



TECHNICAL ADVISORY GROUP PROVIDES GUIDANCE TO USAID IN HEALTH CARE IMPROVEMENT

Leading health care improvement experts gathered in Washington, DC on May 18, 2009 to serve as the Technical Advisory Group (TAG) for the Health Care Improvement (HCI) Project, USAID's global initiative to expand the application of modern improvement methods to critical health care problems in developing countries. Launched in October 2007 as a three-year Task Order to University Research Co., LLC (URC),

the project is at its mid-point. The Technical Advisory Group, comprised of experts in the project's statement of work, met to review HCI's progress to date and provide guidance for its direction in the second half of the task order.

The panelists were welcomed by Ms. Gloria Steele, Acting Administrator for Global Health at USAID, and Ms. Barbara Turner, President, URC. Dr. James Heiby, USAID CTO for the HCI Project, began the meeting with a brief review of the evolution of USAID's program in quality improvement that has culminated in the Health Care Improvement Project. Dr. M. Rashad Massoud, HCI Director, followed with a brief overview of the project's objectives and key activities.

The remainder of the meeting addressed five topic areas critical to fulfillment of the statement of work: strengthening health systems, health workforce development, spread and institutionalization, quality improvement methods, and global learning/knowledge management. To frame the discussion, HCI staff opened each topic with brief presentations on project strategies and results [and then posed a specific question to the TAG panelists.



Gloria Steele and Barbara Turner

Question #1. Applying quality improvement to strengthen health systems: How can we continue to build capacity in applying QI to strengthen health systems at different levels?

HCI presentations: Neeraj Kak explained HCI's approach to health systems strengthening, consistent with the WHO Systems Strengthening Framework: Focus on districts, service integration, building capacity of district managers and frontline health workers through mentoring and on-the-job support, strengthening information systems, accountability, and adoption of a chronic care model. Donna Jacobs described how this approach has been implemented in South Africa to strengthen the district level delivery of hospital and primary care services in 26% of districts in

Members of the HCI Technical Advisory Group:

Bruce Agins, MD, MPH, Medical Director, New York State Department of Health AIDS Institute, New York City, NY, and Director, HIVQUAL International

Katie Coleman, MSPH, Research Associate, MacColl Institute for Healthcare Innovation, Seattle, WA

Göran Henriks, MA, Chief of Learning and Innovation, Qulturum, Jönköping County Council, Sweden

Gregg S. Meyer, MD, MS, Senior Vice President, Center for Quality and Safety, Massachusetts General Hospital, Boston, MA

Lloyd Provost, MS, Improvement Advisor, Associates in Process Improvement, Austin, TX, and Senior Fellow, Institute for Healthcare Improvement, Cambridge, MA

David M. Stevens, MD, Director for the Quality Center and Associate Medical Director of the National Association of Community Health Centers (NACHC), Bethesda, MD



HCI Technical Advisory Group (left to right): Katie Coleman, David M. Stevens, Göran Henriks, Gregg S. Meyer, Lloyd Provost, and Bruce Agins.



Neeraj Kak and Donna Jacobs

the country. Victor Boguslavsky described achievements in Russia to institutionalize improvements in HIV/AIDS treatment, care and support and TB-HIV integration through orders and decisions issued by health authorities in the two regions supported by HCI. Nigel Livesley described the fundamental shift in system focus from acute to chronic care and how HCI is introducing a chronic care model for HIV treatment in Uganda.

Comments by TAG panelists:

- How do you lose the project mentality and think in terms of system level changes? It is important to understand the contextual situation in which improvement activities are carried out.
- Success for the HCI Project will depend on its ability to transcend dependence on charismatic leaders and actually hard-wire health systems for improvement. Need to make doing the right thing the easy thing to do (i.e., the default) and make doing the right thing meaningful to all levels of the system.
- Recognize the common struggles faced within developed countries and developing countries. It is interesting to see that QI methods used in developed countries seem to work even better in developing countries.
- Essential to embed QI at the facility level and sustain this work, not just at a higher level.
- Need to work with the system leadership to engage them in the improvement process and sustain their involvement.
- Include the customer's perspective to make improvements. Health care should be "patients-focused" (focused on the needs of many patients): understand their perspective and have them be part of the improvement process.

Recommendations by TAG panelists:

- Design care for chronic diseases to offer patients pre-packaged bundles of self-care interventions. Patients could then select the interventions that best meet their needs, in much the same way IKEA customers select individual furniture items in pre-packaged bundles to assemble at home.
- Other elements of the Chronic Care Model that you should build in are clinical information systems (ways to facilitate timely individual patient care and identify and target subpopulations for health interventions) and self-management support (working with patients to support their efforts to manage their health and health care).
- Align measures of improvement across all levels of the health system and with the information system, and build in ways to allow all levels to hold each other accountable.
- Make it explicit who is tasked with measuring and reporting on quality on an ongoing basis.
- Engage civil society actors and patients in improvement; while hard to achieve, it provides the biggest returns.

Question #2. Health workforce development: *What are your thoughts about our approach to engaging or supporting the human element of health care?*

HCI presentations: Lauren Crigler described HCI's approach to applying QI to health workforce issues through a focus on increasing health worker engagement. She described the framework guiding the human resources collaborative being implemented by HCI in Niger and the drivers of health worker engagement: belief in job and organization; belief in ability to succeed; good relations with supervisor



Lauren Crigler and Maina Boucar

and team; opportunities for professional advancement; recognition and reward; and influence in decision-making about work. Maina Boucar presented the results of the baseline assessment of employee engagement in the Tahoua Region of Niger and described the start-up of the collaborative.

Comments by TAG panelists:

- The new Niger collaborative is a ground-breaking application of the collaborative approach to a critical area; the mix of strategies and multi-pronged approach seem very appropriate.
- The hierarchical nature of the health system in many countries may be a challenge for this strategy.
- QI at its core is about engaged employees.
- How do you get everyone to feel that improvement is part of their work? The goal is for everyone to see they have two jobs – their work and then how to improve their work. Each health worker should be able to answer three questions: Am I treated with dignity and respect everyday? Am I given the resources to do my job? Does anyone notice if I do my job well?
- This is an opportunity to develop a new team approach: using teams to address issues of productivity and task-shifting to be more effective. Good teams will be especially needed as systems transition from a focus on acute care to chronic care.
- When focusing on productivity, keep in mind that it's not the people that are wrong but the circumstances that we created for them to work in. Also, be careful that increasing productivity of health workers does not lead to overuse of medical care.

Recommendations by TAG panelists:

- If high staff turnover is inevitable, plan for it. Since remuneration is very low, staff often leaves for professional advancement. Consequently, it is important to identify professional development incentives for staff.
- Measure patient experience—it is an important outcome measure for staff satisfaction.
- The ability to receive feedback is an important skill to learn; improvement efforts should prepare staff for giving and receiving feedback.



Lynne Miller Franco and Jorge Hermida

Question #3. Spread and institutionalization: *Where we can best focus our efforts to strengthen institutionalization and spread improvements?*

Lynne Franco posed two key research questions for HCI: How do we make improvements stick? How do we get them to scale? She noted that HCI's definition of institutionalization refers to establishing and maintaining QI as an integral, sustainable part of a health system or organization—making quality service delivery and QI the “default” response of the health system. Jorge Hermida described how following a demonstration collaborative, there is need to synthesize and consolidate what has been learned about how to improve a particular aspect of health care and to gather the tools developed that can make future improvement more efficient.

Comments by TAG panelists:

- What is the HCI strategy to hardwire the system to do QI? HCI already has the ingredients for institutionalization, but needs a strategy and different tactics (depending on the audience). Need to make this strategy appealing to policy makers and political leaders. Making the business case for QI – getting in the door and building an evidence base – is a good approach.
- View quality improvement as a political act; there needs to be a very intentional strategy from the beginning, starting with raising awareness. Determine who is interested in this work? Who will fund quality improvement? Who will this work affect? Who would be in favor, and who would disrupt / oppose this work? The interests of these different stakeholders need to be kept in mind when developing strategies.

- Changing the culture of health care is the key to sustainability: improvement efforts must focus on what we leave behind in terms of the work culture.
- The synthesis and consolidation of learning at the end of a collaborative is something the MacColl Institute has also struggled with over the past 15 years. Synthesis is important to capture the tools and strategies that constitute the effective “change package”.
- Capacity building is the foundation for spread: need to ensure that there are shared values, principles, and methods; these lead to shared results.
- Another effective method for institutionalizing QI is community governance. How does community fit into QI? Leverage communities as a political force by tapping into their willingness to work on their own health needs. We often ignore this.
- How do we integrate QI into the systems that already exist? This is the most important aspect: working with existing committees, structures, etc.
- The best way to make QI permanent is to build in quality measures that are related to strategic priorities, through a balanced cascade of measures, dashboard, or balanced scorecard.
- Institutionalization studies should not be studies of QI but rather studies of institutionalizing changes in care. What we want to study is not actually QI methodology, but health systems change: How does this happen? What factors need to be in place?
- What would different levels of health systems look like if QI were institutionalized? Identifying the key question is very important (what quality issue do we need to answer); this ‘question’ is the jumping off point for quality improvement work.

Recommendations by TAG panelists:

- Demonstrate the business case for QI: Is it cost-effective? What are the savings over time? Design deliberate communication strategies to share what works and to convince stakeholders in new places what could work for them.
- Continue to build the evidence base for improvement methods.
- Create standards and expectations for each level of the health system and define what capacity building is needed to support these roles.

- Each project activity should have spread and institutionalization built into it and a strategy for addressing the interests of various stakeholders.
- When moving to spread, keep in mind that instead of just focusing on spreading methods and tools, the key components for sustained improvement are relationship building, communication and coaching. In addition to sharing the tools that come out of the initial collaborative, HCI needs to find ways to institutionalize the idea behind “learning sessions” to create mechanisms for ongoing learning and sharing. Tools also need to be integrated into the health system so that they become a permanent part of the way things are done.

Question #4. New directions in quality improvement: *What are your ideas on methods, approaches and frameworks that we should consider and adapt in order to tackle the priorities in improving health care in the contexts we are working in?*

Oscar Nuñez recounted HCI's experience in Nicaragua working with health workers and patients to identify changes to introduce in maternal care that respect and recognize cultural differences with respect to delivery and the effects these efforts have had on increasing hospital deliveries (reducing home births). Ibrahim Maroof and Kathleen Hill described HCI's new work in Afghanistan to build Ministry of Health capacity in health care improvement by applying lessons from EONC work in Niger to phase in high-impact maternal newborn interventions at a district level.

Comments by TAG panelists:

- Presentations suggest that QI methods used in the US work even better in developing countries.



Rodrigo Bustamante and Oscar Nuñez



Victor Boguslavsky

- “Mass customization” allows you to efficiently develop a small set of service packages that are easily customizable to meet user needs.
- A lot more is happening than is in the data. How do we capture cultural changes that are needed to effect positive outcomes?
- It is important to map out the process of care and introduce measures that show how well the system or care process is working as a whole.

Recommendations by TAG panelists:

- Make greater use of positive deviance analysis—when things go really well, look in depth at the positive outliers to better understand why things went incredibly well. Also, look deeper when things didn’t work well to understand why not and what can be learned from that.
- Build in how you’re going to learn, so when adverse events occur you’ll have a way to review that. Build in a system to learn from failures.
- Apply the collaborative approach to address other environmental factors that cause underperformance, such as leadership and fiscal issues.
- Use patient safety as a lever and a wedge issue into QI. People understand safety as an issue. Measure safety awareness in the country before beginning the work—document how comfortable people are speaking up, etc. and measure progress in this awareness as a result of QI activities.
- Look at other QI methodologies, like “lean process improvement,” which is trying to systematically take waste out of processes.

- Develop measures that show how well the continuum of care is working, as a whole.

Question #5. Partnerships for global learning: *What additional strategies and mechanisms can you suggest that will build on these efforts and allow us to strengthen global and regional communities of practice for improvement?*

Lani Marquez described HCI’s global learning strategy of developing an open-access, database-driven website for global knowledge management in QI that will provide a systematic way for storing the knowledge generated in the field and making it available to users worldwide. Dorcas Amolo described HCI’s efforts to develop a regional community of practice for improvement of services for orphans and vulnerable children through training events, monthly conference calls, website, and virtual and on-site technical assistance.

Comments by TAG panelists:

- What HCI is doing is really on the forefront globally. Key to the project’s success will be building learning communities, expanding the evidence base, and increasing people’s skills to solve the next problem.
- HCI’s knowledge management website must be seen as larger than HCI—make it a global resource in health care improvement. The challenge is to make sure that major stakeholders (CDC, UN agencies) as well as other USAID partners are aware of it and can also contribute to it.
- The depth and breadth of the work is impressive. The spirit of enlarging this activity beyond HCI is to be admired. Are there common themes across countries that we can pull out and use as general lessons learned to inform improvement work more globally? How can we talk about the work in ways that will engage others?
- The target audience of the website is fine but how do you pull people in? There needs to be a blend of pull and push strategies to encourage people to

use the website. It’s important to know your audience and think through how to partner with major organizations to link them to your website.

Recommendations by TAG panelists:

- “Steal shamelessly; share senselessly.”
- Develop social networking features to help people identify and connect with QI practitioners or groups in their area.
- Stay in a learning mode, and don’t forget the importance of creativity and its role in QI.
- Website can be a way to reach patients to find out more about the patient experience. Connect QI methods to patients and build their capacity (and that of providers) to address patient safety issues. Package QI concepts into materials for consumers, so that patients are more involved in their own health.
- Partner with major quality organizations to link them to your website to pull in their communities and explore linking with universities, both in the US and other countries.

Concluding Remarks

The panelists all expressed support for the project’s goals and ambitious work program and interest in convening again to follow further achievements of the project.

Dr. Meyer recognized the leading edge nature of the work and commended USAID for its continued investment in quality improvement: “The American people would be pretty happy if they knew more about these programs done in their name. There’s a lot to be proud of here.”



James Heiby and M. Rashad Massoud