

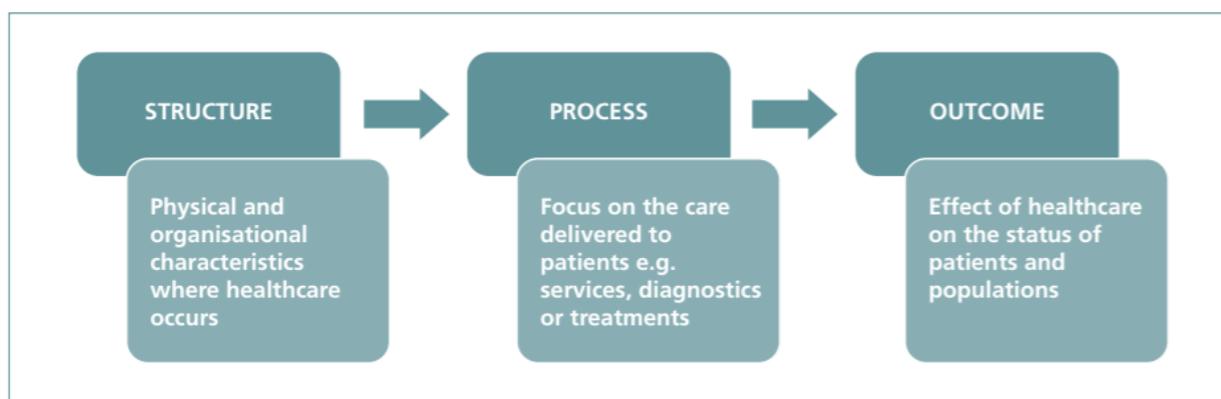
Percept NHI Policy Brief Series:

Accreditation, quality measurement & quality improvement

Despite the global focus on making healthcare available to everyone, more people die from **poor quality healthcare than not being able to access it**. In this brief, we discuss how the NHI Fund intends to approve health providers as trustworthy and qualified: also known as accreditation. Accreditation is an important part of how the NHI hopes to improve quality in healthcare and it is intended to be compulsory for all providers contracting with The Fund. It encompasses certification: defining and measuring minimum quality standards that providers must follow. But how providers are evaluated, and on what basis, is more complicated than it seems. Even if providers meet minimum norms and standards, this is not enough to ensure quality or improve health. Certification is not necessarily directly linked to *health outcomes*, like whether a patient's quality of life was improved through their interaction with the system.

Measuring Quality

Figure 1: Donabedian's quality framework



Data on structural measures are typically easy to collect (structural measures can easily be seen), but their importance as a quality measure is reliant on the existence of a strong positive relationship between these measures and health outcomes, which is not always the case, particularly where management and leadership are weak.

Process measures are less easy to collect, though critical from a quality perspective. Process measures that are routinely collected through the data information managements system of public

or private facilities are reliant on the honesty of the provider reporting the data, as well as accurate capturing. Health systems often do not have sufficient incentives built into the system to encourage accurate and honest process-measure reporting and frequently quite a lot of effort is required to demonstrate the long-term value of monitoring these measures.

Outcome measures are important - they indicate the ultimate impact of care on health (both in terms of when health status is negatively affected such as a patient death and when health status is positively affected such as increased mobility or reduced pain). This is often the missing link in accreditation measures. Health outcomes are influenced by a multitude of factors, such as income, education, home environment and nutrition, which fall outside the influence of the health system. It is therefore difficult to disentangle quality or impact of healthcare from other influencing factors and therefore relative improvement is often a better measure of quality than absolute performance.

Ensuring Quality under the NHI

The Office of Health Standards Compliance (OHSC) will be the overarching body responsible for certification. Under NHI, the Fund will accredit healthcare facilities that have been certified by the OHSC and meet additional minimum accreditation requirements set by the NHI Fund. So far, accreditation of public health facilities has focused on quality measures that are easy to collect: physical and organisational infrastructure, along with some measure of patient satisfaction. A greater focus on process and outcome quality is required.

The OHSC conducted 627 unannounced health establishment inspections during 2015/16 financial year. More than half of the health establishments (which were all in the public sector) failed to meet the regulated norms and standards for quality and safety.

It is intended that the Fund will play the structural and process accreditation function while NAPHISA could allow facilities to link their achievement of accreditation standards against their population's well-being.

Another important new policy is the National Public Health Institute Bill of South Africa (NAPHISA). The bill provides for the establishment of a Public Health Institute who will "conduct disease and injury surveillance and provide specialised public health services, public health interventions, training and research directed towards the major health challenges affecting South Africa's population". NAPHISA and the Fund, through its accreditation function, should work closely together to shift

the sector forwards. Marrying these two important bodies would better allow the sector to use Donabedian's framework in its pursuit of high-quality care.

Ultimately it will be important for the Fund to set accreditation criteria that deal with the process and outcomes dimensions of quality since structural measures of quality are not sufficient to ensure good health outcomes.

If the information collected through healthcare quality measurement processes is publicly shared, consumers of healthcare can use this information to make better decisions about where to obtain high(er) quality healthcare. The information then becomes part of a larger accountability process and if the information is actively used by both purchasers of healthcare, as well as consumers of care, it can help the market to become more efficient by directing healthcare in the direction of providers who are better (more efficient) at providing healthcare.

The benefits of intense competition between providers in terms of contracting and quality should not be underestimated. Especially in markets where a clear price ceiling has been established (as is likely to be the case under NHI), competition between providers occurs on the non-price aspects, e.g. quality.

Implementation challenges

The implementation of the NHI Fund theoretically allows for a clear separation between purchaser and provider, which should enable a much greater focus on quality through competition. As we have discussed in other briefs, the cleanness of this split may be marred by giving the Minister of Health oversight over both the purchaser and the provider - as the revised NHI Bill suggests. However, if the purchaser-provider split is well implemented, it is likely to improve competition among both public-sector health providers (clinics and hospitals), as well as between public and private providers, as the Fund can choose who to contract with and set minimum standards in terms of accreditation performance in contracts. Providers who do not continually meet minimum standards face the possibility of being locked out from providing services to the NHI Fund. It is therefore crucial that the measures used are the right ones and don't only focus on easy-to-measure (or unimportant) structural components. If prices are excessively constrained, there is also the risk of quality sinking to the minimum standard, particularly if competitive mechanisms are weak (for example, if patients have little choice over which facilities to visit).

There is a generalised shortage of healthcare workers and health facilities in South Africa and contracting across the two sectors may not be sufficient to overcome this obstacle. This could result

in a situation where the Fund cannot realistically terminate a contract without decreasing access and is locked into buying services from unaccredited or low-quality providers. Therefore, a quality *improvement* process will be important under NHI, given the current low-quality status of many of our health facilities, and should ideally be led by an organisation dedicated specifically to this objective.

The risk of shifting attention to being compliant, as opposed to genuinely committed to providing quality care, is a material one.

A key mechanism through which quality can be promoted is reimbursement. A fixed cost approach (salary remuneration), as is the case in the public sector, and fee-for-service payment mechanisms, as is the case in the private sector, do not lend themselves to incentivising either good or improving quality. Reimbursement mechanisms that reward high quality care can play an important role in improving quality, although some of the pitfalls of performance-based financing (e.g. it not having a long-lasting impact on organisational culture and the impact dwindling once incentives are removed) may remain and will have to be carefully managed.

The tension between a commitment to quality of care, and access will need to be carefully managed to ensure that standards are not eroded over time and that the accreditation process outlined in the Bill is practical. Fairness between the public and private sector will also be a key consideration.