



The Importance of Quality Improvement in Public Health

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May 14-15, 2016

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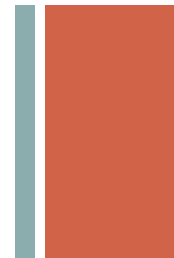
SCHOOL OF PUBLIC HEALTH

+ Why quality is critical

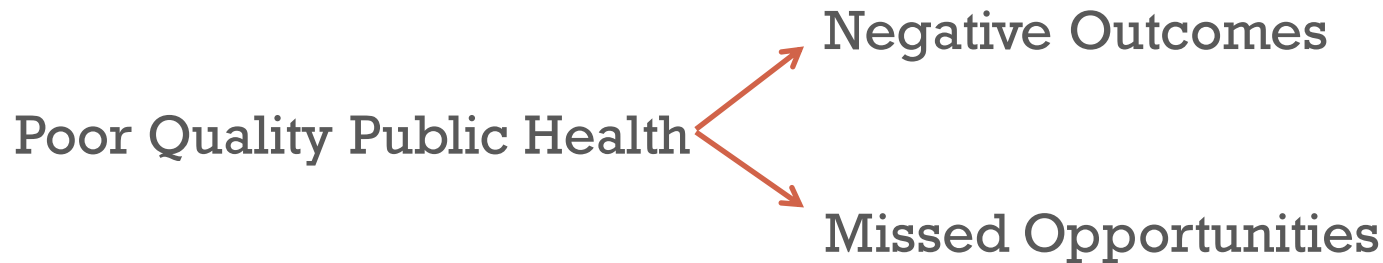
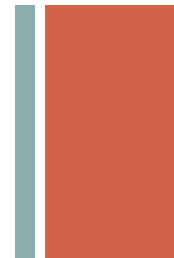


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Quality as catalyst

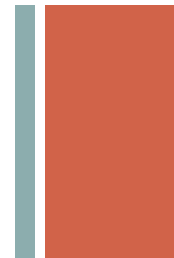


+ Why is quality so important?





Challenges we face everywhere



- Aging population
- Chronic disease
- Increasingly complex social needs
- The cost of high healthcare spending
- Globalization creating unique threats

+ Important distinctions

Quality Improvement

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Quality Assurance

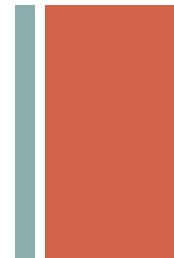
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Evaluation





QI in Public Health

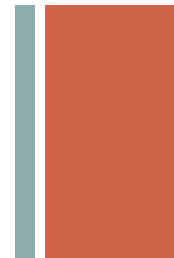


- One formal definition:

“the **use of a deliberate and defined improvement process** such as Plan-Do-Check-Act, which is focused on activities that are **responsive to community needs** and improving population health...a continuous and ongoing effort to achieve **measurable improvements** in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services which **achieve equity and improve the health of the community.**”



QI in Public Health



- My simplified definition

Use of a **deliberate** process to address the needs of individuals and communities in ways that lead to **measurable** improvements in health **outcomes**



What QI means



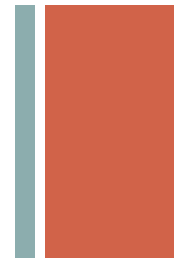
- Emphasis on

Defined improvement process

Measurable changes



Characteristics of QI

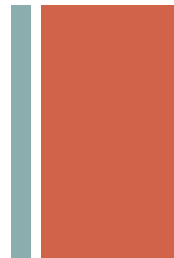


- Self-motivated and self-regulating
 - To create a culture of QI
- Exists at every level of the organization
 - Implemented by staff at all levels
- Ongoing, dynamic process
 - Identifying root causes, implementing targeted interventions



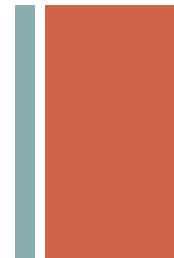
How do we do this?

- Collect baseline data
- Implement intervention
- Collect post-intervention data
- Measure improvement





Deliberate strategies

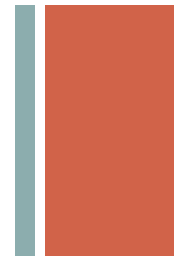


- IHI Model for Improvement
- Accreditation
- Plan-Do-Check-Act cycles
- Supervision
- Standards-based Management and Recognition
- Many more



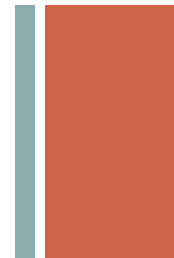
What's the evidence?

- Not much.
 - In a systematic review conducted by the IOM, only 66 studies met inclusion criteria
 - More than half from low income countries
 - There were zero rigorous studies of
 - Accreditation
 - Standards-based measurement and recognition
 - Difficulty in assessing study precision and strength of implementation
 - High risk of bias and confounding





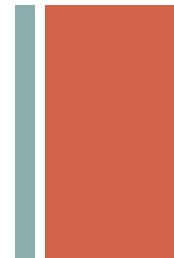
What do we know about them?



- These strategies can work
 - But often don't
- They can change what practitioners do
 - But far less often change health outcomes
- Varied in their approach
 - Lack of detail on strategy and context
 - Lack of standardization



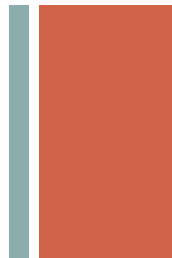
So why do strategies work?



- Common features of successful strategies:
 - They involve buy-in from leadership
 - They engage front line practitioners
 - They engage patients and families
 - They involve measurement
 - They involve targets and feedback loops
 - They involve on-going customization
- Each requires paying attention to culture & context



Why these inconsistencies?

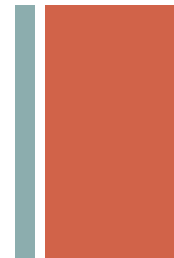


It's not about the **what**

It's about the **how**

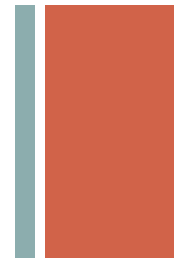
+ What do we mean “How”

- Are there goals?
 - And can you pay real-time attention to progress?
- Are the targets meaningful, inspirational?
 - To people/consumers/patients?
 - To practitioners?
- Do the measures capture what matters?
 - Or are they at least close?



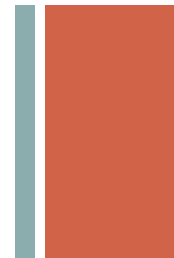
+ What do we mean “How”

- Is the intervention customized?
 - Educational interventions
 - Organizational interventions
- Is it sustainable?
 - Will the effects persist over time?
- And is the organization bought in?
 - No cognitive dissonance



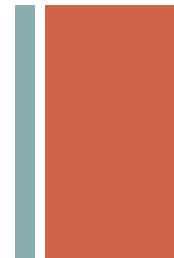
+ Parallel disappoints: why

- Failed vaccine campaigns
 - Lack of attention to local culture
 - Inadequate attempt to correct misinformation
- Tackling chronic disease
 - Not just about risk factors
 - About education and up-to-date evidence
 - Must be customized to specific needs
- Health IT
 - Not just about adoption of technologies
 - Need to know how to optimize tools





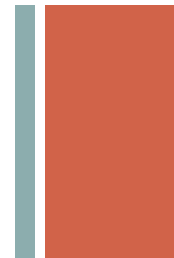
Where do we start?



- Ask these questions:
 - What are we trying to accomplish?
 - How will we know that a change is an improvement?
 - What changes can we make that will result in improvement?
- Gather information
 - IHI Open School
 - Public Health Foundation Resource Center



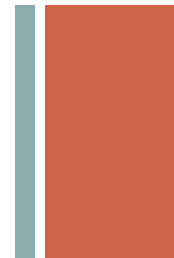
Improving what we care about



- It can be about capacity
 - Increase human resources
 - Competency and efficiency within the workforce
- It can be process-related
 - Health improvement planning
 - Community health profile
- It can focus on outcomes
 - Reduce vaccine-preventable disease
 - Reduce risk factors for chronic disease
 - Reduce infant mortality rate



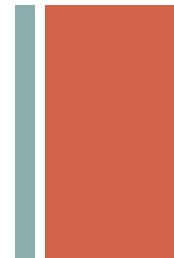
Spread and scale



- How does public health create spread and scale?
 - Figure out what is generalizable vs. what is context-specific
- What you need
 - Incentives for spread
 - Champions for change
 - Ongoing learning
- Keep refining and iterate



Payoff of QI



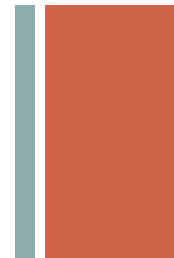
- Culture of improvement
- Streamlined processes
- Change in behavior
- Increased effectiveness
- Increased efficiency

....Most importantly...

A healthier population.



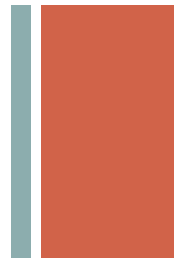
Thinking ahead



- Quality central to getting our public health investment right
 - Improving quality is of paramount concern
 - As critical as knowledge and investments
- Our focus has been: find the “right” QI approach
 - The data tell us there is no such thing



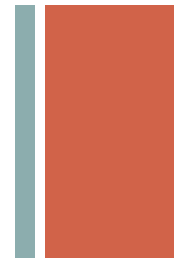
Thinking ahead



- To be effective:
 - Appeal to innate desire to get better
 - And make the status quo uncomfortable
 - Create organizational buy-in (incentives)
 - Focus on results that matter
 - Don't over-prescribe the approach
 - Create momentum for improvement



Thinking ahead



- To make progress:
 - Use alternative ways to come up with solutions
- Design Thinking
 - Innovate and iterate
 - Don't be afraid to fail

+ Because when it comes to QI:

