JORNAL DA SOCIEDADE DAS CIÊNCIAS MÉDICAS DE LISBOA

Quality of Care: an imperative for current healthcare systems

Válter R Fonseca [1], **João Breda** [2]

1 MD, PhD. Technical Officer Health Systems & Quality of Care, WHO Athens Quality of Care and Patient Safety Office, WHO Regional Office for Europe.

✉ fonsecav@who.int

2 MPH, PhD, MBA. Head and Special Adviser to the Regional Director, WHO Athens Quality of Care and Patient Safety Office, WHO Regional Office for Europe & WHO Special Representative and Officer in Charge, WHO Country Office in Greece.

✉ rodriguesdasilvabred@who.int

ABSTRACT: Despite unprecedent health achievements in the last centuries, the total number of annual deaths globally will grow in the decades ahead, because of population growth and population ageing, along with persisting inequalities. It is imperative to double down on efforts to go beyond classic public health measures. Current evidence shows that health care is often inadequate, and poor-quality across conditions and countries, with the most vulnerable populations faring the worst. The United Nations Agenda 2030 set Universal Health Coverage (UHC) as sustainable development target. This transformative shift in health policy design and implementation places quality of care at the heart of the global health agenda. Indeed, health improvements can remain elusive unless those services are of sufficient quality to be effective. Transformation of health care will require an unprecedented commitment to quality improvement, but it will not be possible to continue using the methods and approaches of the past. With the global momentum of UHC as a backdrop, combined with the previous decades of work on healthcare quality worldwide, the time is ripe for advancing high-quality healthcare systems that optimize health care in a given context by consistently delivering care that improves or maintains health outcomes, by being valued and trusted by all people, and by responding to changing population needs. Quality of care must be a political priority. Quality of care policies need to evolve by prioritizing UHC, investing in high-quality systems, engaging in continuous learning and improvement, adopting tracer indicators to reorient health systems towards outcomes that matter to people, and leveraging digital tools for a data-driven culture and reducing health inequalities.

KEY WORDS: Health systems, Quality of Care, Universal Health Coverage

From the inception of the Jornal das Ciências Médicas de Lisboa nearly two centuries ago, numerous barriers have been removed, leading to significant advancements in medical science, healthcare, and overall population health. Global life expectancy rose from 46.5 years in 1950 to around 73 years in 2019 and is projected to reach 77 years by 2048[1]. This improvement reflects the shift from high infant mortality and infectious diseases to chronic non-communicable diseases due to better hygiene, sanitation, antibiotics, vaccines, and global vaccination efforts. Additionally, changes in economic, social, and cultural aspects have altered risk factor profiles, including behavior, metabolism, and environment-related factors. In addition, economic, social, and cultural factors,

have led to significant changes in the profiles of risk factors – including behaviour-related factors such as smoking, harmful alcohol use, physical activity and diet, metabolic-related factors such as obesity and hypertension, and environment-related factors such as air pollution, water, and sanitation.

Despite these unprecedent achievements, the total number of annual deaths will grow in the decades ahead, because of population growth and population ageing. However, mortality is only part of the picture of population health. As survival rates continue to improve across nearly all causes of deaths, non-fatal outcomes become more prevalent.

Additionally, striking inequalities persist. The most vulnerable groups continue to face an elevated risk of dying and disability from avoidable communicable, maternal, perinatal and malnutrition conditions. Along with these existing challenges, the emerging noncommunicable diseases associated with unhealthy lifestyles, environmental hazards and an ageing population creates an unsustainable burden for healthcare systems.

It is imperative to double down on efforts to go beyond classic public health measures. Current evidence shows that health care is often inadequate, and of poor-quality across conditions and countries, with the most vulnerable populations faring the worst. Poor quality is estimated to account for up to 58% of preventable deaths in low- and middle-income countries, exceeding the burden of disease attributable to a lack of access to healthcare[2]. Overall, poor-quality care can lead to adverse outcomes, including unnecessary health-related suffering, persistent symptoms, loss of function, and a lack of trust and confidence in health systems[3]. Substandard care also exerts a substantial economic impact and side-effects such as catastrophic expenditures and increases in the cost of expanding health coverage[4].

However, it took until 2015 to place quality of care at the centre of the global health policy agenda. While quality of care is widely – and somehow intuitively – recognized as a key component of healthcare delivery, it has not been a consistent focus in practice.

The United Nations Agenda 2030 set Universal Health Coverage (UHC) as a sustainable development target, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all[5]. This means all people and communities should have access to the high-quality health services they need – promotive, preventive, curative, rehabilitative, or palliative – without facing financial hardship[6]. This has been a remarkable gamechanger in the way health policies are designed and implemented. From "crude coverage", with a solely focus on access, to "effective coverage" which takes into account the need for, the use of, and the quality of healthcare services[7]. Health improvements can remain elusive unless those services are of sufficient quality to be effective.

Traditionally, quality of care has been defined in the intimacy of the physician-patient relationship and assumed as a complex and multifaceted concept with potentially varying definitions across contexts, disciplinary paradigms and levels of analysis[8]. While Donabedian stated that it seems likely that there will never be a single comprehensive criterion by which to measure the quality of patient care, he recognized that quality of care may have a wider dimension[9]. In 1966, he suggested quality of care may be almost anything being a reflection of values and goals in the medical care system and in the larger society of which it is a part. This paved the way for an intersection between public health and clinical medicine[10].

More recently, it is accepted that achieving "the highest attainable standard of health" – a right enshrined in the World Health Organization's constitution – depends not on public health or clinical medicine alone, but on "where the twain shall meet"[11]. It is crucial to view quality of care not just as a point estimate that applies during one clinical encounter. Rather, quality of care is appropriately considered essentially as a longitudinal concept, a systems property affected by decisions occurring at all levels of a healthcare system. Thus, optimizing the system design at all levels should be a priority[12]. And, unless proper measures, oversight mechanisms, patient engagement, and health literacy are built into systems, it is possible that UHC efforts will provide access to poor-quality, eventually harmful care[13].

Transformation of health care will require an unprecedented commitment to quality improvement, but it will not be possible to continue using the methods and approaches of the past. To drive positive transformation and achieve UHC, it is imperative to establish quality of care as a systemic organising principle. This principle should apply not only to individual healthcare services, but also to entire health systems, fostering a beneficial intersection between individual needs and societal demands[14].

Since the establishment of the 2030 Agenda for Sustainable Development healthcare systems are in the turmoil of growing challenges and demanding aims (Figure 1).
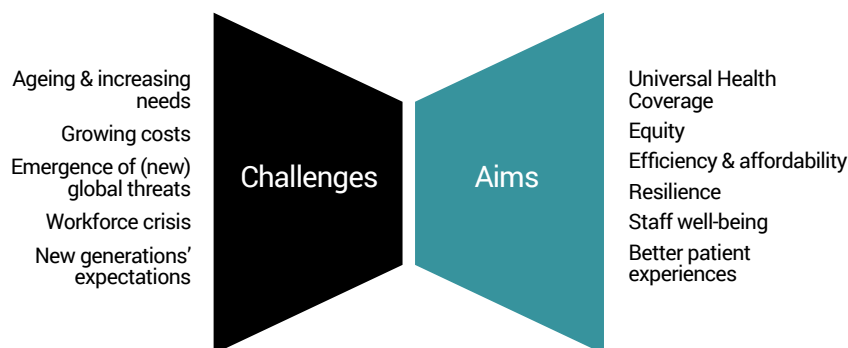
The term "permacrisis" is increasingly used to describe the convergence of multiple crises straining health systems, such as the pressing effects of the COVID-19 pandemic, wars and conflict, natural disasters and the escalating health-related consequences of climate change. The pandemic has exposed pre-existing vulnerabilities in health systems while also spotlighting innovative solutions that could enhance healthcare delivery in the post-COVID-19 era[15]. Additionally, health systems and social care sectors are contending with exhausted frontline staff, depleted budgets, and a backlog of patients awaiting treatment. While the full legacy of this prolonged stress is not yet fully understood, it is clear that the situation demands more than short-term fixes. Effective responses require governance foresight, characterized by creativity, innovation, and collaboration across all sectors.

If quality is indeed a systems property affected by decisions occurring at all levels of a health care system, optimizing the system design at all levels should be a priority. While much conceptual work has applied systems principles to the health care field, most interventions to date have focused on increasing access, improving training, instituting financial incentives, and a few other targeted efforts. By neglecting to take a holistic perspective, such interventions fail to address the underlying issue behind poor quality: poorly structured organizational contexts and process inefficiencies that interact with each other and at multiple levels[16].

A 2018 review of primary care quality found that, globally, 72% of strategies targeted the micro level. Although interventions aimed directly at facilities can be motivational and promote local commitment to quality of care, people tend to revert to entrenched ways of doing things, especially when surrounding systems do not support transformation[17]. In a seminal paper published by Kruk and colleagues propose that a transformative quality improvement agenda is based on the recognition that health systems are complex adaptive systems[18]. This approach emphasises macro-level reforms. Macro-level strategies are best able to directly tackle the social, political, economic, and organisational structures that shape a health system. System-wide improvements in quality of care will require effort from providers, health system administrators, and communities, but they begin with a political commitment from heads of state and ministers[19].

With the global momentum of the UHC as a backdrop, combined with the previous decades of work on health care quality worldwide, the time is ripe for advancing high-quality healthcare systems as the ones that optimize health care in a given context by consistently delivering care that improves or maintains health outcomes, by being valued and trusted by all people, and by responding to changing population needs[20].

Challenges
- Ageing & increasing needs
- Growing costs
- Emergence of (new) global threats
- Workforce crisis
- New generations' expectations

Aims
- Universal Health Coverage
- Equity
- Efficiency & affordability
- Resilience
- Staff well-being
- Better patient experiences

Fig 1. Healthcare systems in the turmoil of increasing challenges and demanding aims

Overall, the current evidence and global health policy trends highlight the need for underpinning quality of care as a driving force for the decisive transformation of healthcare systems[21]. A growing number of countries in the WHO European Region are making investments into high-quality health systems. These countries show the ability to understand the root causes of poor quality and to implement actions to address these causes. They develop quality care policies and strategies that encourage systemwide efforts for improvement and consequently make the necessary investments into favorable health system foundations for quality including: governance and leadership, intersectoral collaboration, health workforce, financing, medicines, medical products and technologies, infrastructure, health information systems, community engagement and participation, health promotion and disease prevention and the research and learning capacity of organizations.

While many efforts are underway to strengthen quality of care and patient safety at the national level, data collected from the WHO European Region Member States highlighted that reporting of the quality of care dimensions remain highly heterogeneous across the European region. Data fragmentation and knowledge gaps have a profound impact on the decision-making process and health outcomes. Therefore, the adoption of agreed-upon metrics and a common vision for quality of care at the regional level underpins a data-driven transformation of healthcare systems.

Quality of care policies need to evolve by prioritizing UHC, investing in high-quality systems, engaging in continuous learning and improvement, adopting tracer indicators to reorient health systems towards outcomes that matter to people, and leveraging digital tools for a data-driven culture and in reducing health inequalities.

Quality of care must be a political priority and an important contributor to UHC, population health and health systems strengthening. To achieve a positive, effective, and sustainable transformation of health systems, there must be a concerted and intensified focus on several key areas. These include developing and implementing robust national quality policies and strategies; preventing avoidable harm through a culture of continuous learning; ensuring good governance; building a health workforce tailored to meet current needs; aligning financial incentives with health service delivery goals; providing accessible, high-quality medicines; focusing on outcomes that matter most to people; developing a robust digital infrastructure; fostering innovation; and enhancing patient and community involvement in health decision-making and service evaluation.

DISCLAIMER

The authors affiliated with the World Health Organization (WHO) are alone responsible for the views expressed in this publication, and they do not necessarily represent the decisions or policies of the WHO.

REFERENCES

1. World health statistics 2023: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2023.
2. Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. Lancet. 2018; 392:2203-12.
3. Kruk ME, Gage AD, Joseph NT, Danaei G, GarcíaSaisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. Lancet 2018;392:2203-12.
4. Slawomirski L, Klazinga N. The economics of patient safety: from analysis to action. Paris: Organisation for Economic Co-operation and Development; 2022. Accessible at: https://one.oecd.org/document/DELSA/HEA/WD/HWP(2022)13/en/pdf.
5. Transforming Our World: The 2030 Agenda For Sustainable Development A/RES/70/1. United Nations, 2015. Accessible at: https://sdgs.un.org/2030agenda
6. Stevens A, Neilson M, Rasanathan K, Syed SB, Koller TS. Quality and equity: a shared agenda for universal health coverage. BMJ Glob Health. 2023;8(7):e012561
7. National Academics of Sciences, Engineering, and Medicine. Crossing the global quality chasm: improving healthcare worldwide. 2018. Washington, DC: The National Academics Press.
8. Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. Geneva: World Health Organization; 2018
9. Donabedian A. Evaluating the quality of medical care. 1966. Milbank Q. 2005;83(4):691-729.
10. Donabedian A. Evaluating the quality of medical care. 1966. Milbank Q. 2005;83(4):691-729.
11. Hunter DJ. The Complementarity of Public Health and Medicine - Achieving "the Highest Attainable Standard of Health". N Engl J Med. 2021 Aug 5;385(6):481-484
12. National Academics of Sciences, Engineering, and Medicine. Crossing the global quality chasm: improving healthcare worldwide. 2018.

Washington, DC: The National Academics Press.

13. National Academics of Sciences, Engineering, and Medicine. Crossing the global quality chasm: improving healthcare worldwide. 2018. Washington, DC: The National Academics Press.

14. Larsson S, Clawson J, Howard R. Value-based health care at an inflection point: a global agenda for the next decade. NEJM Catalyst Innovations in Care Delivery. 2023;4(1).

15. Paschoalotto MAC, Lazzari EA, Rocha R, Massuda A, Castro MC. Health systems resilience: is it time to revisit resilience after COVID-19? Soc Sci Med. 2023; 320:115716.

16. National Academics of Sciences, Engineering, and Medicine. Crossing the global quality chasm: improving healthcare worldwide. 2018. Washington, DC: The National Academics Press.

17. Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Glob Health 2018;6:e1196-252

18. Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Glob Health 2018;6:e1196-252

19. Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Glob Health 2018;6:e1196-252

20. Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Glob Health 2018;6:e1196-252

21. Triantifyllou C, Fonseca VR, Breda J. Strengthening Health Systems' Quality in the World Health Organization European Region. World Medical Journal 2024.