

Banishing the smoke and mirrors: alternative approaches to the measurement of quality of care

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The movement towards quality

“This transition from *access* to *access with quality* in the health sector mirrors that in education.

...the emphasis in health has shifted from measuring and ensuring access alone has given way to *concerns that medical encounters are of high enough quality to be effective in improving health.*” (emphasis added)

-Jishnu Das and Jeffrey Hammer, 2014

The movement towards quality

- SA's high burden of disease, specifically HIV, and inequitable health system contribute to health outcomes
 - But increasingly public health studies identify missed opportunities at PHC level
- Quality features prominently in multiple policy initiatives and processes
 - NHI
 - National Development Plan
 - Office of Health Standards Compliance and National Core Standards
 - Ideal Clinic Initiative

What do we mean with 'quality'?

- Multiple definitions

BUT

- “ the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (Institute of Medicine, 1990)

Why does quality matter?

Patient satisfaction



- Health seeking behaviour
- Adherence to treatment

Clinical (process)
quality

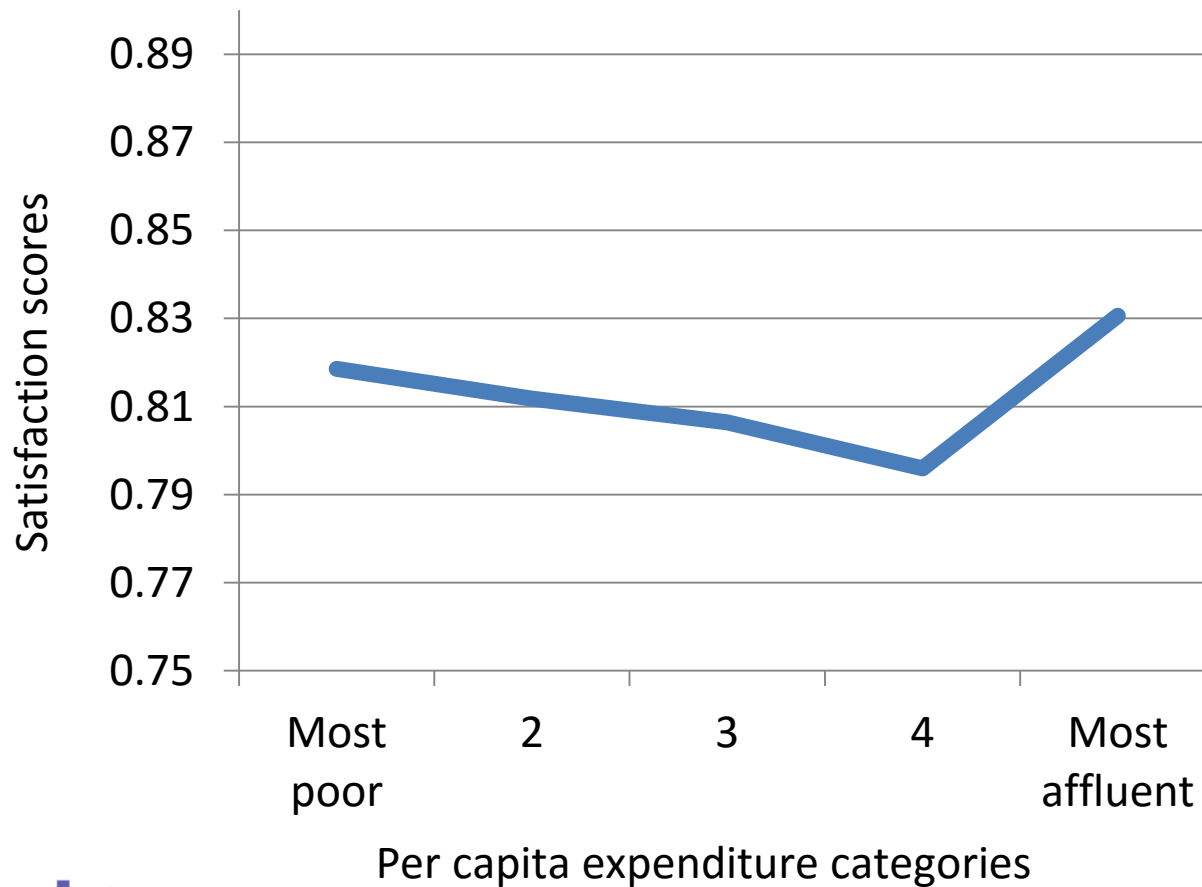


Health outcomes

Problems with client satisfaction measures

- Complexity of concept: what are we actually measuring?
- Fallibility of self-reported information
- Lack of population perspective (includes non-response)
- Poor diagnostic tool
- Weak link to health outcomes
- **Positivity and other biases**

Client satisfaction and socio-economic status (SES) bias



Correcting for client satisfaction biases: anchoring vignettes

“[Stan] broke his leg. It took an hour to be driven to the nearest hospital. He was in pain but had to wait an hour for the surgeon and was only operated on the next day.

Q. How would you rate the amount of time [Stan] waited before attending to?

[1] Very good

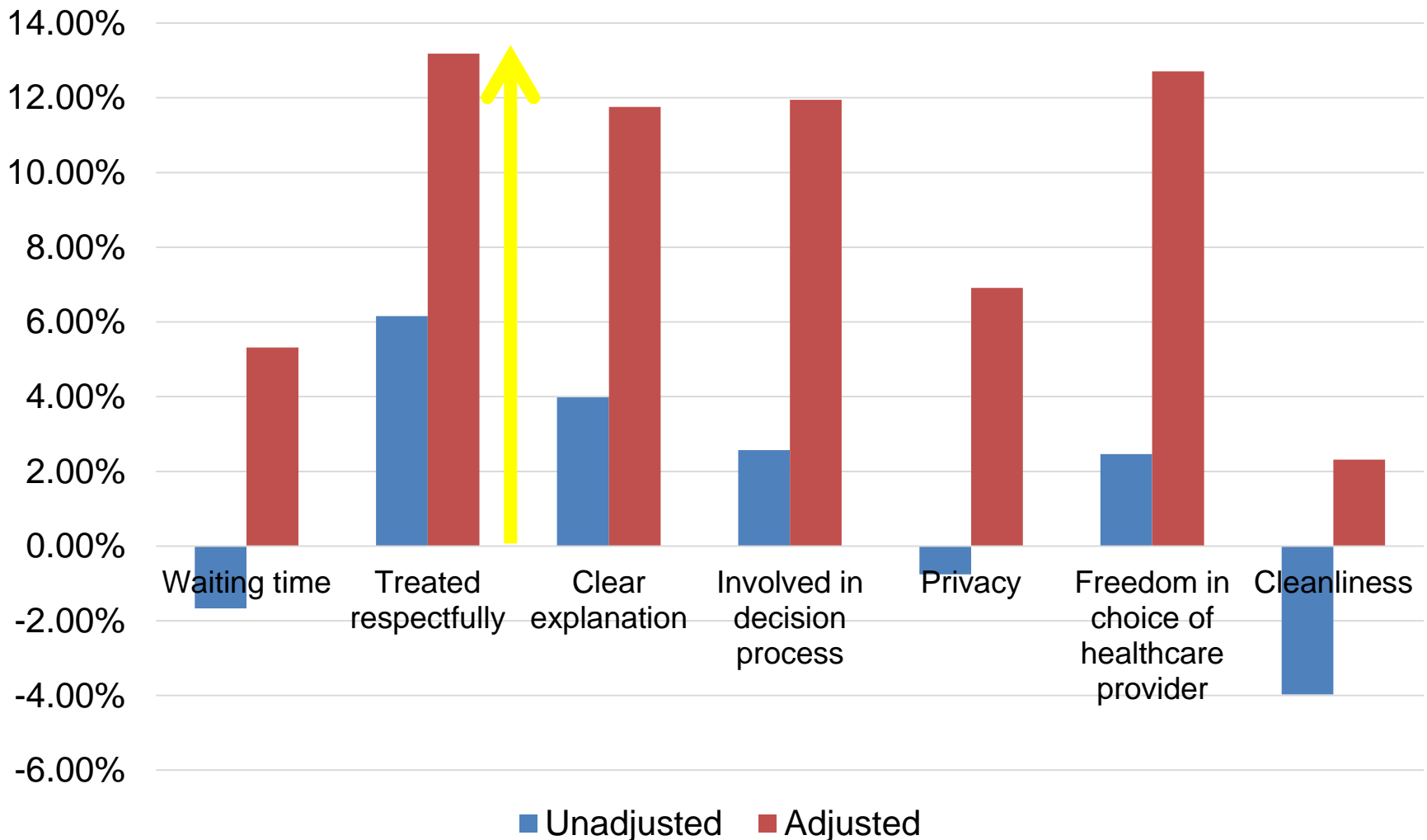
[2] Good

[3] Moderate

[4] Bad

[5] Very bad.” (WHO SAGE Survey, 2007/08)

Change in dissatisfaction when biases are corrected for



Getting to the heart of clinical quality: the patient-provider interaction



Standardised patients?

- Actor/community member presents to healthcare worker with set of typical symptoms » should map to set of probes, diagnoses and treatment/next steps (Das & Hammer, 2014, Das et al., 2012)
- Standardised patient? – Same opening statement, set of symptoms, life story at every providers
- SP completes questionnaire upon exit from provider
- Comparison across clinical providers/categories of providers
- High level of data accuracy (Das et al., 2015)

Survey using incognito standardized patients shows poor quality care in China's rural clinics

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Use of standardised patients to assess quality of tuberculosis care: a pilot, cross-sectional study



Jishnu Das, Ada Kwan, Benjamin Daniels, Srinath Satyanarayana, Ramnath Subbaraman, Sofi Bergkvist, Ranendra K Das, Veena Das, Madhukar Pai

Summary

Background Existing studies of the quality of tuberculosis care have relied on recall-based patient surveys, questionnaire surveys of knowledge, and prescription or medical record analysis, and the results mostly show the health-care provider's knowledge rather than actual practice. No study has used standardised patients to assess clinical practice. Therefore we aimed to assess quality of care for tuberculosis using such patients.

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Mind the gap: knowledge and practice of providers treating uncomplicated malaria at public and mission health facilities, pharmacies and drug stores in Cameroon and Nigeria

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Standardised patient opening statements

- **TB:** I think I may have TB (symptoms introduced gradually when relevant questions are asked)
but also
I have been coughing for 2-3 weeks
- **Diarrhoea:** My three year-old niece in the Eastern Cape has diarrhoea, Sister
- **Pregnancy:** My period is three weeks late and I think I may be pregnant
- **Contraception:** I am here to find out about contraception/family planning. My boyfriend and I started having sex and I don't want to get pregnant.

Standardised patients: evidence from India

Standardised patients in South Africa

ORIGINAL ARTICLE

Three methods of delivering clinic-based training on syndromic management of sexually transmitted diseases in South Africa: a pilot study

Marcia R Weaver,¹ Erushka Pillay,² Suzanne L Jed,¹ Julia de Kadt,² Sean Galagan,¹ Jennifer Gilvydis,¹ Eva Marumo,³ Shreshth Mawandia,⁴ Evasen Naidoo,² Tamara Owens,⁵ Vickery Prongay,¹ Gabrielle O'Malley¹

Points to ponder

- What are we actually measuring with currently frequently used quality measures?
- Need to consider following when selecting quality indicators/measures:
 - Relevance
 - Reliability and credibility
 - Affordability and feasibility