

# Building bridges between Universal Health Coverage and Quality

- 1. What mechanisms has your country used to monitor quality of pharmaceutical products and services as part of medicines coverage
- 2. Which mechanisms worked best? Didn't work?
- 3. How is monitoring done? Funding support?

# Where Does Your Health Insurance Dollar Go?



\*Includes prevention, disease management, care coordination, investments in health information technology and health support.

Based on a PricewaterhouseCoopers' analysis, *Factors Fueling Rising Healthcare Costs 2008*. © 2008 America's Health Insurance Plans




## How much pays for Medical Error, Injuries, Death


# What is Quality?


- Performance against expectation
- Patient satisfaction, expectation
- Well-Functioning Health system
- Value for money, safety and effectiveness
- Balance of effectiveness of drugs and efficiency of service
- Skilled health providers
- Performance based financing incorporating quality indicators


# Existing Mechanisms to address Quality of Care and Public Health

- - Accreditation of Health Providers, Quality standards, evidence –based performance measures
- - CPG and Clinical Pathway
- - Effective payment systems, Pay for Performance, referral fees, incentives for care coordination and reporting error (pharmacovigilance system)
- - HTA, EBM benefit
- - Patient involvement in planning, decision making, and accountability

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- Capacity of the FDA – varies, improve staffing pattern and capacity, laboratory (vaccines, Bangladesh). Post marketing surveillance ( Myanmar), Registration and Random analysis before distribution. Electronic medical record that monitors which drugs patient received , strong pharmacovigilance( Costa Rica), random monitoring of patients
  - Prescription habits, patient expectation – engage with prescribers and consumers

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- Costa Rica and Japan – need to have efficient data, need to have intervention
  - Advance country but with limitations – figure out efficient way. Identify indicators, how to process the information in data and action
  - Mexico – testing innovation and scaling up, government standardize, patient empowerment to choose, money incentives


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- Namibia – providers prescribed and dispensed.
  - Ghana – reimbursement delays drove provider to prioritize those who can pay out of pocket
  - Ethiopia – 2 registration system, patients influence prescribers' behavior

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- Difficult to work with prescribers, tried to work with prescribers to develop the guidelines, make them own the process, problem with judicial action in healthcare,
  - Clinical audit system
  - Efficient cold chain and supply storage
  - Who is prescribing the antibiotics



# Key Points to Ponder

- There are significant problems with the quality of drugs/medicines and health care
- This is reflected in the perceptions of stakeholders, in unintentional harm to patients, overuse of ineffective care (intentional or unintentional),
- Poor quality generates additional costs, yet current financing arrangements may actually impede improvements

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- Financing issues are usually debated in terms of the level and method of funding without clarity about what needs to be achieved to address quality in care
  - Failure to monitor unintended consequences, evaluate, learn and address leads to poor quality and unnecessary expenses
  - Quality should serve as the enabling frame that begins, sustains and grows any health financing initiatives toward UHC