Minutes of Meeting
Workshop: Accelerating Transformation to High Quality Health System-Draft
20th November'2018, Venue: Pravasi Bharatiya Kendra, New Delhi

A Global Workshop was organized by Ministry of Health and Family Welfare on 20th November'2018 to discuss the relevance of findings from Lancet Global Commission report in context of India. All the delegates from Lancet Commission, WHO representative to India along with the AS & MD, respective Principal Health Secretaries and Mission Directors' from the State have participated in the workshop (list is attached as Annexure 'A').

The meeting started with a welcome address and context setting by AS & MD, *Mr. Manoj Jhalani* on relevance of Lancet findings for creating credible health system in India to develop evidence-based approach for provision of preventive, promotive and rehabilitative care through Health and Wellness Centres and Secondary Care through hospitals to create holistic health system.

Following the orientation session, *Dr Margaret E Kruk*, Harvard T. H. Chan School of Public Health, Commission Chair started with her presentation on the topic "Findings and Recommendations of the Lancet Global Health Commission Report-High Quality health system in the Sustainable Development Goals era: time for a revolution". Key discussion points of the presentation are as follows:

- With the paradigm shift in the era of health, we are shifting from reducing mortality towards provision of Quality care for people by consistently delivering care that improve their health, being valued and trusted by people and lastly by responding to changing need of populations.
- High Quality health system comprises of availability of services which is Equitable, Resilient and Efficient which comes with political will and based on the values of the Country.
- Health system is comprising of basic building blocks includes population, Governance, Workforce and tools but it should be measured by process of care (like competency of care and system, people's experience with the delivery of care) and impact (like better health, confidence in the system and economic benefit) it made to its people not by management work.
- Dr Margaret summarizes key point for 137 countries from Lancet Commission, which are mentioned below:
  - Poor-quality care is common across conditions and countries, with the most vulnerable populations faring the worst.
  - Providers fulfilled only 47% of recommended care items for maternal and child health (this data excludes India)
  - Correct diagnosis of high-burden conditions like malaria, diarrhoea, and TB is low
  - 1 in 3 patients in Low-middle Income Countries (LMICs) report negative experiences in the health system e.g. an average OPD consultation time in LMIC is 8min. as compared to HIC where it is not less than 15min.
  - Inverse care law under equity which says Quality is worst for poor

- High-quality health systems could save over 8.6 million lives each year in LMICs, out of which 5 million lost due to poor quality of care (like Cardiovascular diseases, Neonatal conditions, Road injuries etc.) and rest due to non-utilization of services (like Cancer, Mental Health etc.) for 61 treatable conditions
- Inputs are NOT a measure of quality, rather our HMIS should measure process of care and Outcome in terms of Health outcomes, Competency & Confidence in the system by users (like anti-microbial resistance) and Economic benefit
- Lastly, Structural change is required for the transformation from low to high-quality health systems where implementation can be occurred from micro (local) level to macro (Structural) level which would be slower to implement but when occurred, happened at large scale

- Following presentation of key findings, few recommendations were made by Dr Margaret to improve health system which people can trust and approach. Key recommendations are summarized below:
  - Governing for quality by creating a shared vision among Policy makers, donors, Providers and Managers. Bringing accountability by ensuring transparency in the system for citizens
  - Building partnerships between Public and Private sector, among Ministry of Health and other ministries like Road ministry to improve health system holistically.
  - Redesign service delivery to maximize outcomes by shifting low-acuity conditions requiring coordinated, continuous care as in case of non-communicable diseases to primary level and lifting conditions that demand advanced clinical expertise like delivery services to secondary and tertiary level of care
  - Transform health workforce by strengthening health professional education to be more focused on competency of health professional not on the prop ology by building an enabling work environment beyond graduation for medical graduates
  - And lastly using the wisdom of patients by igniting demand for quality care by them through mapping the utilization of services as in India along with 11 other countries, a study was conducted stating 55% of patients said quality of care was satisfactory even though nurses do not measure BP for pregnant women during antenatal care.

Findings pertaining to India:

- Over 24 lakh deaths in India from treatable conditions; 2/3 among health system users
- Poor Health Quality has Large Economic Costs, $3.7 trillion USD lost between 2015 and 2030 accounting for loss of 2.1% of India's GDP in 2030 (PPP)
- Around 1 in 4 families have experienced a catastrophic health expenditure in the past year leading to 69% out of pocket expenditure on health spending
- In India, only 45% people have confidence in the health system, where in 2/3rd population either want to do major changes or want to rebuild the system completely.

- According to National survey, 1 out of 5 women receive essential effective antenatal care and only 16% women receive postnatal check up
- As per study conducted in 2016, less than 50% of TB patients complete treatment and survive without recurrence

Recommendations made by Dr Margaret in context of India:

1. To design Health system quality dashboard, moving from coverage to effective coverage to measure processes and outcome, not inputs. Once the data has been collected, make better use of existing data to innovate new measures with the support of health system research institutions and scientists (a sample dashboard was presented by the them which emphasizes to involve measurement tools like Interactive vignettes, Patient registries etc.)
2. National Quality Guarantee, as India is thrusting to achieve Universal Health Coverage with insurance schemes in place, but services provided must be accompanied by a minimum guarantee of quality.
   - ❖ Ayushman Bharat must comply with National quality standards for each level of health system by Assurance of continuum of care (follow-ups and referral) Respectful, people-centred care (privacy, confidentiality, wait time) etc.
3. Re-designing of Quality focused service delivery by bringing services closer to the users to maximize outcomes and efficiency. India can start re-design with two priority conditions, one is Hypertension and other one is Maternal care, by shifting low-acuity conditions requiring coordinated, continuous care as in case of non-communicable diseases to primary level and lifting conditions that demand advanced clinical expertise like deliveries to designated, quality hospitals or surgical health centres

In short, start where there is political will for policy change and customize care models for different geographies, health systems, and community needs. Measure impact, cost and implementation aspect of process of care, rather focusing on inputs.

After which *Smt. Preeti Sudan*, Health Secretary, MoHFW, Government of India addressed in her note about the relevance of understanding and sensitization of quality at the point of education curriculum stage only. India with a diverse scenario where health is completely personalized across the States, we need to locate the best practices and institutionalize those models to upgrade the country's innovation platform.

In this direction marked initiatives have been taken by the Government of India, like Mera-Aasptal to measure the patient satisfaction with the delivery of care at public health facilities, NABH has monitoring indicators for Mortality, Morbidity, Infection Control measurement at private health facility to bring forward the visibility of health system for its users. Grading of States on the basis of performance and incentivization under Kayakalp are some of the key initiatives to ignite the culture of Quality across the Nation.

This was followed by Key note address by *Dr Vinod Paul*, Member NITI Aayog, Government of India wherein he briefly discussed:

- Importance of sorting out quality gaps for achievement of SDGs. He stated the importance of Quality Assurance, Quality Improvement and Accountability of providers for provision of Quality of Care or Quality Enhancement.
- Key highlighted point was related with the outcomes of clinical care and respectful care given to the seekers at primary health care must be the one of the pillars for quality improvement under PMJAY to demonstrate quality as a way of life
- Third recommendation was put forward by him states the criteria for empanelment of health facilities under PMJAY, can itself bring quality in the system by ensuring quality as one of the criteria along with the performance based financial incentivization of health sector to enhance resource allocation
- Invest in the academic institution, make knowledge platform and bring a culture of quality from the scratch. For this centre of excellence could be upgraded, National Steering Committee can be formed at Macro level to mentor and progress this quality movement.

This session was followed by *Dr Henk Bekedam,* WHO representative to India, on topic "Delivering QUALITY health services- A global imperative for Universal Health Coverage". Key points are mentioned below:

- He emphasized to focus on Quality is the critical need of the hour to achieve Universal Health Coverage
- Inadequate integration across platforms and weak referral systems undermine the ability to care for complex and emerging conditions, is one of the biggest challenges
- Up to 15% of hospital expenditure is used to correct preventable complications of care and patient harm, a waste of already resource constraints LMIC countries
- According to a study, 12% of GDP were lost in 3 African countries because of Ebola, due to system unpreparedness
- In high-income countries, 1 in 10 is harmed while receiving health care causing worldwide per year over 1.4 million deaths which is more than either tuberculosis or HIV
- Quality gaps exist in all countries, from low income (38%) to high income countries (18%)
- According to Dr Henk, health care workers, Accessible & well-equipped health facilities, Medicines, devices & technologies, Information systems and Financing mechanisms are the five building blocks to deliver quality & people-centred care
- He mentioned about shortage of Mid-level health care providers & Community health care workers deployment in rural areas, according to his analysis in UP 50% of ANM posts were vacant
- Except for Maharashtra and Tamil Nadu, India does not have established public health cadre to manage local morbidity and mortality
- India should encourage programmes of continuous professional development and evaluate their impact into training to build quality health care workers in general
- He stated about the significance of State Health Investment Plan (SHIP) to address deficiencies in health workforce and health care facilities along with Accreditation and regular assessment of facilities

- He praised India's initiative for having National policy to ensure safe and effective use of medical products
- He suggested to move away from paper-based records to nearly real time web-based reporting to be used across the health sector for action like India's Integrated Disease Surveillance Program (IDSP) across 7 States is about to launch by next month
- Support clinicians, managers and policy-makers in collecting and analyzing service data for quality improvement and feedback by developing e-Medical records
- He suggested to bring in the culture of Purchasing quality through insurance as good price and good quality goes hand-in-hand, which ultimately. Drops down the out of pocket expenditure
- Following interventions were addressed by him in context of India for implementation:
  - Reduce harm to patients by inspection of institutions for minimum safety standards, changing clinical practice at the front line, training and supervision of the workforce for adherence with the safety checklists
  - Improve clinical effectiveness of health services through building systemic capacity for use of continuous quality improvement activities (Clinical standards, pathways and protocols) and establishing performance-based incentives (financial and non-financial) for health care workers and facilities
  - Engage and empower patients, families and communities for shared decision-making to manage health issues outside formal medical institutions
  - Strengthen governance and accountability for Legislation and regulation
- According to him National Quality Policy and Strategy should encompasses 8 key elements that is: National health priorities, local definition of quality, stakeholder mapping & engagement, situation analysis, Governance and Organizational structure, Improvement methods & interventions, Health management information systems & data systems and Quality indicators and core measures
- All key actors need to be involved which includes Citizens and patients, Health professionals, Governments and Union & State actors need to be part of this strategy
- India has taken many steps and new initiatives, which provide great opportunities to improve quality

Last key session was taken by *Professor K Srinath Reddy*, Member, Lancet Global Health Commission, President of Public Health Foundation of India on topic titled "Implications of the Commission's Findings for India" where he stated following key points:

- He emphasized upon the importance of Social determinants of Health for health system
- Implement those intervention which adds Benefits, Safety, Satisfaction and Cost effectiveness to the patients as well as to the service providers
- Use cost optimization to bring quality as it will remove wastes
- Quality matrix need to be developed which is Measurable, Malleable and Meaningful to all key stakeholders for better outcome

- Need to initiate social audit along with financial and medical audit to identify community needs and involve them in decision making
- Reform/redesign educational curriculum of health professional in terms of Commitment, Competency, Compassion, Courtesy and Communication
- Establish Clinical Establishment Act 2010 across the Nation for regulation of private sector
- Intersectoral collaboration with other departments like Transport, Water, Electricity, Telecom etc, to reach inaccessible areas

Key sessions ended with a vote of thanks to the members and NHSRC team by Mr Manoj Jhalani, AS&MD which was followed by Group discussions and presentation done by Group 1-6 on below mentioned sub-headings (presentation attached as Annexure).

Group	Topic
Group 1 & 2	Indian Health System Quality Dashboard
Group 3 & 4	National Quality Guarantee
Group 5 & 6	Quality-focused service delivery redesign for maternal, new-born, and non-communicable disease care

Brainstorming session

"Workshop on Accelerating transformation to High Quality Health systems"

20th November,2018
New Delhi

Group 1

1

Group 1

Recommendation for which the group is working :

Health System Quality Dashboard

Context and relevance of the designated recommendation in Indian/ State setting

Do you think the recommendation is valid in context : yes/no

Yes, having a Quality dashboard will be helpful in Indian and State settings

Problem Statement –

There are multiple dashboard present in our settings, but all of these have to be integrated in one dashboard that is available at different levels, but should be based on outcomes.

The Dashboard shall be containing data mainly limited to public health sector except where private sector is also expected to contribute

Any three problems that you think recommendation will address?

1. *Lack od appropriate monitoring tool*
2. *Too much time and energy wasted in getting relevant information*
3. *Optimum allocation of financial and human resources according to the need*

Objectives

Link your objectives to the problem statements

Dashboard

-Easily accessible and easy to interpret with a few priority indicators

-Outcome driven which includes Public, Private and Voluntary healthcare systems

-With multiple entry points for decision making at different levels of health care

- Record that could be regularly updated

Draft framework

1. *Dashboard will serve as a monitoring tool - will further lead to investigation incase of repeated low results*
2. *Priority Indicators would be according to the state needs*
3. *Broadly in the following areas with different weightage*

Programs	RCH	NCD	CD
Outcomes			
Intermediate outcomes			
Inputs			

4. Will include indicators for Patient satisfaction in line with the broader areas
- It will be in a objective feedback format
- Which could be further taken qualitatively wherever negative feedback is indicated

Draft framework

5. Indicator for provider feedback will be included

6. Will also account resource analysis for the setting providing care while evaluating outcome

7.Quality and timing of referrals from Lower institutes to higher institutes

Q. Do you see any challenges towards adoption of this recommendation

1. Proper training of the data entry operators
2. *Behavioral changes in the concerned staff*

Expected outcomes

Expected outcomes should be in conjunction with the rationale of the problem statement

- *Better decision making based on evidence*
- *Gradation of Facilities also become easier*
- *Effective and focused Monitoring*
- *Competition among District, block and facilities*
- *Information dissemination to relevant stakeholders*
- *Competency of system through monitoring of usage of antibiotics and oxytocin*
- *Increased patient satisfaction by analyzing their feedback*

Existing models – Nationally /Internationally

Learning you may want to adopt/ adapt/deNovo to Indian / state settings

Yes learnings from below mentioned models can below can be useful:

Misal ranking model used in Rajasthan
Mera Aaspatal of GOI
KPI portal of W.B.
ANMOL and RCH portal
LaQshya web portal
Grievance redressal in ESI Chandigarh

If yes : Why ?
The efforts should be made to avoid duplication and build an efficient dashboard

Brainstorming session

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Group 1- Indian Health System Quality Dashboard

1

Group 2

Indian Health System Quality Dashboard

Context and relevance of the designated recommendations in Indian/ State setting

Do you think the recommendation is valid in context : yes/no

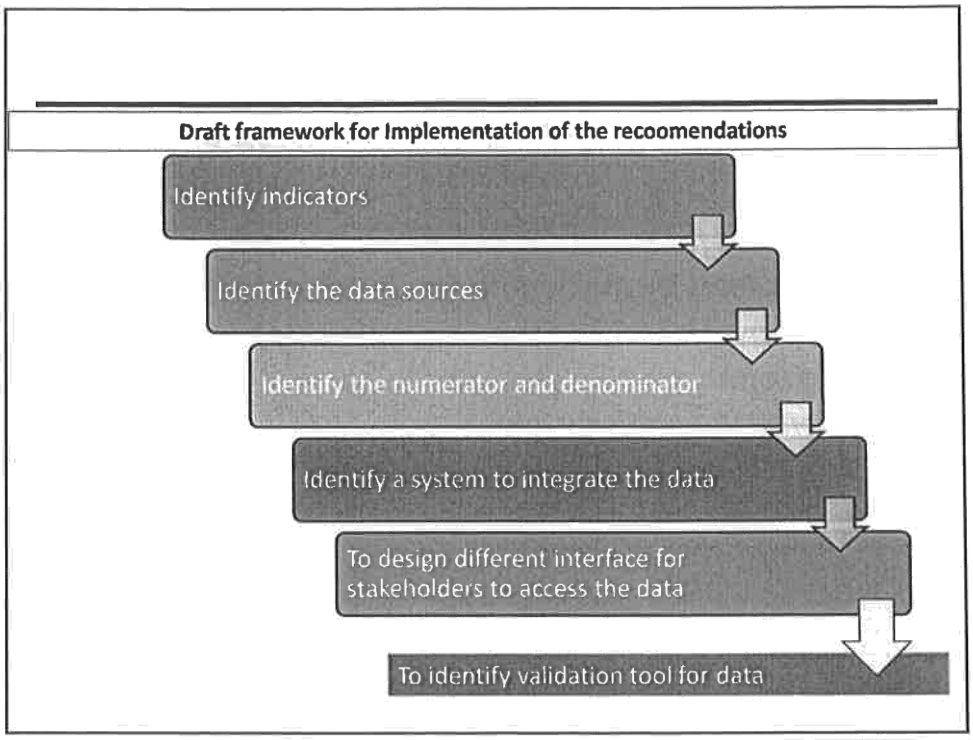
Yes

Problem Statement –

- Lack of Indicators focusing on process of care including competent and diagnostic care
- Lack of measurement system for patient experience
- Non-availability of drugs and diagnostics
- Non-utilization of captured data by policy-makers

Objectives

1. *To identify the indicators to be kept under Quality Dashboard*
2. *To identify the measures of data collection*
3. *To identify the methods for triangulation of available data on a single platform*
4. *To have a system based approach including all three; inputs process and outcome*



Do you see any challenges towards adoption of this recommendation

1. Lack of common perception of quality
2. Fixing the accountability for quality gaps
3. Triangulation of data
4. Lack of access and privacy in data
5. Lack of EMR in all hospitals

Expected outcomes

1. *Quality data for health service management*
2. *Al the stakeholders have data for decision-making*
3. *Service provider will improve their quality of services*
4. *Better health*
5. *Confidence in health system*
6. *Economic benefit*

Existing models – Nationally /Internationally

- *Incorporating periodic/ rapid survey*
- *Adoption of new innovations from state like E-Aushidhi, E-MMS,E-partograph etc.*

Health System Transformation: National Quality Guarantee

1. **It will formulate standard operating procedures/ consensus based guidelines for all the services**

- SOP for training
- SOP for the management of diseases
- Sop equipment management
- SOP for biomedical wastes

2. **Reduce out of pocket expenditure**

3. **It will increase trust and confidence in public health system**

Guarantees be displayed to the public

1. Prominent displayed at the health centre
2. Grass root level workers should educate and generate awareness
3. Multi mass media channels to be engaged for IEC activities

Systems to monitor and evaluate guarantees

1. Strong community based model in the start of the health and wellness centre (HWC) and giving a larger role to the CBOs
2. Community based platforms to be used in convergent manner for awareness to avail services from HWC and tertiary link up
3. Grievance redressal mechanism should be as robust as service delivery

Objectives

1. **How many healthy individuals we have at the start of the roll out of HWC and how many healthy individuals we added in the due course.**
2. **The focus of health and wellness center should be to ensure that *"healthy individual don't become unhealthy and unhealthy individuals become healthy"***
3. **More than the curative part of the HWC , the prime agenda should be on the preventive aspect of any disease burden**
4. **Health and wellness centers should devise healthy practices to be inculcated at every level of life cycle with convergence, with departments like Education, WCD, RD etc**

At HWC level, the flowchart should concentrate on

1. Healthy individuals with healthy lifestyles
2. Healthy individuals with unhealthy lifestyles
3. Borderline
4. Individuals suffering with disease without complications
5. Individuals suffering with disease with complications

Challenges towards adoption of this recommendation

1. A convergent approach involving various departments .....
2. High target approach to roll out
3. Robust DSS rather than a simple MIS
4. M&E

Thank you

Group 4

Minimum Quality Guarantee

Context and relevance of the designated recommendations in Indian/ State setting

Do you think the recommendation is valid in context *: Yes*

If yes: *To bring in UHC minimum service quality guarantee is required*

Problem Statement –

1. *Disparity in the quality of care provided to individuals (poor-rich/VIP – Non-VIP) and across institutions (to ensure minimum specialties).*
2. *Non-compliance to the usage of STGs*
3. *Non-standard referral protocol of follow up cases*

Objectives

1. *To reduce the disparity in quality of care*
2. *To ensure compliance to STGs*
3. *To ensure the standardized tracking and follow up cases*

Draft framework for Implementation of the recommendations

Preferably step wise depiction

1. *Electronic health record and e-hospital system*
2. *Strong IEC of minimum services quality guarantee so that patients know their rights*
3. *Patient feedback through Mera Aspataal and evaluation of Institution and service provider through this portal*
4. *Transfer and posting policy to ensure minimum guaranteed HR at facilities*
5. *Ensuring adequate medical and paramedical education opportunities to meet the demand*
6. *Ensuring quality of drugs and diagnostic services through NABL testing etc.*
7. *Ensuring regular meeting of clinical audit and prescription audit at facilities using some electronic method*
8. *Strengthening, monitoring and supervision*

Draft framework for Implementation of the recommendations

Do you see any challenges towards adoption of this recommendation : *Yes*

1.Difficulty in adaption of existing HR to electronic system

2.Non availability of adequate HR

3.Political pressure in transfers and postings

4.Resistance from various lobbies against quality control and use of generic drugs

5.Difficulties in timely supply of drugs and equipments

6.CAPA in clinical and prescription audits

Expected outcomes

Expected outcomes should be in conjunction with the rationale of the problem statement

1. *Equity in quality of healthcare*
2. *Transparency in procedures*
3. *Better patient satisfaction and confidence in the system*
4. *More health out of existing health system*

Existing models – Nationally /Internationally

We will ensure implementation of following:

Mera Aspataal

Kayakalp

NQAS

LaQshya

IPHS

NABL

NABH

Patient Safety Standard

Brainstorming session

"Workshop on Accelerating transformation to High Quality Health systems"

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Group 1 /2/3 - ----------

1

General Instructions

- The team has to go through the background documents and contribute to the presentation . There will be 1 presenter for each group and he/she will have a maximum of 10 minutes to present, followed by a question & answer session with the chair of up to 5 minutes.
- The presentation should not exceed **8 slides**, and should contain information in **bullet points** on the following parameters – **(Slide - 1) Context and relevance of the designated lancet recommendation in Indian setting, (Slide - 2) Objectives (Slide - 3) Expected outcomes (Slide - 4) Draft framework (Slide - 5)** about already existing models – Nationally & Internationally for the designated recommendation
- **Two additional slides (Slide – 6 & 7) i**f required.
- The last slide should be left for Q & A
- Any additional information in the form of pictures/graphs/tables can be added in the slide. Do not re - format the presentation (font, font color, background color, etc.)

2

Group 3 (SUB-GROUP 5)

Recommendation for: Quality Focused service delivery redesigned for maternal, new born

Context and relevance of the designated recommendation in Indian/ State setting

- ✓ *The Indian Health care system is complex and is influenced by culture, socio-economic status and education of the beneficiaries.*
- ✓ *The recommendation of the commission will address the present deficit in healthcare*

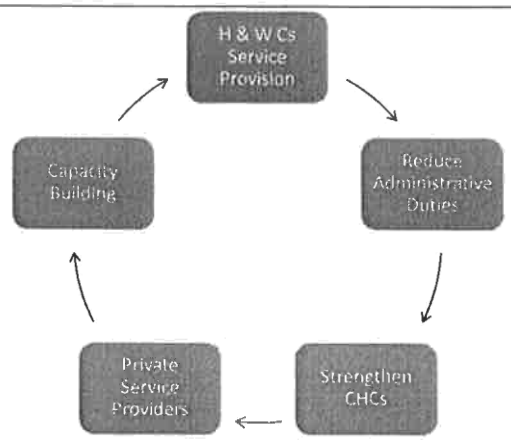
1. *Who is responsible for the QUALITY care to be provided ??*
2. *HOW can these services be provided with present deficit in human workforce ??*
3. *WHAT type of services can be provided at which level of care????*

CENTRALIZATION OF CARE IS NOT POSSIBLE- ACCORDING TO THE GROUP

Objectives

Can QUALITY care demand ensure increase positive results
Or
Will be an added Burden to the scare financial resources .

Draft framework



Challenges and Expected Outcomes

Expected of the problem statement AND Challenges

- SERVICE DELIVERY
- TRANSPORT DIFFICULTIES
- MID-WIVES AND ANC ROLE
- POOR SKILLS OF HEALTHCARE PROVIDERS

1. IMPROVEMENT IN QUALITY CARE
2. QUALITY SERVICES AT LOWER HEALTHCARE FACILITIES
3. SERVICES FOR HIGH RISK BENEFICARIES AT TALUK- DISTRICT LEVELS

Group 6

Recommendation for which the group is working :

Quality focused service delivery redesign for maternal, newborn and non communicable disesase

Context and relevance of the designated recommendation in Indian/ State setting

Do you think the recommendation is valid in context : yes/no

Yes

Problem Statement –

- *Lack of assured services*
- *Issue on access and equity*
- *Patient satisfaction*

Objectives

- Defining essential services for all level of health facilities
- Standard for Quality of care
- Clear role assignment of the provider.
- Widening the access to quality care.
- Community ownership

Draft framework: Principles

- Preventive, promotive/information and awareness largely at Primary level and mentoring by higher level
- Task shifting at various level
- Basic Healthcare- identification and management with robust referral linkages
- Standard Treatment Guidelines empowering treatment for various level of health providers
- Timely identification of emergencies and assured referral
- Screening for NCD, Ophthalmic, Mental , ENT, COPD, Palliative, Oral etc.
- Support to elderly, beyond reproductive age group male and female both, vulnerable.

Level of Care

Activity	Primary	Secondary	Tertiary
NCD			
Service Delivery			
Process Indicator			
Expected Outcome			
RMNCHA			
Service Delivery			
Process Indicator			
Expected Outcome			

FICCI Healthcare Excellence Awards 2016

How to achieve

- *Advocacy to Political and administrative leaders and officials on Health System strengthening*
- *Health in all policies*
- *Convergence*
- *Estimating the various disease burden*
- *District Health Action Plan*
- *Action Plan for facility level gap closure*
- *Mapping of Public & Private Health facilities with level of service delivery*
- *Service Guarantee as per level of care.*
- *Performance based incentive linked with accountability*
- *Robust registration and redressal of grievances*
- *Creating districts as knowledge hub*
- *Continuing Medical Education*
- *Recruitment of HR on merit and transparent transfer policy and career development*

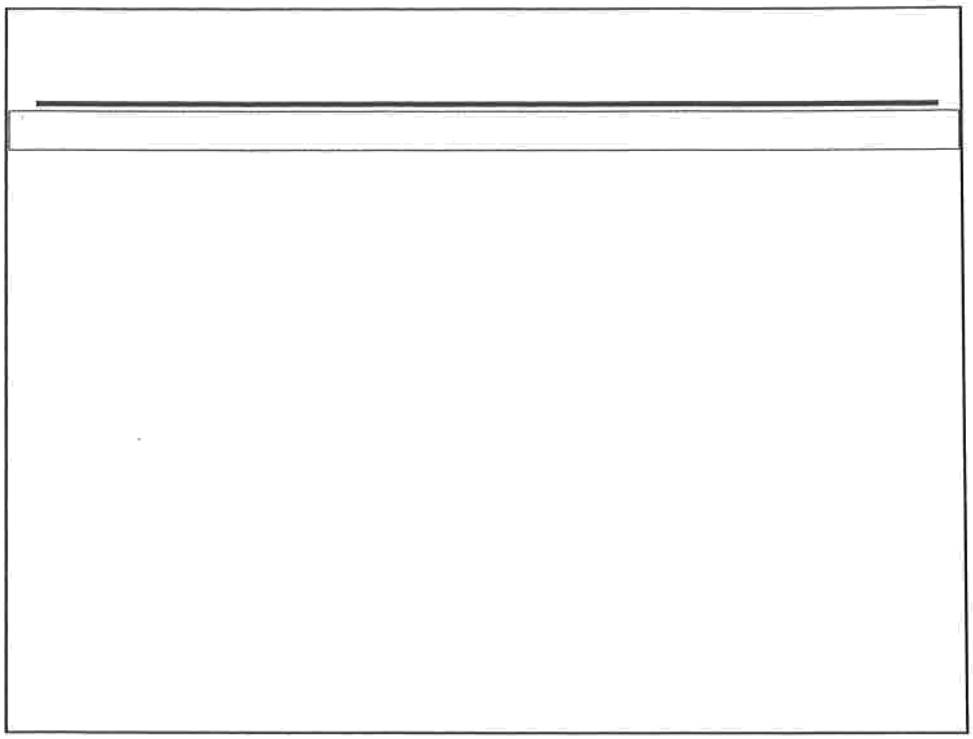
How to achieve

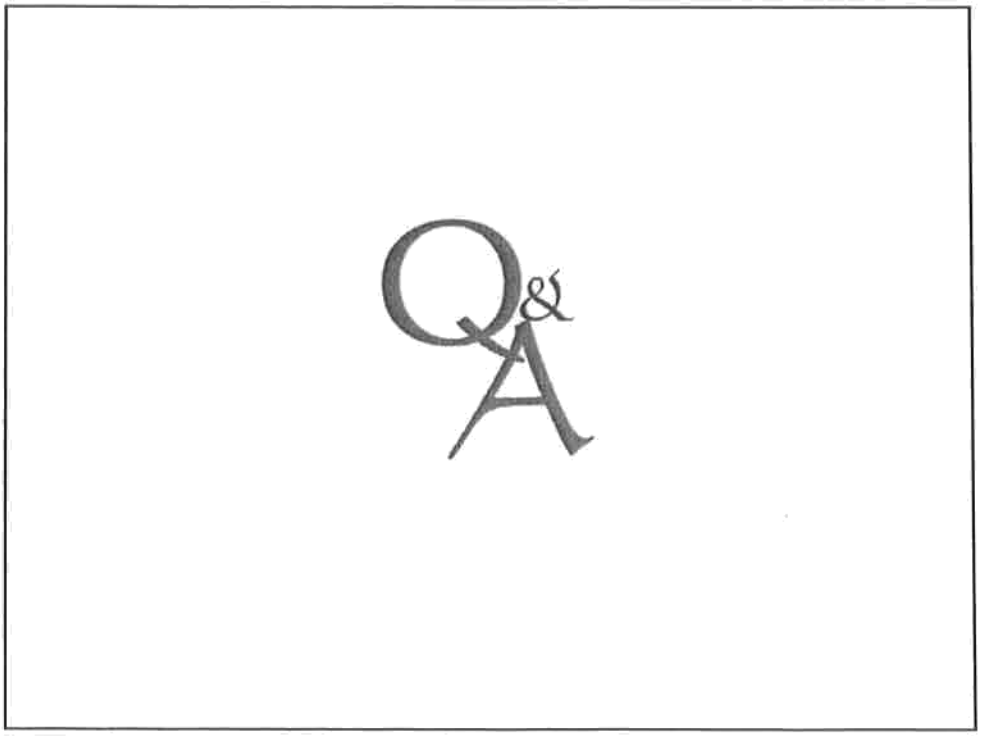
- Capacity Building of Staff as per Service delivery framework
- Role clarity at various levels
- Prioritize addressing -critical care
- Screening of HRP/ high Risk and database to be maintained
- Institutional Delivery at CHC , PHC and higher centers
- Essential new born care and immunization and identification of danger at PHC level
- Growth Monitoring
- Early childhood development at Health and wellness center.
- Integrated package
- Robust Record keeping
- Addressing Security and Medico legal aspects
- Utilizing technology for capacity building and service provision (ECHO, telemedicine, tele-radiology)
- Hiring of HR as a proportion of required specialist, MO, Nurses, Technician, Security etc.

7

Expected outcomes

- Reduction in Mortality and Morbidity
- Better healthcare experiences
- Reduction in Out of Pocket Expenditure
- Reduction in Communicable and Non Communicable disease
- Assured Critical care
- Improved cognitive productive potential




Q&A