Establishing Routine Healthcare Quality Monitoring and Improvement

Lessons from Laos PDR

Dr. Shogo Kubota, WHO Regional Office of the Western Pacific

ME/IL WG Webinar | 13 July 2023

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

Agenda

- Welcome and Housekeeping
- Presentation
- Discussion

MOMENTUM

Monitoring, Evaluation, Innovation, and Learning Working Group

ESTABLISHING ROUTINE HEALTHCARE QUALITY MONITORING AND IMPROVEMENT

Experience from Lao PDR and WHO Western Pacific Region Office vision

Effective coverage is defined as the proportion of a population in need of a health intervention that receive it with sufficient quality to achieve the intervention's intended health gain. While several approaches have been proposed to measure effective coverage, most are statistically derived, triangulate multiple sources of data, and use complex analytic approaches. During this webinar, we will hear about an approach used in Lao PDR by the World Health Organization (WHO) in partnership with the government of Lao PDR to monitor quality service delivery and use data for service improvements. Following the presentation, we will discuss the implications of this approach for measuring effective coverage.

Dr. Shogo Kubota is currently the coordinator of Maternal Child Health and Quality Safety for the WHO Regional Office for the Western Pacific. From 2016 to 2023, he served as the team lead of the Reproductive, Maternal, Child and Adolescent Health Unit for the WHO Lao PDR Country Office, where he supported the government on maternal and child health, quality of health care, and community engagement for health.

PRESENTERS

DATE: Thursday, 13 July 2023
8:30 – 9:30 AM ET

Learnings from trying to

Apply effective coverage framework to the nation-wide healthcare facility quality assessment and improvement; Lao PDR

Shogo Kubota

Maternal Child Health and Quality Safety

Western Pacific Regional Office

WHO

Acknowledgement

- The National RMNCAH Committee and the Secretariat (coordinated by Dr Chankham Tengbriacheu), MOH, Lao PDR
- WHO Lao Country Office, team on Quality Assessment and Improvement Support (coordinated by Dr Hiroko Henker)

Background

Population: 7.4 million
MMR: 126/100,000 LB (2020 UN estimate)
U5MR: 44, NMR: 22/1,000 LB (2022 UN estimate)

Mainly public health facilities
Central hospitals
17 provincial hospitals
130 district hospitals (with or without operation)
About 1,060 health centers

In 2019-2022, Lao PDR has

(1) defined quality standard (RMNCAH and beyond)
(2) developed assessment tools and assessors,
(3) rolled out assessment nation-wide (for RMNCAH)
(4) routinized facility-based quality assessment and improvement support in selected provinces

Objectives and methods of the facility-based quality assessment

Client's interview

Example of anemia prevention / treatment in antenatal care

Objectives:

1) On-site technical support to providers
2) Hospital planning for quality improvement
3) Provincial planning
4) National long-term strategic planning
5) Scoring for hospital accreditation?

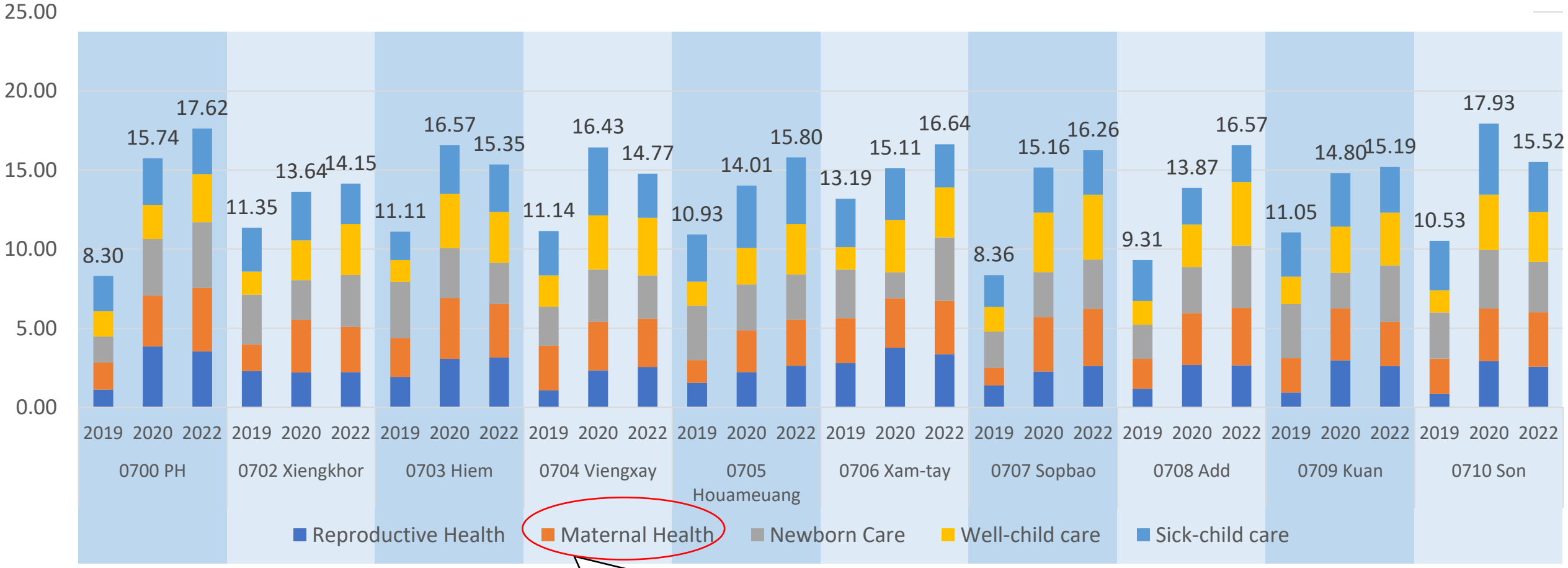
- ANC protocol on anemia screening
- Allowing midwives to order blood test
- Procuring blood test equipment
- Revision of midwifery practice regulation

Clinical vignette

Direct observation of service

Data analysis and planning

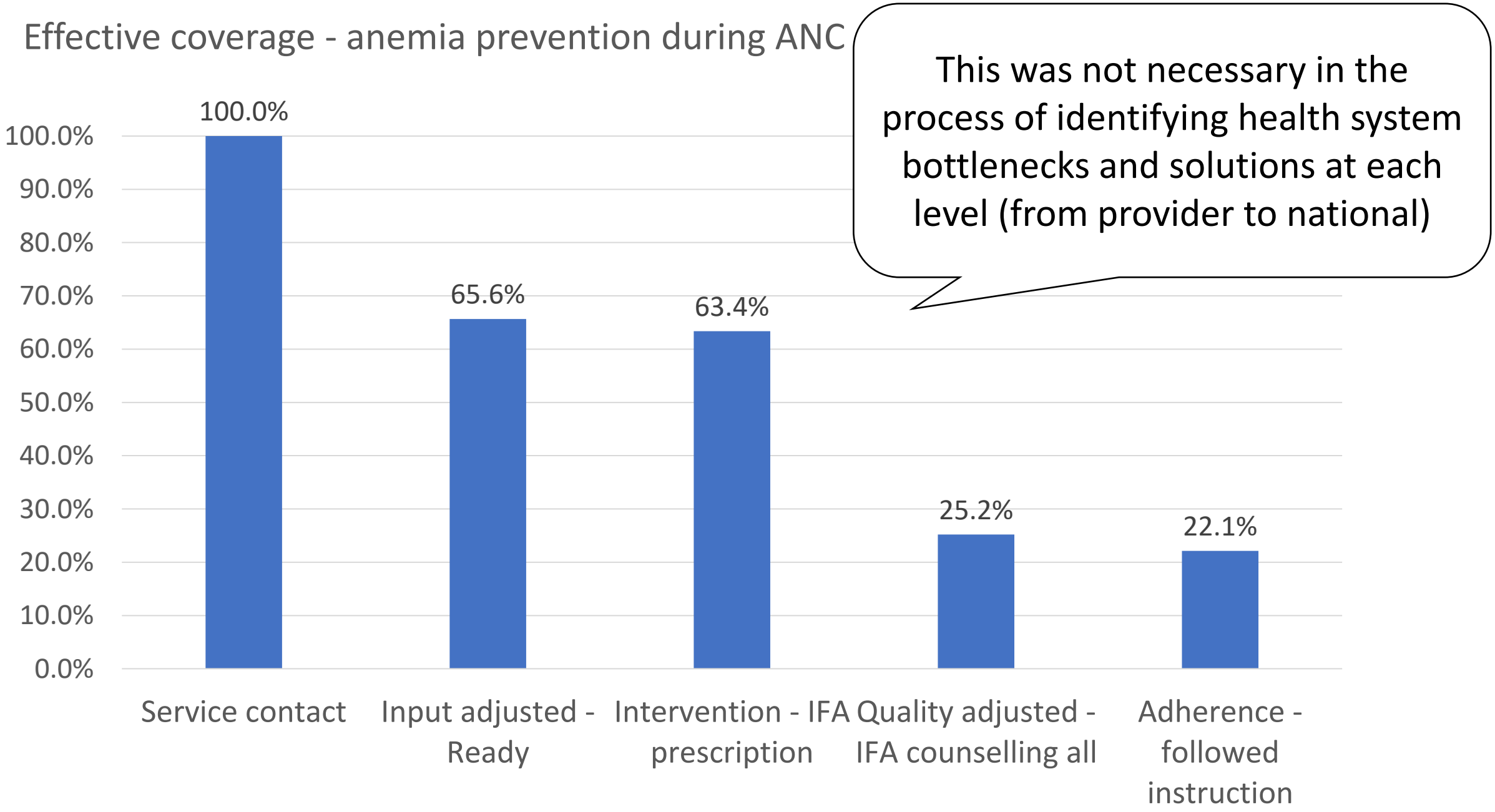
Example results from Huaphan Province (all 10 districts, 2019-2022)



Antenatal care
Intrapartum care

BP control / eclampsia prevention
Anemia prevention, screening and treatment
Weight gain control / nutrition
Blood sugar control
Prevention of vertical transmissions
Fetal growth monitoring

We tried to apply effective coverage


Effective coverage - anemia prevention during ANC
100.0%
65.6%
63.4%
25.2%
22.1%
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Service contact
Input adjusted - Ready
Intervention - IFA prescription
Quality adjusted - IFA counselling all
Adherence - followed instruction
This was not necessary in the process of identifying health system bottlenecks and solutions at each level (from provider to national)

Identifying health system solution and responsible levels

Data source/ Definition
XK and HP 2022

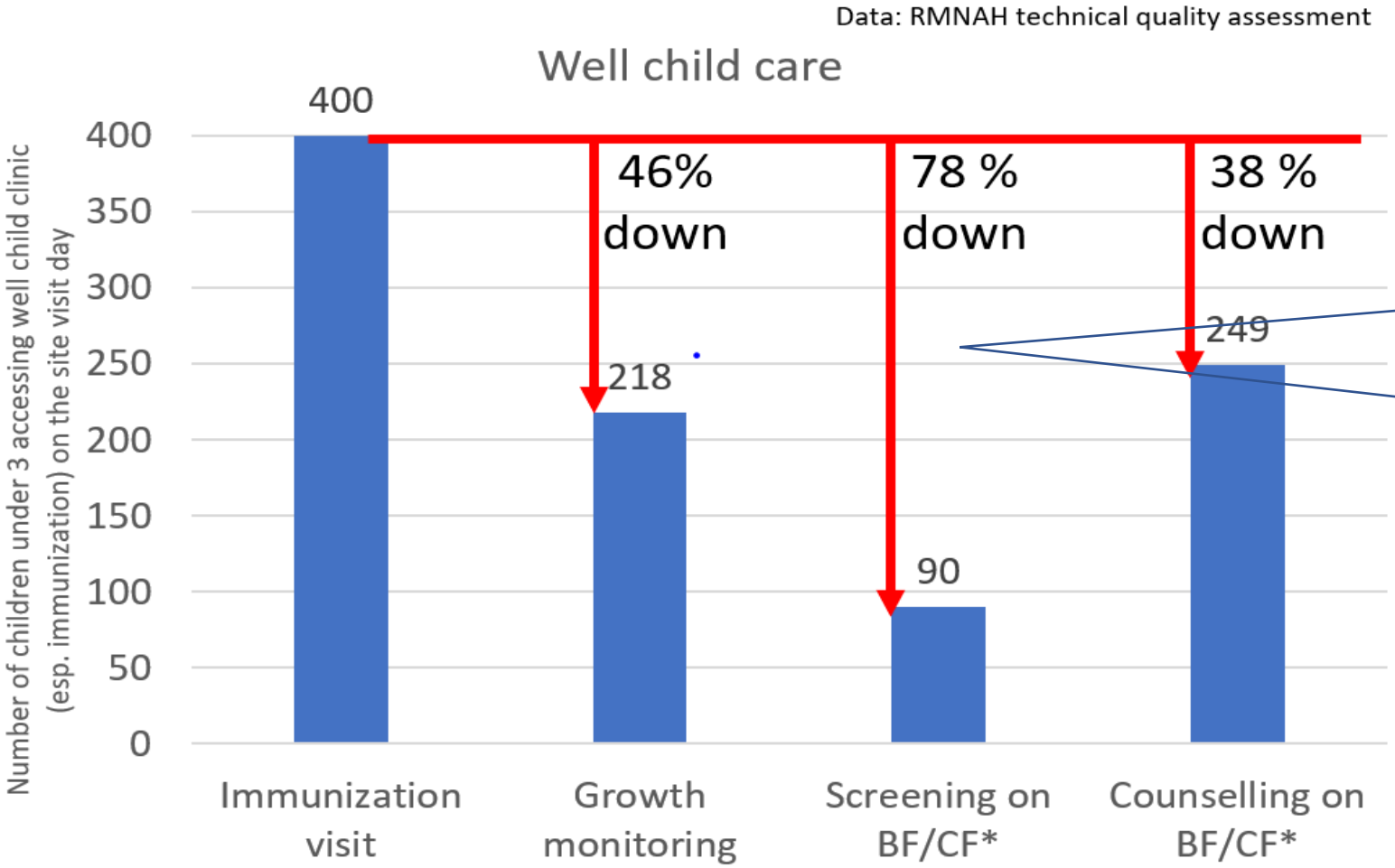
Essential RMNCAH service	Target pop	Service contact	Input (HR/Supply)	Intervention	Quality	User adherence	Outcome	Health system solution	Responsibility
Contraceptives			Implant 12%	In WCC 77%	Counseling 58%	LARCs use 7.6%		Improve supply / counseling for LARCs	Province / providers
Antenatal care		ANC1 65-71%	HR/equip 100%	100%	counseling 84%	SBA abt70%		Improve counseling for birth-preparedness	Providers / province
Delivery with SBA		SBA 49-62%	HR82%, med100%	Oxytocin 91%	Timely Ox 46%			Health provider's practice	Providers / province
Immunization		77%	100%	100%	Counsel 46%			Improve counseling	Providers / province
Nutrition		77%	HR 53%	In WCC 22%	Full screen 34%	EBF 84% Diet 21%		Integration of financing flow, in-facility operation	MoH / facility / providers
Sick child care		Care seek 55%	HR meds 100%	Ax for LRI 94%	Counseling 52%			Readiness (medication, commodity, equipment)	

Colour code

80-100%
50-79%
< 50%

One way of using the cascade – High-level advocacy

E.g. Missed opportunities due to weak integration in delivery of immunization and nutrition services under Well Child Clinic



*BF: breastfeeding (target: under 6 months old), CF: complementary feeding (target : 6 months-3 years old)

Almost 80% of children who came for immunization missed opportunity to receive essential nutrition service

⇒ Used to advocate reorganizing
(1) MoH structure
(2) donor's funding streams

Lessons

1. Linear? Matrix?

- In reality, cascade does not simply go linear (cannot always frame one coverage a fraction of the previous coverage)
- Matrix is more straight forward when identifying health system solutions and accountability.

2. Quality indicators that impact health outcomes are context-dependent

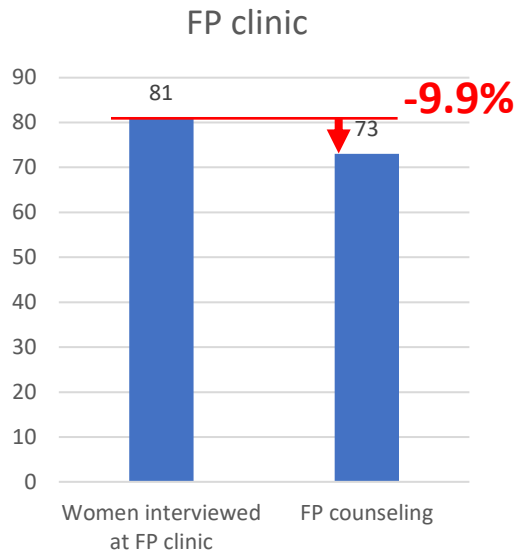
E.g. Antenatal care: Counseling on birth preparedness was important in Laos because of the sharp drop from ANC 1 to SBA

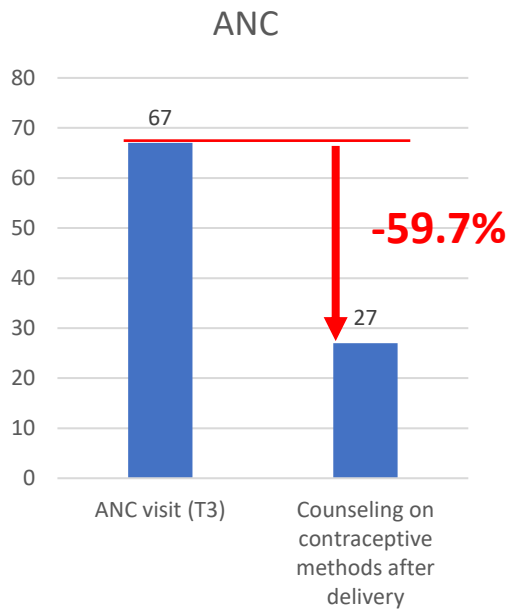
3. Effective coverage was useful for advocacy, but have not found its use in facility-level planning

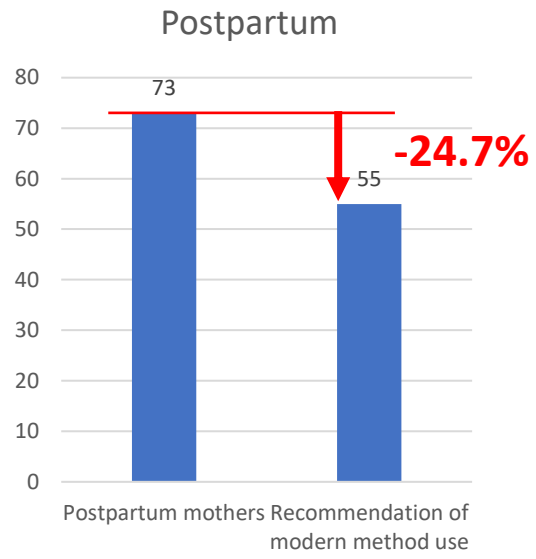
Lessons

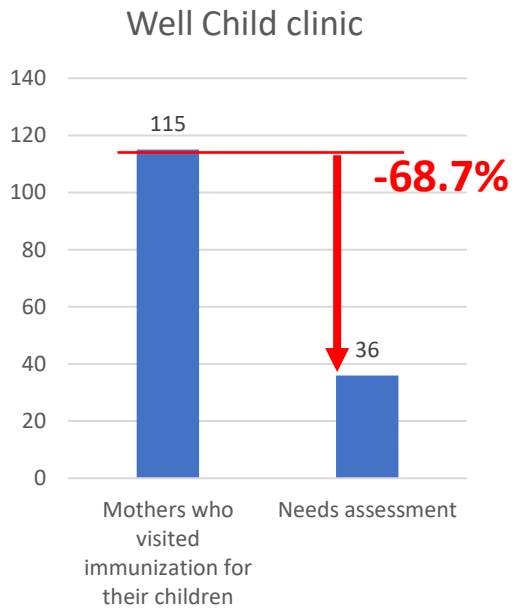
4. How / where do we collect data changes the result dramatically.

E.g. Family planning at FP clinic or at well child clinic?









Summary on effective coverage

- **Establishing routine facility-based quality assessment & improvement support**

"Quality measurement as a side product in quality improvement"

⇒ It is expensive BUT still more cost-effective if we integrate existing program-based technical supervision visits

- **Data use should be "piled up" instead of "feedback"**

Use at each level: provider, facility, province, national

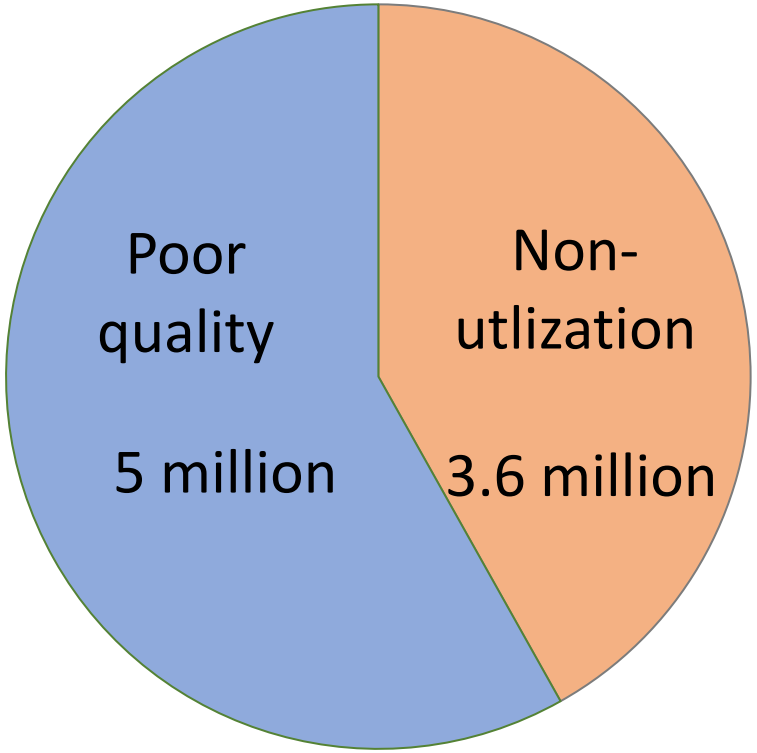
- **Need to clarify use of linear cascade**

- **Decentralized capacity development of data-based planning and monitoring is the key**

Now, more widely on health system for quality

People die more from low Quality than from non-utilization

Among 8.6 million deaths that could be prevented through health system



Lessons from India's Janani Suraksha Yojana (JSY)

One of the world's largest demand-side financial incentive program (cash transfer)

JSY-supported institutional deliveries increased from **14% (2005) to 80% (2010)** – larger positive effects on utilization among less educated and poorer women

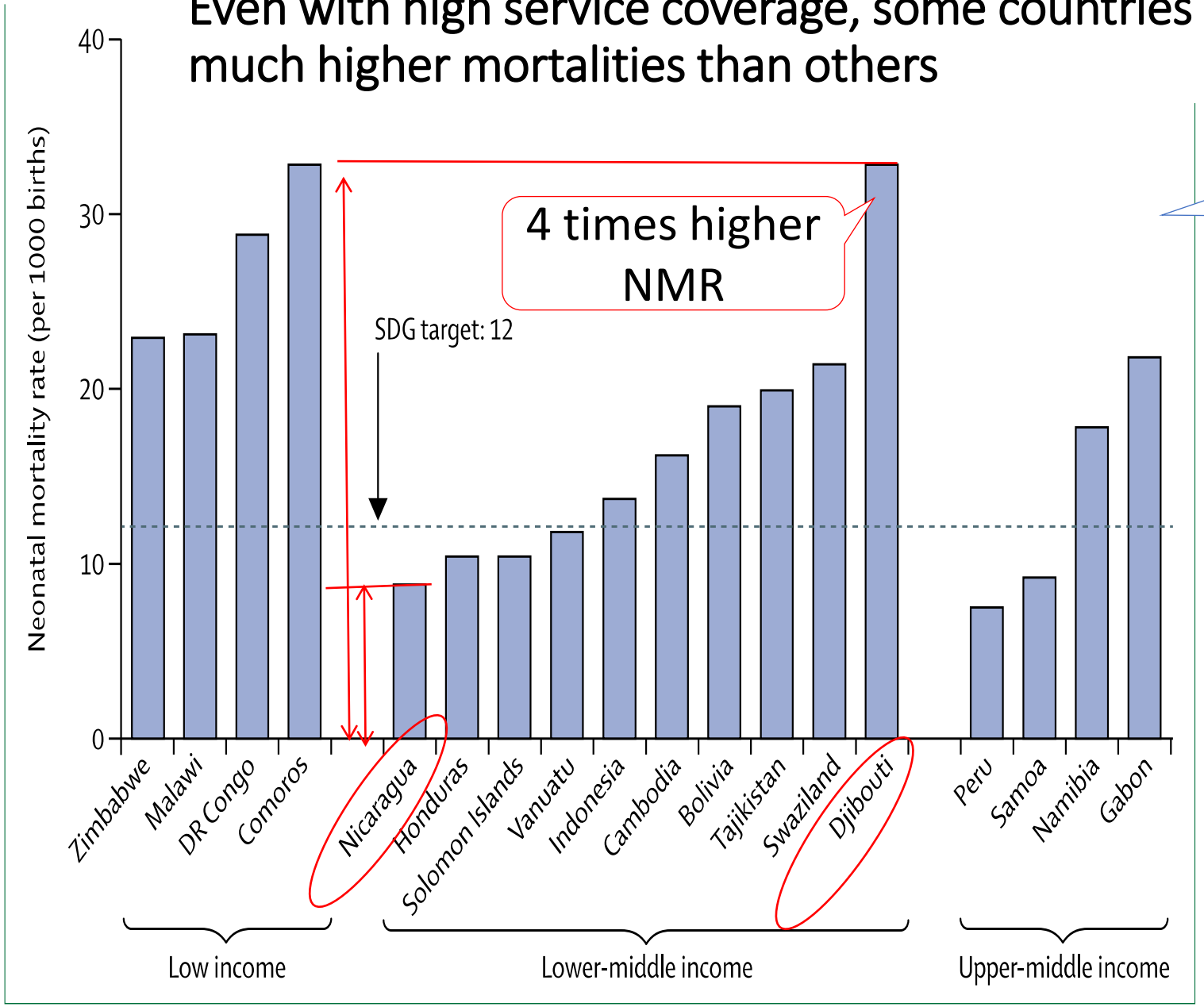
<u>Found no significant association with maternal mortality ratio reduction</u>

"Demand-side programs like JSY will have a limited effect if the supply side is unable to deliver care of adequate **Q**uality."

(Ng M et al. Global Health Action 2014)

(Powell-Jackson et al. Journal of Health Economics 2015)

Even with high service coverage, some countries have much higher mortalities than others



ALL these countries achieved **more than 80-90% delivery with skilled birth attendant**

We should not only monitor service coverage, but also Quality

* Also, consider Social Determinants of Health, which are always reflected on neither coverage nor quality indicators

Figure 6: Differences in maternal and neonatal mortality rates across low-income and middle-income countries with 80–90% skilled birth attendance coverage

BUT.

SDG3 monitors health outcomes, service coverage, and health behavior

3.1 maternal **mortality** / Skilled birth attendant **coverage**
3.2 Child **mortality**
3.3 HIV new cases / TB / Malaria / Hep B **incidence** etc.
3.4 Suicide **mortality rate**
3.5 **Coverage** of treatment interventions for substance use disorders
Alcohol per capita **consumption**
3.6 **Death rate** due to road traffic injuries
3.7 Adolescent **birth rate**
3.8 **Coverage** of essential health services
Proportion of population with large household expenditures
3.9 **Mortality rate** attributed to household and ambient air pollution / unsafe water, sanitation

Quality of health care is NOT monitored globally

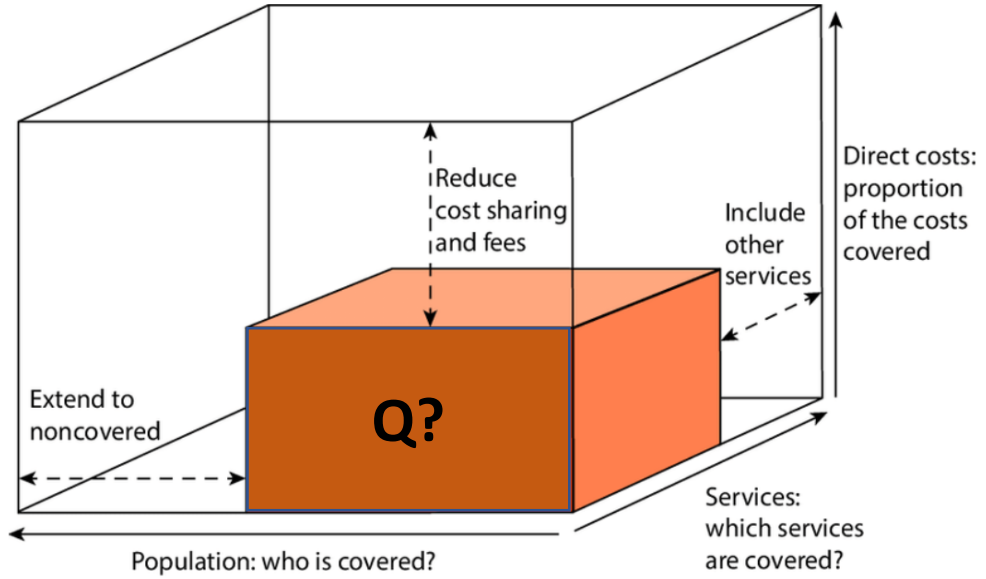
Nor is it monitored nationally (in most cases)

	Population	Health outcome Service coverage	Service quality
Every X years	Census	Census / DHS / MICS	?
Frequent / routine	CRVS	HMIS	?

Quality of health care is NOT monitored nationally

Where is Quality in the cube?

- Integrating quality of healthcare in the health system strengthening / UHC -



This session focuses on integrating Quality into **Health Information System**.
Same discussion should be (and will be) done for other health system pillars:

- **Health Finance**: How to leverage financing for quality?
- **Service delivery**: How to design service delivery that considers quality into account?
- **Human Resource for Health** planning is the key to sustainable quality improvement
- **Governance** can be designed to foster quality improvement