



# The Quality of Care in Kazakhstan: an OECD Perspective

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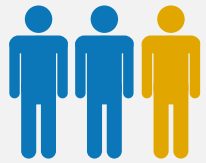
Astana Economic Forum, June 2017



# 1. WHAT IS QUALITY AND WHY DOES IT MATTER?

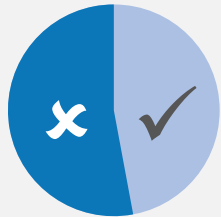


# Assessing health system performance



*Access*

**Data and analytics**



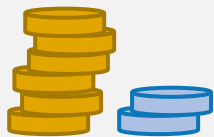
*Quality*



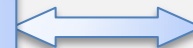
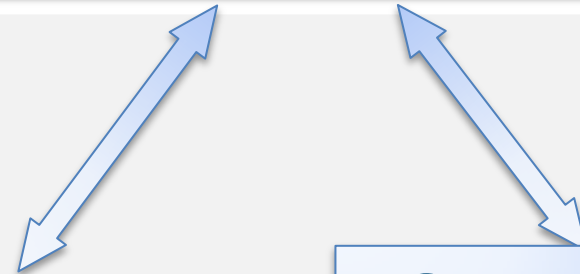
*Efficiency*

**Country studies**

**Sharing best practices**



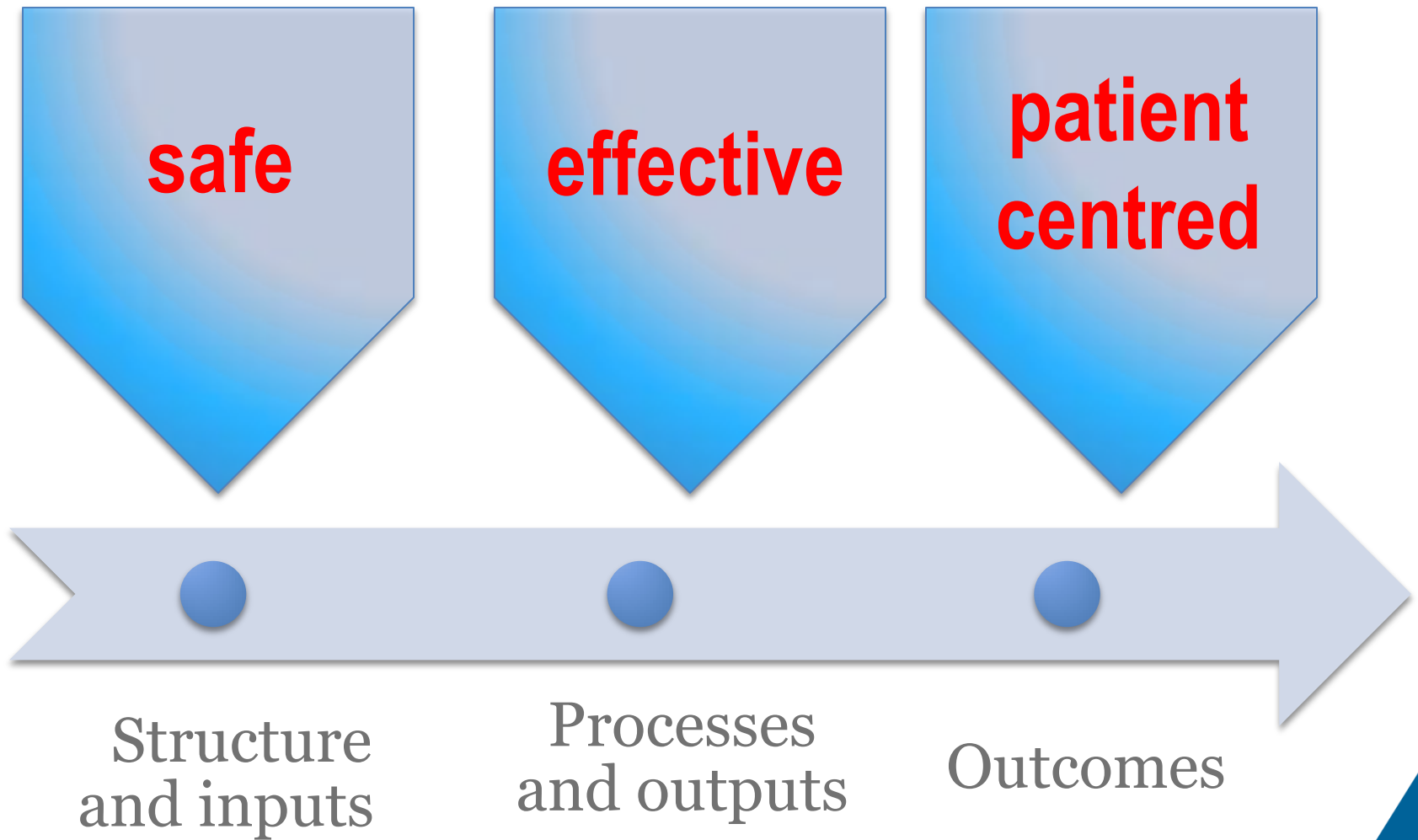
*Sustainability*





# Ensuring value:

## OECD framework for health care quality





## 2. HOW DOES KAZAKHSTAN COMPARE *VIS-À-VIS* OECD COUNTRIES?

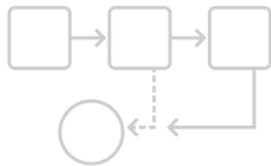


# Despite investments, equipment remains unevenly distributed

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- PHC facilities are supplied with 56% of functioning medical equipment according to national standards.



- ICUs are available in 39% of tertiary hospitals and in 28% of secondary multi-profile hospitals.

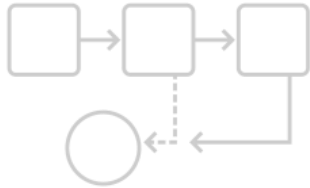


- A&E Departments are only available for 9% of tertiary hospitals and 27% of secondary multi-profile hospitals.



## Data on outputs and processes is limited

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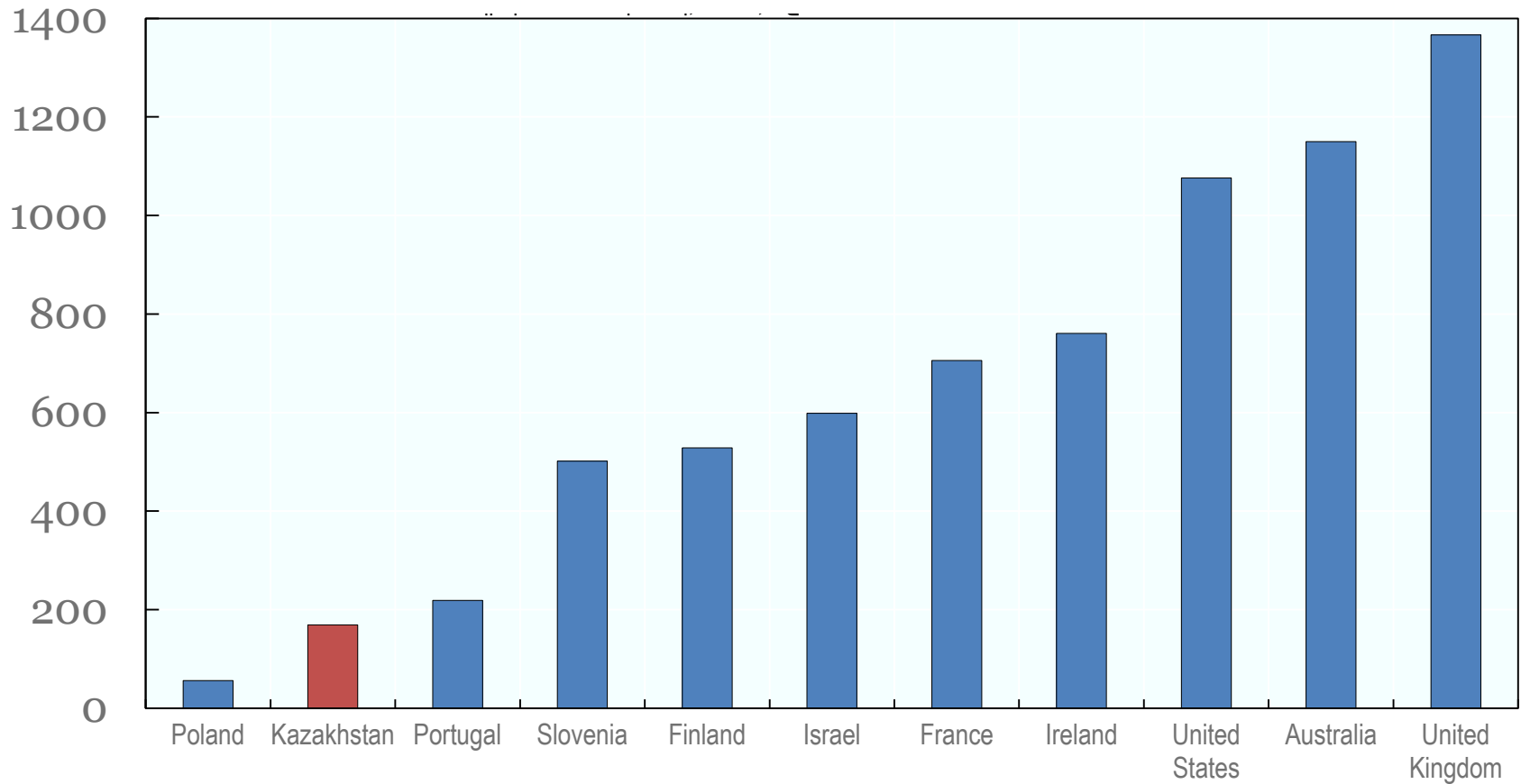
- A few hospitals deliver very sophisticated surgeries



- High immunization rates – but low cancer screening levels



# Outcomes: comparative performance is unclear

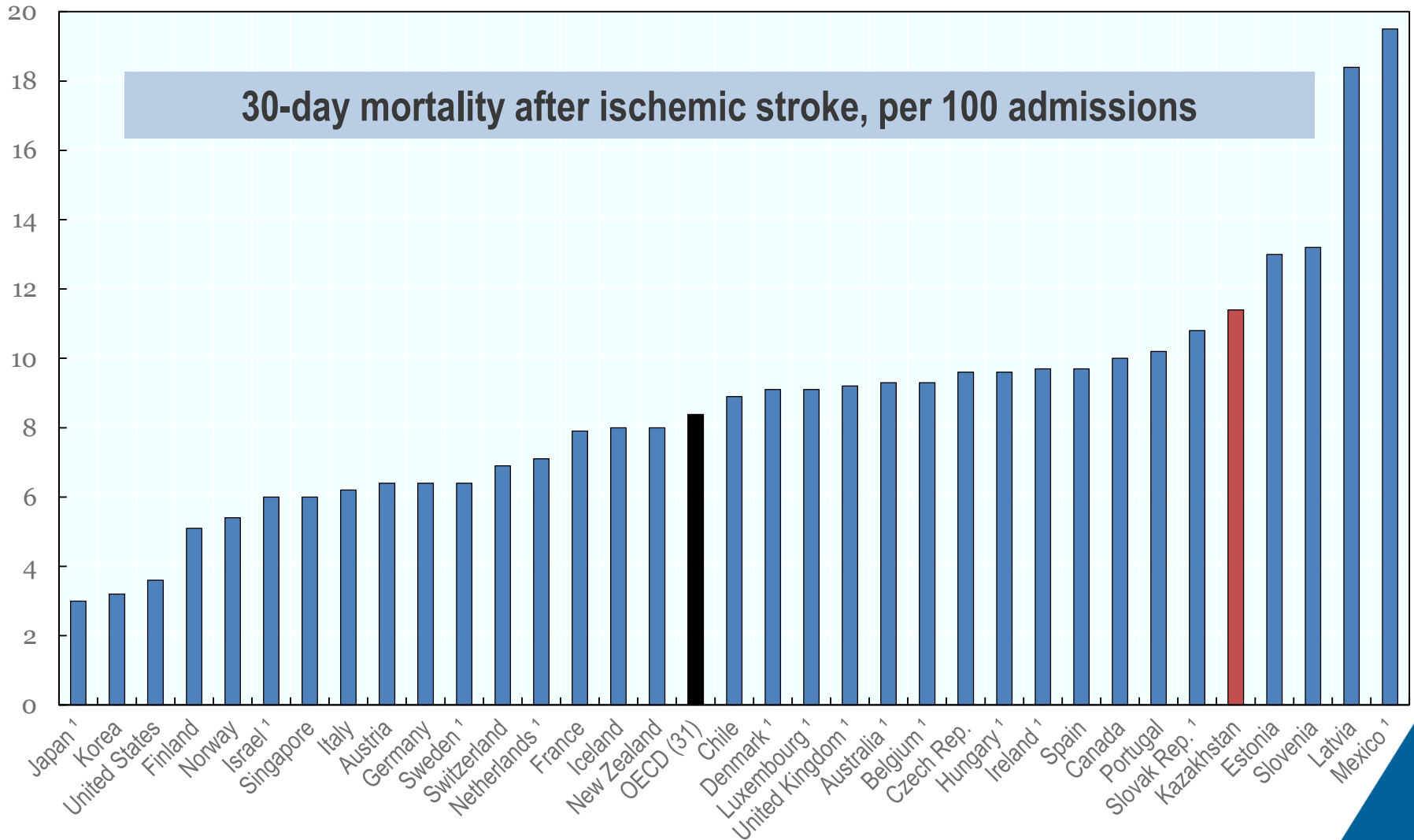


Rates of post-operative pulmonary embolism or deep vein thrombosis per 100,000 hospital discharges



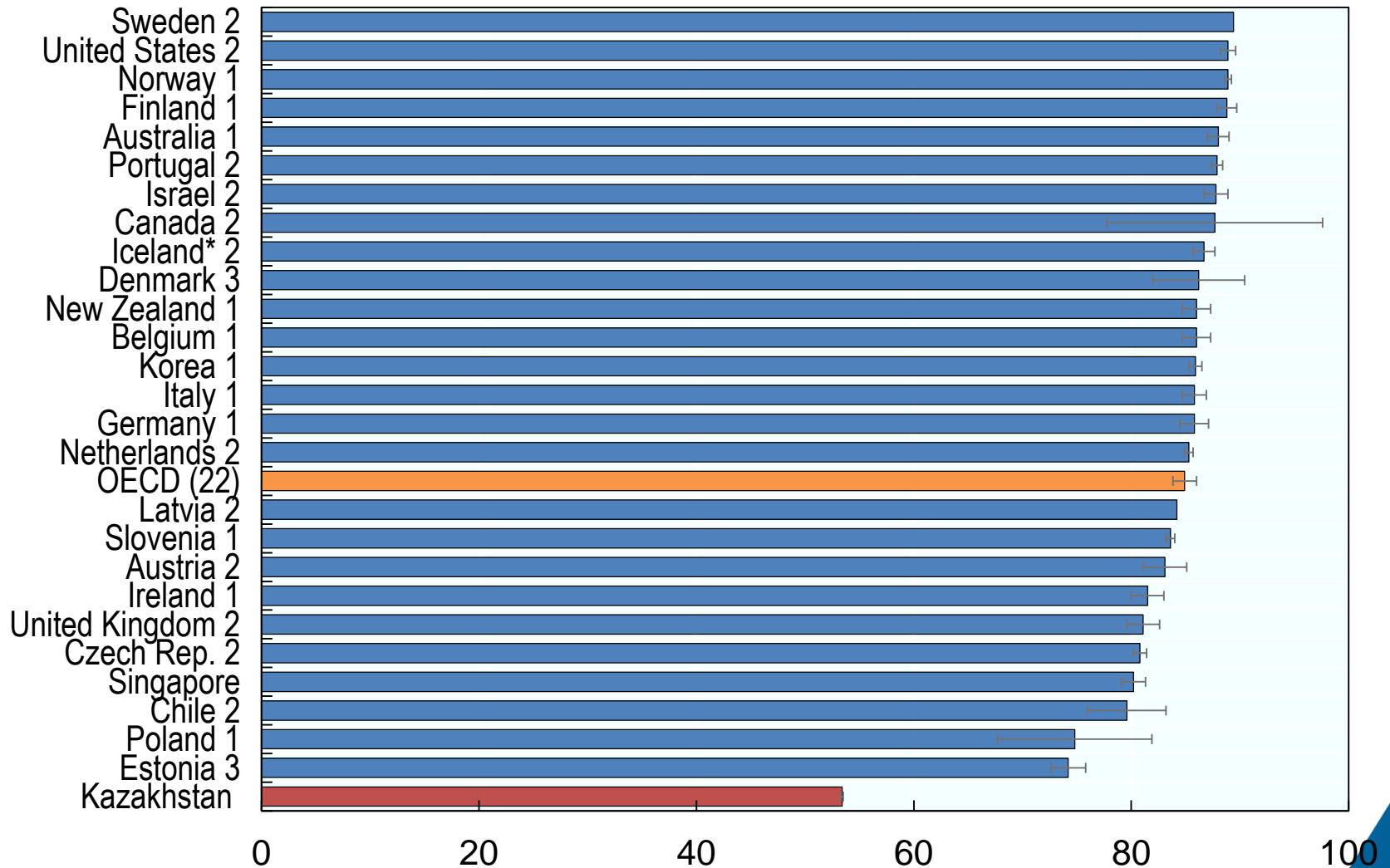


# Outcomes: comparative performance is unclear



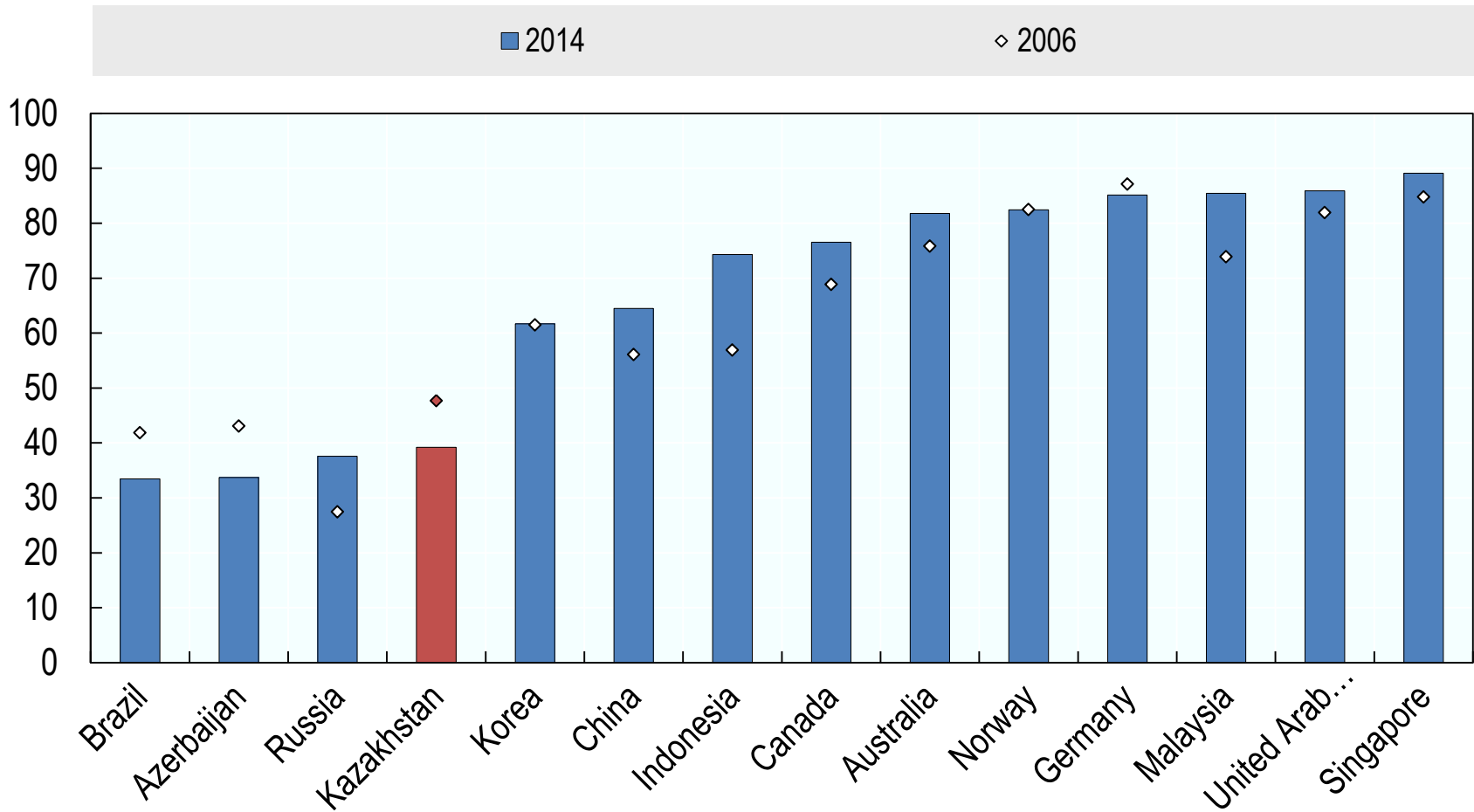


# Breast cancer five-year relative survival, 2008-2013





# Patient satisfaction in Kazakhstan is falling



Share of population satisfied with health care systems, 2006 and 2016



3. WHICH OECD LESSONS  
COULD BE USED TO  
STRENGTHEN CARE  
QUALITY IN KAZAKHSTAN?



# Key policies and institutions

## Many are in place but not embedded

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Policy	Examples
Health system design	Accountability of actors, allocation of responsibilities, legislation
Health system inputs (professionals, organisations, technologies)	Professional licensing, accreditation of health care organisations, quality assurance of drugs and medical devices
Health system monitoring and standardisation of practice	Measurement of quality of care, national standards and guidelines, national audit studies and reports on performance
Improvement (national programmes, hospital programmes and incentives)	National programme on quality and safety, pay for performance in hospital care, examples of improvement programmes within institutions

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# Three key messages came out from OECD reviews



- **Systemic changes** on where and how health care is delivered will optimise both quality and efficiency
- Health care systems need to **engage patients** as active players in improving health care, while **modernising the role of health professionals**
- Health care systems need to better **employ transparency and incentives** as key quality-improvement tools



**In progress**

1. Primary care health care systems offer primary care as a specialist service that provides comprehensive care to patients with complex needs



**Very limited**

New models of shared care are required to promote co-ordination across health and social care systems





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**Thank you.**

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