

QIDS

Quality Improvement Demonstration Study

A DOH-PhilHealth-UCSF-UPecon Partnership

Research Bulletin No. 1

September 2005

Has quality of care improved? Comparing Results from the Baseline and First Quarterly Surveys (Part I)

The *Quality Improvement Demonstration Study (QIDS)*, which is jointly being undertaken by the Department of Health (DOH), Philippine Health Insurance Corporation (PhilHealth), University of California San Francisco, and the UPecon Foundation, attempts to evaluate policy interventions implemented under the DOH Health Sector Reform Agenda. QIDS is funded by the US National Institutes for Health and PhilHealth.

Specifically, QIDS evaluates the impacts of three policy interventions of interest to PHIC: expanding access to PhilHealth benefits for the most vulnerable populations; targeting bonuses for high quality care that leads to better health outcomes; and the current benefit program. In the QIDS project, these three interventions were randomly assigned to 30 district hospitals in the Visayas. To determine which intervention results in the greatest health benefits, QIDS is carrying out evaluations at baseline, every quarter and at the end-of-project. There are surveys of hospitals, physicians, exiting patients, patient follow home and random households.

The QIDS has just completed its second round of vignettes among public doctors in the study's 30 participating hospitals in the Visayas and Mindanao. The vignettes were conducted in April 2005 and administered to 89 public doctors.

Vignettes are one of the methods used by the study team to measure the quality of hospital care. Vignettes are paper cases – they describe a

hypothetical patient and are followed by questions designed to assess a doctor's skill in taking a patient's medical history, conducting a physical exam, ordering diagnostic procedures, making a diagnosis, and prescribing a treatment plan. Doctors' responses to these questions form the basis for a score, which range from 0-100. Under the bonus intervention of QIDS, vignette scores are one of the bases for paying bonuses to doctors and the rest of the hospital staff.

Overall, the average vignette score for public doctors only slightly increased in the second quarter of 2005 over the baseline average of 53.

Hospitals with the access intervention improved their average score by 4 percentage points while hospitals with the bonus interventions saw no change in their average score. Hospitals in the control group posted a 3 percentage point reduction in average scores.

Table 1 shows a comparison of average aggregate vignette scores by province across survey rounds. While average performance in the vignettes did not vary substantially in provinces such as Capiz and Iloilo, relatively large changes in scores can be noted in at least two provinces. Negros Occidental posted the largest improvement, with an increase of 27 percent while the biggest drop in scores is seen in Cebu, with a 22 percent decline.

Table 2 indicates that although scores for diagnosis and treatment have slightly increased, these continue to be the skill domains where scope for improvement remains. Scores are highest for ordering diagnostic procedures and

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have increased the most over the two survey rounds.

Table 3 shows the comparative vignette performance at the hospital level, by type of intervention. This table gives us a cursory view of how effective interventions can be in changing the behavior of providers. For both A and B hospitals, the proportion of hospitals whose average exceeded the cut-off increased from 40 to 50 percent, where as the passing rate for hospitals in the C group declined from 30 to 20 percent.

Has the quality of care improved? The QIDS survey results suggest that after six months it is too early to say. Variations are still very large and experience from other settings indicates that until these variations start to decrease, care will

remain the same. Another reason that scores are the same is that there has also only been a limited amount of time since the policy has been put in place. Specifically, the hypothesis being tested is that doctors will respond to the bonuses. This finding is a reminder that one of the immediate challenges that QIDS faces is that of proper and full implementation of interventions so that a sufficiently large response - quality improvements, in the case of bonuses - could be observed by the end of 2006 when the project formally closes.

Quality of care is, of course, multidimensional. As such, the QIDS quality metric is a composite of two other measures, namely, patient satisfaction and case load. Part II will describe how the study sites fared in terms of these other quality indicators.

Table 1. Average Aggregate Vignette Scores, by Province and Survey Round

PROVINCE	Baseline 2004	Second Quarter, 2005
Bohol	57	51
Capiz	48	49
Cebu	59	46
Eastern Samar	52	56
Iloilo	52	52
Leyte	51	55
Negros Occidental	47	60
Negros Oriental	55	49
Island Group	60	58

Table 2. Average Aggregate Vignette Scores, by Skill Domain

Skill Domain	Baseline 2004	Second Quarter, 2005	Percent Change
Medical History	56	57	1.79
Physical Exam	57	56	-1.75
Ordering Tests	64	68	6.25
Diagnosis	46	47	2.17
Prescribing a Treatment Plan	38	40	5.26

Table 3. Comparative Performance of Study Hospitals:
Number of Hospitals by Vignette Outcome

Hospital Group	Higher Score	Same Score	Lower Score	Passed in Baseline	Passed in Second Quarter
A (N=10)	5	0	5	4	5
B (N=10)	5	0	5	4	5
C (N=10)	5	0	5	3	2

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