

RECOMMENDATIONS

AUGUST 2018 • CROSSING THE GLOBAL QUALITY CHASM: IMPROVING HEALTH CARE WORLDWIDE

RECOMMENDATION 7-1: MAKE ACCOUNTABILITY FOR QUALITY A TOP PRIORITY

Ongoing improvement of the quality of care in all dimensions should be the daily work and constant responsibility of health care leaders, including, but not limited to, ministries of health. The committee endorses the recent Global Quality report and recommendations of the World Health Organization, World Bank, and Organisation for Economic Co-operation and Development, and further recommends the following steps:

- Every ministry of health should develop a national health care quality strategy, together with supporting policies, and should agree to be held accountable for progress.
- Every ministry of health should adopt goals for achieving high-quality care, adapted to their national context, but considering all the dimensions of quality highlighted in this report.
- The United Nations System or a respected global civil society organization should maintain an independent accountability mechanism with which to monitor and report on the progress of nations toward achieving high-quality care.
- Governments, international agencies, and private-sector partners should activate public demand for high-quality care through education on patient rights and health literacy, provider choice, measurement, and transparency.

RECOMMENDATION 7-2: USE UNIVERSAL HEALTH COVERAGE AS A LEVER TO IMPROVE THE QUALITY OF CARE

As ministries of health and health care leaders implement UHC, they should work with payers and providers to improve quality by institutionalizing evidence-based policy levers and systematically assessing their effects on quality. Countries should gather and report on quality metrics in global frameworks and across a range of quality dimensions. Steps within nations should include:

- using financing and coverage mechanisms in UHC that support the provision of high-quality care, such as strategic commissioning and purchasing of services and products, selective contracting, and paying for the value of care;
- carrying out monitoring and evaluation, including clinical audits, community involvement and co-design, and customer satisfaction surveys to generate data that can be used to ensure that UHC resources are fostering high-quality, continuously improving care; and
- conducting research and evaluation on the impact of policy levers on the quality of care received to improve the evidence base on what interventions lead to better care at a systems level.

RECOMMENDATION 2-1: FUNDAMENTALLY REDESIGN HEALTH CARE USING SYSTEMS THINKING

Health care leaders should dramatically transform the design of health care systems. This transformation should reflect modern systems thinking, applying principles of human factors and human-centered design to focus the vision of the system on patients and their experiences and on the community and its health.

To guide that new care system, health care leaders should adopt, adapt, and apply the following design principles:

1. **Systems thinking** drives the transformation and continual improvement of care delivery.
2. Care delivery **prioritizes the needs** of patients, health care staff, and the larger community.
3. Decision making is **evidence-based** and **context-specific**.
4. Trade-offs in health care reflect **societal values and priorities**.
5. Care is **integrated and coordinated** across the patient journey.
6. Care makes optimal use of technology to be **anticipatory and predictive** at all system levels.
7. Leadership, policy, culture, and incentives are aligned at all system levels, to achieve quality aims, and to promote **integrity, stewardship, and accountability**.
8. Navigating the care delivery system is **transparent and easy**.
9. Problems are addressed at the source, and patients and health care staff are **empowered** to solve them.
10. Patients and health care staff **co-design** the transformation of care delivery and engage together in continual improvement.
11. The transformation of care delivery is driven by **continuous feedback, learning, and improvement**.
12. The transformation of care delivery is a **multidisciplinary** process with adequate resources and support.
13. The transformation of care delivery is supported by **invested leaders**.

RECOMMENDATION 4-1: EMBED AND REFINE QUALITY MEASUREMENT IN HEALTH CARE

Nations, regions, and health care organizations should routinely and transparently measure and report on domains of quality, especially their relevant outcomes, to support learning, as well as foster accountability and trust in the health care system.

- Ministries of health and multilateral organizations should maintain ongoing, collective efforts to identify and implement a core set of quality metrics for lower-resource settings (such as those developed by OECD, as well as standards and outcome metrics from the International Consortium for Health Outcome Metrics) to allow for benchmarking and learning.
- Health care leaders should prioritize patient-reported outcome measures and patient-reported experience measures as well as health outcome metrics for assessing quality whenever possible.
- Governments and organizations should track metrics frequently to assess performance and improvement over time. They should make performance transparent to all parties through such mechanisms as public reporting, and use metrics and co-design with three goals in mind: accountability to patients, building trust in the system, and learning.

RECOMMENDATION 3-1: BUILD A GLOBAL COMMUNITY FOR DIGITAL ADVANCES IN HEALTH AND HEALTH CARE DELIVERY

The United Nations System should convene an international task force with multisectoral representation to provide guidance to the global community on advances in digital health technologies. This task force should develop:

- data standards, norms, ethical frameworks, and guidance for modernized regulation and human resource capacity to enable countries to better benefit from the transformative technologies in the health sector;
- engineering and design standards that emphasize interoperability, human factors, and human-centered design to align technologies and innovation with the aspirations of global health care quality; and
- an international resource to guide countries in incorporating regulation of digital health technologies so as to protect users and their privacy while fostering innovation, with input from an external board of experts.

RECOMMENDATION 3-2: ADOPT AND ADAPT THE NEW TECHNOLOGICAL REALITIES OF THE PRESENT AND FUTURE

Countries should prepare for and embrace the technological (especially digital) changes in health care by adopting and adapting standards; ethical frameworks; and governance, payment, regulation, and workforce designs that are anticipatory and that embrace, rather than impede, the potential of transformed care:

- Ministries of health should collaborate with ministries of communication and technology to build national health strategies that embed digital technology as an integral part of the health system and address their countries' priority health needs.
- Governments and organizations should develop and support multisectoral task forces to guide their digital health strategies so as to ensure that all deployed digital health technologies are evidence-based and coordinated, that patient safety is protected, and that risks are mitigated.
- Government and private-sector leaders should revise competency requirements and educational curricula to better meet the workforce needs created by digital health advances, including skills in data science and analytics, interpersonal skills for teamwork and person-centered care, and systems-based thinking.

RECOMMENDATION 5-1: INCORPORATE THE INFORMAL CARE SECTOR IN THE PURSUIT OF IMPROVED CARE DELIVERY

Country governments should integrate informal care providers into their national health strategies and quality monitoring and improvement efforts. To this end, they should acknowledge that these informal providers exist and undertake efforts to assess and improve the care they provide, such as through education, training, and incentives, to the fullest extent possible.

RECOMMENDATION 5-2: MAKE SETTINGS OF EXTREME ADVERSITY A HIGH PRIORITY

National governments, multilateral institutions, nongovernmental organizations (NGOs), bilateral donors, humanitarian stakeholders and philanthropic donors should make studying and improving the quality of care in settings of extreme adversity a high priority. More specifically:

- The international humanitarian system, multilateral organizations, and NGOs should identify priorities for assessing the quality of care in these settings and develop strategies for its improvement. Emphasis should be placed on addressing conditions that are particularly burdensome in these settings, such as treating conflict-related trauma and mental illness, optimizing the patient experience to ensure trust in providers, protecting providers from harm, and adequately managing chronic diseases.
- The National Institutes of Health (NIH) and other research funders should support primary and implementation research aimed at identifying what interventions work and in what contexts to improve health outcomes in fragile states and austere environments.
- Multilateral organizations and the United Nations System should create multistakeholder collaborations for purposes of reviewing and vetting the available evidence; developing consensus on promising interventions for improvement; and identifying issues of leadership and accountability for quality of care in particular circumstances, such as conflict zones, humanitarian crises, and fragile states.

RECOMMENDATION 6-1: ADDRESS CORRUPTION AND COLLUSION

Ministries of health should include in their national health care quality strategies, directly and clearly, safeguards against corruption and collusion and actions for improvements in integrity throughout their health care systems. The health sector should draw on expertise and resources from outside the health care system, including related core state institutions and dedicated anticorruption institutions, to combat corruption through prevention, detection, and enforcement.

RECOMMENDATION 8-1: ENCOURAGE A CULTURE OF LEARNING TO FUNDAMENTALLY REDESIGN HEALTH CARE

Health care leaders in all settings should master and adopt the vision and culture of a learning health care system, striving for continual learning and avoiding an approach that relies primarily on blame and shame. This learning system should extend beyond hospitals and providers to include patients, payers, administrators, community health workers, and others involved in health.

- Country governments should implement policies designed to effectively educate and supply health care professionals who are trained to provide high-quality care. These professionals should include a cadre of clinical and nonclinical leaders that are versed in creating a culture that rewards openness, transparency, and a commitment to improvement.
- Governmental and organizational leaders should ensure that efforts to create accountability in the health care system, although fundamental, do not create a culture of fear and reaction, which is inimical to system improvement and change. Performance in all domains of quality should be measured and reported transparently, and the results should be widely available to patients to encourage feedback and improvement over time.
- Governmental and organizational leaders should learn and use modern approaches to improving science, practice, and organizational culture.
- Nations, regions, and health systems should establish and maintain programs to facilitate shared, collaborative learning about improvements and innovations in health care.
- Leaders should ensure that health care systems harness new digital health technology to help reduce costs and improve care through real-time use of data.

RECOMMENDATION 8-2: DEFINE AND MOBILIZE A RESEARCH AND DEVELOPMENT AGENDA

The U.S. National Institutes of Health, philanthropic organizations, and other bilateral donors, as well as low- and middle-income country governments and other stakeholders, should increase investments in research and development on interventions that would improve the quality of care at the system level, encompassing both primary and implementation research. The following questions should be priorities:

- What is the impact on population health outcomes of the digitization of health care?
- What innovative or proven models exist for local use of measurement for improvement?
- What are the roles of various actors in quality management across LMICs?
- Which digital health technologies can best contribute to better quality of care in resource-constrained settings?
- Do private markets reward higher quality?
- To what degree does corruption have effects on the quality of health care delivered in various settings? How can these effects best be mitigated?
- What 10 interventions are most likely to improve health care quality in settings of extreme adversity?
- What 10 interventions are most likely to improve the quality of care in the informal sector?
- What are the best strategies for addressing quality in fragmented settings where most patients pay out of pocket?
- What strategies can reduce overuse of health care services in low-resource settings, especially when regulatory capacity is limited or absent?
- How can strategic purchasing best help improve the quality of care delivery?
- What strategies are effective in engaging patients and people in general to demand high-quality (and, especially, safe) care for themselves and their families?
- How can leaders effectively and efficiently implement a systems approach for strengthening the quality of health care in LMICs?
- What skill sets for the workforce are linked to better health outcomes for patients, especially in the emerging digital age of health care?

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