

Applying Quality Thinking to
India's Healthcare Challenges
27 November, 2012
Hotel Le Meridien, New Delhi

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Agenda

- Defining the challenges for India Health Care
- Getting the standards right
- Diabetes Self Care
- Health Care Mega Trends
- Defining and brutally focusing on the vital few.

Defining the Challenges

- General Health Care Challenges
- Specific Health Care Challenges in India

General Health Care Challenges

- Need to get patients involved
- Need more timely data published
- Medical education needs to be fundamentally improved to help doctors of the future be better prepared to use quality to improve their care of patients and outcomes.
- Top people need to be taught how to improve

Health Care issues facing India

- Healthcare is a huge unregulated market in India.
- Hospitals need to be rated so people know where to go for what and the cost.
- Lack of safe drinking water and sanitation across the country – should have been solved 25 years ago.

India Health Issues, cont.

- Need different quality approach for infectious diseases and degenerative diseases
- Nutrition is critical with weight management and diabetes
- There are few health services in rural areas

India health issues, cont.

- India has a high level of diabetes
 - Genetic factors are a key issue
 - Exercise is an issue with expanded use of TV
 - Middle and upper class have too much food and leisure
 - For poor it is the economics of survival. Cannot afford good food and meds.

India Health Issues, cont.

- Pharmacy is a problem.
 - Education level of pharmacist is low.
 - Don't have trained pharmacists at pharmacy
 - Pharmacy education is poor.
 - People in a rush. No waiting by pharmacist. No waiting by patient . If I have to wait, forget it.

How to respond? Where to start?

- The preceding are comments made by leaders of the Indian Medical Community in a meeting with the IAQ Think Tank Health Care Committee last Saturday.
- What is the quality response to these problems?

Expanding Quality in Health Care

- Creation and application of improved quality standards for healthcare.
- Improved role of the Pharmacist to get meds right and coach patients to take responsibility for self-care.
- Take into account the health care megatrends that will effect healthcare in next ten years.
- Need to focus on vital few and be brutal in enforcing it.

Part 1.

Creating and Implementing the
Next Generation of
Health Care Quality Standards

What is Wrong with Health Care Quality Standards?

- A panel of healthcare leaders hosted by the Institute for Healthcare Improvement identified these problems:
 - There are too many measures & complexity which for example results in wasted time.
 - There are contradictions between measures from different groups

Problems with Quality Measures, cont.

- Measures are not patient and family or customer focused
- Measures are not clear enough to use effectively.
- Measures are driven by outside groups who do not know unique differences of organizations (or countries).

Problems with Quality Measures, cont.

- Measures are not up to date with current knowledge and practice.
- Internal measures and follow through are not appropriate
- Need more focus on outcome measures.

What do IHI Healthcare Leaders like about US Quality Measures?

- Though imperfect, current measures are a start.
- They foster improvement
- Focuses organization on customers and quality
- They are rooted in facts

Quality Measure Benefits, cont.

- Measures provide some opportunities for comparing organizations.
- Conclusion: as the quality of measures improve, satisfaction will improve.
- (also, don't copy US measure mistakes)

Principles for Developing Standards

Principle 1: Pareto Principle

- Trouble is not evenly distributed
- Some of the problems cause most of the trouble, 80-20 rule.
- Standards should focus on the most critical problems first.

Principle 2: Root cause Analysis

- It should be clear what are the real or potential problems that the standards guard against.
- Root cause analysis is helpful
- Risk Analysis is growing in popularity
- Tools that look to all possible problems are also helpful, e.g. AFD from TRIZ.

Principle 3: Voice of the Customer

- Health Care Quality Standards should take into account the voice of the patient and the family.
- Standards should take into account the voice of the organizations and professionals who will be effected by the standards.

Principle 4: One set of Standards

- There should be one set of Healthcare quality standards for the country.
- Accrediting and Certifying bodies should compete is helping and assuring that organizations and individuals meet those standards

Principle 5: Use IAF Guidelines

- The IAF and national and regional bodies have developed guidelines for the development of standards
- They have also developed standards for accreditation and certification.
- Healthcare Quality Standards organizations should at minimum follow their guidelines.

Principle 6: Best Practice is not Sufficient for Good Standards

- Everyone can be wrong together
- Need input of customers and experts and a focus on data and facts.
- Need to analyze unforeseen consequences of standards'
- Be careful what you ask for. (W. Edwards Deming)

Principle 7: Consistency

- As much as possible there needs to be consistency through out the country and as much as is practical and appropriate throughout the world.
- Otherwise there is much wasted time, effort and cost.

QFD – A tool for Standards

Quality Function Deployment includes:

- Voice of the customer and expert with functions and quality characteristics
- Super-system, system and sub-system
- Powerful innovation tools, value engineering, failure modes, etc.
- Process and outcome measures

Part 2. Rapid Improvement of Diabetes Self-Care

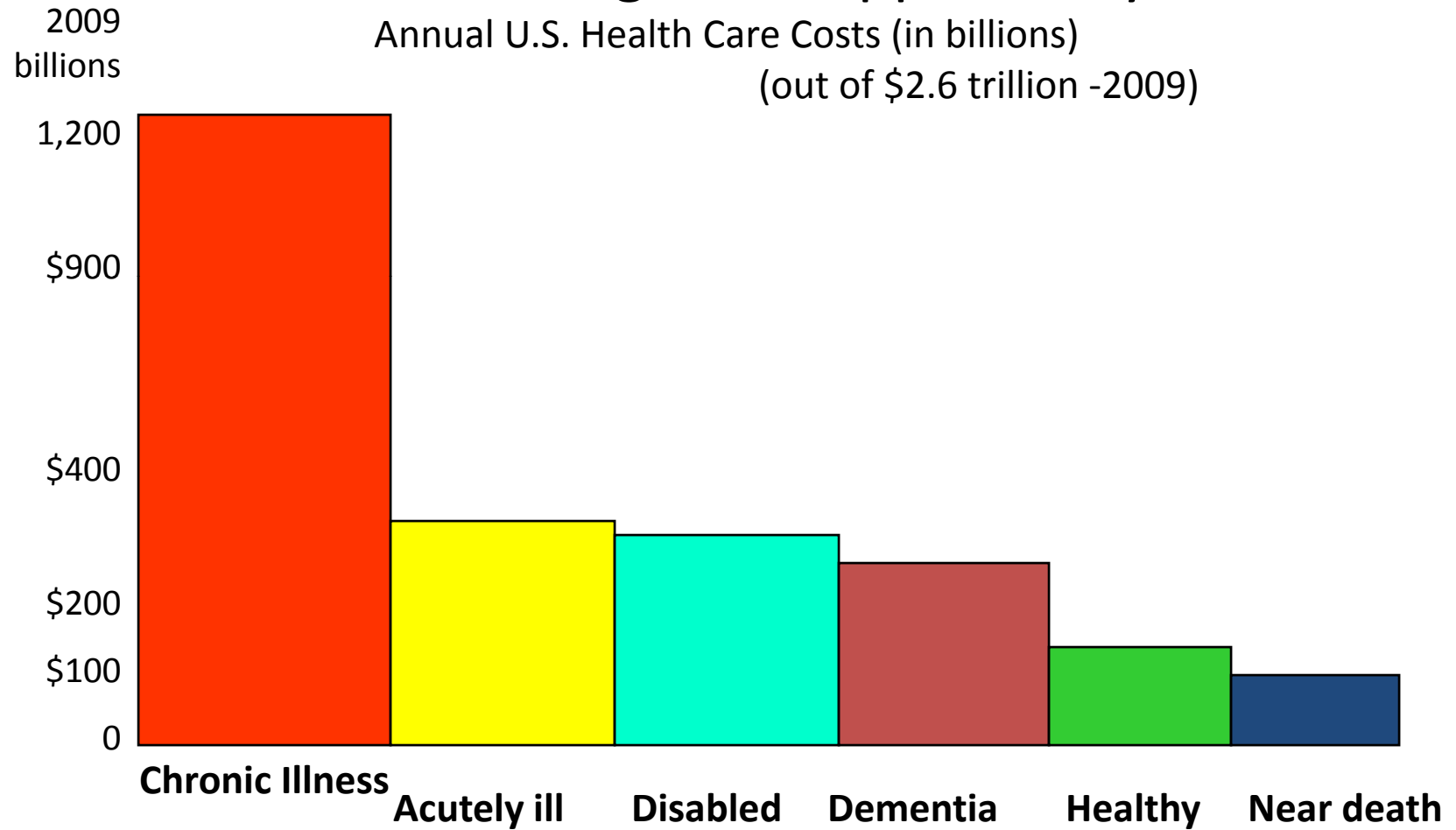
“Insanity may be defined as doing the same thing over and over again hoping for a different result.”

Albert Einstein

The Pareto Principle and Health Care

- The Pareto chart says 20% of the problems cause 80% of the trouble.
- Focus on the vital few for most progress.
- The French Health Ministry focuses on #1 opportunity each year. Last year the major focus was childhood obesity.
- If chronic illness or diabetes is #1, focus there. How many billions or trillions can be saved?

Chronic Illness the Challenge and Opportunity



Asheville Model

- Asheville projects started 1998 Diabetes, 2000 Asthma, 2002 Hypertension, 2004 Depression
- 10 city challenge replicated project in 10 cities
- 25 city challenge now in 25 cities
- Medicare Innovation Center funded western Pennsylvania with 250,000 patients.
- Medicare will begin rolling out to USA probably in 2013 with a savings hundreds of billions of US dollars.

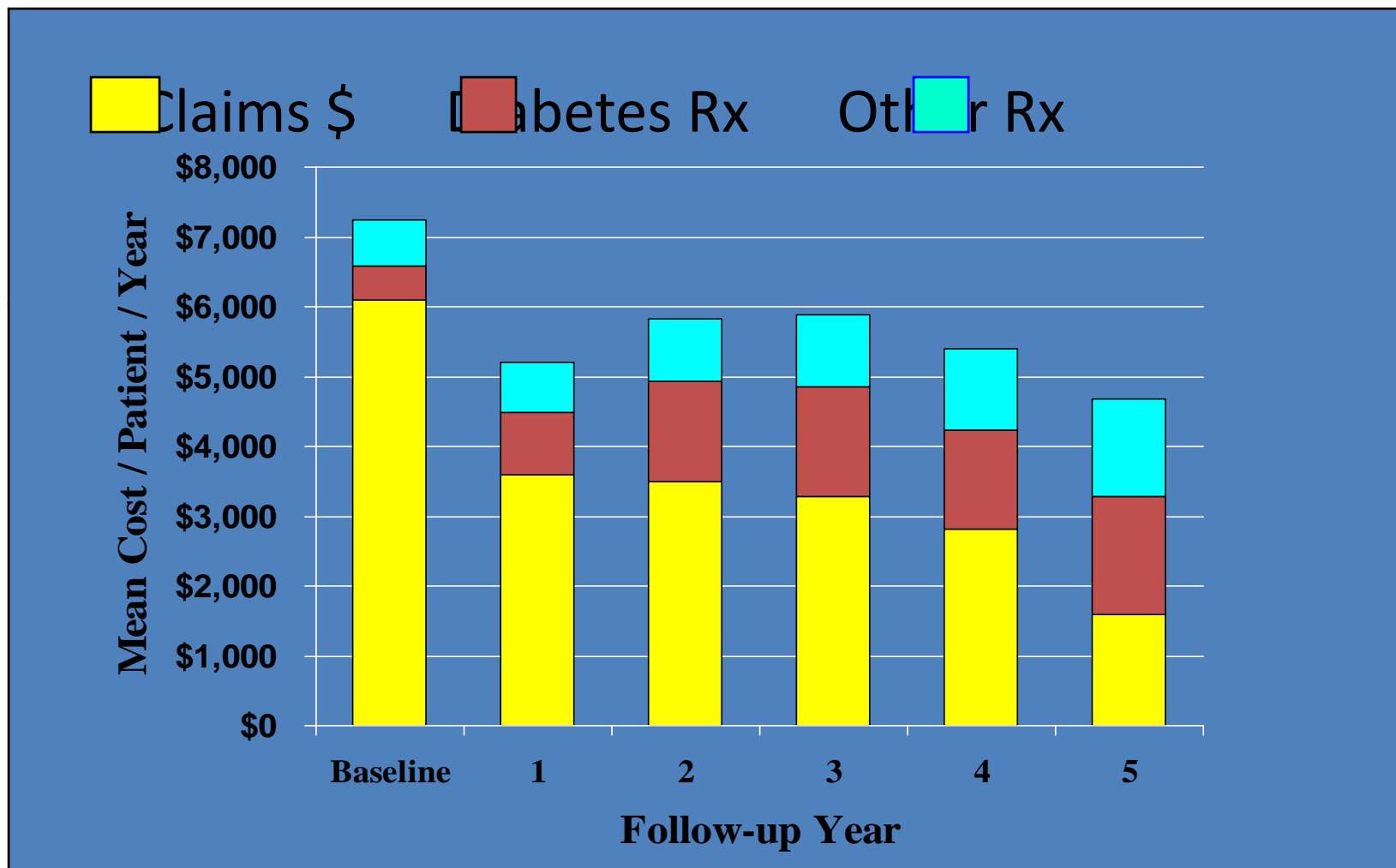
Role of pharmacist is key

- Asheville program involves city and hospital employees.
- Several pharmacists coach them on how to manage their diabetes /chronic illnesses and how to manage their diet.
- They work with patient to get the meds right, right drug, right dosage.
- When the meds work and there are not side effects, then the patients take them.

Role of Pharmacist is Key, cont

- Pharmacist checks to see that the patient can correctly check blood pressure and sugar.
- They check diabetics' feet. There have been no amputations in 15 years
- They provide some education on the diseases with help from the hospital. When the hospital saw how successful it was they joined for their employees.

Diabetes Cost savings



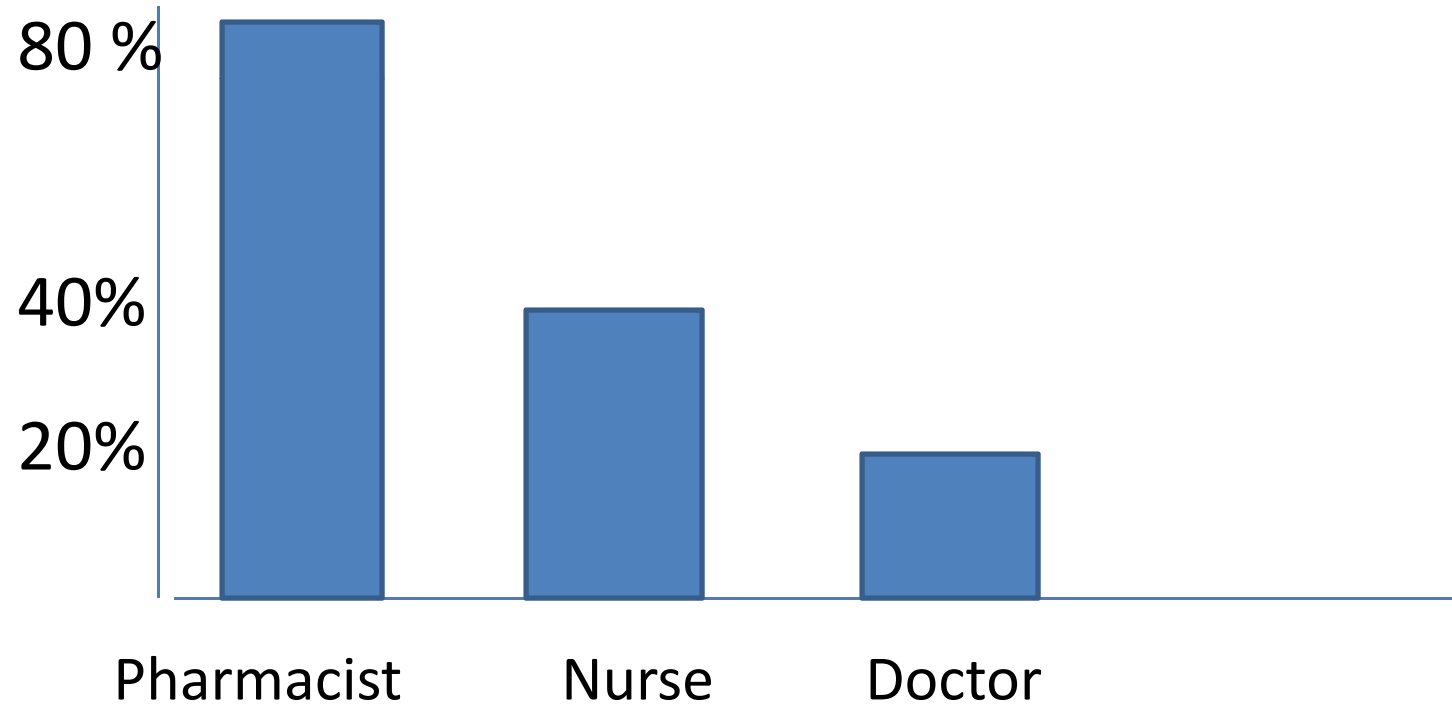
Medical costs went down dramatically

- Medical costs, especially hospital costs, went down dramatically as patients self-care increased and they didn't go to emergency room or be hospitalized.
- Medical costs went down 45% the first year and 75% over five years.

Pharmacy costs rose initially

- As patients practice of self-care rose from 15% to 85%, they used more meds and the costs of pharmacy rose initially.
- As patients got their illness under control less pharmacy was needed.
- Also, the work of Linda Strand showed that working on all meds together and using naturopathic where appropriate limited growth of pharmacy costs to 5%.

Self-Care Success Rates by type of coach



There has been some resistance to the pharmacist approach

- It means more empty beds for the hospitals.
- It means less revenue for the insurance companies.
- It raises questions about health care as a profession and healthcare as a business.

Pharmacist approach grows

- Asheville was followed by 10 city and 25 city challenge.
- PCPCC endorsed then pharmacist approach which led to some activity of including pharmacists in medical homes.
- The Medicare Innovation center is conducting several pilots, some directly on pharmacist coaching, some indirect on using the pharmacist to help reduce readmissions

Part 3.

Health care trends,

Adopted from *Future of Medicine,*

Megatrends in Health Care

by S. Schimpff

Healthcare Megatrends Include

1. Genomics – personalized gene therapy
2. Stem Cell – factories and treatments
3. Vaccines – for cancer, HIV/AIDS, etc.
4. Devices – smaller, more powerful, useful
5. Operating room – specialized, less operations

Healthcare Megatrends, cont.

6. Digitized medical data – access, safety
7. High Cost of Medicine
8. Complementary Medicine
9. Preventable Medical Errors
10. Patient & Family make decisions

Healthcare Megatrends, cont

11. More Medical teamwork
12. More involvement of pharmacist in the care team
13. More Focus on fresh food
14. Improving the standardization process

Factors and Principles influencing the conversation

- Pareto principle – focus on vital few
- Put patient first with compassion
- Focus on establishing a long term effective care system first - then plan how to get there
- Prevention – focus on health not health care
- Teamwork

Factors and Principles, cont.

- Growth in demand for medical services
- Other financial factors, consumerism, who pays for research, e.g. pharmaceuticals, cost of medical education, can you recoup it as GP
- Scientific advances
- Professional issues, specialist vs. generalist; doctors as employees – who makes decisions?

Factors and Principles, cont.

- New methods for teaching doctors and coaching patients, use of simulators
- How these factors vary from country to country?
- How do these factors vary from metropolitan areas to rural areas?
- What are other factors and principles?

Part 4. Defining and brutally focusing on the vital few.

- The Pareto Principle rules
- Effective Strategic Planning e.g. hoshin kanri is essential
- Demonstrate commitment to 100% quality

CEO role cont.

- Use of Radical innovation
- Create a culture of customer focus
- Strong leadership involvement in improvement every day.
- **But the bottom line is use data to find the #1 opportunity in India for health improvement and everyone focus on it.**

For more information contact IAQ Healthcare Think Tank

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