PSP-*One* Quality Assurance Panel Discussion

Strengthening Reproductive Health Service Quality in the Private Sector:
Approaches, Tools, and Incentives
Thursday, March 3, 2005

Impressions and Highlights from the Panel Discussion

1. The overall impression that emerged from the day is that substantial improvement in the quality of care in the private sector is a feasible goal for PSP-One. We identified many difficulties, but this is not impossible.

2. Our goals implicitly involve an agenda based on public health values, chiefly related to technical quality. Private sector providers are skilled in the interpersonal elements of quality, but we are concerned about their following evidence based guidelines and the public health impact of common practices, such as incomplete treatment of tuberculosis.

3. The fields of quality improvement and performance improvement have experienced impressive advances in recent years. The technical feasibility of improving quality with these robust approaches is encouraging.

4. The commercial private sector presents a difficult population to reach with any kind of initiative: It includes a large and heterogeneous population of providers who are largely un-registered. The major strategies we identified for reaching this population on a program scale include 1) low cost interventions, like self-assessment, and 2) spread strategies to scale up approaches that have worked on a smaller scale. We have promising methodologies for this challenge.

5. The sustainability of quality improvement following PSP-One assistance merits explicit attention for each project intervention. The commercial private sector does not offer an obvious organizational home for QA, and PSP will need to examine options like professional societies or government agencies to take on local ownership.

6. In some cases, an intervention unlikely to be sustained may be justified on the basis of what we can learn from it. For all of PSP's interventions in this poorly-understood area, documenting activities, results, and lessons learned should be standard. The project should set out to expand the evidence base in this field.

7. We recognized the central role of motivation and incentives in influencing the behavior of private providers. Most of our discussion emphasized non-financial incentives such as public recognition, feedback on performance, and the role of demand for (technical) quality by an educated public. These incentives need to be designed for long-term motivation, and they should take into account the likelihood of gaming for any such system. Financial incentives elicited more caution, but have worked and merit consideration where providers are reimbursed by third party payers.

8. We included issues of efficiency and waste under our concept of quality, and see an opportunity to use results in this area as an incentive for private providers.

9. In a number of examples, documented success in quality improvement served to motivate providers and decision makers. PSP can take advantage of early improvements as part of a positive feedback loop.

10. We noted that the health market place in developing countries is different from that in the US in important ways that may affect the use of methodologies we borrow from domestic research.

11. Large changes in the burden of disease, such as AIDS, are likely to lead to increased interest in the role of the private sector.