Service Delivery and Quality of Care for UHC

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I. Why Service Delivery Matters?

UHC is achieved when (quality) service delivery is available for people to access

Efficiency in service delivery makes it less costly to achieve UHC and is a key to financial sustainability

Degree of Vertical Integration

IDEAL system: division/differentiation of roles among different types of health care or different levels of health institutions

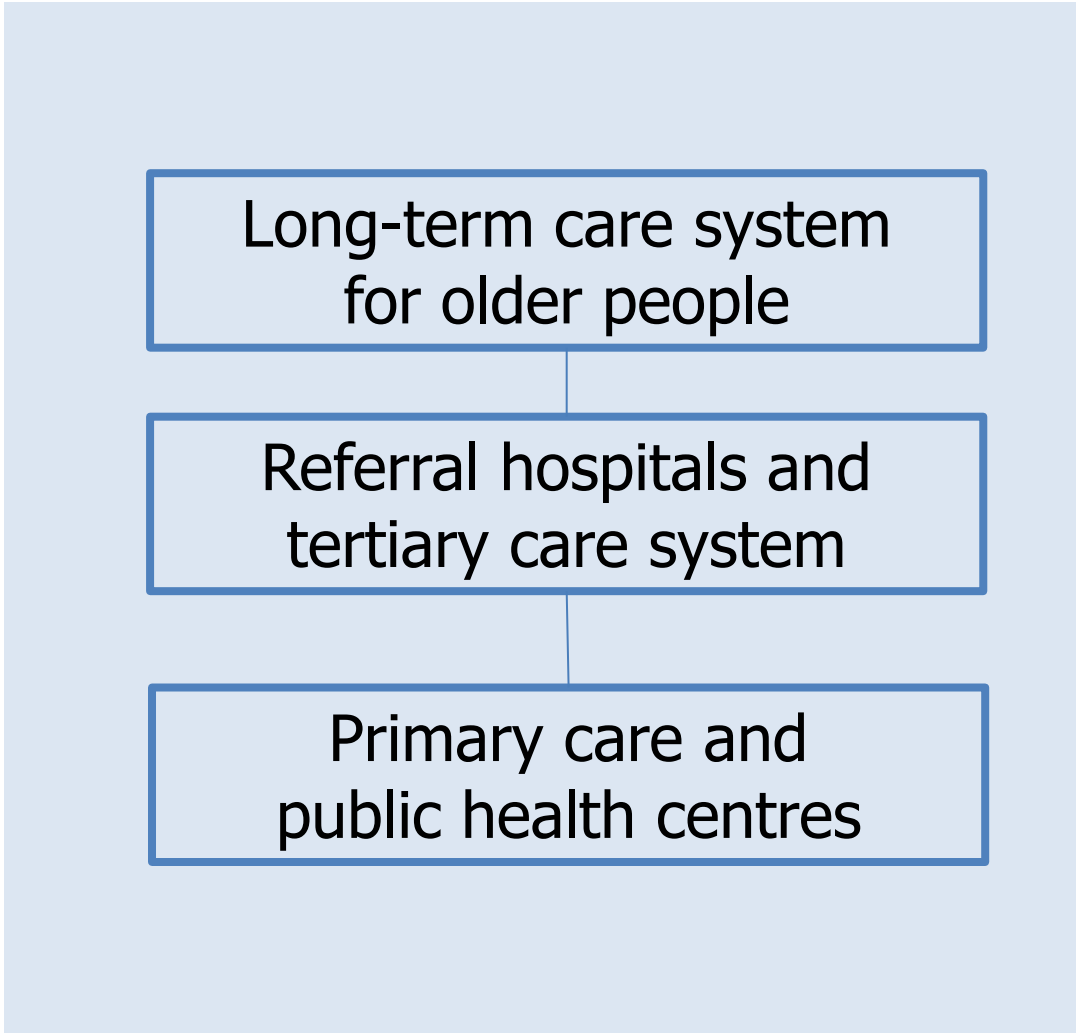
- With close coordination of care for cost-effective continuum of care for patients

When the roles of different types of care/institutions is not well differentiated,

-> Duplication of equipment, facilities, or personnel among primary, secondary and tertiary care institutions, and wasteful competition among them

-> resulting in lower quality and health cost inflation

Integrated Service Delivery for UHC (Universal Health Coverage)



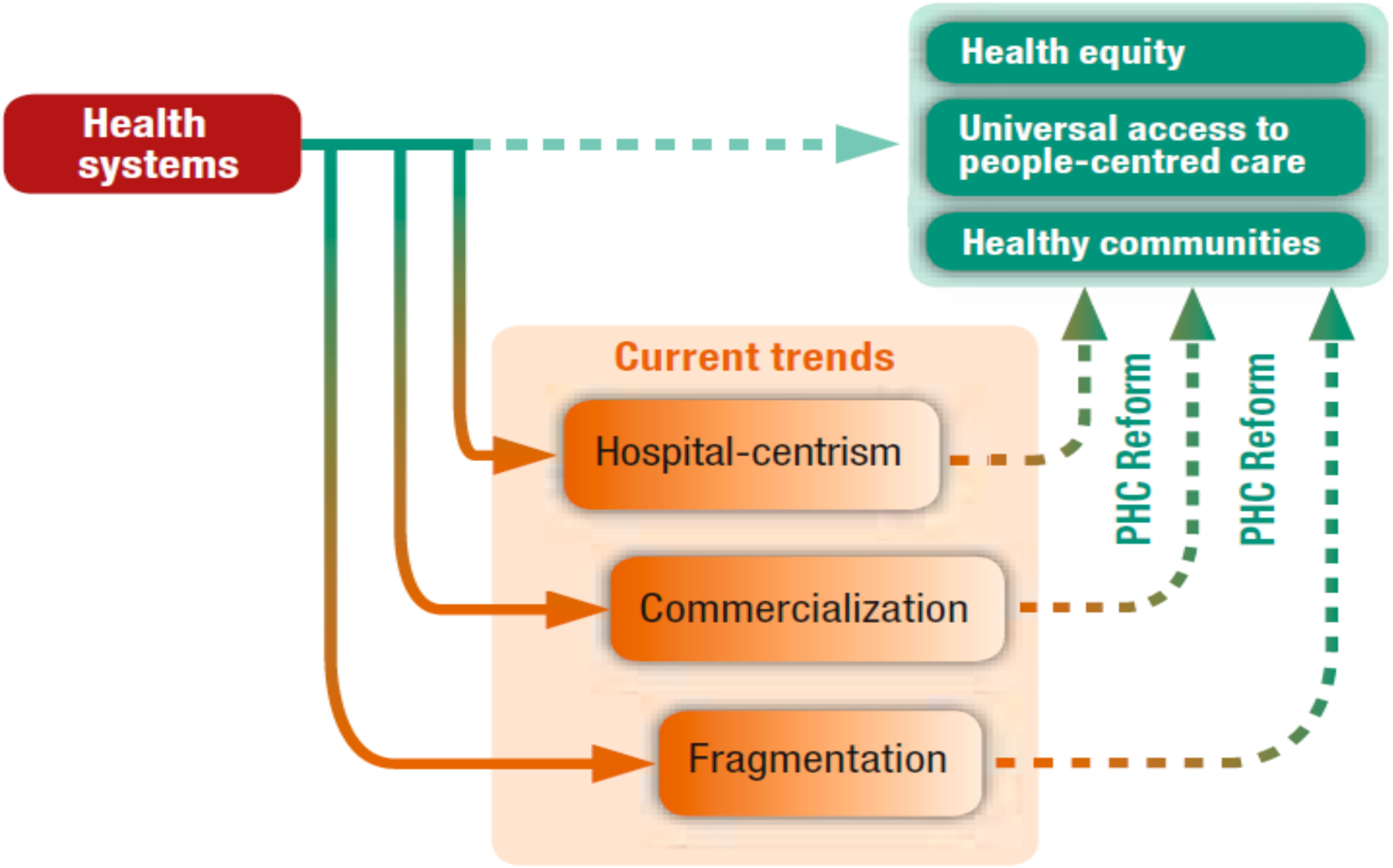
Importance of **Primary Care**

- Gatekeeping for efficiency
- Front-line providers in health security issues
  e.g., infectious disease
- Prevention and promotion for NCDs
  e.g., physical exercise, health education, community-based interventions

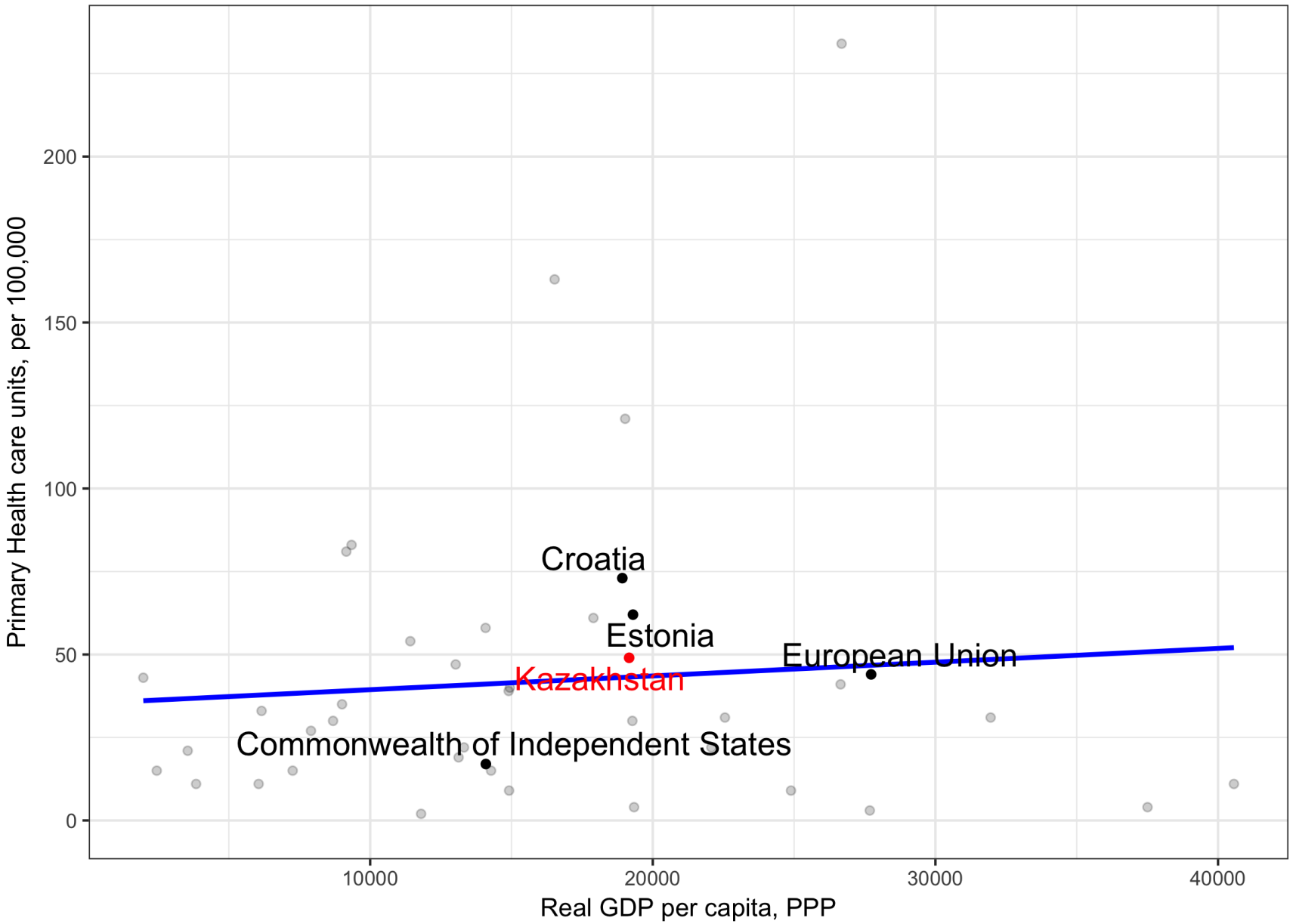
Importance of quality **secondary and tertiary-care hospitals** with effective referral systems

Role of **payment system** for integrated service delivery

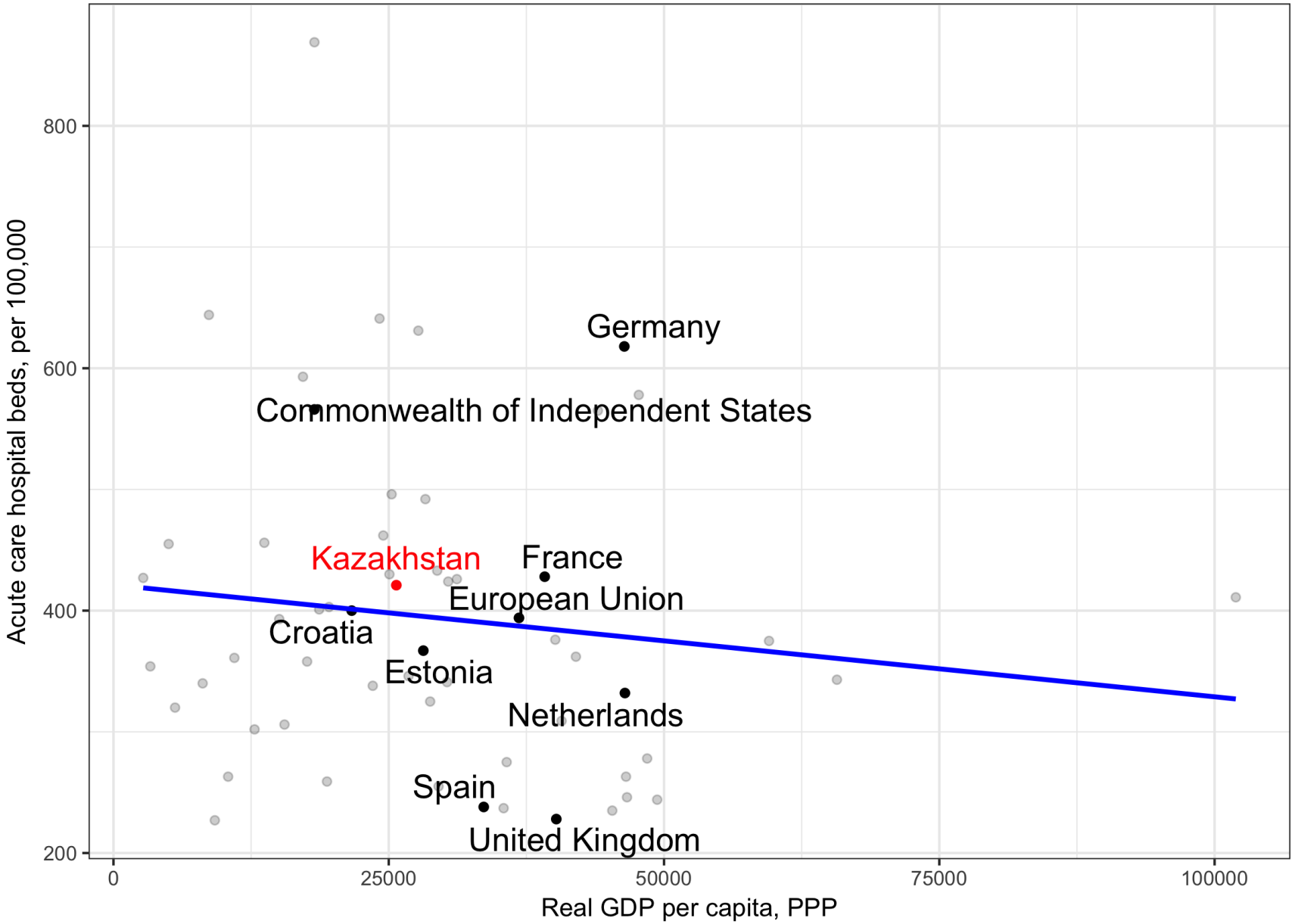
How health systems are diverted from PHC core values



WHO (2008). The world health report 2008 : primary health care now more than ever.



Source: Health for All Database, WHO-Euro



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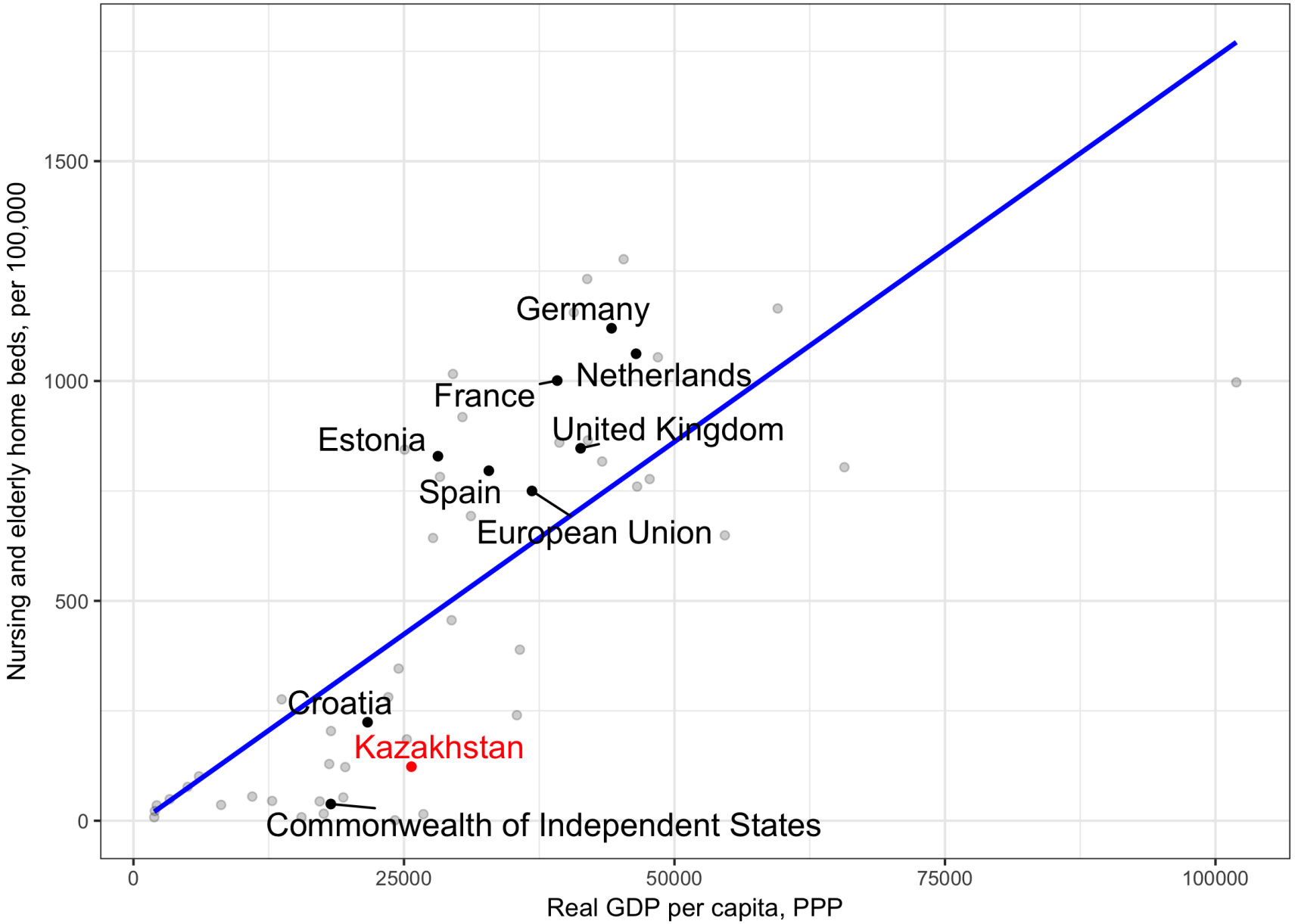

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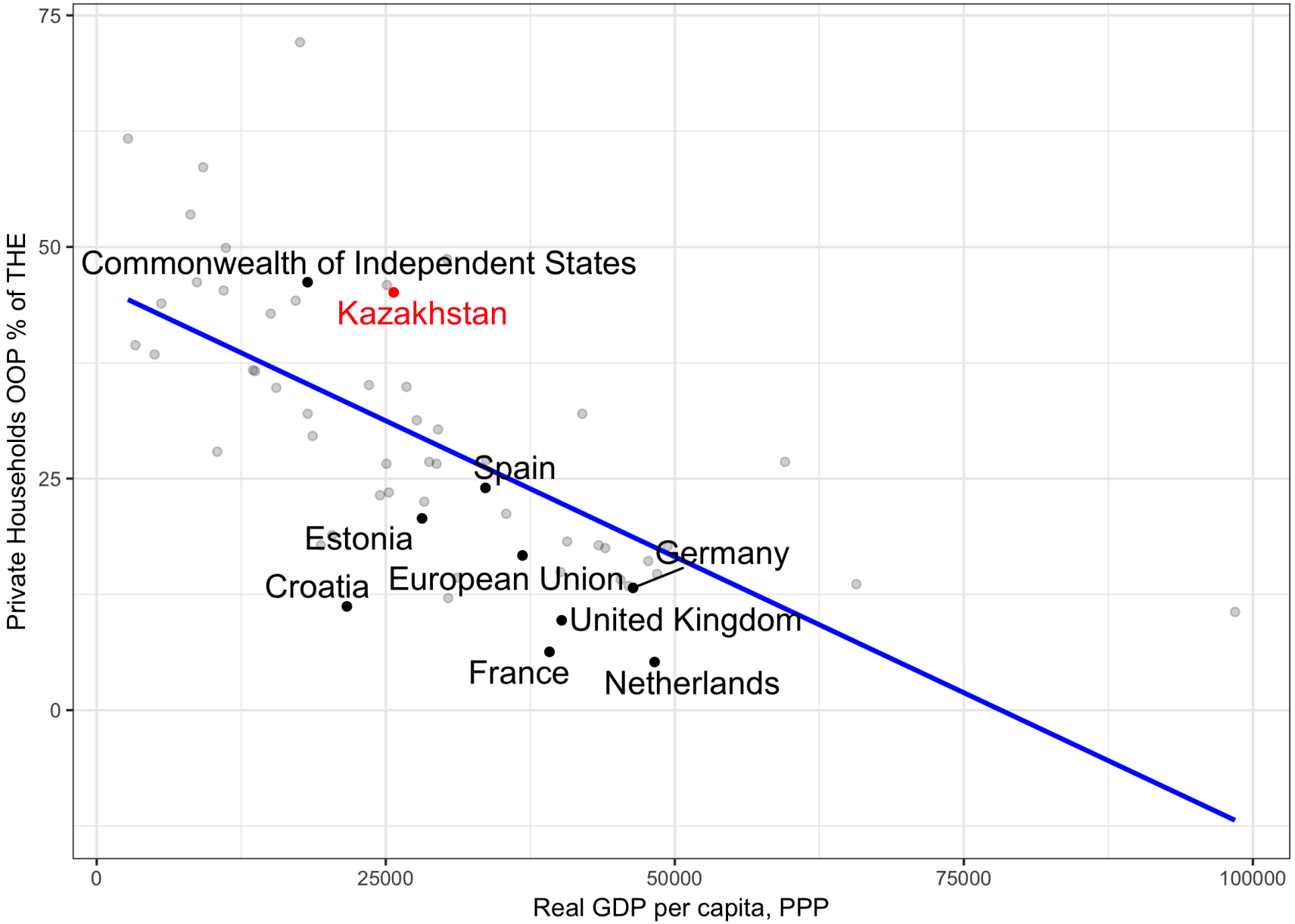

Source: Health for All Database, WHO-Euro

II. Policy to Improve Efficiency and Quality of Health Care Delivery

1. Government Policy

Investment in service infrastructure, equipment, and human resources

Quality Assurance by
- Minimum standard (in terms of structure)
- Licensing, accreditation
- Guidelines, review and assessment
- Financial incentive, penalty
- Disclosure of provider performance to consumers

Flexibility in civil service system for health care:
e.g., pay scale, hire and fire

HRH (Human Resource for Health)

Education/training, retention/distribution,
motivation/performance, regulation/policy

E.g., Motivation/Performance

Payment system

- Fee-for-service: increase in volume and intensity, incentive for specific areas that need an increase in productivity
- Capitation: prevention and promotion,
  potential under-provision and referrals
- Case-based payment: H system context of introduction
  e.g., DRG (Diagnosis Related Group) or variants
- Pay for performance

Setting payment *level* for providers

2. Separation of Purchasing and Provision

In SHI (Social Health Insurance)

- One of the rationales of Social Health Insurance with independent insurance agency

In Tax-based financing with public delivery

- Purchasing and provision are separated in British NHS (primary care providers as the purchaser)
- How to empower the single payer to be a **strategic purchaser**?

3. Purchasing/PPP/Contracting

1) Purchasing/PPP in the Public System

Public hospital can purchase/contract for specialized services (e.g., dialysis), laboratory, equipment, etc. from the private sector

- Various types of contracts or joint venture investment
- Risk sharing arrangement/contract:
  how to share initial investment cost, operating cost, net income, etc.

Purchasing/PPP in the Public System (continued)

Vouchers for targeted population to use targeted services provided by both public and private providers

- Conditional cash transfer for MCH
- Voucher for primary care for the elderly in Hong Kong

Operation of public health centers can be contracted out to NGOs (e.g., Bangladesh, Pakistan, India)

2) PPP in Infrastructure Development and Operations

- "DBOT" (design, build, operate, transfer):

  private partner invests and maintains the infrastructure, and government is responsible for service delivery

E.g., Ireland: Construction and maintenance of 14 primary health care centres (Euro 140 million)

- "DBOD" (design, build, operate, *deliver*):

  private partner also delivers health care service

E.g., Valencia, Spain: primary care physician office, health centres and hospital

3) Purchasing in the context of SHI

Contracting with Health Care Providers

In the beginning of SHI, it can contract with public providers only and extend it to qualified private providers

- Due to technical capacity issues (e.g., benefit/payment design, performance monitoring and evaluation)

Purchasing specific services or all types of services (benefit package)?

Many NHI under UHC contracts with public and private providers with *same terms*, e.g., price, benefits package

4) Outsourcing/Contracting Out (of support services)

Outsourcing and contract management in public hospitals: *supporting/non-medical* services such as dining and cleaning, etc. can be provided by external firms through contracts

- Contract management should be based on price and quality of services
- Providers of those contracted services can use expertise (better quality) and economies of scale (lower cost by dealing with large volumes)
- Hospitals need performance evaluation and monitoring to make decisions on whether to continue or terminate contracts