Enhancing Access and Quality of Healthcare Services in Asian LMICs

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Outline

- Background: Health and Wealth
- Health Coverage
- Affordability
- Quality of Care

Instrumental Role of Health National Income

Main argument: Increase in Labor Productivity, Educational Attainment, Physical Capital

- Bloom-Canning (2004): estimate that a 1 year increase in life expectancy raises GDP by 4%, primarily via the labor productivity route.

- Weil (2007): estimates that eliminating health differences between countries would lower the ratio of GDP per worker in the country of the 90th percentile to the GDP per worker in the country of the 10th percentile from 20.5 to 17.8.

Including indirect channels of the impact of health on income (via savings and educational attainment) doubles this effect.

Instrumental Role of Health Household Economic Well Being

- Health Spending Tends to be Highly Concentrated.

-Chinese Survey Data (10% of households account for 60% of all health spending)

-Indian Survey Data (2.5% of households account for more than 25% of health spending).

In the absence of adequate protection against financial risk, the impact on household consumption, labour supply and incomes is likely to be large. [Large literature on impoverishing effects, effects on non-medical consumption, labour supply]

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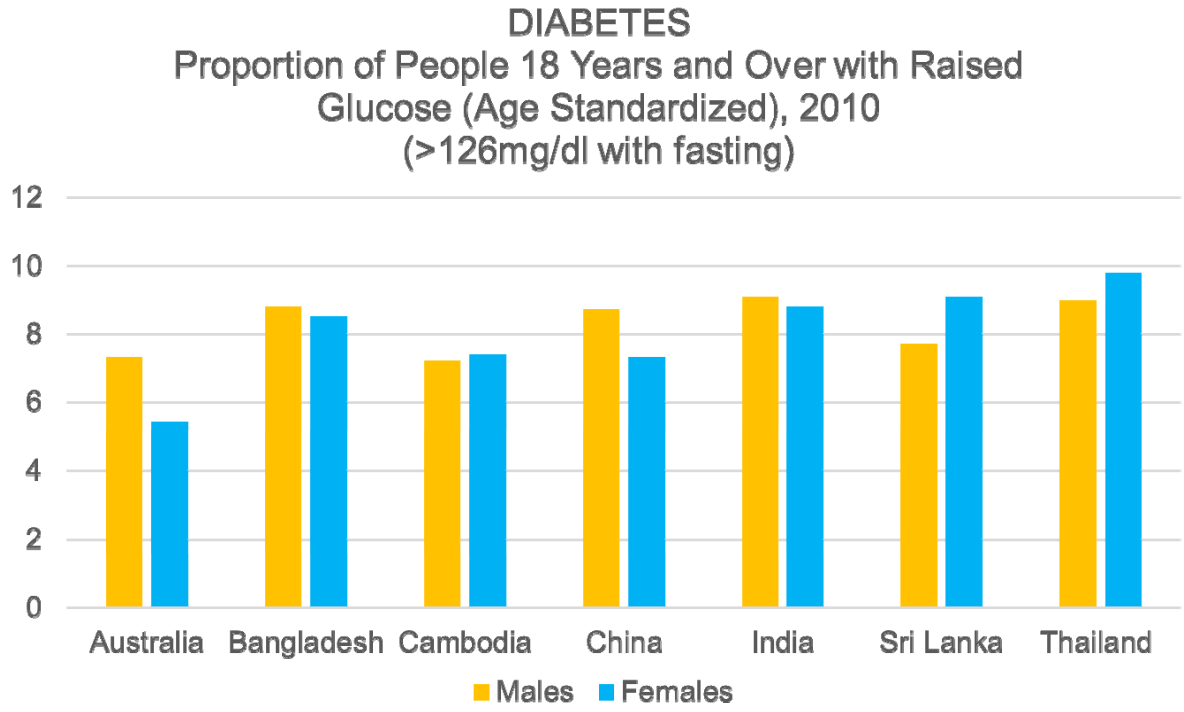
New Challenges
The Growing Burden of NCDs

Source: WHO



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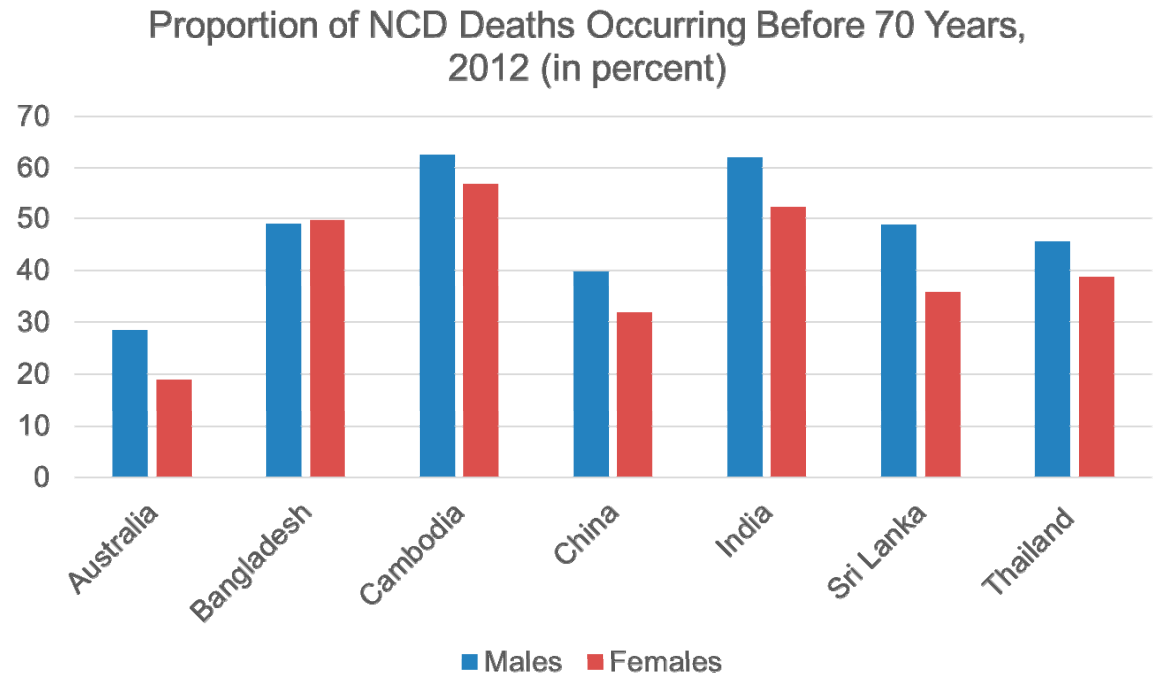
New Challenges
Premature Mortality from NCDs

Source: WHO



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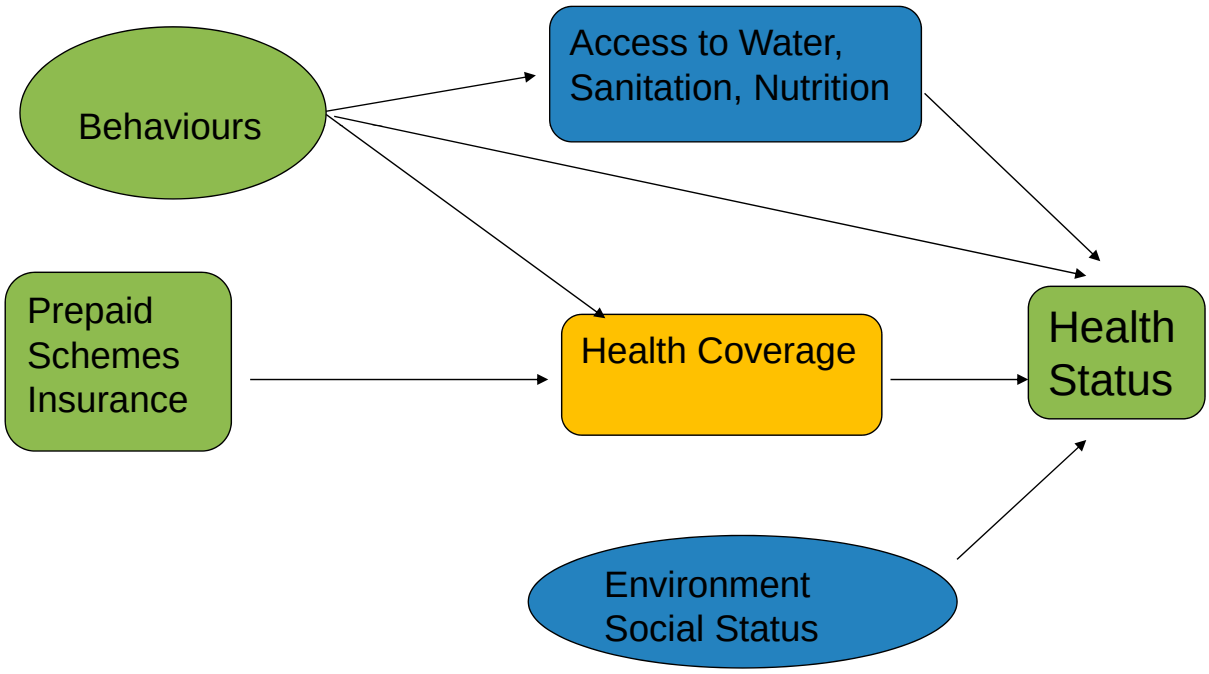
Improving Health Outcomes

Adapted: Moreno-Serra and Smith (2012)



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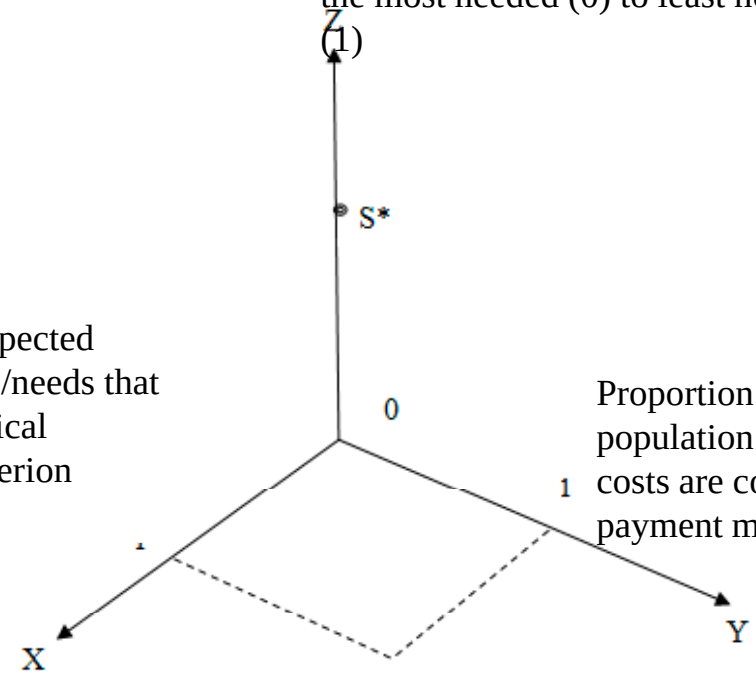
Health Coverage

"People Have Access to Health Services and Do Not Suffer Financial Hardship Paying for Them" (WHO)

Access: Another Look

List of health services of given quality and appropriateness from the most needed (0) to least needed (1)



Proportion of expected population visits/needs that meet some physical accessibility criterion

Proportion of expected population visits/needs where costs are covered via pre-payment mechanisms

Post GFC: Key Questions to Answer

- What to Cover?
- Whom to Cover?
- How Will Supply of Good Quality Health Services be ensured?
- How Can This be Implemented Efficiently?

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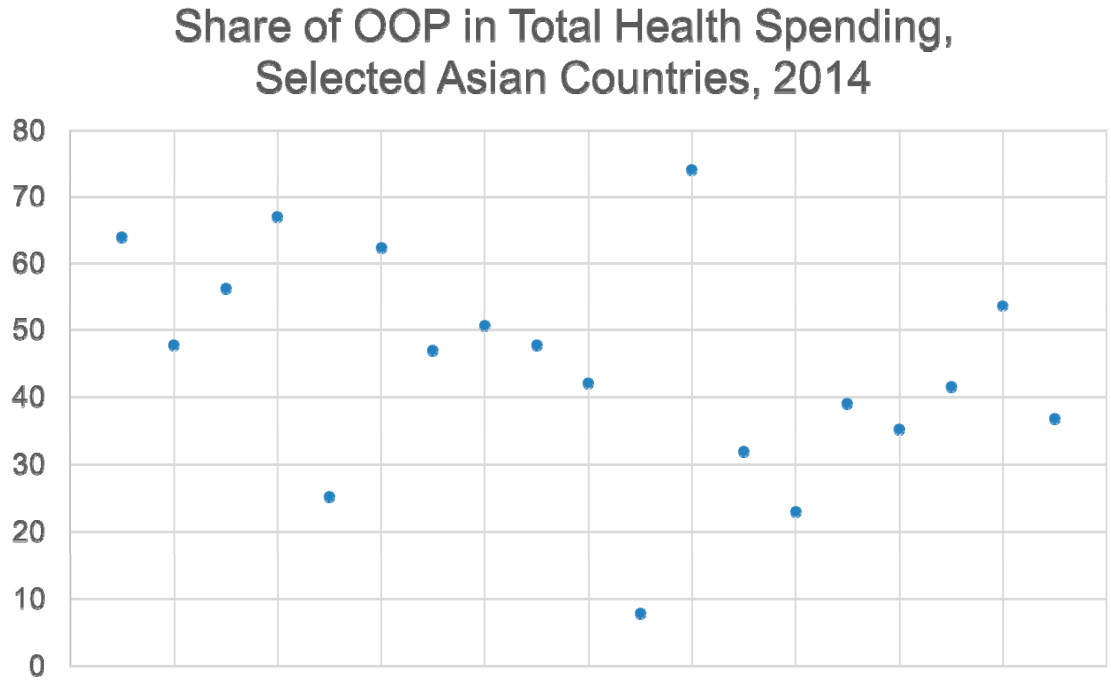
Affordability Remains a Challenge



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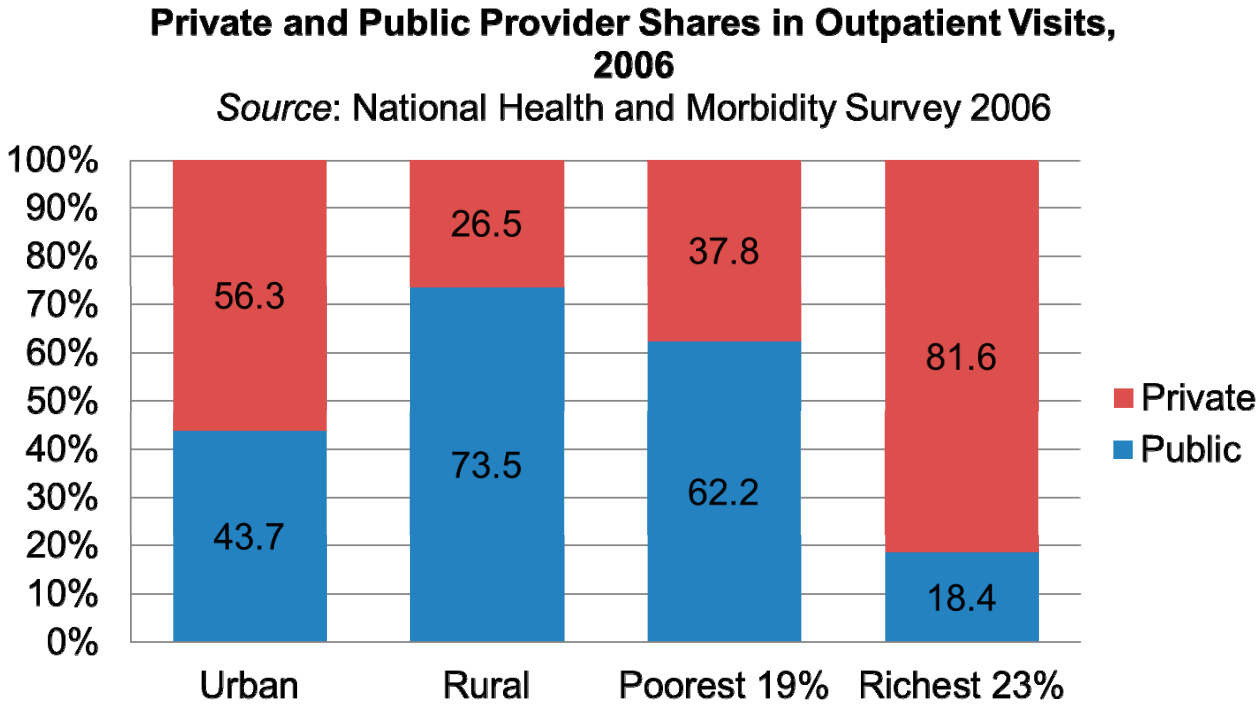
Poor and Rural Populations Rely More on Public Services in Malaysia than Rich



Access to NCD-Related Health Services

- Poor Referral Linkages between Hospitals and Outpatient Services
- Unavailability of NCD-related Services at the Primary Care Level
- Inadequate Record Keeping Systems

Payment Systems and Pay-4-Performance

- While Pooled Funds can achieve efficiency in fund management, additional opportunities to promote efficiency can come via the way providers are paid.
- (Case-based, FFS, Capitation)
- P4P can be tacked onto standard payment systems such as by requiring accreditation, quality standards in service delivery, delivery of specific types of services (e.g., for NCD prevention)
- But serious requirements with respect to information and management. Hospital autonomy.

What is Quality?

- *Structure*: characteristics of the healthcare provider

  -Qualifications, Inputs, Organization

- *Process*: interaction between the patient and the provider

  -Adherence to Clinical Guidelines

- *Outcomes*: Health Outcomes, Patient Satisfaction

Source: Donabedian (1966)

Measuring Quality in Ambulatory Care Das et al (various)

- Clinical Vignettes
- Observation
- Standardized Patient

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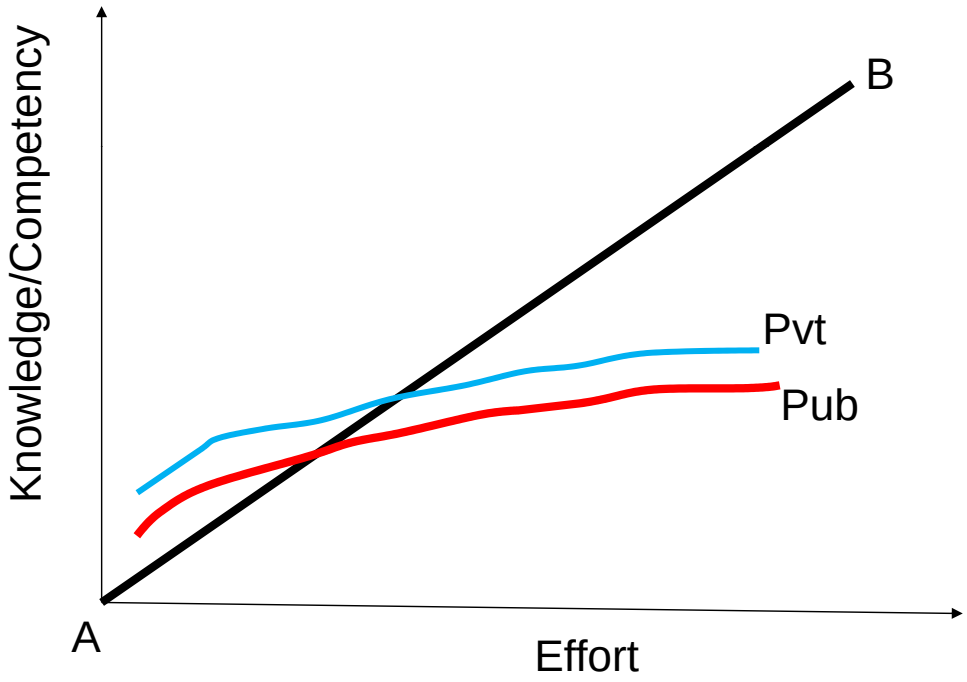
The "Know-Do" Gap

Das et al. (Various)



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Quality of Ambulatory Care: Some Findings from Asian LMICs

- Know-Do Gap Exists: the issue is one of "accessing a quality provider"
- The Know-Do Gap *increases* with level of Competency
- Know-Do Gap was *uncorrelated* with availability of other inputs.
- High rates of consumer substitutability between informal and formal "doctors". 'Accessing' a provider was not a problem
- Public Providers have Higher Levels of Effort in Private Practice

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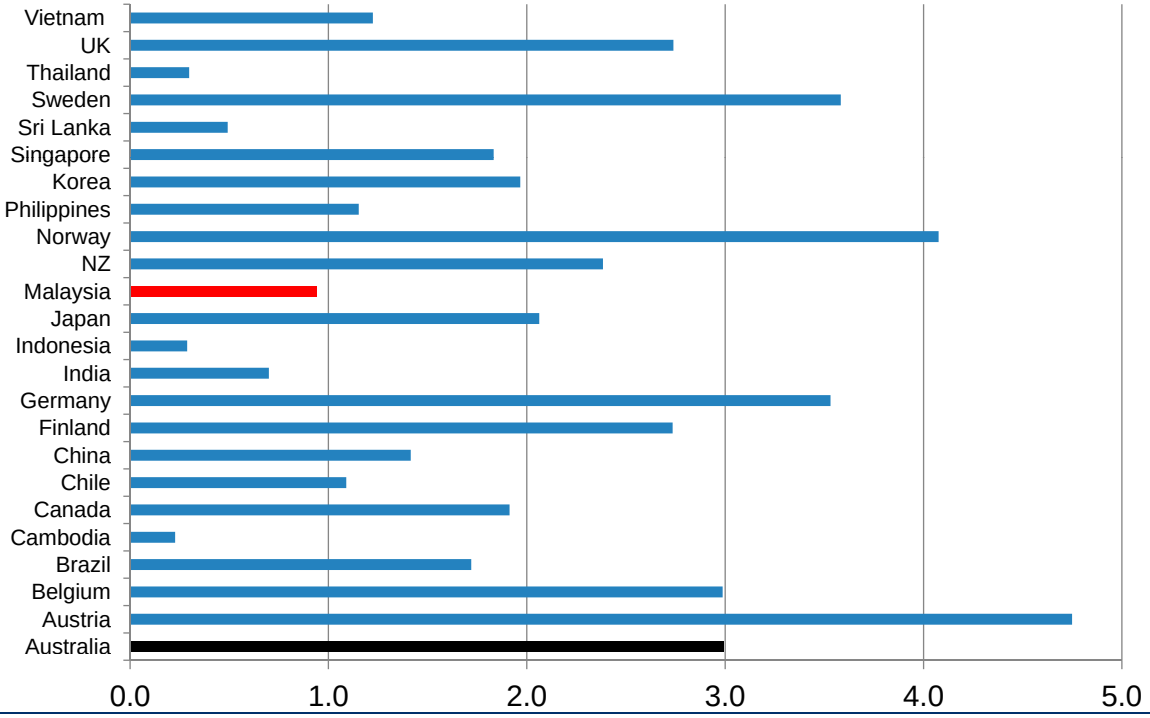
Doctors per 1,000 Population: Cross Country Comparison



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How to Improve Quality in Ambulatory Care?

Direct Supply Side Strategies
-Supervision
-Training
-Standards & Guidelines

System Strategies
-Payment
-Market based
-Laws & Regulations
-System values & goals

Demand-Side (Indirect) Strategies
-Vouchers
-Consumer Power

Provider Competency

Provider Effort and Attitudes

Performance according to standards

Improved Outcomes

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Evidence Base

- The Evidence Base on Many of the Strategies to Promote Quality of Service is Very Thin, especially in Asia.
- The Evidence on PPM systems is also very weak.
- The strong evidence is on the impact of pooled funding in enhancing utilization of services, especially the poor.