Editorial

Quality Issues in Primary Healthcare

Rajeev Gupta

Editor, RUHS Journal of Health Sciences, Academic and Research Development Unit, Rajasthan University of Health Sciences, Jaipur, Rajasthan, India

Healthcare quality is defined by the US Institute of Medicine as "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Healthcare quality assessment should have the following six domains.

- **Effectiveness**: relates to providing care and outcomes as supported by scientific evidence.
- **Efficiency**: relates to maximizing the quality of a comparable unit of healthcare delivered or unit of health benefit achieved for a given unit of healthcare resources used.
- **Equity**: relates to providing healthcare of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.
- **Patient centeredness**: relates to meeting patients' needs and preferences and providing education and support.
- **Safety**: relates to actual or potential bodily harm.
- **Timeliness**: relates to obtaining needed care while minimizing delays.

Quality issues usually take a backseat in dialogue on Indian healthcare systems. This is because we still suffer from problems of shortage of healthcare availability and access. However, with rapidly changing scenario where more and more healthcare systems and professionals are available it is important that we train our students and young health professionals in quality metrics to focus on appropriateness of care. High quality healthcare not only save lives but also is cost-effective solution to myriad health problems- both communicable diseases as well as non-communicable diseases that are currently sweeping not only the whole country but our state of Rajasthan.

Multiple studies from India have reported low quality of primary healthcare in both rural and urban areas. The challenge of low quality in health care is not unique to India. Studies from a number of developed and developing countries have demonstrated widespread problems with the healthcare systems and healthcare providers who make little effort to ensure that patients receive high-quality care, geographic variations in the quality of health care services, and high levels of medical errors. For example a narrative review that included a qualitative study in rural Uttar Pradesh reported inadequate health infrastructure and severe shortage of healthcare professionals with low doctor-population ratio, low doctor-nurse ratio, low population-bed ratio and low population-health sub-centre ratio. Similar situation exists in most of the large populous empowered-action group (EAG) states in the country.

The challenge is to improve the healthcare system and empower individual healthcare provider. Mohanan et al suggest a renewed focus on governance issues, including improving public-sector management, building institutional capacity, and promoting a culture of data-driven policies. Ideally, state and local governments and local health facilities would use data from administrative sources and household surveys for quality improvement efforts and for accountability in health care delivery. This use of evidence in making policy decisions would require institutional incentives and targeted capacity building in addition to investments in creating standardized and more reliable data sets. It is critical for governments, implementing agencies, and researchers working in India to collaborate on evidence-based approaches to improve the quality.

However, given the high prevalence of non-governmental players (private set-ups) in primary healthcare, engaging with private providers is strategically important for health policy if we wish to improve quality of care. While public-private partnerships in health care have received considerable attention, many large scale efforts have not
yielded significant improvements in targeted health outcomes or out-of-pocket spending. Access to government-led health insurance, which is the current fashion, mainly leads to increase in healthcare expenditures without improving quality. The focus has to be in creation of better and empowered healthcare professionals: physicians, dentists, nurses, technicians and others. This underscores the critical importance of medical colleges and other institutions of learning.

REFERENCES


