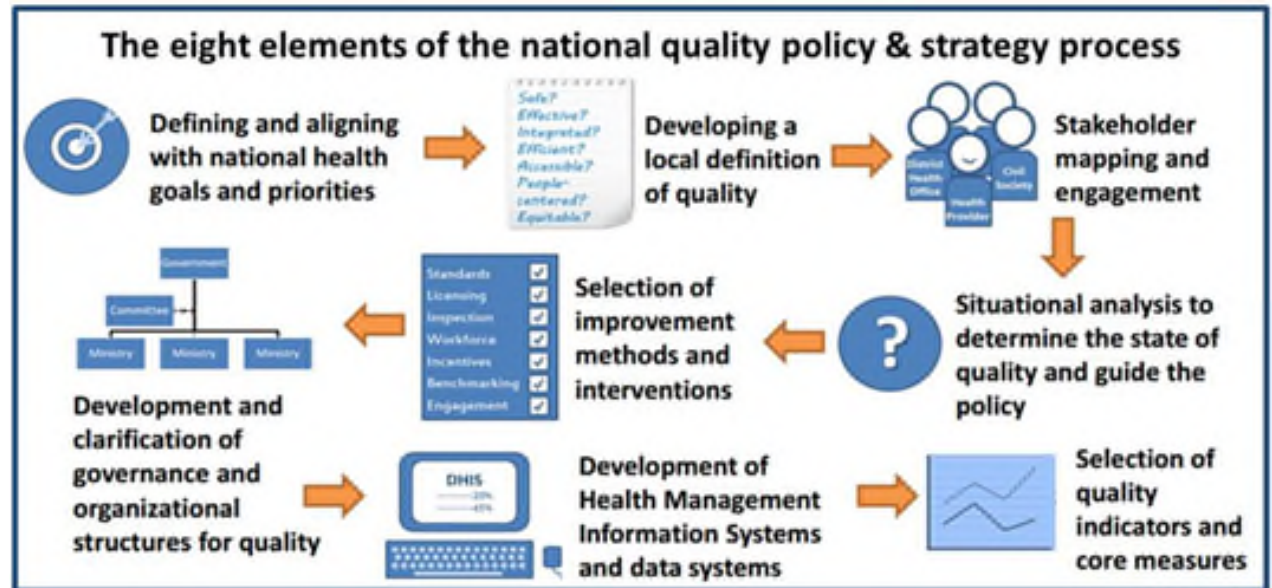- <u>Cross-country</u> technical exchange.

World Health Organization

WHO & NQPS

From linear to triangular….

Handbook on National Quality Policies & Strategies

Essential Elements for NQPS

1. **Identify National Health Priorities with quality goals**

2. **Definition of Quality**

3. **Stakeholder Engagement**

4. **Situational Analysis**

5. **Governance and Organizational Structure**

6. **Interventions to improve**

7. **HMIS & Data Systems**

8. **Measure and track progress**

The eight elements of the national quality policy & strategy process

Defining and aligning with national health goals and priorities → Developing a local definition of quality → Stakeholder mapping and engagement → Situational analysis to determine the state of quality and guide the policy → Selection of improvement methods and interventions → Development and clarification of governance and organizational structures for quality → Development of Health Management Information Systems and data systems → Selection of quality indicators and core measures

Currently in consultation through the WHO Global Learning Laboratory for Quality UHC

World Health Organization

LOOKING AHEAD: CONNECTING THE LEARNING

World Health Organization

Connecting the **Learning**: Focus on NQPS

Global Learning Laboratory

- National Quality Policy & Strategy
- Technical Areas
- Compassion

Potential stakeholder list

Government Health Organizations
- ☐ Ministry of Health
- ☐ Health Professional Council
- ☐ Provincial Health Offices
- ☐ District Offices and Hospitals

Health Services Organizations
- ☐ Public sector health providers
- ☐ Faith-based Health Services
- ☐ Private Sector Health Services
- ☐ Traditional and complementary Health Services

Professional Bodies
- ☐ Medical/Professional Councils
- ☐ Specialty societies
- ☐ Medical Academies

Line Ministries
- ☐ Finance
- ☐ Social Affairs
- ☐ Education

Cooperating Partners
- ☐ Insurance Entities
- ☐ Financial Support
- ☐ Communications/Media Support

Civil Society
- ☐ Advocates
- ☐ Health Promoters
- ☐ Delivery Programs & Services

Communities
- ☐ Advocates/Outreach
- ☐ Patient Societies

Healthcare quality roles & responsibilities

Clear description of roles and responsibilities is essential to delineate expectations and hold various stakeholders accountable. The policy can help define these roles & responsibilities. Some examples may include:

Ministry of Health
Provide leadership and direction of national efforts

Quality Department/Directorate
Support development and implementation of national policy and strategy

National Coordination Committee
Monitor and evaluate progress and identify gaps in quality

Sub-National Quality Committee / Management Teams (regional & district)
Monitor and evaluate regional/district level progress, address gaps or deficiency in quality

Professional Bodies
Assist and support training, professional education and setting standards

Insurance Entity
Fund and monitor incentive programs and integrate measures for quality improvement in payment mechanisms

Institutional Boards
Review institutional quality improvement programs and initiatives and engage community in improving service delivery

Health Facility Teams
Carry out quality care practices and standards, and report the relevant health data

Learning & Knowledge flow

World Health Organization

NQPS July Meeting

- Develop a shared understanding of current pathways to national quality policy & strategy in a set of countries.

- Enhance capacity of country teams on key technical areas related to NQPS.

- Review and refine a draft NQPS Handbook to co-develop a resource for action.

- Explore key tools & resources to support NQPS.

- Co-define pathways for action on NQPS and WHO technical cooperation.

- 8 quality leads representing diverse settings, 4 WHO RO and 1 WCO

- Validation on the importance and general structure of the NQPS Handbook as a resource for action.

- Use NQPS pod as vehicle going forward

World Health Organization

NQPS-Moving Forward

- July meeting allowed for collective examination of necessary tools & resources to support NQPS.

- Handbook Consultation period open on the GLL NQPS learning pod

- Collated tools and resources to support NQPS will be made available and updated regularly.

  - Situational analysis

  - Stakeholder engagement & analysis

  - Quality measurement

  - Organizational structures for quality

  - Operational planning

  - Primary care

  - Community engagement

  - Advocacy toolkit

Final Reflections

- Co-develop resources and tools to support those working on NQPS, informed by on-ground implementation

- Robust technical support for national quality units that are being established in many countries

- Strong linkup on learning within the architecture of the GLL, emphasizing role of collaborative learning between several actors & sectors within NQPS

- Inject expertise and reflections on the GLL NQPS pod (LIVE!) on WHO Global Learning Laboratory for Quality UHC
  - To join the NQPS pod, please register at: http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/index3.html
  - If you are a member of the GLL platform, visit NQPS pod to provide reflections on the Handbook: https://workspace.who.int/sites/GLL4QUHC/NQPS

World Health Organization

Learn more here:
http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/

Email us here: GLL4QUHC@who.int

SESSION 3:
GLOBAL LESSONS IN DEFINING ROLES AND RESPONSIBILITIES OF HEALTH FINANCING ACTORS IN QUALITY: WHO DOES WHAT?
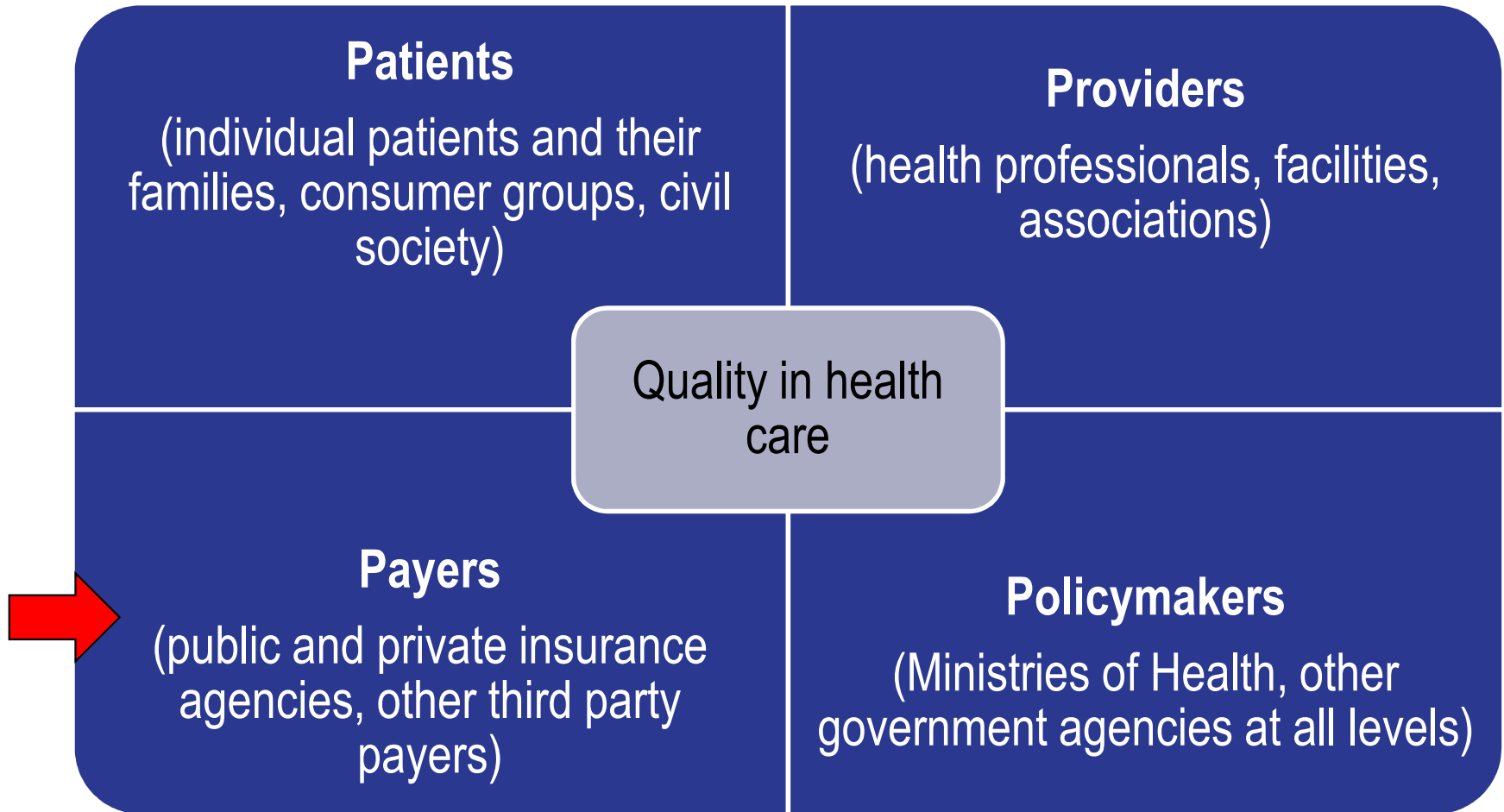
Aligning health financing with quality

"Although payment is not the only factor that influences provider and patient behavior, it is an important one. […] Payment methods also should provide an opportunity for providers to share in the benefits of quality improvement, provide an opportunity for consumers and purchasers to recognize quality differences in health care and direct their decisions accordingly, align financial incentives with the implementation of care processes based on best practices and the achievement of better patient outcomes, and enable providers to coordinate care for patients across settings and over time." – IOM; 2001

Who are the stakeholders in quality?

Patients

(individual patients and their families, consumer groups, civil society)

Providers

(health professionals, facilities, associations)

Quality in health care

Payers

(public and private insurance agencies, other third party payers)

Policymakers

(Ministries of Health, other government agencies at all levels)

How can health financing actors influence quality?

1. Selectively contract with higher quality providers

▸▸ The main quality strategy currently used by health financing actors in LMIC

▸▸ Mechanisms:

   ❖ Accreditation

   ❖ Certification

   ❖ Credentialing

   ❖ Ongoing performance monitoring

▸▸ Who does what?

   ❖ Health financing actors either set the standards and conduct the monitoring directly or they work with other stakeholders (typically Ministries of Health or independent agencies)

   ❖ Standards setting usually involves multiple stakeholders

2. Provide financial incentives/disincentives for quality through provider payment mechanisms

- Many countries trying to move towards this, but requires strong information systems

- Mechanisms:
  - Bonuses/penalties
  - Differential payment rates
  - Differential payment terms (e.g. faster processing of claims)

- Who does what?
  - Health financing actors typically set rates and terms
  - Quality criteria may be set in collaboration with MOH or other agencies
  - Monitoring may be done by health financing actors, other agencies, or through provider self-reporting on indicators

3. Apply quality criteria to benefits package design

▶▶ Mechanisms:

- ❖ Define benefits that follow established quality criteria (e.g., clinical guidelines)
- ❖ Exclude low quality care from benefits packages

▶▶ Who does what?

- ❖ MOH, professional associations or other actors typically establish guidelines
- ❖ MOH or health financing actors may monitor compliance
- ❖ Health financing actors determine services to be included in benefits packages in collaboration with other stakeholders

4. Collect and publish quality data, inform consumers to drive demand

▶▶ Mechanisms:

❖ Surveys (facility-based, population-based)

❖ Incident reporting and review

❖ Periodic facility assessments

❖ Ongoing measurement of quality indicators

▶▶ Who does what?

❖ In most cases, data collection is led by MOH or other agencies, and less frequently by health financing actors

❖ Data are usually not made public

❖ Health financing actors publish high-level information (e.g., facility accreditation status) on their websites and/or encourage facilities to display it

5. Provide non-financial incentives for quality

▶▶ Mechanisms:

  ❖ Public recognition

  ❖ Awards

▶▶ Who does what?

  ❖ Awards or recognition typically provided by MOH, other agencies, or associations

  ❖ In some cases, awards or recognition may be provided by the health financing actors (e.g., centers of excellence)

6. Make direct investments in quality

▶▶ Mechanisms:
- ❖ Invest in facility infrastructure or systems improvement
- ❖ Invest in quality training
- ❖ Invest in improvement programs

▶▶ Who does what?
- ❖ MOH or other agencies typically invest directly in infrastructure or systems
- ❖ Provider payment mechanisms may build infrastructure investment needs into rate calculations
- ❖ MOH are generally responsible for training providers

What we know from global experience about defining institutional arrangements

▶▶ Challenges may result from:

❖ absence of clearly defined roles

❖ conflicting roles

❖ weak enforcement

❖ weak organizational capacity

❖ weak collaboration among various institutions

▶▶ Ultimately institutional arrangements must:

❖ balance power

❖ avoid conflict of interest

❖ consider contextual factors

❖ be clearly defined

Addressing knowledge gaps on roles and responsibilities of health financing actors

▶▶ What we hope to learn during this meeting:

❖ Perceived effectiveness of various institutional arrangements

❖ Context and evolution of various arrangements

❖ Opportunities and challenges resulting from various arrangements

▶▶ Ongoing qualitative research on roles and responsibilities of health financing actors in Indonesia, the Philippines and Thailand

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SESSION 4:
ROLES AND RESPONSIBILITIES IN GOVERNING QUALITY: A CONCEPTUAL FRAMEWORK FOR HEALTH FINANCING ACTORS

Objective:

▸▸ Achieve common understanding of Conceptual Framework for Health Financing Actors in Governing Quality

Discussion questions

▸▸ How were these roles and responsibilities established?

▸▸ How have they evolved over time?

▸▸ To what extent are they enforced?

▸▸ Is the collaboration between health financing institutions and other actors involved effective?

  ❖ Why or why not?

  ❖ How can it be improved?

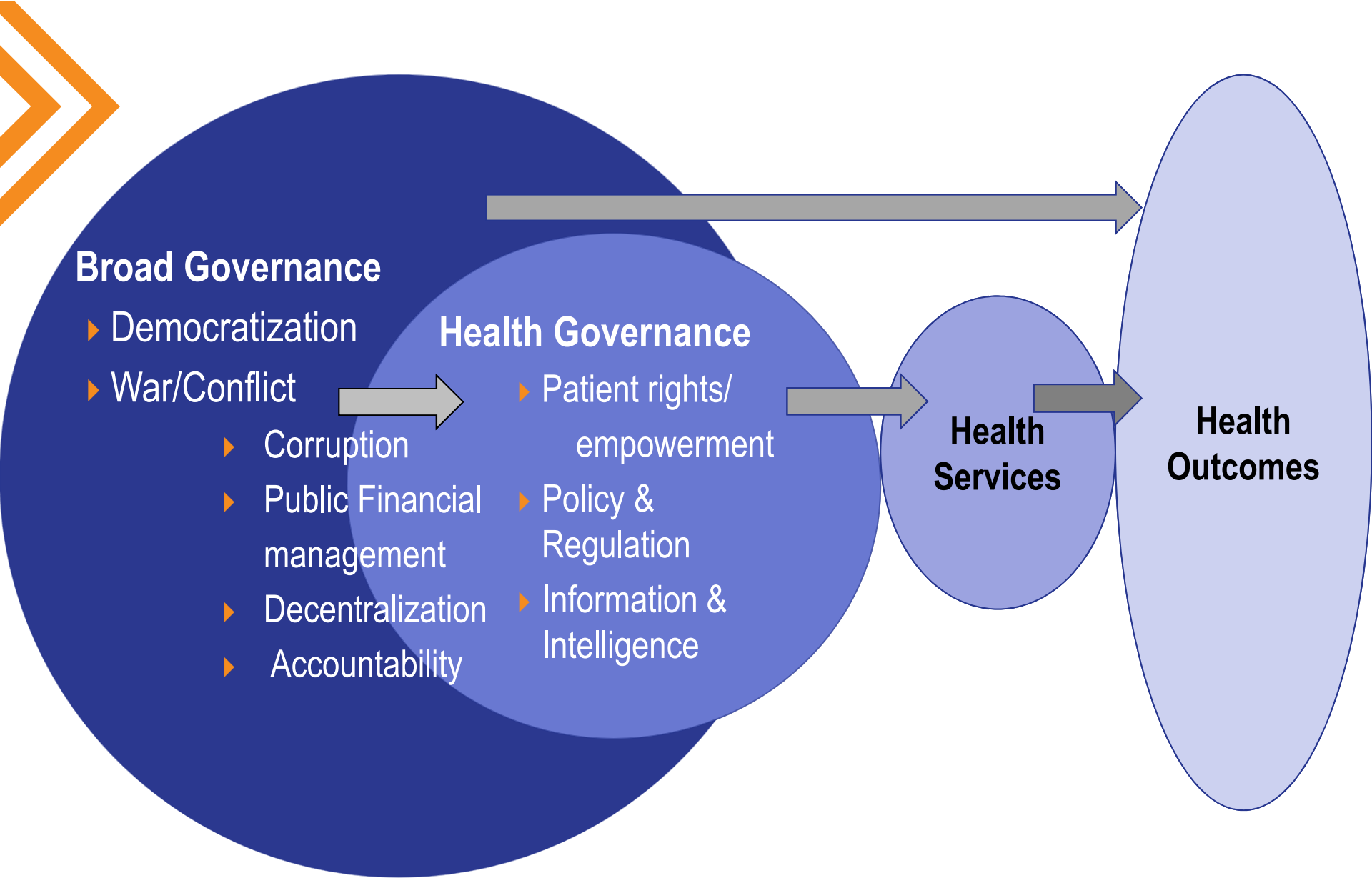▸▸ How are these roles, responsibilities, and relationships intended to change in the future?

INTRODUCTION TO CONSENSUS STATEMENT

SUMMARY AND PREVIEW OF DAY 2

Broad Governance
- Democratization
- War/Conflict
  - Corruption
  - Public Financial management
  - Decentralization
  - Accountability

Health Governance
- Patient rights/ empowerment
- Policy & Regulation
- Information & Intelligence

Health Services

Health Outcomes

Multiple channels through which governance may affect health – both direct and indirect

HFG Project, 2017

Preview of Day 2, August 10th

Time	Activities
8:30 -9:00	**Session 6: Recap and Review of Agenda for the Day**
9:00-10:30	**Session 7.1: Mapping out Actors, and Identifying Challenges and Opportunities**
10:30-11:00	Coffee/Tea Break
11:00-12:15	**Session 7.2: Mapping out Actors, and Identifying Challenges and Opportunities**
12:15-13:30	Lunch
13:30-14:30	**Session 8: Action planning: Outlining Activities and Timelines to Co-Produce the Practical Guide**
14:30-15:00	**Session 9: Developing a global research agenda to meet the needs of policy-makers**
15:00-15:30	Coffee/Tea Break
15:30-17:00	**Session 10: Exploring unanswered questions in governing quality of care**
17:00-17:15	**Summary and Preview of Day 3**
19:00	**Reception for Participants**

Reminders

▸▸ **Welcome Reception Aug 10th**

▸▸ Program starts tomorrow morning at 8:30 AM

▸▸ Logistics reminders