Improving Quality of Care under Health Sector Reform

What Is quality health care?

There are different dimensions of quality health care, such as structural, process, and outcome dimensions, and different perspectives on what constitutes high-quality health care, including those of providers, policymakers, and clients. In general, high-quality care means that appropriate and effective preventive and curative care is delivered, so that the health outcomes of individual cases as well as the health status of the population in general continuously improves. It also means that the structure of the health care system and its resources are organized and managed to ensure that services are available and delivered in a timely way. Quality health care encourages clients to use services, which is key to cost recovery and long-term sustainability of the health system and, more importantly, to good health outcomes.

PHR’s work in Egypt illustrates how interventions to ensure quality may be built into health sector reform, and how they positively affect the results of reform.

Egypt’s reform program is a long-term effort, based on the principles of universality, quality, equity, efficiency, and sustainability of the health system. It is focused on reorienting the system to an integrated primary care delivery model, with a social insurance mechanism (Family Health Fund) and a new regulatory role for the Ministry of Health and Population (MOHP).

What tangible steps can a health system take to ensure quality?

To help Egypt achieve these objectives, PHR worked on three areas of quality improvement: providing structure and capacity for regulatory functions, defining what quality care is, and creating an accreditation program. The latter is linked to incentive aspects of the reform program, including financing.

Creating structure and capacity for regulation: Acknowledging that quality of care was lacking in the Egyptian health care system, the MOHP built specific quality-enhancing strategies into its overall reform strategy and made quality improvement a key point for marketing reform. The strategy included training in quality improvement, setting standards and clinical guidelines, and developing an accreditation program, all of which would be consistent and supportive of the overall reform program. A newly trained Quality Improvement (QI) Directorate in the MOHP led implementation of the strategy. The directorate also advocates for the QI strategies with a range of stakeholders: within the MOHP, with the governorates, and with providers.

Defining the standards for quality: The ability to regulate the quality of care delivered requires a definition of “care” and “quality.” To this end, PHR and the QI Directorate worked with the MOHP’s Health Sector Reform group on: (1) a basic benefit package enumerating which
services would be covered by the insurance fund, (2) what would be evaluated in terms of provider and facility performance, and (3) what resources would be required by the new service delivery model. PHR and the QI directorate developed clinical practice guidelines that outlined what quality care should look like and what resources – drugs, equipment, and training – are needed to provide that care. These clinical guidelines formed the basis for training of new family care providers.

Creating an accreditation program:
Accreditation evaluates the structure and provision of health care services. In Egypt, accreditation of facilities is granted by the MOHP through its accreditation board, based on findings of MOHP surveyors who apply a structured and well-tested tool. PHR assisted in the design of a Primary Health Care Facilities Accreditation program specifically to support critical aspects of the new model of care: primary health care, family practice, comprehensive and continuous care, patient education, appropriate referral, and continuous quality improvement. The PHC facilities accreditation is linked to the basic benefit package, clinical guidelines, and performance monitoring systems.

The program also is a lynchpin for the innovative financing reforms being designed and implemented. Only accredited facilities providing the family practice model of care will be eligible to contract with the Family Health Fund. The Fund, when fully operational, will provide a combination of capitated reimbursements for enrolled members and performance-based incentive payments to facilities and providers.

Although the accreditation program is still young, the incentives it creates for improved performance already are evident. After the first of two tests of the accreditation methodology, facility managers and providers embarked on two improvement strategies: (1) taking action on issues that could be addressed at their level (forming QI committees and infection control programs; developing job descriptions, policies and procedures; implementing auditing systems and patient satisfaction surveys, and improving medical record systems); and (2) starting a dialogue with the central MOHP to discuss system-wide barriers to improvement.

How can quality improvement be institutionalized?

Egypt is shifting focus from design to institutionalization of its quality improvement work. The QI Directorate has developed and tested a series of tools for the accreditation process: survey questionnaires, methods for sampling, and software for the entry, analysis and reporting of facility accreditation surveys. Key to institutionalization has been the integration of vertical programs into these strategies: Not only have the programs been integral to the development and adaptation of clinical guidelines, but they now participate in the accreditation survey teams. In addition, the clinical guidelines have been accepted by the MOHP, which is producing and disseminating copies. ▲