Can Covid be the tipping point for high quality health systems?

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Health systems are for people. A high quality health system optimizes health in a given context by

- consistently delivering care that improves or maintains health,
- being valued and trusted by all people,
- responding to changing population needs.

Resilience is a key feature of high quality health systems

“capacity of health actors, institutions, and populations to... prepare for and effectively respond to crises, maintain core functions, and reorganize if conditions require it”
HIGH QUALITY HEALTH SYSTEM FRAMEWORK

FOR PEOPLE

- PROCESSES OF CARE
  - COMPETENT CARE & SYSTEMS
  - POSITIVE USER EXPERIENCE

QUALITY IMPACTS

- BETTER HEALTH
- CONFIDENCE IN SYSTEM
- ECONOMIC BENEFIT

LEARNING / IMPROVEMENT

FOUNDATIONS

- POPULATION
  - health needs & expectations
- GOVERNANCE
  - policy, insurance, non-health sectors
- PLATFORMS
  - accessibility and organization of care
- WORKFORCE
  - numbers, skill, support
- TOOLS
  - equipment, medicines, data

EQUITABLE

RESILIENT

EFFICIENT

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Department of Global Health and Population
Clinical officers and nurses in Level 4/5 facilities: 55%.

People with depression 8 LMICs receive minimally adequate treatment: <10%.

Excess deaths from treatable conditions: 8.6m.
More and more complex health needs

deads of newborns and children
malnutrition, stunting and wasting
noncommunicable diseases

national and global health risks
illnesses from hazardous chemicals and pollution
vaccines and medicines
sexual and reproductive health

AIDS, tuberculosis, malaria, and neglected tropical diseases
injuries and accidents
hepatitis, waterborne diseases, and other communicable diseases

maternal mortality
mental health and well-being
substance and alcohol abuse
tobacco control
universal health coverage

health workforce

Residual mortality harder to avert

Rising expectations
“...no significant effect on in-hospital major adverse cardiovascular event...”

“The evidence simply does not support this claim”

“benefits of CQI were limited, with less than half of RCTs showing any effect.”

“...did not decrease a composite of 30-day major adverse cardiovascular events...”

“...<15% reported use of data to inform progression of cycles...”

“...the evidence simply does not support this claim”

“The effectiveness of continuous quality improvement for developing professional practice and improving health care outcomes: a systematic review

HARVARD SCHOOL OF PUBLIC HEALTH
Department of Global Health and Population
Four structural reforms for high quality health systems

- Redesign service delivery
- Ignite demand
- Modernize education
- Govern for quality
Example: redesign service delivery for childbirth

Sub-Saharan Africa

- 2003: 55% Home delivery, 20% Clinic delivery, 25% Hospital delivery
- 2008: 51% Home delivery, 24% Clinic delivery, 24% Hospital delivery
- 2014: 38% Home delivery, 30% Clinic delivery, 32% Hospital delivery

India

- 2006: 58% Home delivery, 5% Clinic delivery, 37% Hospital delivery
- 2016: 29% Home delivery, 53% Clinic delivery, 5% Hospital delivery

United States

- 2017: 98% Home delivery
What structural reforms can Covid spark?

Govern for quality
• Mechanisms to manage response and core operations
• Decision making processes across sectors
• Rapid learning systems to track performance

Redesign service delivery
• Telemedicine and non-visit care
• Reallocation of primary care out of hospitals

Clinical education
• Greater use of remote learning

Ignite demand
• Inform population via social media, phone, TV
• Track use, confidence, feedback, health via mobile surveys