



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE**

*31st Session, 23-24 November 1998*

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*Provisional Agenda Item 7*

SPP31/7 (Eng.)  
15 October 1998  
ORIGINAL: SPANISH

### **DEVELOPMENT OF QUALITY ASSURANCE PROGRAMS IN HEALTH CARE**

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## **1. Background and Rationale for PAHO/WHO Action in the Development of Quality Assurance Programs in Health Care within the Framework of the Sectoral Reform Processes in the Countries of the Americas**

For many years one of the most important matters for the governments has been the health of their populations, with significant state resources allocated to addressing health problems and preventing disease.

Despite the efforts by the government and the private sector in some countries, dissatisfaction with the quality of services persists among providers and users alike.

Globalization and the reform of the State have obliged politicians and the health authorities to find a way to respond to user demands, which are becoming more informed and more exacting every day.

These demands by the citizenry are resulting in a search for more efficient services. Those in charge of delivering services, in turn, are looking to cut costs, which cannot be done with poor quality services and the added cost of inefficiency in the delivery of these services. It is also vitally important that the health workers who comprise the team be satisfied with the search.

The health sector in all the countries should clearly define its direction and, in connection with this, develop control and evaluation mechanisms that will enable it to move forward into the new century. One of the most serious challenges that governments must face when implementing health sector reform is reducing the inequities in health, which usually translate into inequitable access to services and unequal distribution in terms of the quality of the services.

The Pan American Health Organization (PAHO) has a mandate in the Strategic and Programmatic Orientations to support the countries in their efforts to reduce every form of inequity in service delivery, whether socioanthropological or gender- or income-related.

Closing this gap in equity is the goal of the governments and the international organizations—reducing the disparities in the quality of the services that are reflected in a lack of access, an inability to solve problems, higher costs, and limited opportunities.

Quality assurance in the services is fundamental to health sector reform, not only to ensure the satisfaction of external users, but also as a strategy for motivating internal users. Adequate information should be available for this undertaking, and this should be conceived as part of a strategy involving teamwork.

In the past, the development of quality assurance programs for the services took place within hospital walls, which seriously limited the countries' progress and success in the field of health. There is no doubt that lack of a precise definition of the concept of quality in the countries and cooperation agencies—a definition that makes it clear that quality is not the same thing as quantity—has been a major constraint up to now. Also, the lack of incentives to develop the desired quality, coupled with the absence of standards and indicators, has been another factor that has bogged down the improvement of the services.

While constraints were once the most important factor, the demanding nature of current users makes it imperative that the governments to discover how to develop programs that will lead to a continuous improvement in the quality of the services—not only in their structural condition but also in the health care process and, above all, the outcomes it generates.

For the international organizations, participating in this activity means supporting the countries in their reform processes. This should be accomplished through programs that improve the quality of the services and assist the ministries of health in exercising their steering role with a view to addressing the health problems of all groups, producing a higher impact at a lower cost. All this requires leadership on the part of the ministries of health, which PAHO can help to strengthen.

The Regional Meeting on Quality Assurance Programs for Health Services within the Framework of the Sectoral Reforms, held from 17 to 19 November 1997 in Argentina, found that a vital activity of PAHO is its support for quality assurance programs in the services, as part of the health sector reform processes under way in the countries. This topic will be reviewed briefly, noting the action that PAHO can take.

## **2. Modern Concept of Quality in Health Care, its Continuous Improvement, and the Programs to Assure It. Implications for PAHO Technical Cooperation in this Field**

Quality is the set of characteristics of goods and services that meet the needs and expectations of users and the community, as well as the health workers who provide services as part of the health care team.

The quality of care has a technical dimension linked with solving or preventing a patient's health problems, another dimension that is established between those who provide the services and those who receive them, and still another shaped by the elements of the external environment.

A quality improvement program is geared less to structures and more to the process and its results, leading to more effective services. Quality assurance programs must be politically sustainable. This requires that the highest political authorities be involved in their preparation and in program evaluation.

Clear legislation that facilitates the implementation and maintenance of the programs should be available. The programs should also be economically sustainable, since they involve long-term investments that will permit the optimization of the resources utilized.

These programs must enlist the broad participation of all sectors: the public and private sectors, the universities, community groups, and professional schools.

The role of PAHO technical cooperation in the countries will be to help the authorities ensure the proper use of resources, both human and financial, and to guarantee the outcomes of the service delivery.

PAHO should collaborate in the search for a consensus on this topic and facilitate research, intelligence generation, and the effective transmission of knowledge, lending its support to enable the countries to develop the technical capacity to respond to users' needs, utilizing the previously defined concepts and appropriate strategies.

In the regional area, PAHO should seek partnerships with other organizations to strengthen activities in this field. Furthermore, it should adapt its strategies to meet the challenges facing the countries. This will imply its own modernization.

As part of this strategy, PAHO should mobilize human, technical, and financial resources to support the development of quality assurance programs in the countries. It should develop comprehensive projects to help the countries to transmit knowledge and develop their institutional technical capabilities, furnishing the countries with a roster of experts and promoting human resources development to support the programs in the Region.

The critical areas of the quality assurance process, in which the countries' efforts could be concentrated, may be summarized as follows:

- the role of the State as guarantor of the quality of health care in the health sector reform processes;
- users and the population as active participants in these processes;
- quality and standards in the services to achieve efficiency;

- the quality and evaluation of the services and technologies utilized;
- quality, indicators, and standards in quality assurance;
- quality and health officials: performance incentives;
- methods of payment to service providers as quality improvement tools.

Joint efforts in these areas will enable the countries to improve efficiency and effectiveness in the health services.

### **3. National Experiences and Main Regional Trends in Quality Assurance Programs in Health Care**

A number of countries are working to develop quality assurance programs in their health services.

Below is a description of the experiences in Argentina, Chile, Cuba, and Jamaica, notwithstanding that Brazil, Colombia, Costa Rica, Ecuador, Mexico, Nicaragua, and Trinidad and Tobago, *inter alia*, are also conducting their initiatives of their own in this field.

#### **3.1 Argentina**

The National Medical Care Assurance Program (PNGCAM) has been operating in recent years to provide a systemic response for one of the principal strategies of health sector reform: improving the accessibility, efficiency, and quality of the health services. The PNGCAM is the main component of the sectoral reform process—a set of priority strategic orientations aimed at providing a global response to the problems in medical care. Its main objective is to standardize medical care, with the State assuming a leading and unrelinquishable role in guaranteeing the health of the population, thereby contributing to:

- a) the effectiveness, efficiency, and quality of the system;
- b) the rational use of resources;
- c) the institutional strengthening of the sector;
- d) the transformation of the model of care;
- e) accessibility, solidarity, and equity;

- f) medical education;
- g) in-service training, and
- h) a reduction in excessive litigation stemming from professional malpractice.

The PNGCAM is compulsory for public self-managed hospitals, social security, and institutions that are part of the system. It promotes centralized regulation, decentralized operations, local programming and adaptation, institutional participation and coordination, and complementation of the service network.

The Ministry of Public Health and Social Welfare provides assistance in the development and implementation of regulations; conducts seminars in the country to disseminate the program; and sets up the necessary committees for carrying out the program.

### **3.2 Cuba**

The policy on quality assurance in health care is grounded in the guiding principles of the State and the National Health System (SNS). Development of quality in health care involves:

- the historical evolution from an outpatient care model to a comprehensive polyclinic, and extension to community medicine, culminating in the current national health system, based on the family physician and nurse, whose network concept is projected in the polyclinic and the hospital;
- implementation of an intensive program for human resources education;
- the creation of research institutes and close ties with the University;
- the introduction of advanced clinical and social epidemiology, and the development of technical procedures manuals and treatment protocols that permit more efficient and effective interventions based on the most universally accepted knowledge;
- monitoring and evaluation of health care, which is performed by hospital committees through inspections and supervision that extend to outpatient care centers;
- improvement of hospital medical audits;

- the application of cost control systems;
- implementation of the national program for the prevention and control of hospital infections;
- monitoring and evaluation of the quality of care, through joint analysis with the population of processes and results;
- the concept of the “target” population of the health activities (user satisfaction);
- the importance of local creativity to maintain quality and improve indicators with limited resources.

In addition, national drug programs are under way and emphasis is being placed on the training of human resources.

### **3.3 Chile**

In this country, health sector reform is geared toward equity, decentralization, and the participation and satisfaction of the user (the population). Its vision for the future consists of five lines of work:

- improvement of the mixed health system;
- fostering predominance of the public system in insurance, service delivery, and expenditure, strengthening its regulatory role through the separation of functions;
- equity, decentralization, social participation, and user satisfaction;
- a model of care that strengthens the service network and health promotion;
- management commitments.

In 1997, the program for evaluating and improving the quality of care became a quality assurance program and assumed a regulatory role. Its purpose is to improve the performance of the planners and executors of the service network and to assign responsibilities for these actions.

Chile has succeeded in incorporating the universities, scientific societies, and professional associations into the national system.



Some of the most relevant lessons learned from this process are the importance of:

- developing a democratic, horizontal, participatory training style that promotes creativity and produces immediate results;
- developing an appropriate proposal for the local situation that employs *ad hoc* instructional materials;
- the availability of advisory services and programmed insurance;
- creating opportunities to harmonize technical expertise, with respect for people and better use of resources.

### **3.4 Jamaica**

The Quality Assurance Program (QAP) of Jamaica is a mixed public/private system. Sectoral reform seeks to separate policy functions from service delivery; decentralize the health services; eliminate parallel administrative structures; increase accountability; provide a better response to emerging diseases; improve management; and produce substantial changes in the quality of the services. The QAP is run by the Ministry of Health through the Division of Standards and Regulation, which has functions in the public and private sector. The Division sets the basic legal standards for the delivery of medical-legal services and the monitoring of professional organizations, as well as for the health and pesticide authorities, the pharmaceutical industry, and clinical laboratories. The Division of Program Development and Coordination, in contrast, is in charge of assuring continuous quality improvement in the areas of family health, reproductive health, mental health and substance abuse, and emergency and disaster management. It also disseminates literature to promote evidence-based medicine (development of manuals of procedures and protocols for hospital care).

In short, these and other experiences indicate that the regional trends are based on important concepts and strategies in the development of quality, among them:

- continuous improvement and total quality, which can be considered a single strategy;
- reengineering, which is the design of innovative processes that radically change the way a good or a service is produced—an activity grounded in the philosophy and “tools” of total quality/continuous improvement;
- the search for best practice, or “benchmarking.”

Quality development in the health services has been conducted through the comparison of quantitative performance standards in terms of quality and efficiency (USA). In Latin America and the Caribbean it has been conducted through an interpersonal dimension (Mexico).

At least five regional trends can be identified that sum up the evolution of this process:

- *measurement and demonstration*: it is increasingly important to measure performance and to be able to provide evidence that demonstrates it, especially, as a consequence of the consolidation of the public/private mix; of pressure from the population, and of cost containment. This requires adequate information systems with indicators and standards;
- *the evolution toward quality assurance*: it is necessary to guarantee the population the greatest benefits and the fewest risks. This is achieved through integrated strategies rather than isolated activities;
- *the combination of quality management strategies*: continuous improvement is one of the standards set by the Comisión Conjunta de Acreditación de Organizaciones de Atención a la Salud (CCOAS) and the Joint Commission on Accreditation of Health Care Organizations (JCAHO) in both the United States of America and Canada. Actually, it has been demonstrated regionally that one strategy by itself is not enough and that no strategy is intrinsically better than any other one;
- *user-oriented processes and results*: it is clear today that, due to the emphasis on users, there is a need to focus on processes and results and to involve the population in the strategies for quality management;
- *from hospitals to systems*: the emphasis is shifting from individual facilities to health care networks. There is evidence that the traditional hospital is changing as a result of technology and high costs, implying a decrease in the number of beds and a shift to outpatient or short-stay facilities or services provided in the home. The quality approach should also include prevention and environmental services.

The regional experiences confirm that support from neighboring countries and the international cooperation agencies is necessary. The private sector, the community, professional associations, the universities, and the international cooperation agencies should be involved in the preparation of the manuals and the discussions on evaluation standards and indicators. The continuous improvement of quality and equity should be included as a permanent challenge.

#### **4. Proposed Lines of Action for the Program on Strategic Technical Cooperation**

PAHO should serve as an efficient catalyst in this field, which is strategically linked to the sectoral reform processes under way. This implies activities in several areas, always as joint action with other actors with an interest in this initiative. These activities at the regional and local level will be implemented and promoted to ensure that the countries exercise their regulatory role through the development and execution of quality assurance programs.

##### **4.1 *Regional Level***

###### **4.1.1 *General Strategies***

- PAHO will promote the development of policies at the regional and country level to ensure continuous improvement in the quality of the services within the current reform process as a strategy to improve the services.
- PAHO will support the reform processes, with a view to developing results indicators and properly evaluating the services, as an innovative element to facilitate the continuous improvement of quality. The indicators should be qualitative and quantitative, and the respective standards should be taken into account.
- PAHO can move toward the establishment of a regional information and analysis center (Clearinghouse) that will be useful for both providers and users. The Clearinghouse would contain information on activities already under way, as well as others that are still in the design phase.
- To implement these quality assurance processes, technical standards and incentives programs must be developed, an area in which PAHO can collaborate.
- Support and encouragement should be provided to the countries to conduct assessments of the health technology in place, incorporating the concept of quality management and eliminating existing inequities.
- It is necessary to promote development and propose new methods of payment to service providers that include quality criteria, as well as incentives and evaluation standards, as part of the regulatory role of the ministries of health.

- The accreditation of health systems and facilities is fundamental to the quality assurance process. Thus, it is essential to support the development of strategies to guarantee that this task performed efficiently and complemented with subsequent evaluation.
- PAHO support for the sharing of experiences among countries will be highly beneficial for furthering this process.
- PAHO can seek partnerships with other agencies to support the development of processes for the continuous improvement of quality in the health services, both in hospitals and facilities at the first level of care.

#### 4.1.2 *Health Worker Education Strategies*

- It is essential to support the development of quality assurance processes with continuing education programs on maintaining and improving the quality of the services; these programs would be geared toward the entire staff of the health facilities network.
- The development of mechanisms and standards to measure the quality of the educational programs thus becomes a key aspect that should be supported with activities involving assistance from experts in the field and the participation of health workers.
- It is necessary to serve as facilitators for coordinating with the universities of the Region to take advantage of the educational programs on quality in the services.

#### 4.1.3 *Research Strategies*

- International support is important for ensuring that the results of the quality assurance programs in place are studied and disseminated, and, if necessary, for proposing corrective action.
- PAHO can collaborate to promote the development of pilot plans for continuous quality improvement in different health facilities within the networks of the countries.

## 4.2 *Country Level*

### 4.2.1 *General Strategies*

- PAHO can conduct seminars with management staff to promote a consensus on the need to formulate and include policies for continuous improvement of the quality of network services in the health sector reform process.
- It is necessary to promote comprehensive processes and national quality assurance programs. The authorities will receive support to enable them to develop systems for evaluating the services and to establish programs for quality improvement. Training workshops for staff will be promoted to ensure the development and correct application of quality indicators and methodologies for evaluating the services with community participation.
- Assessing the technologies in use, preparing treatment protocols, and disseminating evidence-based medicine are strategies that will be supported with specific programs.
- Promoting the use of international information at the Clearinghouse on quality is one of the activities that should be promoted to facilitate country processes.
- PAHO will offer workshops to support national authorities in drafting technical standards, creating incentives, and developing indicators and standards, as well as implementing them throughout the network of services.
- PAHO can conduct activities with health workers to study the various forms of payment to service providers.
- The countries will receive support for the creation and operation of institutional working groups on continuous quality improvement in health service network facilities. This will help to reduce the existing levels of inequity.
- PAHO will support the efforts of the authorities to involve the users of the services in all aspects of the quality improvement process.
- The preparation of manuals to evaluate accreditation procedures and their correct application should be promoted. To this end local workshops will be conducted with the participation of health workers.
- The national authorities will receive support for conducting quality audits in all health service network facilities.

#### 4.2.2 *Health Worker Education Strategies*

- PAHO will support training activities for all health workers on improving the quality of the services
- University authorities in the health sciences will receive support to begin discussions on the importance of making quality assurance in the services part of the regular professional and graduate programs.

#### 4.2.3 *Research Strategies*

- The national authorities will receive the necessary support for implementing research programs on the quality of the services, on the results of the quality improvement programs, and on quality assurance.
- The national authorities will receive support for implementing pilot plans to test the selected quality indicators and standards for subsequent use in national programs.

### **5. Strategic Partnerships and Mechanisms for Coordination with Other Institutions**

#### **5.1 *Regional Level***

The limited resources available to the countries to meet their needs in health, coupled with a quantitative and qualitative increase in demand, has generated a greater need for international cooperation.

Nowadays, an implicit condition for any type of international cooperation, whether reimbursable or not, is quality assurance programs that guarantee efficient use of the resources provided.

The mandate of the Presidential Summit of 1994 notes that the struggle against poverty requires equitable access by the population to basic, quality health services. Compliance with the mandate demands strategic partnerships between countries and agencies.

Regional partnerships can be forged with other bilateral or multilateral technical and financial cooperation agencies such as the IDB, UNICEF, USAID, and the World Bank; with universities that offer international programs; with specialized collaborating centers; and with private agencies that have significant expertise in the accreditation of health facilities, such as the Joint Commission International.

The coordination mechanisms can vary: joint publications; forums and visits to share experiences; joint preparation of promotion and evaluation instruments; shared financing; technical cooperation; and marketing.

The objective of these partnerships between different actors under the various mechanisms will be to join efforts to ensure that health services in the countries are offered with quality.

Bolstering international efforts to achieve this end and avoiding the duplication of efforts and the wasted experiences and efforts will lead to coordinated action that will make it possible to move toward the necessary changes in the sector. Such changes include not only lower costs, but better services in terms of the end product: a satisfied user.

## **5.2    *Country Level***

The countries employ different types of coordination for developing and promoting quality in the health services. These should be explored and developed, as resources and the will of the countries permit. Three levels of coordination are involved: among health sector institutions; between these and the institutions of other pertinent sectors, and between the institutions and other organizations outside the government sphere.

This topic is important not only for institutional public and private service providers but also for the ministries of finance and economy and for newly emerging organizations in Latin America, such as tenants' rights organizations, patients' rights organizations, medical arbitration committees, etc.

Some of the international organizations operating in the countries with whom coordination mechanisms should also be established at this level are the IDB, UNDP, UNICEF, USAID, and the World Bank. The purpose of this coordination is to strengthen quality assurance programs in the countries.

There is also the possibility of coordination with the institutions and nongovernmental organizations operating at the community level, in close contact with the users of the services whom they are attempting to satisfy. In this field there are associations of users, service providers, insurance companies, professional schools, professional sectoral associations, and mayors' associations.

Coordination mechanisms can vary, depending on the organization involved, and range from the development of joint plans for technical cooperation to strengthen quality

programs, to the exchange of information or methodologies, support for research, the exchange of instruments and other experiences, joint financing of quality improvement programs, joint activities, or coordination for the joint analysis and evaluation of results. These activities will help to create, strengthen, and improve national policies governing the quality of the services and the activities that form part of these processes within the service network of groups devoted to quality improvement in the institutional sphere. These partnerships will ensure more effective results and better use of international financing funds.

The development of strategic partnerships among the institutions of the State, and between the State and the private sector and the international community, as well as civil society, will strengthen all the activities under way in this area. Although this topic is not new, it requires a new approach to survive; entities that receive economic support from international and local agencies must be integrated into the current reform and modernization processes in order to improve the efficiency of health activities, as well as the living conditions of the population, at a more reasonable cost.

## **6. Challenges for Future Action**

The future holds serious challenges with respect to the quality of the health services, for both the political authorities and the international organizations that provide technical and financial support. At this level, PAHO will have interesting opportunities, not only for developing strategic partnerships with other agencies but also—within the framework of activities under way and the reform policies being implemented—for helping country authorities to meet the needs that arise along the way.

The key challenge for the health authorities entering the new century will be ensuring quality services at the lowest cost for the entire population. To make this possible, clear strategies and actions should be defined that take the interests of the different actors in the sector into account. To this end it is desirable that the health authorities discuss the quality of the health services in order to ensure that:

- the concept of “quality” in health to be applied in the programs is defined and clarified;
- the quality of the health services in the countries is known;
- priority is assigned to the activities to be carried out in the short and medium term;
- the advisability of incorporating both users and the general population in the process is determined;



- the cost-benefit ratio of the poor quality services provided (the real cost of inefficiency) is investigated;
- a decision is made on whether to consider the component a priority for the implementation of quality assurance programs in the health sector reform process;
- a decision is made on whether the component of equity should be included in the programs when discussing access to the services, and anthropological and gender aspects are included.

As the process unfolds new challenges are likely to arise that must be detected in a timely manner to permit their inclusion in future programs. From the broad discussion of the topic, the lines of action that should be followed in cooperation will no doubt emerge.