

‘Promoting Quality in Public Health’

Report on Workshop held in Sydney on 6 December 1999

Introduction

Aims

The basic aim of the workshop was to identify the fundamental quality issues for public health and to canvass ideas for addressing these issues. The workshop also considered how future work and collaboration on quality should be led.

More specifically, the workshop aimed to:

- Provide an opportunity to share information on jurisdictional practices and experiences in quality management and practice improvement;
- Identify the key issues which need to be addressed to advance quality in public health;
- Consider the practical steps which need to be taken to address these issues, including which activities are best undertaken through national collaboration, and how such collaboration could be established.

Attendance

Approximately thirty participants attended the workshop, with representation from:

- Consumer organisations
- Public health service provider organisations
- Commonwealth, State and Territory governments
- Quality organisations
- Academic institutions

Presentations

The workshop began with five presentations:

The first, by **Dr George Rubin** from NSW Department of Health, explored trends in clinical quality improvement and how these may relate to future thinking on quality in public health. Dr Rubin examined outcome-tracking systems, their limitations and strengths, and the importance of bringing together evidence based practice with continuous practice improvement methodologies. He emphasised the need to be pragmatic by focussing on a limited number of key indicators.

The second, by **Dr Lynne Lane** from New Zealand Ministry of Health, described how New Zealand has based its approach to quality on health outcomes. New Zealand has defined a national framework of core services should be provided by all public health units. The framework is used in New Zealand to inform purchasing decisions, identify gaps in service provision and to monitor and evaluate quality.

The third by **Associate Professor Hal Swerissen** from the Quality Improvement Council, looked at quality as a service/program delivery cycle to address population needs. It distinguished between *formative* (eg peer-based reviews) and *comparative* (accreditation/standards) quality approaches. Dr Swerissen, like Dr Lane, recommended an agreed definition of public health core functions, together with incentives and sanctions built into funding arrangements.

The fourth, by **Dr Don Stewart and Dr Don Staines** from the Queensland University of Technology, suggested a meta-quality framework which has as its main elements: support and direction at a political level; quality in research; workforce development; and evaluation of health outcomes. The presentation emphasised the importance of a sound information base to quality systems. It also proposed that quality in public health needs to encompass community relationships, rather than limiting quality to just the infrastructure of public health.

The fifth, by **Mr Phillip Goodwin** of the Australian Council on Healthcare Standards, proposed that organisations select their own approach to quality and accreditation systems rather than opt for an overarching approach to quality.

Summary of discussion

The workshop divided into four groups to discuss the themes and ideas from the morning's presentations. A plenary session was also held to consider the main issues arising from the group discussions.

After considering the morning's presentations, participants deliberated on whether a national framework for public health would be practicable and if so, what might be possible mechanisms for implementing it.

General Observations

While NPHP work on quality in public health has so far focused on developing tools for practice improvement, the workshop noted the desirability of coordinating these tools in an overall approach to quality in public health.

Participants agreed that an overall approach to quality must be adaptable enough to accommodate differences between jurisdictions. It must take account of quality systems already in place in specific public health programs. It also needs to be locally appropriate and flexible in its implementation.

The workshop noted that one of the difficulties for quality in public health is that outcomes are often far removed from interventions. In addition the social health arenas in which public health interventions take place are complex so it is difficult to identify outcomes and attribute them to specific interventions.

The workshop identified eight key principles that should be addressed in creating a quality framework for public health. These are:

1. Local flexibility
2. National consistency
3. Recognition of diversity and the need for equity
4. Establishment of information management systems
5. Staff workforce training and participation
6. Continuous review and feedback
7. Use of best available evidence for all strategies
8. Accountability - resource allocation linked to improvement against agreed outcomes.

Quality models considered at the workshop

The workshop discussed two main approaches to implementing quality in public health, as summarised below.

Accreditation model - overall framework

One approach is outcomes-tracking whereby specific public health programs are evaluated according to the results achieved. There are some difficulties with this approach, including:

- Outcomes can operate at a distance from the interventions;
- Systems implemented for tracking outcomes can become expensive and difficult to establish; and
- The focus on outcomes may tend to overshadow the actual quality of the intervention.

A way of dealing with these problems is to focus on a few strategic outcome indicators, eg. Cancer screening rates, prenatal care in the first trimester, follow-up after hospitalisation or childhood immunisation status. For each of these factors, a continuous practice improvement (quality) approach would ask “what are we trying to accomplish?” and “how will we know that any change we make is an improvement?”. The ultimate aim is to bring together evidence-based practice with continuous quality improvement methodologies. The Cochrane collaboration is an example of developing an evidence base for public health, particularly in environmental health and food safety.

Another overall approach to public health quality is the accreditation model, which involves setting standards against which service providers are evaluated. It was noted that alternatives to an accreditation model do exist, such as a learning organisation model where providers are reviewed as part of their professional practice. In this model, accreditation or external standards are not needed.

Culture of quality model/action-learning

The second set of models discussed can be characterised as aiming for incremental, small-scale changes, which together contribute to an overall improvement in quality across the sector. These approaches require a bottom-up rather than top-down approach. Accountability for services is a key factor in the eight key principles identified at the workshop, particularly in a model where quality in public health is built from practical experience and evidence of what works in real service delivery settings. The wide variety of public health programs and

delivery settings means that a prescriptive, top-down approach to quality is unlikely to be seen as successful.

Discussion at the workshop emphasised the need to integrate quality into normal business practices and to utilise marketing and education to raise awareness among public health practitioners. Quality modules tailored to particular program areas, as have been developed by the Quality Improvement Council, offer a pluralistic approach to quality, which may be relevant to public health. However, an incremental approach to changing systems and models on their own may be insufficient to achieve systemic improvement. Availability and effectiveness of services also needs to be considered to ensure a level of equity across different jurisdictions.

Integration of quality approaches

The workshop considered ways to integrate the two basic models. One suggestion for promoting an integrated approach was to develop a handbook for all service providers of the core services to be made available through all public health units. This would mean starting with minimum standards in public health provision at the national level, which would allow comparison across jurisdictions and across programs within jurisdictions. Accountability mechanisms and the development of information management systems would also be needed.

In conjunction to this, evaluation of outcomes against defined standards (based on the best available evidence) could also be used to drive quality improvement in each program. The collection of valid and reliable data against a national minimum standard (which would constitute the quality framework) would enable comparisons across programs.

Performance in particular areas of quality should be taken into account when developing a national framework. A framework must incorporate a mechanism for identifying a national best practice strategy for each area, with reference to effectiveness, access, safety and appropriateness. A national framework should also incorporate state as well as national elements.

Guidelines for developing such a framework could include:

- Agreed outcomes against which programs are held accountable;
- Ways to link resource allocation to outcomes;
- Minimum standards for public health practice and infrastructure; and
- Links to overall quality movement in the health field.

In making quality central to the business of public health, consumer participation should be emphasised as part of the requirement of equity and accessibility. Also workforce strategies should include education and training in quality approaches, and possible accreditation of providers of public health services.

Main outcomes of the workshop

The workshop was inconclusive on the question of whether a national framework per se is the most appropriate direction for promoting quality in public health. However, consensus was reached on the following key principles as needing to underpin a quality approach in public health:

- Local flexibility;
- National consistency;
- Equity and diversity;
- Information management;
- Workforce training and participation;
- Continuous review;
- Evidence base; and
- Accountability against agreed outcomes.

There was insufficient time to discuss in depth possible mechanisms for change and how implementation of a quality framework might proceed. It was agreed that any work undertaken on quality in public health would need to connect with overall developments in quality in the health sector as well as being made relevant and accessible to practitioners across the continuum of public health.