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ENSURING ACCESS TO QUALITY
HEALTH CARE IN CENTRAL ASIA

TRIP REPORT:

Development of the Quality Improvement Concept Paper in Kyrgyzstan

Authors:

Bruno Bouchet, Regional Quality of Care Director, ZdravPlus

September 15-19, 2003

Bishkek, Kyrgyzstan



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I. Acknowledgements

The author expresses his gratitude to all people met during this mission and whose names are listed in Annex 3 of this report. Their patience with all of our questions has been greatly appreciated. We also apologize for any incomplete or inaccurate statements that come only from time constraints or incomplete notes. We are asking the readers to report to us any inaccuracies that they deem important¹. We also apologize for missing or misspelling the names of our counterparts due to defects in our own notes.

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II. Executive Summary

This mission had one **objective**: To help leaders in Kyrgyzstan finalize the concept paper on a national quality improvement strategy;

We carried out the following main **activities**:

1. Lecture/presentation of the conceptual framework on the factors that influence the quality of care;
2. Discussions with working groups of stakeholders on the various components of the framework;
and
3. Adaptation/drafting of the concept paper.

The following **results** were achieved:

1. A complete draft (not approved yet) of the concept paper was developed; and
2. A plan for finalizing the paper was developed.

We are suggesting two **next steps**:

1. The finalization and official approval of the concept paper/strategy; and
2. The development of operational plans for the implementation of interventions that will improve the performance of each component.

III. Background

The Central Asia Quality Health Project – known as the ZdravPlus Project – funded by the US Agency for International Development (USAID) is working with the governments of five Central Asian countries to improve the quality and efficiency of health services. The project works in selected areas of these countries to support health sector reform as well as technical assistance, training and limited provision of equipment.

Health reforms in Kyrgyzstan seek to improve the quality and efficiency of health services, with an emphasis on strengthening primary health care. In a shift from the Soviet system that centered on highly specialized care provided in highly specialized facilities, newly formed Family Group Practices (FGPs) in Kyrgyzstan bring together internists, gynecologists and pediatricians into primary health care practices that provide a range of services in a single facility close to where people live. The reform is at various stages of implementation throughout the country, but some FGPs now have their own budgets, based on a capitated payment for each person enrolled, and they compete for clients.

Initial emphasis was on reforming the health care financing system, restructuring of the health system, equipping and training. Since the reforms are sufficiently evolved to allow the FGPs both autonomy and increased capacity, ZdravPlus feels that the introduction of specific quality improvement activities is appropriate and timely to help facilities improve the quality of care they provide.

A review of Quality Improvement activities in July 2002² concluded that Kyrgyzstan has reached a level of maturity in the reform that allows developing an integrated quality improvement system within the health sector. This process started with the development of a conceptual framework for quality improvement³, followed by a national conference where stakeholders discussed their roles and responsibilities in the institutionalization process⁴.

By the time of this mission, a group of leaders, representing different types of organizations, drafted a concept paper to describe the national QI strategy based on the conceptual framework that was accepted during the conference.

IV. Objective

The specific objective of the visit was:

To help leaders in Kyrgyzstan finalize the concept paper on a national quality improvement strategy.

V. Activities

The major activities of this mission were:

1. Lecture/presentation of the conceptual framework on the factors that influence the quality of care;
2. Discussions with working groups of stakeholders on the various components of the framework; and
3. Adaptation/drafting of the concept paper.

² Review of Quality Improvement Activities in Kyrgyzstan. Bruno Bouchet & Irina Stirbu. 21-31 July 2002. ZdravPlus Trip Report.

³ Preparation for the National Conference on the Institutionalization of Quality Improvement Activities in Kyrgyzstan. Bruno Bouchet. 24 – 28 February 2003. ZdravPlus Trip Report.

⁴ National Conference on the Institutionalization of Quality Improvement Activities in Kyrgyzstan. Bruno Bouchet & Irina Stirbu. 13-27 May 2003. ZdravPlus Trip Report.

VI. Results

1. We produced a complete draft of the concept paper for review and approval by the leaders and Ministry of Health.
2. We developed a plan for finalizing the paper.

VII. Next Steps

1. ZdravPlus will have the draft concept paper translated into Russian and distributed to the leaders for review;
2. The leaders will make their comments, which will be collected by ZdravPlus (Marat Turgunbaev) and the technical assistance unit of the WB-funded project (Aynura Kadyralieva);
3. The leaders, with technical assistance from ZdravPlus and the WB project, will write a shorter version to be presented to the Ministry of Health for approval, in an appropriate format; and
4. In the meantime, ZdravPlus will facilitate the meetings of the six working groups on the development of operational plans for each of the components.

VIII. Annexes

Annex 1: Draft concept paper for the quality improvement strategy

Annex 2: Distribution list of the report

Annex 1: Draft of the Concept Paper for the Quality Improvement Strategy

A. Introduction

1. Health sector reform in Kyrgyzstan and the national health policy

“Health Care in Kyrgyzstan in the 21st Century” Program has defined priority lines of republican health care development. Ongoing health reforms allowed laying the basis of a more equitable, sustainable and effective health care system.

A new provider payment system, based on a split between purchaser and provider, is the major component of the ongoing reforms. The new financing mechanism shifted from funding of the infrastructure to funding of activity results. New financing methods [case-based payment in hospitals and capitation in primary health care facilities (FGPs)] have also been developed and successfully introduced.

An important strategic component of the reform is the more prominent and growing role that new non-governmental organizations, such as the Family Group Practices Association (FGPA) and the Hospitals Association (HA), play in the process of health reforms and health care quality improvement.

FGPA and HA of the Kyrgyz Republic were established in 1996-1997 under the National “MANAS” Health Care Reform Program as voluntary non-commercial associations of FGPs and labor collectives of hospitals to perform active public and professional activities. Both associations are currently working on strengthening primary health care and in-patient services under the umbrella of the reforms.

The associations’ activities include:

- Participating in the development and revision of normative-legislative documents;
- Facilitating organization of health care services in health care facilities;
- Participating in the health facilities restructuring and rationalization process;
- Developing and introducing clinical protocols on diagnostics and treatment;
- Informing and training health professionals on issues related to quality improvement, management, marketing, strategic planning, and fund-raising to health care facilities;
- Assisting in the provision of material and technical base of facilities; and
- Protecting and representing the rights and interests of the health care workforce.

This new sharing of labor between the Government and civil society sets the stage for a more effective division of roles and responsibilities in carrying out functions that should be government-regulated and controlled and those that should be left under the self-regulation of professional bodies.

2. The focus on quality as the logical new stage of the reform

Health care financing reforms are necessary but not sufficient to improving the quality of care, a major objective of the reform. For this reason, improving access to and quality of health care delivery has become the current focus of the reforms. Several aspects of the new financing mechanisms have contributed to improving the care patients receive:

- More patients have access to drugs after the introduction of mandatory health insurance;
- Material incentives are designed in the new payment system to raise the motivation of health professionals to deliver care according to guidelines;
- Family group practices in pilot regions were provided with basic medical and laboratory equipment procured out of donor funds and this also contributed to health care delivery quality improvement;
- The reform put a lot of efforts in the training and re-training of personnel in modern medicine: undergraduate training of family doctors is being provided; training and re-training of doctors and nurses in on-going;

- In order to modernize the content of care, the process of developing and introducing evidence-based clinical protocols based started, along with mechanisms for regular monitoring of quality of care; and
- Although financing mechanisms have their limitations, a comprehensive strategy for quality improvement should include modern management methods and technical approaches that are directly trying to change the content of care itself.

3. Steps taken so far on the way to a comprehensive quality improvement strategy

The main stakeholders of the Kyrgyz health care system organized a national conference on the development of a comprehensive quality improvement strategy in Issyk-Kul on May 22-24, 2003, with support from USAID (through the ZdravPlus Project), The World Bank (through the Manas Project), WHO (local, European and Headquarters offices) and participation of many other international partners.

About 100 participants worked on the development of a conceptual framework for improving quality and suggested strategic directions to design and implement a comprehensive quality improvement strategy in Kyrgyzstan.

This paper reflects the consensus obtained by the participants.

The next steps are:

1. To finalize the concept paper and get approval from relevant authorities; and
2. To finalize operational plans to implement the different interventions suggested.

B. Situation Analysis and Justification

Although improving quality is a continuous process that needs to take place within each and every health care system in the world, the organizers of the Issyk-Kul conference did a rapid survey to describe the situation in Kyrgyzstan regarding both the issues with quality of care and the existing mechanisms to address them in order to demonstrate the need for a more comprehensive quality improvement strategy. The following summarizes the findings:

- The main mechanisms for health care quality improvement in the Kyrgyz Republic are the accreditation of facilities and licensing of private providers and health facilities. Through the identification of deviation from standards, these mechanisms are expected to contribute to continuous quality improvement, but there is no documented evidence of such achievements.
- The Mandatory Health Insurance Fund is using a set of indicators to monitor the quality of care being provided against guidelines and protocols for both primary and in-patient care. It is used for the provision of financial incentives to providers and also to stimulate problem solving at the facility level. Again, the exact impact of this quality control mechanism has not been studied in depth.
- Activities that could contribute to improving the quality of care are fragmented and incomplete. Modern management methods have not been introduced yet, and various stakeholders do not coordinate their activities, mainly because their roles and responsibilities under a comprehensive strategy have not been defined.
- Although there are many standards that define the attributes of human and material resources, clinical care processes, and expected outcomes, the current performance of the health system could be increased if the content of those attributes was revised and supported by evidence that documents the links between certain inputs and processes with improvement in health status. In other words, the added value of all standards must be demonstrated.

- Few health care providers are familiar with the concept and methods of evidence-based medicine (EBM) as a way to exercise critical thinking to continuously improve the content of health care based on the results of scientific studies that meet rigorous design.

There are three main issues that the health care system in Kyrgyzstan is facing to improve the quality of care:

1. Modernize the content of care, so that clinical care practices are more consistent with scientific evidence, through the use of EBM;
2. Introduce modern QI techniques to implement changes necessary to deliver better care that relies less on central regulations and more on decentralized initiatives; and
3. Promote commitment to quality so that stakeholders understand their roles and responsibilities in a modern health care system, by shifting from blame and punishment to a more effective quality improvement dynamic.

C. Objectives of the Concept Paper

The overall idea of the concept paper is that one would be more effective in improving the quality of care if one designs a comprehensive strategy that involves all stakeholders of the health care system, recognizing the multitude of factors that influence quality and the complexity of their interactions. For example, a strategy that would rely only on the continuous education of physicians is likely to fail because quality of care does not depend only on the competency of providers.

To design this comprehensive strategy, stakeholders need to agree on a general conceptual framework that defines quality of care in measurable terms and identifies the main factors that influence it.

This framework would then be used to help different working groups identify the many “systems” related to the factors: education system, human resource management system, procurement system, etc. Stakeholders involved in these systems would then identify their roles and responsibilities in implementing the changes that are necessary to improve the performance of these systems so that they contribute better to improving quality of care.

The implementation of the quality improvement strategy will require many interventions to:

- Establish a mechanism that does not exist (for example, create an EBM center);
- Strengthen an intervention that already exists (for example, bring the training curriculum of undergraduates up to international standards, but adding a focus on EBM and QI);
- Sustain the mechanisms that seem to work well (for example, the role of the associations); and
- Delete the mechanisms that might be a barrier to improvement (for example, regulations that are a disincentive for local improvement initiatives).

Based on this rationale, this paper has three objectives:

1. To present a conceptual framework and a comprehensive strategy to improve quality of care

Because the conceptual framework is based on the main factors that influence the quality of care, it will allow designing a comprehensive strategy for improving quality of care to the entire population. This strategy is made of many different mechanisms that all contribute to continuously improving quality. These mechanisms must be integrated within the structure of the health care system of the Kyrgyz Republic, and not a parallel program depending on a partner external to the health system structure.

2. To identify the different systems and organizations involved in the quality improvement strategy

Because quality of care is linked to so many factors, all stakeholders and components of a health care system are already influencing it through their day-to-day work. The roles and responsibilities of the

different stakeholders must be clearly defined so that each stakeholder understands better how it contributes to this dynamic of improvement. This would also strengthen coordination of actions by filling the gaps and avoiding duplication or unproductive competition among organizations, which need one another.

3. To describe the main components of an operational plan to implement the Integrated Quality Improvement System

Once the mechanisms to improve quality are selected, one needs to develop operational implementation plans to establish, strengthen or sustain these mechanisms, identifying who is involved, what their responsibilities are, what funding might be needed, the source of funding, and a deadline for completion of the work as well as indicators of success. This paper will describe the main changes/interventions that make up the QI strategy, but the development of detailed implementation plans will require more work from the different working groups involved.

D. Conceptual Framework for the Institutionalization of Quality Improvement Mechanisms

Conceptual frameworks are useful to help a group define a common vision, have a simplified representation of a complex system, and think about how to address issues through interventions.

This chapter presents the conceptual framework developed by Kyrgyzstan to establish its integrated quality improvement system. The framework provides an operational definition of quality of care, and a list of factors that most influence quality of health care services.

The goal of the quality improvement system is to “institutionalize” the quality improvement mechanism within the health care system. The concept of institutionalization covers the following ideas:

- Quality improvement mechanisms and activities are embedded in the structure of the health care system;
- These activities are performed on a recurrent basis to continuously contribute to improving quality of care; and
- These activities are performed by various stakeholders, whose roles and responsibilities for improving quality are explicitly defined.

The quality improvement strategy will help all stakeholders of the health care system in Kyrgyzstan to know how they, themselves or their organizations, contribute to improving the quality of care on a continuous basis through their day-to-day work. The underlying idea is that improving quality is everybody’s business—and if quality improves, everybody wins.

E. Definition of Quality of Care

It is important to define quality of care in measurable terms. The definition of quality that we use focuses on the content of care that is delivered during an interaction between a patient and a health system/provider. Improving quality of care means meeting three different criteria:

- **Patients receive the care they need and that care is effective.** For example, a patient with essential hypertension should receive daily oral anti-hypertensive drugs (appropriate treatment) that result in stabilizing blood pressure within the normal range (effective treatment). This reflects the appropriateness and effectiveness of care.
- **Patients do not receive care they do not need.** For example, a child with viral upper respiratory infection should not be treated with antibiotics. Not only do antibiotics not have any effect on the disease, but also the overuse of antibiotics leads to the waste of resources, increased risks of side effects for the patient, and longer-term resistance in the community. Avoiding the delivering of care that has no added value increases the efficiency of the care, in a broader sense.

- **Patients receive care in ways that do not harm them.** For example, patients can be hurt by reactions to a combination of drugs that should not be administered at the same time, or by improper compliance with invasive procedures (lab exams, X-rays, surgery, etc.). This reflects the safety of the care.

In short, improving quality of care means delivering care that is more appropriate, effective, efficient and safer. This dynamic definition of quality (improvement over time) is a modern view and contrasts with the more traditional and static view that care is of “quality or not” because it meets standards at some point in time. This modern concept has far-reaching implications for a quality improvement strategy, the main two being:

1. **The content of care** needs to be continuously adapted and reviewed to meet and reflect scientific progress in knowledge. This is the science of evidence-based medicine.
2. **The system of care** needs to be continuously adapted so that health care services are organized in ways that leads to the delivery of care according to scientific evidence. This is the field of quality improvement.

F. Factors that Influence the Quality of Care Most

Kyrgyz participants identified six factors that influence the quality of care most:

1. Providers’ competency;
2. Providers’ motivation;
3. Providers’ access to resources and information;
4. Patients’ access to resources and information, demands and rights;
5. Specific quality improvement activities; and
6. Regulations.

These six factors will be described in more detail in order to better explain the underlying concepts. More specifically, this section will explain why these factors affect quality of care, what could be a vision of a better health care system in relation to this specific factor, and what are the components of the quality improvement strategy.

The conceptual framework is shown on the following page.

Conceptual Framework for the Institutionalization of an Integrated Quality Improvement System

Definition of Quality

Quality of Care:
Effectiveness, Efficiency,
and Safety

Factors influencing quality

Competent Provider: Knowledge and skills to implement evidence-based practices, update knowledge, measure performance and improve quality

Motivated Provider: Willingness to implement guidelines, real concern for patient care, involvement in improvement activities, professional attitude

Providers' Access to Resources and Information that are necessary to deliver care according to evidence-based guidelines and protocols and contribute to improving the overall performance of the health care system

Patient's Access to Resources and Information, Demands and Rights: Raise demand for quality, express dissatisfaction, address issues, exercise rights and obligations, participate in improvement activities

Specific Quality Improvement Activities: Development of evidence-based standards, quality monitoring, and continuous quality improvement efforts

Regulations: licensing, certification of specialists, accreditation, and health legislation

Underlying Concepts

- Improve both content and process of clinical education;
- Consider all educational opportunities (undergraduate, postgraduate, continuous medical education) to familiarize providers with evidence based-guidelines and protocols and build skills in Evidence-Based Medicine and Quality Improvement; and
- Equip providers with knowledge management skills.

- Understand incentives and disincentives to do better in the current system and expand motivation mechanisms beyond just financial rewards;
- Modernize human resources management; and
- Rely on self-regulations from professional associations.

- Ensure consistency between the allocation of resources and guidelines/protocols;
- Make necessary information accessible to all providers so that they have a comprehensive knowledge of the health care system and are up-to-date with changes; and
- Make sure health financing mechanisms contribute to the above goals.

- Inform patients of their rights and obligations, including their health insurance coverage;
- Promote involvement of patients in improving quality of care through more rational demands, mechanisms to address dissatisfaction, and involvement in quality improvement projects;
- Strengthen dialogue between providers and patients and population, including patients' associations;
- Inform and educate the population on healthier lifestyles; and
- Increase access to drugs that have an added value and decrease access to unnecessary drugs.

- Promote the delivery of evidence-based medicine;
- Monitor and evaluate the quality of care, including through the health information system; and
- Implement specific clinical care quality improvement projects.

- Make sure current licensing, certification and accreditation systems are consistent with evidence-based standards, and are effective in improving the quality of care; and
- Review any other regulation that influences the interventions related to all other factors.

1. Providers' competency

How the provider's competency influences quality of care: The care delivered is in direct relationship with the knowledge and skills of health providers in medical and paramedical sciences. Less knowledgeable providers might not make the appropriate diagnosis, give the right counseling, and prescribe the right treatment or exam. Less skilled providers might not correctly examine the patient, perform a specific task or communicate effectively with patients.

Vision of a competent provider: "Health care providers (physicians and other personnel) will acquire, during their pre-service training, the knowledge and skills they need to deliver care according to the best available scientific evidence, including the use of protocols and guidelines. Because medical science evolves, they will know how to update their knowledge and skills as part of their regular working schedules, using modern information technology when available. Providers will know how to benefit best from the continuous education system in order to keep-up with new evidence-based practices. Providers' responsibility will not be limited to delivering clinical care, but will also include improving the performance of the health care system and risk-management for patients. They will know how to use clinical protocols and guidelines as job-aids, self-assess their performance, measure quality of care, and work in teams with their colleagues on specific quality improvement projects. They will influence and support each other to continuously do better for the benefit of the patients. Facility leaders and managers will support all providers in their efforts to perform according to evidence-based medicine and any activity that improves their competency."

Components of a Quality Improvement Strategy that rely on concepts to increase providers' competency and their applications: The main idea is to expose health providers to the specific concepts of evidence-based medicine and quality improvement as early as possible during their training, so that they understand that their responsibilities go beyond just delivering care and meeting the scientifically valid standards of the moment. In the meantime, the education system needs to continuously improve the content (consistent with international standards) and the process (more effective competency-based training methods) of the training curriculum. All educational opportunities should be used—undergraduate, post-graduate, continuous medical education—to build and strengthen the knowledge and skills of providers in identifying and meeting the health needs of the patients. More specific interventions should include:

- Update the content of the undergraduate training of providers to make sure it is consistent with current scientific knowledge;
- Improve training methodology, using modern adult learning principles, through the development of competency-based training material and modern evaluation techniques;
- Expose all students and providers to the EBM concept and methods;
- Build providers' skills in using evidence-based clinical practice guidelines and protocols;
- Expose providers to the concepts of quality improvement and build their skills in measuring their performance;
- Develop a responsive and pro-active continuous medical education system that responds to the needs of providers as tracked on a human resources database, including residency programs for specialists; and
- Train providers on how to update their knowledge during their professional life.

2. Providers' motivation

How a provider's motivation influences quality of care: Unmotivated or discouraged providers have fewer incentives to follow procedures and implement clinical practice guidelines and protocols. They do not work harder or better, but are satisfied with the minimum efforts, take no initiatives, and have less genuine concern for the well-being of their patients. They are not trying to improve their professional knowledge, do not show interest in specific quality improvement activities, and are at a higher risk of making mistakes that create

safety issues for patients. Finally, their low level of motivation negatively influences their relationship with their colleagues and patients and creates an unpleasant working atmosphere.

Vision of a motivated provider: “Health care providers will have an ethical and professional attitude that follows deontological rules, will be genuinely committed to deliver care according to the best available evidence, and will share a genuine concern for the well-being of their patients. The providers’ employer will practice modern techniques for the management of human resources, and will reward employees fairly according to objective performance criteria. Both employer and provider at all levels of the health care system will discuss activities to promote incentives and remove disincentives for delivering better care (both financial and non-financial). Decisions regarding career promotion and sanctions must be based on explicit and objectively measured criteria, among them the delivery of evidence-based care according to guidelines and protocols. Providers’ payment mechanisms will be designed in ways that promote better attitudes towards patients and motivates them to continuously improve the care they deliver. Finally, providers will take initiatives to improve the quality of care, either through specific quality improvement projects or less structured efforts. As a result, happier providers will want to remain in the health care system and the attrition rate of providers will decrease.”

Components of a Quality Improvement Strategy that rely on concepts to increase providers’ motivation and their applications: The main idea is to better understand the incentives and disincentives for providers to raise their performance in the current health care system and not to assume that incentives are only financial and the same for everybody. It is important to understand that incentives and disincentives that influence providers’ motivation are built within the current health care system and that improving motivation will require a mix of interventions to design more effective incentives and remove existing disincentives. Also, it is probably an area where government interventions might benefit from the self-regulation of professional associations in the promotion of a deontological code of ethics that focuses on quality of care through the promotion of patients’ rights and providers’ obligations. More specific interventions should include:

- Identify motivation factors for quality through a comprehensive survey on a representative sample of various categories of health personnel, and use the results to build incentives and remove disincentives;
- Apply modern methods for the management of human resources for health, to build a fair and objective performance-based promotion and reward system, including a competitive process for the hiring of health personnel and explicit performance expectations in job descriptions;
- Strengthen the deontological code and the roles of the professional associations in its application; and
- Explore all alternatives to direct financial incentives for providers in remote and rural areas, including but not limited to social protection and benefits.

3. Providers’ Access to Resources and Information

How providers’ access to resources and information influences quality of care: Providers must have access to resources needed to deliver or receive evidence-based care and the information on how to access them if these resources are not readily available at the facility level. Providers’ limited access to resources and information might lead to insufficient examinations, inaccurate diagnoses, incomplete medical records and inappropriate treatment. The following table describes the main types of resources and information that providers need to have access to in order for quality of care to improve.

Access to:	Provider
Resources	<ul style="list-style-type: none"> • Access to resources needed to deliver care according to protocols and guidelines: medical equipment, consumables, reagents, drugs, etc.
Information	<p>Access to information on:</p> <ul style="list-style-type: none"> • up-to-date medical knowledge and evidence-based guidelines; • the management of health facilities and organization of health care services; • new laws and regulations of the health care system; • where to get the resources they need to deliver care; • vacancies and opportunities such as grants; • any results of studies on quality of care, their performance and patient satisfaction; • health statistics; • trainings and workshops for continuous education; • drugs; and • all matters related to their advancement/career and affiliation with professional associations.

Vision of a system where providers have access to resources and information: “The health system will regularly adjust its equipment of facilities in order to be consistent with evidence-based guidelines and protocols, hence providing medical personnel with the resources they need to improve the quality of care, while taking into account economic realities. A standardized list of such resources will include most physical resources, such as equipment, consumables, drugs, guidelines and protocols. When needed resources are not available in every facility, providers will know how to access them or direct their patients to the appropriate place. Providers will access information on evidence-based practices, reference materials in the library, have knowledge about in-country quality of care issues, priorities for improvement and on-going quality improvement activities through various channels, including the continuous medical education system and various associations. Health finance mechanisms will be designed in ways that improve the availability of, or access to, needed resources.”

Components of a Quality Improvement Strategy that rely on concepts to increase providers’ access to resources and information and their applications: The main idea is to ensure consistency between the content of care that is taught by educational institutions and the resources that providers will have to work with, as well as making available the information that providers need to update their knowledge of the health care system for the benefit of their patients. More specific interventions should include:

- Update a standardized list of minimal equipment for the delivery of care according to evidence-based guidelines and protocols, consistent with licensing and accreditation criteria;
- Develop mechanisms to provide health care workers with access to all information they need; and
- Ensure that the health financing mechanisms contribute to strengthening access to resources and information.

4. Patients’ access to resources and information, demands, and rights

How patients’ access to resources and information, demands, and rights influence quality of care: When patients have limited resources, they might not complete their treatment or get the prescribed one. Patients’ limited information about the health care system might lead to an inefficient and irrational use of the health care facilities and services. Because the care that patients receive is the result of the interaction between the patient and the provider, patients’ demand for a specific treatment influences the decisions taken for the case-management of any health condition. In some instances, providers prescribe non-evidence based treatments because patients have irrational demands. Patients who do not know their rights might not receive their benefits from the health care system, might resolve to self-treatments, and make inappropriate demands to providers. Patients who are not involved in the choice of the best treatment alternative are less likely to adhere to standards.

The following table describes the main types of resources and information that patients need to have access to for quality of care to improve:

Access to:	Patient
Resources	Access to: <ul style="list-style-type: none"> • drugs for acute and chronic diseases; and • health care facilities based on needs, not limited by economical or other barriers.
Information	Access to information on: <ul style="list-style-type: none"> • medical insurance coverage; • their clinical condition, treatment alternatives, and medicine; • their medical records; • the operation of health facilities and costs of services; • how to best use health care services; • their rights; and • how to lead healthier lifestyles.

Vision of a system where patients have access to resources and information and exercise their rights and demand for quality:

“Patients will know their rights regarding access to health care services and the benefits that they are entitled to. They will contribute to improving the health care system by reporting unethical provider behavior and medical errors, participating in quality improvement projects, and expressing their expectations and level of satisfaction with the health care system. They will also contribute to a better relationship with providers based on trust and dialogue and will have opportunities to report their satisfaction with care. Patients will know how to express their demand for better care based on information on safe practices for the most common health conditions. Vulnerable groups will be particularly proactive, sometimes through associations. Patients will know what types of services to expect at each level of the health care system, how the health system is funded, how medical insurance is organized, and what their financial contributions should be. They will know what their health status is, what their health problem is (if any), how serious it is, how to treat their conditions, and where to get the drugs prescribed by physicians. Patients will take more responsibility in their own health by adopting healthier lifestyles and preventive behaviors. Patients will know how to use appropriate recourse mechanisms in case of dissatisfaction. Every patient will have the opportunity to participate in the improvement of the health care system through associations and community organizations. A modern health care system will educate and inform patients about their rights, will help them demand more appropriate, effective, efficient and safer care, and will promote patients’ involvement in a shared-decision about the case-management of their health condition.”

Components of a Quality Improvement Strategy that rely on concepts to increase patients’ access to resources and information, appropriate demands and rights, and their applications:

The main idea is that patients and the general population have a lot to contribute to improving the quality of care through their demand to providers, their own behaviors and lifestyles, their rational use of resources, their compliance with evidence-based treatments and their participation in improvement projects and a mature dialogue with health providers and managers. More specific interventions should include:

- Develop channels of information on health issues and the health care system for the general population;
- Develop population ownership in their health care system through health committees at the facility level and promotion of healthier lifestyles;
- Develop a bill of rights for patients;
- Study access to drugs for patients with prevalent chronic diseases and remove barriers;
- Limit self-medication; and
- Strengthen the role of patient associations.

5. Specific quality improvement activities

How specific quality improvement activities influence quality of care: The development of evidence-based standards (such as guidelines, protocols), the monitoring of quality and the use of continuous quality improvement techniques are all activities that are specifically designed to improving the quality of care. Without guidelines and protocols, providers are less likely to deliver care consistent with evidence-based medicine because these documents can be used as job-aids to remind providers about the content of care. Without any measurement, it is impossible to know whether the quality of care is improving or not and use this information to identify improvement opportunities and quality of care issues. Without specific and structured quality improvement projects, improving quality might be limited to the provision of more resources and training, while ignoring other interventions that address the real causes of poor quality, especially the ones that require changes in the health care system and its processes.

Vision of a system that carries-out quality improvement activities:

- **Development of evidence-based standards:** “Written statements of the content of care (health care processes standards) and the expected results (health status outcomes standards) will be developed for the case-management of priority health conditions at every level of the health system. The content of care will be reviewed regularly to reflect the scientific knowledge that comes from research studies and clinical trials using the technique of evidence-based medicine. Providers in their daily practices will use documents such as clinical practice guidelines and protocols and case-management maps as job-aids. Standards will be developed, updated on a regular basis, and communicated to providers in ways that promote their implementation. Standards will be used as the basis for the competency-based training of providers. Short clinical practice recommendations focusing on, but not limited to, the rational use of drugs will be issued on a continuous basis and made accessible to all providers.”
- **Monitoring the quality of care:** “At the appropriate level (facility, rayon, oblast), a single health care performance monitoring system will include measures of quality of care. Specific indicators will be routinely collected to inform the facilities of potential issues with patients receiving care that is not consistent with evidence-based practices and could be harmful as well as inefficient. Any issue will lead to a more in-depth investigation of the quality of care and identification of causes related to providers’ non-compliance with standards, or more systemic causes that prevent patients to benefit from the care, as well as causes related to patients’ behavior. Providers and managers will cooperate for data collection, analysis, and use at the most decentralized level. Monitoring quality of care will rely on a mix of self-assessment by providers and chart review by an organization external to the facility. Providers will always receive feedback on the quality of care their patients receive, as well as on their own individual performance. Data will be used for benchmarking, identifying facilities whose performance is significantly different from the average. Patients will also be a source of information on the quality they perceive and express through their satisfaction (or not). When needed, comprehensive quality assessment surveys will be carried out.”
- **Quality improvement projects:** “A dynamic of improvement will rely on the use of continuous quality improvement tools and methods. They will address priority quality of care issues identified from the quality monitoring system. Specific quality improvement projects will be designed and implemented by teams of providers and managers and facilitated by resource persons trained in quality improvement techniques. Lessons learned from these projects will be documented in terms of best practices (those interventions/changes that led to improved quality of care) and in terms of the dynamic of the improvement process. Best practices will be replicated through the regular sharing of information during meetings within and between facilities.”

Components of a Quality Improvement Strategy that rely specifically on the field of quality improvement activities and their applications: The main idea is to take advantage of the field of quality improvement (which relies on quality management principles) and the EBM technique to improving the quality of care as a component of a comprehensive quality improvement strategy. More specific interventions should include:

- Develop an EBM Center with regional branches for the promotion of more effective, efficient and safe clinical care practices through a variety of activities including the development of guidelines, the teaching of EBM and the organization of consensus conferences for the publication of clinical practice recommendations;
- Develop a unique quality monitoring system that should be part of the regular health information system, would bring regular information on trends in quality with aggregation of data at the appropriate level (rayon or oblast) and should help current stakeholders coordinate their measurement activities by redirecting the use of the data closer to the providers/facilities; and
- Develop a cadre of personnel knowledgeable in modern quality improvement techniques to help facilities manage specific quality of care improvement projects.

6. Regulations

How regulations influence quality of care: Quality of care is influenced by the standards for licensing (authorization to practice medicine or operate a private facility), certification (recognition of competency) of providers, and the standards used for the accreditation of health facilities because they set the parameters within which the care is delivered, including access to funds from the HIF. Any other type of legislation or legal document regarding the delivery of care might also influence the quality of care that patients receive. When there are no such mechanisms, quality of care might vary tremendously among providers and facilities. When regulations mechanisms do not focus on the content of health care processes, but only on the resources and structural aspects of facilities, they might not contribute fully to improving the quality of care as defined.

Vision of a system where regulations improve quality of care: “The legislative framework will be supportive of improving quality of care, explicitly stated as an objective of such regulations. It will also facilitate the implementation of quality improvement activities, such as allowing and even requiring staff to spend some time on improvement projects. Licensing and certification will include the regular assessment of providers’ competency or performance and will be linked to the results of the quality monitoring system. Over time, the accreditation of facilities will be extended progressively to all types of facilities and will be directly linked to the level of health financing. Accreditation criteria will be consistent with the structural requirements to deliver care according to evidence-based practices and will also include standards of compliance with guidelines and protocols. The results of the accreditation will be used to identify opportunities for improvement and will be linked to the initiation of specific quality improvement projects.”

Components of a Quality Improvement Strategy that rely on regulations of health care and their applications: The main idea is to make sure that the regulatory mechanisms are indeed effective in improving the quality of care, which means ensuring the right focus (health care processes) and consistency with evidence-based standards when it comes to assessing the content of care. More specific interventions should include:

- Review the criteria/standards for licensing, certification and accreditation to ensure consistency with the content of care as described in evidence-based practices documents;
- Monitor the impact of the different regulatory mechanisms on quality;
- Identify quality improvement opportunities through the different mechanisms and address them through QI projects; and
- Review the legislation on health care, identify aspects that support the vision of the quality improvement strategy and those that contradict it or would limit its implementation, and suggest changes.

G. Systems and Organizations Involved in the Quality Improvement Strategy

Many organizations and components of the health care system will contribute to establish and institutionalize an Integrated Quality Improvement System. In fact, because quality is influenced by so many factors, all

stakeholders of the health care system contribute to its continuous improvement and each one has a role to play and some responsibilities to fulfill. Therefore, it remains relevant to think of the stakeholders in terms of four broad categories because it would help to identify their roles and responsibilities: regulator, purchaser, provider and patient.

There are several (and sometimes many) active players within each category, but it seems that a successful quality improvement system is more likely to come from a balance of power among stakeholders. This is because:

- It would avoid conflict of interest. For example, the purchaser should not develop standards of care because it might give more weight to the cost of care at the expense of scientific validity; and
- It would stop the quality improvement system from becoming one more inert bureaucracy that only issues more regulations at the expense of a dynamic of improvement that relies on decentralized initiatives by various associations.

Overall principles guiding the identification of roles and assignment of responsibilities among stakeholders: The identification of roles and assignment of responsibilities requires that the working groups for the establishment of the quality improvement system determine the comparative advantages of the various stakeholders as well as their genuine interest in the many components of the strategy. In fact, stakeholders must be proactive and must volunteer to take on tasks that they feel is under their responsibilities and for which they have (or want to develop) the capacity.

The main principle that should guide the working groups is that some mechanisms perform better when they are regulated by the State and others when they are delegated to non-government institutions. We need to strike a balance between regulated and non-regulated activities with the overall principle that the Ministry of Health needs to delegate responsibilities and authority to private institutions and associations whenever possible. The Government's temptation to control "everything" by issuing more regulations might be counterproductive when they destroy local initiatives necessary for quality improvement and build unnecessary complexity and contradictions in the system. Delegation of responsibilities allows the involvement of more organizations, builds their ownership and commitment, and targets them for capacity-building.

The common-sense concept to bear in mind is that a system should have the regulations it needs (and no more) to promote and ensure quality and remove regulatory barriers to accessing and receiving better care.

In practice, working groups need to use the matrix put together by participants of the conference as a starting point to identify stakeholders. Then, each component of the quality improvement strategy described in the previous pages should be reviewed and roles and responsibilities assigned.

There are obvious "systems" (with their own resources and processes) behind every factor that influences the quality of care. Among them:

- The education system of the health personnel, which encompasses undergraduate training in medical and nursing care, postgraduate training, and continuous medical education;
- The system of human resources management for health personnel, which encompasses forecasting and planning of need in personnel, registration and analysis of personnel, career planning, labor safety ensuring, motivation of personnel, and management of a systematic and equitable program of labor compensation;
- The system of providing resources and information to providers, which encompasses the identification of resources needed, the decision to allocate them, their distribution, and ensuring the accessibility of these resources and information needed to deliver care according to standards; and
- The health information and promotion system, which encompasses population awareness in health protection issues and includes information on patients' rights and the communication of messages on the appropriate ways of using the health system.

This system perspective can help not only identify the changes needed, but also identify the stakeholders. Because stakeholders who belong to different categories will have to work together on specific interventions/mechanisms, they will develop the relationships needed for success. The identification of the interventions and parties responsible is only part of the work. The development of functional links between parties not used to working together will strengthen the strategy.

H. Implementation Strategy

Once the conceptual framework has helped to identify the mechanisms/interventions for quality improvement, and stakeholders have defined their roles and responsibilities for each intervention, one has to consider these interventions one by one and develop an implementation strategy, listing the main steps/milestones, who is in charge, expected deadlines, indicators of success, budget, sources of funding, partners associated, etc.

Principles to develop an implementation plan: In order to think creatively about the establishment of an integrated quality improvement system, it is important to organize the mechanisms/interventions into four categories:

1. Those mechanisms/interventions that do not exist and need to be created. For example: the establishment of an EBM center;
2. Those mechanisms that already exist but need to be strengthened. For example: teaching students how to use guidelines;
3. Those mechanisms that work well and need to be sustained. For example: the role of the associations in providing information to providers; and
4. Those mechanisms that need to be eliminated because they represent a barrier to quality improvement. For example: regulations that limit patients' access to information on their health status.

By mechanism/intervention, we mean the components of the strategy listed under each factor. The establishment of an Integrated Quality Improvement System is a long-term objective, and the institutionalization of the continuous quality improvement dynamic is an on-going process. For these reasons, it is expected that not all interventions be implemented at the same time. The working groups will have to use their best judgment and their knowledge of the realities in Kyrgyzstan to decide which interventions should be implemented first.

Structure for coordination of efforts and oversight of the implementation plan: The dynamic that started with the national Conference allowed the different categories of stakeholders to contribute to the design of the strategy. It would make sense that a coordination committee be established to follow the implementation of the different interventions and address many of the issues that will undoubtedly appear, at least at the beginning.

Depending on the progress made, one has to decide whether a more permanent structure needs to be established or whether the improvement mechanisms are sufficiently integrated within the current health care system. There is not a unique response to the endless debate on the necessity (or not) of having a formal structure in order to avoid the risk that nobody pays attention to quality anymore.

Regardless of the structure in charge of facilitating and coordinating the implementation of the QI strategy, the idea of a National Commission on Quality is probably helpful, provided that all stakeholders of the health sector be equally represented. This Commission's role would be to monitor the progress in implementation and evaluate the impact on quality of care.

Legal Framework for the Quality Improvement System: Although laws and regulations serve as the basis for a society to function, not every aspect of humans' or organizations' behavior requires legislation and control. Most improvements in quality of care around the world have come from the initiatives of individuals and organizations without a specific legislative framework. The working groups will have to reflect on where regulations might be necessary and on which areas might be better off not having laws that are too strict, if any.

Elements of the plan: The table on the following page shows the interventions that have been identified following the logic of the conceptual framework and that can be used by the working groups to develop plans for implementation.

I. Factors for Success

Six factors are critical to the success of the Quality Improvement (QI) strategy in Kyrgyzstan: commitment, long-term vision, integration, accountability, comprehensiveness, and a health priority focus:

1. The commitment of the leadership and of all stakeholders must be expressed not only in words and documents, but also through concrete actions taken according to a written reference policy (concept paper and implementation plan). All must contribute to assigning necessary human, physical and monetary resources relevant to the implementation.
2. A long-term vision is indispensable because past experience shows that it takes between 5 and 10 years for a country to reach a level of institutionalization of quality improvement mechanisms that is self-sustainable.
3. The integration of QI mechanisms as a “horizontal” strategy that cuts across all levels of the health system, all functions of the different levels, and all health programs, is a de facto condition to its success. If the QI strategy is designed as a vertical program, sustainability may be problematic, as efforts will be perceived as someone’s responsibility instead of everybody’s business.
4. A QI strategy must demonstrate accountability in order to sustain support from the leaders. The best way for QI to remain a top priority is by presenting documented results in terms of improved quality of care, health gains and more cost-effective health services.
5. A QI strategy must be comprehensive and not limited to a few interventions. The most successful QI strategies rely on a set of interventions that shape all the components of the conceptual framework.
6. In order for a QI policy to succeed, it must focus on the health priorities of the country. The application of quality management methods will benefit all levels of the health system, but health gains are better achieved when QI methods focus on clinical content or health issues.

J. Conclusion

A comprehensive and integrated quality improvement strategy seems appropriate to respond to the needs of the Kyrgyz population at a time when reforms in the health sector are entering a new stage and focusing on a different aspect of performance: the quality of care.

There is no recipe or cookbook to finalize the design and guide the implementation of the quality improvement strategy, but the consensus around a comprehensive conceptual framework is already an important step and when situations get confused (as they will), stakeholders should refer to the framework to not lose the vision of what it is they are trying to accomplish.

The next steps are to develop implementation plans (hopefully by the end of November 2003) and start building those mechanisms and implementing those interventions selected by stakeholders of the Kyrgyz health care system, using the comparative advantage of their partners.

Objectives	Interventions
Enhance providers' competency	<ul style="list-style-type: none"> ➤ Update the content of the undergraduate training of providers to make sure it is consistent with current scientific knowledge; ➤ Improve training methodology, using modern adult learning principles, through the development of competency-based training material and modern evaluation techniques; ➤ Expose all students and providers to the EBM concept and methods; ➤ Build providers' skills in using evidence-based clinical practice guidelines and protocols; ➤ Expose providers to the concept of quality improvement and build their skills in measuring their performance; ➤ Develop a responsive and pro-active continuous medical education system that responds to the needs of providers as tracked on a human resources database, including residency programs for specialists; and ➤ Train providers on how to update their knowledge throughout their professional lives.
Increase providers' motivation for quality	<ul style="list-style-type: none"> ➤ Identify motivation factors for quality through a comprehensive survey on a representative sample of various categories of health personnel and use the results to build incentives and remove disincentives; ➤ Apply modern methods for the management of human resources for health, build a fair and objective performance-based promotion and reward system including a competitive process for the hiring of health personnel and explicit performance expectations in job descriptions; ➤ Strengthen the deontological code and the roles of the professional associations in its application; and ➤ Explore all alternatives to direct financial incentives for providers in remote and rural areas, including but not limited to social protection and benefits.
Increase providers' access to resources and information	<ul style="list-style-type: none"> ➤ Update a standardized list of minimal equipment for the delivery of care according to evidence-based guidelines and protocols, consistent with licensing and accreditation criteria; ➤ Develop mechanisms to provide health care workers with access to all information they need; and ➤ Ensure that the health financing mechanisms contribute to strengthening access to resources and information.
Increase patients' access to resources and information, raise their demands and rights for better quality of care	<ul style="list-style-type: none"> ➤ Develop channels of information on health issues and the health care system for the general population; ➤ Develop population ownership in their health care system through health committees at the facility level and promotion of healthier lifestyles; ➤ Develop a "bill of rights" for patients; ➤ Study access to drugs for patients with prevalent chronic diseases and remove barriers; ➤ Limit self-medication; and ➤ Strengthen the role of patients' associations.
Implement specific quality improvement interventions	<ul style="list-style-type: none"> ➤ Develop an EBM Center with regional branches for the promotion of more effective, efficient and safe clinical care practices through a variety of activities including the development of guidelines, the teaching of EBM, and the organization of consensus conferences for the publication of clinical practice recommendations; ➤ Develop a unique quality monitoring system that should be part of the regular health information system, would bring regular information on trends in quality with aggregation of data at the appropriate level (rayon or oblast), and should help current stakeholders coordinate their measurement activities by redirecting the use of the data closer to the providers/facilities; ➤ Develop a cadre of personnel knowledgeable in modern quality improvement techniques to help facilities manage specific quality of care improvement projects.
Adapt regulations for quality improvement	<ul style="list-style-type: none"> ➤ Review the criteria/standards for licensing, certification and accreditation to ensure consistency with the content of care, as described in evidence-based practices documents; ➤ Monitor the impact of the different regulatory mechanisms on quality; ➤ Identify quality improvement opportunities through the different mechanisms and address them through QI projects; and ➤ Review the legislation on health care, identify aspects that support the vision of the quality improvement strategy and those that contradict it or would limit its implementation, and suggest changes.

Annex 2: Distribution List of the Report

English version

NAME	POSITION	INSTITUTION
Damira Bibosunova	Project Management Assistant/Health	USAID/Kyrgyzstan
David Burns	Director Infectious Diseases and Clinical Guidelines Development	STLI/ZdravPlus/Kyrgyzstan
Sheila Dougherty	Director	ZdravPlus/Kazakhstan
Paul Fonken	Director Family Medicine	STLI/ZdravPlus/Kyrgyzstan
Asta Kenney	Deputy Director	ZdravPlus/Uzbekistan
Mary Skarie	Public Health Management Specialist	USAID/Kazakhstan
Marat Turgunbaev	Program Coordinator	ZdravPlus/Kyrgyzstan

Russian version

NAME	POSITION	INSTITUTION
Tulegen Chubakov	Rector, Professor	Kyrgyz State Medical Institute for Postgraduate Training and Continuous Education
Kuanychbek Djemuratov	Administrative Director	Hospital Association of Kyrgyz Republic
Ainura S. Ibraimova	General Director, Deputy Minister of Health of the Kyrgyz Republic	Mandatory Health Insurance Fund
Ainagul Isakova	Head of FGPA	FGPA
Ainura Kadyralieva	Quality component coordinator	Project « Manas »
Ninel A. Kadyrova	First Deputy of General Director	Mandatory Health Insurance Fund
Telek Sagynbekovich Meimanaliev	Deputy Minister of Health	MOH/Kyrgyzstan
Machmud Temirbekovitch Sultanmuratov	Chairman	Medical Accreditation Commission
Working groups on the QI strategy		