Technical Assistance Office Opens in Berat

A Technical Assistance (TA) Office that will implement the Health Information System (HIS) component of Albania’s primary health care reform has opened in Berat, one of the sites where reforms are being pilot tested. The office, located in the Berat Public Health Directory Building, is a joint effort of the regional departments of Public Health and Primary Care, the regional Health Insurance Institute, and the USAID Partners for Health Reform (PHRplus).

Local health authorities and PHRplus opened the TA office as they begin transferring to local health authorities the HIS developed by PHRplus. Collaboration will continue, however, as the office and PHRplus staff work together to expand data collection and analysis activities.

The formal inauguration of the office took place on September 30. Berat Regional Director Ms Liza Hoxha joined representatives of local health authorities and PHRplus for the inauguration, which was covered by local TV and press. The inauguration ceremony was followed by a presentation of TA office activities by PHRplus staff. A reception hosted by the office of the Public Health Director gave participants an informal venue in which to share experiences and plans for the future reform activities on which local health authorities and PHRplus will collaborate.

An Advisory Board will coordinate TA office/PHRplus activities. The Board, which was established in response to a need for improved coordination between local health authorities, comprises representatives of the local Public Health Directorate, Primary Health Care Directorate, and Health Insurance Institute branch for Berat region.

In periodic meetings and quarterly reports, the Board will examine issues such as the following:

- Opportunities to streamline data collection and reporting of health information among the three directorates
- Opportunities to influence national health reform policies regarding health information
New Patient Chart Improves Continuity of Care

If you ask any of the doctors in PHRplus pilot facilities in the Berat region, they will admit that their previous patient charts and medical records system were outdated and cumbersome to use.

The old records were organized by family, rather than by patient, and they were incomplete. For example, for a family of five, the file might contain information on only one or two members. There were no standard record forms: Information in the charts varied by physician, as did the format. While some physicians kept good written records in each patient file, others simply wrote the diagnosis and treatment in a patient registration book and made no notes in the chart.

This poor record-keeping negatively impacted the quality of care given at the primary health care level. Documentation of patient history, visits, and treatment plans are crucial for continuity of care, especially, for instance, to monitor chronic disease patients and child growth and development.

With assistance from the PHRplus project, four pilot primary health care facilities in the Berat region redesigned their patient charts. They also developed new strategies for filing and storing them, color-coded alphabetically with unique patient identification numbers. Patient charts now include four standard sections:

- Patient registration – name, address, gender, emergency contact information
- Basic medical information – allergies, blood type, vaccination schedule
- Patient history – medicines being taken, recent episodes of illness, information on smoking and alcohol consumption, reproductive history for women, family disease history
- Visit note – date of visit, patient complaints, examination results, diagnosis, treatment plan

Staff in each pilot facility have reacted positively to the changes made in their patient charting and filing systems. Dr. Marguarita Xheblatia, a general physician at the Muzakaj Health Center notes, “now we have all the important patient information and history at our fingertips when we see the patient.” In general, the physicians agree that the new forms provide much better continuity of care.

The pilot facilities are now working with PHRplus to design ways to monitor patient charts to ensure completeness and to measure patient diagnosis and treatment against clinical practice guidelines to further improve quality of care for the people they serve.

Regional Committees Established to Facilitate Quality Improvement Efforts

Regional committees to facilitate quality improvement efforts in primary health care (PHC) facilities have been established in Berat and Kuçova, and they have begun to work with health centers that are participating in the government of Albania/PHRplus project to improve PHC in Albania.

The regional committees are providing guidance in the development of indicators and in using the indicators to monitor the process of quality improvement at facilities; and in monitoring the performance of the region in terms of country-wide indicators. They also serve as a forum for sharing ideas about improving quality in PHC service delivery.

More specifically, the committees’ objectives are the following:

- Implementing an annual planning process to develop/revise strategic objectives for PHC quality
- Developing/monitoring core indicators for PHC centers
- Reviewing and approving quality improvement plans of each center, including standards of care and policies and procedure relating to quality
- Making recommendations regarding the PHC service package

The regional committees are also expected to facilitate the sharing of lessons learned about quality improvement in the Berat and Kuçova pilot centers with other PHC centers in those districts and nationwide as part of eventual rollout of PHC reforms.
Easy-to-Use Clinical Reference Sheets Introduce New Primary Health Care Guidelines

After 10 months of family medicine training, 16 primary health care physicians in four pilot facilities in the Berat region are ready to apply what they learned to improve their clinical care. To help them do this, the PHRplus project, along with the British Christian NGO PRIME and the family medicine medical faculty from the Tirana Medical School worked with local physicians to develop clinical practice guidelines.

Based on the clinical practice guidelines, British general practitioner Dr. Geoffrey Pye produced one-page reference sheets like the one pictured below. Relevant information is condensed on risk factors, screening, diagnosis, and recommended treatment for 21 of the main conditions seen in primary health care settings in Albania. These quick reference sheets are tools to help remind doctors what they learned during their training so they can provide more effective care for their patients. In addition, the quick reference sheets are based on internationally accepted and evidence-based medical practices. The longer clinical practice guidelines, on which the quick reference sheets are based, provide references to international medical literature to support the information and recommendations the guidelines contain. As medical practices in Albania are only beginning to be influenced by international literature after years of isolation, the quick reference sheets offer a concrete example of how evidence-based medicine can improve actual service delivery, even at the primary health care level.

Under the expertise of Dr. Pye, pilot facility physicians met in early November to discuss and further adapt the clinical reference sheets for their everyday use. They discussed ways to measure the quality of their clinical care against these international guidelines once they are incorporated into the doctor’s day-to-day care giving.

The doctors welcome these new tools and see them as an important step in improving quality of care. Using the guidelines has made them realize that many other aspects of their practices need to be improved. Examples of quality topics stimulated by the guidelines are implementation of appointment systems to allow for a sufficient amount of consultation time per patient and discussion of strategies for improving patient compliance.

TA Office Opens

The future of the HIS after PHRplus assistance ends.

In addition to strengthening the local HIS, the Advisory Board will assess possibilities for integrating improvements into the national HIS.

The inauguration of the TA office was reported in the “Koha Jone” newspaper edition of October 1.
Piloting Reforms to Reduce Risk and Build Consensus

The government of Albania is introducing many reforms in the health sector as part of its Health Reform Strategy 2000-2010. One major reform aims at reducing the fragmentation of health care financing and, relatedly, of care management and organization.

This fragmentation sees primary health care (PHC) financed by the Ministry of Health (MOH), the Health Insurance Institute, and the Ministry of Local Government and Decentralization (MOLGD). There is also lack of coherence in accountability; for example, local governments fund PHC operations from MOLGD grants, but accountability for spending is to the Ministry of Finance.

Present government policy is to introduce single-source financing for the entire health sector by 2005. However, to succeed, this major reform step involves building consensus among the many government authorities and care providers affected by the change, and it may involve political risks.

To ease implementation of single-source financing, the Minister of Health has decided to pilot test in the coming year a model for streamlined financing, management, and organization of primary health and hospital care. Evidence produced and lessons learned in 2004 will inform nationwide implementation of the reform in 2005.

The MOH and the Health Insurance Institute have proposed to pilot test finance reform in the Berat region, where PHRplus is already testing a number of primary care reforms. PHRplus’ progress in health system improvements such as clinical guidelines for care, quality assurance, and a new health information system – witnessed by the Minister of Health and the Deputy Minister in two visits to Berat – encouraged the government to select this region for the finance reform test.

PHRplus will provide technical assistance to the MOH in the preparation and implementation of health sector finance reform – not only the flow of funds, but also contracting models, provider payment methods, and overall size of the financial resources for the sector – as well as work at both the local and national levels to build stakeholder consensus for reform. PHRplus will also help to monitor progress of the reform process.

**PHRplus** focuses on the following results:

- Implementation of appropriate health system reform
- Generation of new financing for health care, as well as more effective use of existing funds
- Design and implementation of health information systems for disease surveillance
- Delivery of quality services by health workers
- Availability and appropriate use of health commodities

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