

The Health Care Industry Needs a Change Model

The health care delivery system is undergoing radical transformation, technological advances are providing the infrastructure for new ways of delivering care and consumers are expecting care in a manner more conducive to meeting their needs. Today people are living longer than ever. The discovery of new technology, innovative medicines, science, and research all have a great impact. Standards of health profoundly influence economic performance and quality of life. Quality management has become a major concern in the delivery of health care. Concerns about increasing costs combined with an increasing appreciation of the variability in health care delivery practices has led to the development of strategies to better standardize health care delivery. An organization's quality system consists of the management philosophy, vision, and corporate strategies by which the organization conducts itself and allocates resources to satisfy patient requirements. To excel at meeting patient needs health care organizations must constantly improve system to serve customers.

Quality Health Care means doing the right things the right the first time. An organization's quality system consists of the management philosophy and vision by which it conducts. A quality system invokes the standards that the organization monitors to guide and regulate all of its activities that create a quality service.

Health care systems worldwide are striving to improve the quality of healthcare in an atmosphere on Evidence Based Medicine and Evidence Based Healthcare. Healthcare is Constantly Evolving sharing the strain of development in a larger world that is changing at incredible speed. Because of all the changes in healthcare, the ways in which quality is perceived, pursued, and insured continues to develop. The process of development coupled with increasing liberalization and globalisation across India has enabled consumers to realize their increasingly important role in society and governance. The consumer movement in India is as old as trade and commerce.

It is important to distinguish between quality of health (encompassing health status assessment) and quality of health care (encompassing the structures, processes, and outcomes of health care). The application of health, health care needs assessments bridges these two areas. The ultimate delivery of health care quality depends as much as on analysis of the delivery and outcomes of the health care for groups of patients (medical care epidemiology) as on analysis of the care of individuals.

India has one of the most privatised health care systems in the world; over 80% of health care expenses are paid for by individuals. Health care is also one of the most unregulated sectors. There are substantial concerns about the quality of care given, especially at the more informal end of the range of providers. This is particularly true for diseases of public health importance such as tuberculosis, malaria, and sexually transmitted infections.

Private Sector in Health is unregulated. Even where standards of care exist they are hardly ever enforced, registration of nursing homes is more often than not a very contentious issue, doctors are seldom held accountable by either their peer groups (e.g. the Indian Medical Association) or by regulatory authorities (Medical Council of India) or even through legal mechanisms such as the Indian Penal Code and the Consumer Protection Act. With an unregulated private sector and an unaccountable public sector the people face tough times ahead.

Quality is one of the major cornerstones of healthcare along with access to services and cost. Quality improvement is a continuous effort to meet and exceed the needs and expectations of the patients and other customers. Putting patients first is the key to improving the quality of health. Planners, managers, and providers can design and offer services that both meet medical standards and treat clients as they want to be treated. Adopting a client-centered approach often requires a shift in attitudes.

Private medical provision is the major constituent of health care delivery services in India. The quality of care provided by this sector is a critical issue. Professional organizations such as the Medical Council of India and local medical associations have remained ineffective in influencing the behaviour of private providers. The decision to bring private medical practice under the Consumer Protection Act (COPRA) 1986 will be effective in minimizing malpractice and negligent behavior. The medical associations have also argued that the introduction of COPRA is a step towards expensive, daunting and needless litigation. A number of other concerns have been raised by consumer forums which focus on the lack of standards for private practice, the uncertainty and risks of medicines, the effectiveness of the judiciary system, and the responsibility of proving negligence.

The poor never follow the rules of good health, we often hear. But the rules, in fact, are no guarantee of safe health in a system that is poorly regulated and unaccountable to its users.

How relevant are these concerns? Is the enactment of COPRA really appropriate to the medical sector? The paper argues that while this development is a welcome step, we need to comprehensively look into the various quality concerns. The effective implementation of COPRA presumes certain conditions, the most important being the availability of standards. QM packages should be locally developed and flexible rather than imported "off-the-shelf" packages. A QM strategy should start with a client focus. Client satisfaction is one of the most important results of good-quality care. Quality can be maintained if there exist a suitable set of laws on consumer protection, provided at least these are reasonably well implemented. In India, the two most common avenues for relief in healthcare are the Consumer Protection Act and civil courts. The various consumer commissions established under COPRA in India have begun playing a key role in protecting consumer rights, in spite of their relatively recent origin.

To achieve excellence in health care system patients, providers and systems have to be involved in employing the principals of TQM.

Standards of Practice continue to evolve. New diagnostic and therapeutic interventions are continually being developed. Benchmarking refers to the process by which performance is compared to a standard. Re-engineering refers to a fundamental rethinking and radical redesign of processes to achieve dramatic improvement in performance; when it is adapted to the healthcare delivery process, the term clinical reengineering is used.

Relatively few approaches to supporting consumers in their use of the private sector have been tested. They tend to have one or more of the following aims: to improve consumer information; to make services or products more affordable through some form of subsidy; and to create new institutions that give consumers greater authority to challenge care of poor quality.

Patient focused interventions, Regulatory involvement (acceptable standards), Incentives, IT-based interventions, Organizational interventions (culture change and Quality Management philosophy) - changing organizational behavior (clinical audit, CQI), and Healthcare delivery models (innovative interventions in resourcing, organization and delivery of services) can go a long way to improve the quality.

There are other potential approaches to strengthening the position of consumers in private medical markets - direct consumer education; information about prices; and social marketing approaches could prove useful in publicizing such information. Although regulation and accreditation can play an important role in sending clear and transparent signals to consumers about which providers are registered and meet minimum requirements in terms of structure, equipment and staff.

Regulatory approaches, including consumer protection legislation, have helped to highlight these practices but have done little to control them.

Private providers may lack access to essential diagnostic services and treatments. One approach has been to provide them with prepackaged drugs for common conditions such as malaria and sexually transmitted infections.

Social marketing, Use of vouchers and Consumer protection: Quality can be maintained if there exist a suitable set of laws on consumer protection, provided at least these are reasonably well implemented. The two most common avenues for relief in the arena of medical care are the Consumer Protection Act and various civil courts. It is not surprising that the various consumer commissions established under the Consumer Protection Act (COPRA) of 1986 have begun playing a key role in protecting consumer rights, in spite of their relatively recent origin. The main rationale for COPRA was that it could offer a quicker and cheaper way for consumers to address their grievances. Certainly, a number of cases related to insurance and medical negligence have reached these courts.

The major issue in regulation is implementation, which has typically been extremely weak. Regulation is unlikely to have had a major impact on private providers or on market structure and explains the widespread development of the informal private sector. Growth of the private sector is largely determined externally, even when enabling measures intended to support the sector are in place. Important opportunities to regulate, before the private sector becomes both politically and economically strong enough to resist, should not be missed by low-income countries. Regulation seems to be a function of the market as well as, potentially, an influence on it.

Science and technology have profoundly influenced the course of human civilization. Science promises its unlimited potential to bring revolutionary changes in human lives for better. The governments should ensure the fullest use of scientific developments for the well-being of people and whole of human kind. We must take science to the people. Research and development institutions must be managed imaginatively and efficiently to advance and utilize science and technology for health development in the best possible manner.

Quality improvement is a revolutionary idea in health care. The idea is to raise the level of care-no matter how good it may already be-through a continuous search for improvement. Quality improvement must become an integral and essential part of an institution. Making quality a top priority requires fundamental changes in organizational culture, in goals and guidelines, and in daily operations. QM must be driven from both the bottom and top of the health system. Persistence is crucial. It remains a challenge to find innovative approaches that improve the quality of health service delivery. Quality in health care would substantially improve if only some way could be found to secure more comprehensive and systematic uptake of the findings of biomedical research and development through implementation in everyday clinical practice. There is need to developing valid guidelines. Public health should be concerned with not only the health and health care needs of

populations but with the quality of care provided to the population. To contribute effectively to improving the quality of patient care it is important that public health physicians develop experience of the methods for achieving improvement.

The dominance of private provision in the health systems of low-income countries makes it vital to conduct more research into understanding and influencing their behavior and to experiment more with alternative strategies. In particular, research is necessary on the success of demand-side strategies, which could both complement and increase the effectiveness of interventions targeted at providers.

The organizational commitment to continuously improve the quality of the patient care is the central concern of health care institutions. CQI relates to the processes for change and institutional development, and focuses on getting the best out of your resources. Quality improvement should be a regular, expected, familiar, inevitable part of professional life. A holistic view of quality is one that emphasizes the results of addressing trends and improvements over time.

An increase in aging population is one of the most dramatic demographic trends in the world today. Many elders present many complex diseases and require complex care and disease management. The challenge also presents many opportunities in the healthcare field and a shortage of providers in rural areas.

The health care industry needs a change model that will facilitate a learning environment to enable clinicians to manage change while simultaneously developing health care workers who are knowledgeable about contemporary health care practices. Clinicians need to engage in deliberations about new models of care. This will necessitate a willingness to scrutinise closely their existing practices and not continue to attempt to apply outmoded processes and practices. There needs to be a closer alignment between the consumer's actual needs and the roles, functions and activities of nurses. This will require challenging old-world views if we are to capitalise on this opportunity for re-conceptualizing and organizing healthcare delivery.

The challenge is to find ways to improve upon the existing situation in the health sector. A potential for improvement exists in areas including the overall costs of care, financial equity, and the quality of care. A sustained improvement in these areas would play a significant role in advancing the primary goal of health policy – health, itself.

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Guest Editor

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