

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

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March 16, 2020



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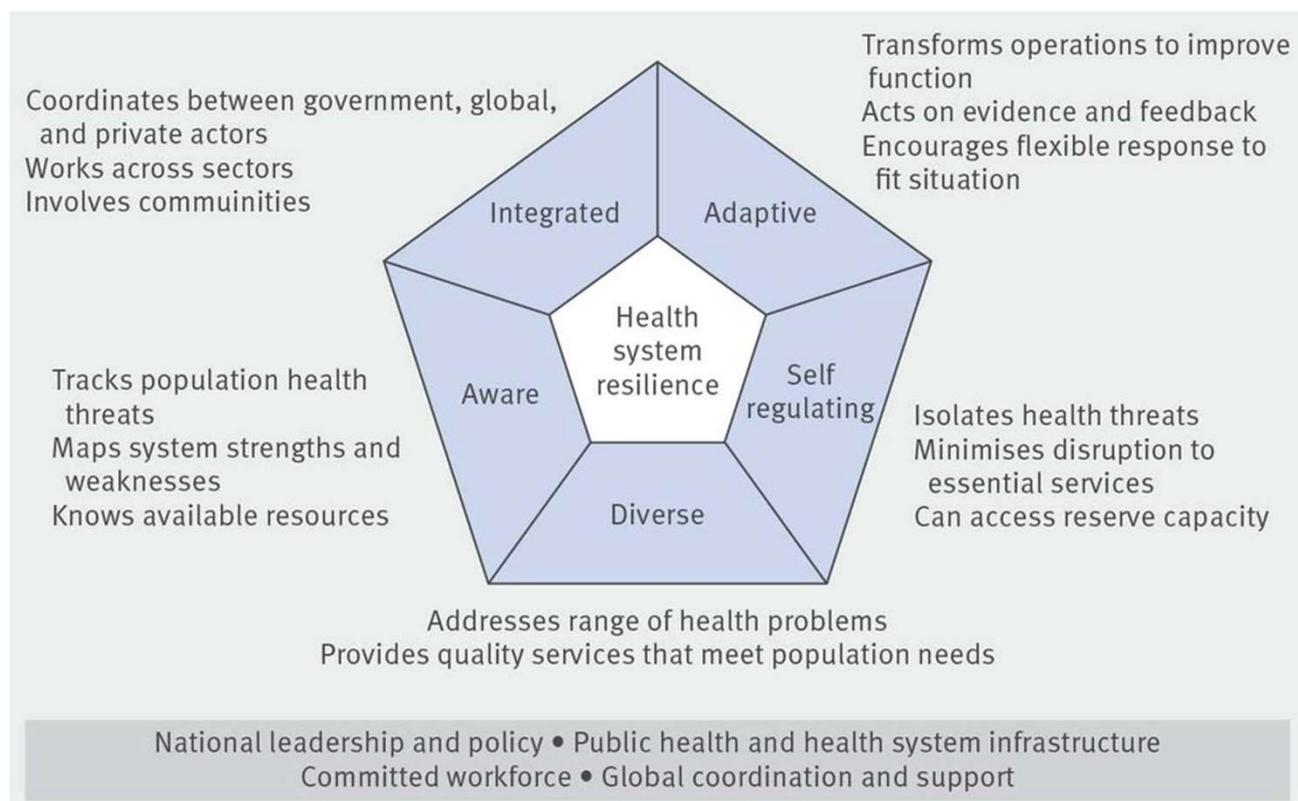
Department of Global Health  
and Population

**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



LEARNING / IMPROVEMENT



EQUITABLE

RESILIENT

EFFICIENT



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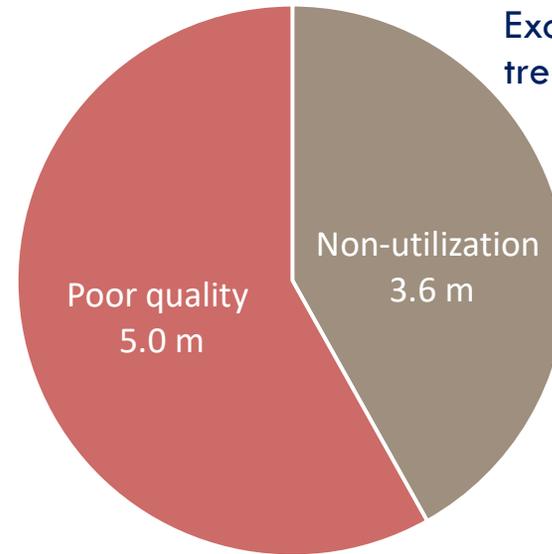
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55%

Clinical officers and nurses in Level 4/5 facilities

8.6m

Excess deaths from treatable conditions



< 10%

People with depression in 8 LMICs receive minimally adequate treatment

# More and more complex health needs

AIDS, tuberculosis, malaria, and neglected tropical diseases

injuries and accidents

hepatitis, waterborne diseases, and other communicable diseases

# Rising expectations

deaths 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



maternal mortality

mental health and well-being

substance and alcohol abuse

tobacco control

universal health coverage

health workforce

# Residual mortality harder to avert

## Effect of a Quality of Care Improvement Initiative in Patients With Acute Coronary Syndrome in Resource-Constrained Hospitals in China A Randomized Clinical Trial

Yangfeng Wu, PhD; Shenshen Li, MPH; Anushka Patel, MD; Xian Li, MSc; Xin Du, MD; Tao Wu, MSc; Yifei Zhao, MSc; Lin Feng, BM; Laurent Billot, MSc; Eric D. Peterson, MD; Mark Woodward, PhD; Lingzhi Kong, MD; Yong Huo, MD; Dayi Hu, MD; Kalipso Chalkidou, PhD; Runlin Gao, MD; for the CPACS-3 Investigators

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

## Lean interventions in healthcare: do they work? A systematic literature review

JOHN MORAROS<sup>1</sup>, MARK LEMSTRA<sup>2</sup>, and CHIJIJOKE NWAN

“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

James E. Hill<sup>1</sup>, Anne-Marie Stephani<sup>1</sup>, Paul Sapple<sup>2</sup> and Andrew J. Clegg<sup>1\*</sup>

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

## Systematic review of the application of the plan-do-study-act method to improve quality in healthcare

Michael J Taylor,<sup>1,2</sup> Chris McNicholas,<sup>2</sup> Chris Nicolay,<sup>1</sup> Ara Darzi,<sup>1</sup> Derek Bell,<sup>2</sup> Julie E Reed<sup>2</sup>

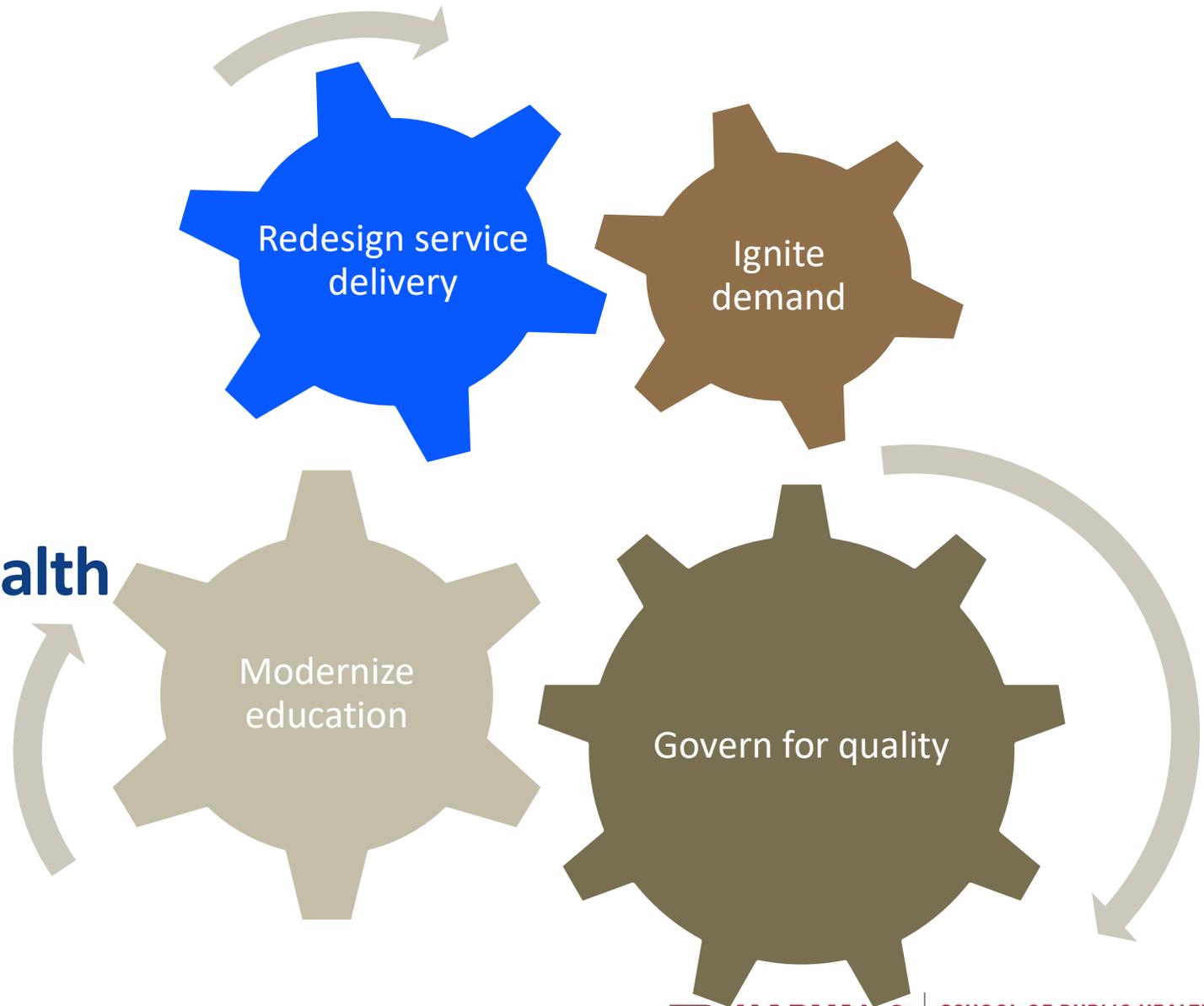
“...<15% reported use of data to inform progression of cycles...”

## Effect of a Quality Improvement Intervention on Clinical Outcomes in Patients in India With Acute Myocardial Infarction The ACS QUIK Randomized Clinical Trial

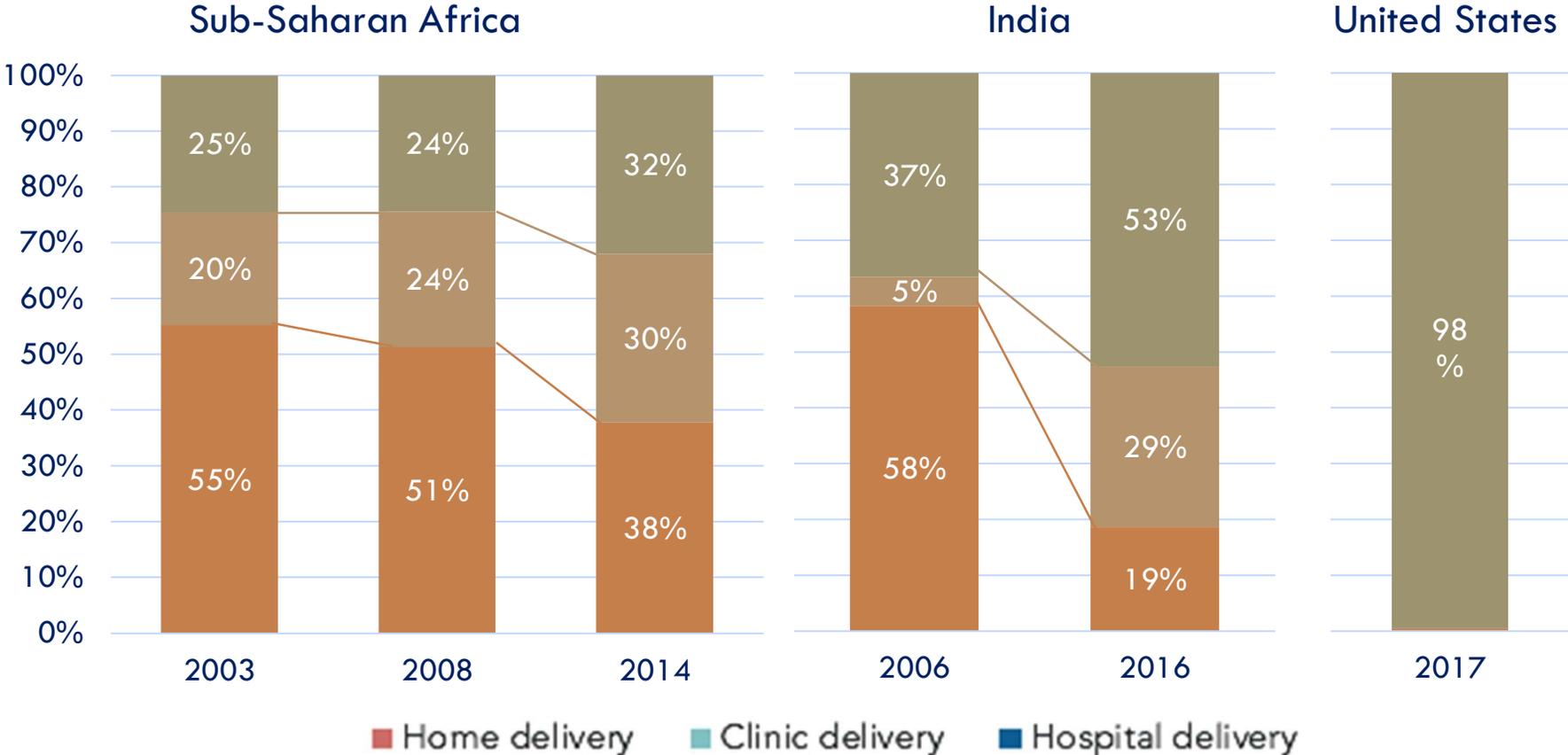
Mark D. Huffman, MD, MPH; Padinhare P. Mohanan, MD, DM; Raji Devarajan, MS; Abigail S. Baldrige, MS; Dimple Kondal, PhD; Lihui Zhao, PhD; Mumtaj Ali, MCA; Mangalath N. Krishnan, MD, DM; Syam Natesan, MBBS, MD, DM; Rajesh Gopinath, MD, DM; Sunitha Viswanathan, MD, DM; Joseph Stijl, MD, DM; Johnny Joseph, MD, DM; Somanathan Chozhakkat, MD, DM; Donald M. Lloyd-Jones, MD, ScM; Dorairaj Prabhakaran, MD, DM, MSc; for the Acute Coronary Syndrome Quality Improvement in Kerala (ACS QUIK) Investigators

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

**Four structural reforms for high quality health systems**



# Example: redesign service delivery for childbirth



# 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