Meeting Report

Consultation on the Health Care Quality Improvement Network in the Asia-Pacific Region

Manila, Philippines
27–28 November 2012
REPORT

CONSULTATION ON THE HEALTH CARE QUALITY IMPROVEMENT NETWORK IN THE ASIA-PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
27–28 November 2012

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

July 2013
NOTE

The views expressed in this report are those of the participants in the Consultation on the Health Care Quality Improvement Network in the Asia-Pacific Region and do not necessarily reflect the policies of the Organization.
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1. INTRODUCTION

The potential for a more extensive exchange of developments in quality of care policies in the Asia-Pacific region and the level of interest in setting up a more structured network were explored during a preparatory meeting on 14 September 2011 in China, Hong Kong Special Administrative Region (Hong Kong SAR) hosted by the Organization for Economic Co-operation and Development (OECD) Korea Policy Centre. Experts from Republic of Korea, Japan, Singapore and WHO Western Pacific Regional Office (WHO/WPRO) attended the meeting. The positive outcome of the discussions paved the way for further collaborative activities.

1.1 Objectives

To make the case for quality of care improvement in the Asia-Pacific region by:

- Getting countries to recognize the key role of quality in strengthening health systems.
- Seeking examples of good quality improvement practice from other countries, and identifying how to initiate and further strengthen quality initiatives.
- Facilitating communication and disseminating the evidence of the potential benefits of quality improvement programmes/policies.

1.2 Participants

Experts and relevant stakeholders in quality of care from the following countries attended: Australia, Bangladesh (participated partially via telephone), Cambodia, China, India, Japan, Malaysia, Myanmar, Pakistan, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand and Viet Nam. The Institute for Health Policy, Sri Lanka and Department of Health, Philippines attended as observers. The Secretariat for the meeting included seven WHO staff from the regional offices for South-East Asia and the Western Pacific and five staff from OECD and OECD/Korea Policy Centre. See Annex 2 for the list of participants.

1.3 Meeting structure

- Launch of the Health at a Glance: Asia/Pacific 2012 publication
- Invited country presentations on quality improvement initiatives and activities
- Group discussions by region to develop regional agendas
- Recommendations for future actions.

See Annex 3 for the meeting agenda.
2. PROCEEDINGS

The consultation meeting followed the launch of *Health at a Glance: Asia/Pacific 2012*, publication of which was announced and celebrated by Dr Shin Young-soo, WHO Regional Director for the Western Pacific, Mr Nicolaas Klazinga, Head of the OECD Health Care Quality Indicator Programme, and other participants. *Health at a Glance: Asia/Pacific 2012* is a joint report by the OECD and WHO regional offices for the South-East Asia and the Western Pacific. It presents key indicators on health and health systems for 27 Asia-Pacific countries. This report also has a special chapter on quality of care indicators and initiatives in Bangladesh, Cambodia, China, India, Japan, Republic of Korea, Malaysia, Philippines, Singapore and Sri Lanka.

The media release is available at http://www.oecd.org/health/healthpoliciesanddata/healthataglanceasiapacific2012.htm

In his opening remarks, Dr Young-soo declared: “This event and the new publication should help raise awareness of the importance of health care quality and patient safety. It should also help bring greater focus to your work and set the stage for greater collaboration.”

Mr Klazinga made a keynote speech entitled, “Quality – Global view and how to get started”, which highlighted that:

- Life expectancy has increased globally, and by more than average in the Asia-Pacific region.
- There is a lack of data to measure against standard OECD indicators for quality of care: effectiveness, safety and patient-centredness. Requirements for quality improvement are:
  
  (1) improved measurement (indicators/instruments);
  
  (2) improved policies (legislation, system design, governance, certification, accreditation, licensing, standardization, monitoring and feedback); and
  
  (3) implementation of quality of care change programmes, with appropriate incentives. There is also a need for a population focus beyond simply institutions, differentiated by level of care.

2.1 Session 1: Measurement/monitoring

There were presentations by Pakistan and Republic of Korea.

In Pakistan, quality of care needs are already recognized. However, resources are the major issue and the initiatives are dependent on special donor funds. There are no integrated national guidelines and no quality care indicators, and an overemphasis on vertical programmes, despite quality of care objectives being present in national health policy. There is a need for network development between the private and public sector, more resources (including capacity-building for health-care professionals), and formulation of quality improvement teams at national and provincial levels.
In Republic of Korea, well-developed quality of care is built around a medical claims system. Information on the quality of results is shared with providers, consumers and insurers to facilitate pay-for-performance and value incentive programmes. Drug utilization is reviewed online in real time at national level to minimize the risk of drug interactions. National quality indicators are calculated based on OECD indicators. Factors behind their success on the indicators include:

- having a single unified insurer covering the whole population
- having a peoples’ identification number
- advanced ICT at the national level, and
- public sector-driven quality assurance.

The challenges are:

- protection of privacy
- improvement of the validity of data through health information exchanges, and better linkage between organizations such as national cancer registries and personal health records.

2.2 Session 2: Policy and accreditation/certification

There were presentations by Japan, Australia and the Philippines.

In Japan, the accreditation system was developed jointly by the government and professional associations. The accreditation system has improved quality, patient safety and patient rights. Further improvements could be made through hospital competition and professional clustering. Variations in quality of care can be explained by inconsistent distribution of resources such as skills, knowledge and materials.

In Australia, accreditation is conducted by independent agencies (serving nine jurisdictions). The Australian Commission on Safety and Quality in Health Care (ACSQHC) sets national standards and provides coordination by approving accrediting agencies. Accreditation was not mandatory, but it will be required for all hospitals after January 2013.

In the Philippines, various quality of care initiatives and measurement systems have been started over the last 10 years. Some of these initiatives still need rolling out, harmonizing and integrating. The national insurance programme, Philhealth, accredits associated hospitals and monitors them by benchmarks that emphasize processes, outcomes and continuous quality improvement (CQI). Initial findings show hospital improvements and appreciation of the programme by managers. Critical challenges are community health, patient-centred records and a comprehensive quality assurance programme.

2.3 Session 3: Quality change/action programmes (patient safety, clinical pathways)

There were presentations by Singapore and Sri Lanka.
In Singapore, CQI is embedded in the establishment of national health standards that are tangible, context-appropriate, and which allow joint action plan development. Performance is measured using Care Pathways and scorecards based on OECD indicators.

In Sri Lanka, quality health care has been addressed through adoption of the productivity concepts TQM (total quality management), Kaizen and 5S. CQI is slowly being embedded and CQI programmes are centrally-driven and locally-led. The programme is clinic- and patient-centred, and has successfully scaled up to the rest of the country.

2.4 Session 4: Next steps – development and implementation (group work by Region)

Each regional group (WPR, SEAR) discussed the following topics, and the discussions were shared and integrated during the fifth plenary session:

- What should a possible quality of care agenda look like in your country; what issues need to be addressed? Describe in terms of measurement, policies and implementation programmes.

- Are there common elements between countries?

- How do we take such a quality of care agenda further?

- What is required to take this agenda further?

- Who will take this agenda further? Consider different roles and actors.

- In what timeframe?

- How do we stay connected?

2.5 Session 5: Next steps (plenary)

Based on the regional group discussions in Session 4, the next steps proposed were:

- To conduct a survey to understand the current situation and issues in health-care quality and patient safety:

  1. The survey would include items on quality improvement policies, information infrastructure, and quality improvement initiatives/activities. After drafting the survey, Member States would be consulted on the survey and secretariats would collect and analyse data, then report back to Member States and experts.

  2. A survey on national information infrastructures would include items on death registries, administrative databases, insurance systems, coding systems, cancer registries, household surveys on health-care services, electronic health records, unified patient identifiers/unique patient IDs, the linkage of various databases, potential new indicators on primary care, and patient experience.

  3. A survey of quality policies would be based on the quality policy framework of the OECD.
(4) A survey of quality improvement programmes, to facilitate exchange of good practices, would include WHO’s patient safety programme and other relevant action-related programmes.

(5) The survey needs to link measurements and improvement activities.

- To plan the next expert meeting for around November 2013.
- To conduct data collection for Health at a Glance: Asia/Pacific 2014.
- To introduce new indicators on primary health care such as admission rates of patients with chronic disease, and indicators on patient experience such as communication and autonomy.
- To facilitate requests from countries to WHO for immediate quality of care development.

Recommendations/options for countries are as follows:

- perform situation analysis and mapping of quality assurance activities;
- develop policies for the safety and quality of health care;
- expand quality of care programmes to public, primary care and preventive services;
- engage other relevant ministries/partners with the agenda;
- strengthen policy, legislation and regulations;
- develop/improve measurement tools;
- generate better data and evidence;
- mobilize national resources;
- request assistance from external agencies as and when required.

As recommendations/options for WHO and OECD, it is considered useful to continue exchanging information and experiences on quality indicators, quality policies and quality improvement programmes. It is recommended that the network be continued, to support countries and each other.

Other suggestions for WHO from Member States are as follows:

- develop comprehensive interventions for quality improvement;
- optimize standardization in countries;
- develop common indicators for regions;
• that Republic of Korea/ Health Insurance Review and Assessment Service (HIRA) support other countries through workshops/seminars – contents/topics would be dependent on needs;

• link to the developing countries initiative in ISQUA;

• develop a plan for knowledge management/translation in Philippines;

• consider data quality issues for the next step;

• make our joint mission statement easier to understand for non-experts;

• develop a Quality Policy Common Framework;

• utilize the WHO Patient Safety Programme;

• develop indicators for primary care;

• create synergies through the network.

2.6 After the meeting

Most of the participants expressed, via e-mail messages, their appreciation of the opportunity to share their experiences and learn from other participants as well as their expectations for future collaboration.

Participants from the Government of Viet Nam invited WHO/WPRO and the representative from Thailand as keynote speakers to the First National Forum on Hospital Quality Management in Viet Nam in mid-December.
OPENING REMARKS OF THE REGIONAL DIRECTOR

Your excellencies, distinguished delegates, ladies and gentlemen:

Good morning. Welcome to Manila and the WHO Regional Office for the Western Pacific.

First of all, I would like to thank the Organisation for Economic Co-operation and Development and the WHO Regional Office for South-East Asia for organizing this event with us.

We are pleased to have this great opportunity to work directly with so many experts on improving the quality of health care in the Region.

Like many other parts of the world, Asia-Pacific countries are dealing with rapidly ageing populations.

In our Region, this increases demands for services from health systems that — in many cases — are already stretched too thin.

At the same time, many countries are pushing to achieve universal health coverage — to ensure access to at least basic services for everyone.

These two trends make the need for quality health services at affordable prices more important than ever.

And only by addressing quality of care issues — especially patient safety — will we be able to reduce costs while improving the overall quality of health care.

Unfortunately, quality of care issues do not get the attention they deserve. They often lose to competing health priorities and end up getting cut during budget battles.

While our primary concern at WHO is always saving lives and reducing suffering, improving patient safety makes economic sense as well.

Budget planners and policy-makers should pay closer attention to the potentially huge economic benefits of improving patient safety.

Studies show that additional hospitalization, litigation costs, infections acquired in hospitals, lost income, disability and medical expenses have cost some countries between US$ 6 billion and US$ 29 billion a year.

That's a lot of money. The lowest figure is more than the entire budget of WHO globally — and more than the GDP of many countries in the Western Pacific Region.

If these resources were used to address quality at the primary-care level, even more money would be saved by avoiding expensive care at higher levels of the health system.

This investment would have an especially profound impact in reducing maternal and child mortality rates.

Of course, I am pleased to see that many of our Member States ARE paying more attention to issues of quality and safety of health services.

Today with OECD we are launching Health at a Glance: Asia/Pacific 2012, which is a comprehensive framework to guide monitoring and evaluation of health-care systems.
Annex 1

The measurement and improvement of quality care is a critical element of health system governance worldwide. As such, WHO regional offices played a key role in validating data and providing input to the chapter on quality of care.

As we look at the data, we can take great pride in some of the gains in health-care quality in the Region, such as the steady improvements in maternal and child mortality.

We can also point to successful WHO initiatives, such as the hand hygiene campaign, “Clean Care is Safer Care” and the “Safe Surgery Saves Lives” programme to improve the safety of surgical care in all health-care settings.

WHO has also played a critical role in educating health-care providers about quality and patient safety. In fact, WHO developed a patient safety curriculum that is being used to train more and more health workers.

This year we also completed the Core Competencies for Patient Safety Researchers — a tool that should help improve research on quality of care issues.

And next year, patient safety will be on the agenda for the WHO Executive Board and the World Health Assembly.

But as I have said many times in talking about the complex issues we face, now is not the time to be complacent.

We are heading in the right direction, but still have lots of ground to cover.

This event and the new publication should help raise awareness of the importance of health-care quality and patient safety.

It should also help bring greater focus to your work and set the stage for greater collaboration.

Sharing your experiences and best practices is important. But sharing your inspiration is critical. Inspiration is what turns strategies into realities, and makes joint efforts much greater than the sum of their parts.

We look forward to working closely with the Organisation for Economic Co-operation and Development and its Korea Policy Centre, as well as the other WHO regions, to help Member States deliver quality health care to all their people.

Again, I wish you a most productive meeting and an enjoyable stay in Manila.

Thank you.
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# AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td><strong>Day 1: Tuesday, 27 November 2012</strong></td>
<td></td>
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<tr>
<td>08:00 – 08:15</td>
<td>Registration</td>
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<td><strong>Secretariat</strong></td>
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<td><strong>Launching Session</strong></td>
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<td>08:15 – 08:35</td>
<td>Launching of the Health at a Glance-Asia/Pacific 2012 publication</td>
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<td></td>
<td>• Dr Henk Bekedam&lt;br&gt;Director, DHS/WPRO</td>
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<td>• Dr Shin Young-soo&lt;br&gt;Regional Director, WHO/WPRO</td>
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<td>• Prof Niek Klazinga&lt;br&gt;OECD Health Division</td>
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<td>08:35 – 8:50</td>
<td>Break (Ground Floor Conference Lounge)</td>
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<td></td>
<td><strong>Opening Session</strong></td>
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<td>8:50 – 9:30</td>
<td>Opening Remarks, Welcome Speech and Introductions</td>
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<td>• Mr Sjoerd Postma&lt;br&gt;Team Leader, HSD/WPRO</td>
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<td>• Dr Shin Young-soo&lt;br&gt;Regional Director, WHO/WPRO</td>
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<td>• Prof Niek Klazinga&lt;br&gt;OECD Health Division</td>
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<td>• Ms Sang-Hee Kim&lt;br&gt;Director-General, OECD/Korea Policy Centre</td>
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<td>• Dr Islam Monir&lt;br&gt;Director, Health Systems Development, WHO/SEARO</td>
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<tr>
<td>09:30 – 10:00</td>
<td>Key Note Speech&lt;br&gt;Quality – Global view and how to get started</td>
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<td>• Prof Niek Klazinga&lt;br&gt;Head of OECD/HCOIP</td>
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<td>10:00 – 10:10</td>
<td>Group Photo (WPRO Lawn)</td>
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<td>10:10 – 10:30</td>
<td>Break (Ground Floor Conference Lounge)</td>
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<td></td>
<td><strong>Session 1: Measurement</strong></td>
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<td>Moderator</td>
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<td>• Mr Luca Lorenzoni&lt;br&gt;Health Accounts, Asian Health and Social Policy Outreach&lt;br&gt;Health Division</td>
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Annex 3

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator</th>
<th>Invited presenters</th>
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<tr>
<td>10:30 – 12:15</td>
<td>Health care quality indicators</td>
<td>• Health care quality indicators</td>
<td>Shagufta Perveen, Pakistan; Sun Min Kim, Korea</td>
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<tr>
<td></td>
<td>• Data sources, methods and results</td>
<td>• Data sources, methods and results</td>
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<td>• Challenges in indicators development: data quality and comparability</td>
<td>• Challenges in indicators development: data quality and comparability</td>
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<td>• Panel Discussion</td>
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<td>12:15 – 13:15</td>
<td>Lunch (2nd Floor Conference Lounge)</td>
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<td>13:15 – 15:45</td>
<td>Session 2: Policy</td>
<td>Dr Monir Islam Director, HSD/SEARO</td>
<td>Yuichi Imanaka, Japan; Madeline Valera, Philippines; Margaret Banks, Australia</td>
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<td>• Professional certification/licensing and re-certification/licensing:</td>
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<td>Country initiatives</td>
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<td>• Accreditation: Country initiatives</td>
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<td>• Quality and safety of the use of medical devices and pharmaceuticals</td>
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<td>Country initiatives</td>
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<td>15:45 – 16:15</td>
<td>Break (Ground Floor Conference Lounge)</td>
<td>Dr Ken Taneda Technical Officer, Patient Safety</td>
<td>Eng Kok Lim, Singapore</td>
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<td>16:15 – 17:15</td>
<td>• Patient safety: Country initiatives</td>
<td>• Patient safety: Country initiatives</td>
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<td>• Clinical pathways: Country initiatives</td>
<td>• Clinical pathways: Country initiatives</td>
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<td>18:30</td>
<td>Pick up time at Diamond Hotel for the dinner reception</td>
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<td>19:00 – 23:00</td>
<td>Reception Dinner (Hosted by Dr Henk Bekeram)</td>
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## Annex 3

### Day 2: Wednesday, 28 November 2012

#### Session 3: Next steps: Development and implementation

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Moderators</th>
<th>Organizers</th>
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</table>
| 08:30 – 10:30 | • Summary of the previous day’s activities  
                  • Group discussion (by Region)  
                  • Developing the regional agenda                  | Mr Sjoerd Postma  
                  Dr Monir Islam                                            | SEARO/WPRO |
| 10:30 – 10:45 | Break (Ground Floor Conference Lounge)                                      |                                                 |                                   |
| 10:45 – 12:00 | • Resume presentations of action plans and suggestions                        | SEARO/WPRO                                      |                                   |
| 12:00 – 13:00 | Lunch (2nd Floor Conference Lounge)                                          |                                                 |                                   |
| 13:00 – 14:30 | • Information infrastructure  
                  • The role of a network  
                  • Benchmarking: Health at a Glance-Asia/Pacific 2014                  | Prof Niek Klazinga                              | OECD                             |
| 14:30 – 14:45 | Closing                                                                     | Prof Niek Klazinga                              | Dr Henk Bekedam                  |
POWERPOINT PRESENTATIONS OF ANNEX 4 AVAILABLE UPON REQUEST. PLEASE CONTACT THE HEALTH SERVICES DEVELOPMENT UNIT AT hsd@wpro.who.int