CHAPTER V

Presentation

In this chapter the slide presented in the examination are described according to sequence shown to examination committee.

Continuing education to improve quality of care provided by private physicians

What is quality of care?

- Quality of care is multidimensional.
- Dimensions of quality of care
- 1. Technical
- 2. Interpersonal
- 3. Social

Technical dimension

- Accuracy of diagnosis
- efficacy of treatment
- excellence according to professional standards
- necessity of care
- continuity of care
- consistency of care

Interpersonal dimension

- Patient satisfaction
- acceptability of care
- time spent with provider
- attitudes of providers and treatment by the staffs
- amenities

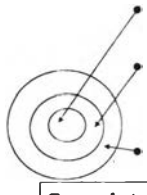
Social dimension

- Efficiency
- accessibility

Three different approaches to assess the quality of care

- *Structure* attributes of the setting in which care occurs such as facilities, equipment and number and qualification of staffs
- *process* interactions between patient and physicians in giving and receiving care such as making diagnosis, prescribing drugs and counseling
- *outcome* effect of care on the health status of the patient and populations

Different levels of care that can be assessed



- Care determined by performance of providers
- Care determined by contribution of providers as well as patient and their families
- Care received by the community

Care determined by performance of providers is nucleus of quality of care.

Problem

- Quality of care is important.
- For the sake of patient and community poor quality causes undesirable consequences.
- For the sake of health care manager
- efficient utilization of resources
- to increase the customer's satisfaction

- For the sake of professional
- to improve the standard of their performance is ethics and responsibility

- Extent of private sector is growing rapidly. (World Bank Report, 1993)
- proportion of private physicians to total physicians in some Asian countries.(World Bank Report,1993 & N.H.P Myanmar, 1996)
- Pakistan 32%
- Malayasia 57%
- India 73%
- S. Korea 86%
- Myanmar 65%

- Major human resources
- Community preference of private clinic Rosenthal & Zwi, 1997).

- However, when professionally determined criteria are used, deficient technical quality of care in private physicians in studies in Malaysia, Mexico, India & Pakistan (Aljunid, 1995; Thaver, 1997; Bojalil et.al, 1998)

Rationale of the study

- No previous studies on quality of care in the management behavior of private physicians
- sixty- five percent (65%) of total physicians (9347 in 14256)
- 1984 study showed 38.4% of population sought care in physician.
- Those indicate private physicians are major human resource in Myanmar.

- There is no continuing education opportunity for private physicians
- no quality assurance system
- no need for re-certification
- assume that professionally determined quality of care is deficient.

Causes and consequences of the problem

Model showing factors leading to quality of care in private physicians

source :adapted from Brugha and Zwi, 1997,p 110

National context

- Existence and enforcement of regulation
- linkage between private and public sector
- attitude of public to private sector
- mix of public and private sector service
- influences of pharmaceutical company and other stake holder
- availability and distribution of diagnostic, therapeutic facilities and drugs

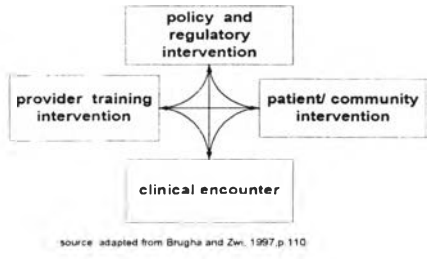
Provider knowledge and attitudes

- Professional training
- years of practice and experience
- specialization and postgraduate training
- drug information and marketing
- availability of practice guidelines
- access to research based evidence
- practice ownership

Needs /expectations /social environment

- Personal need of provider
- patient /family knowledge and expectation
- community knowledge and expectation
- community awareness of quality issues
- expectation from colleagues /other provider

Interventions to improve quality of care in private physicians



source adapted from Brugha and Zwi, 1997,p 110

Provider intervention

- Development and dissemination of evidence-based guidelines and information to providers
- continuing education strategies
- linkage between public and private sectors

Choice of intervention

- Continuing education
- because it is feasible in terms of resources,
- most PPs work in isolated environment, no more interaction with peer and professionals, no CE activities

- effective in following conditions
- focus on specific conditions, problem identification, need assessment, and evaluation by themselves, participatory, small group

- Formation of continuing education team
- members township health officers, specialists from provincial hospital, and private physicians of respective townships
- supervisory group
- Divisional health officer, DOH, DMS, respective disease control projects

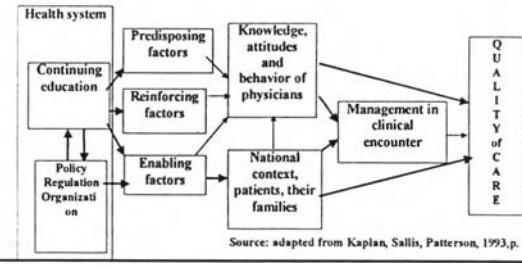
Continuing education program using multiple elements

- *Using predisposing elements* e.g. dissemination of standard treatment guidelines and information of the principle of management.
- *Using reinforcing elements* e.g. feedback information on the finding of assessment, feedback from opinion leader (experts in the specialties) and visit to special hospital to observe critical conditions.

Other merits of education programs

- Recognition and awareness of problems in quality of care
- Plan according to need before intervention.
- Motivating,Work-oriented.
- Act as a *forum* to form linkage between privates physicians themselves and with public sector
- Create *professional interaction* with peer and educational influential

THE CONCEPTUAL MODEL FOR THE CONTINUING EDUCATION PROGRAM TO IMPROVE QUALITY OF CARE IN PRIVATE PHYSICIANS.



Source: adapted from Kaplan, Sallis, Patterson, 1993,p. 57)

Choice of specific focus for intervention

- Childhood diarrhea.
- Because it is a common problem encountered in private settings
- already have standard treatment guidelines (WHO) to apply in assessment.
- Most common problem and leading cause of death in under-5 children in my country

My proposed program

- **Continuing education program to improve the quality of care given by private physicians in the primary health care management of diarrheal diseases in children under-5 in Hlaingthaya district.**

Objectives

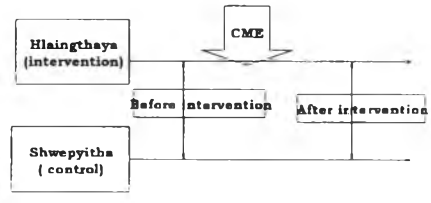
- *General objective*
- to assess the effectiveness of Continuing Medical Education (CME) to improve the quality of care provided by private physicians in the primary health care management of diarrheal diseases in under-5 children in Hlaingthaya district.

Specific objectives

- 1. To assess the quality of care provided by private physicians in the primary health care management of acute diarrheal diseases in children under-5
- 2. To assess the perceived need of continuing education and attitudes towards management of acute diarrhea diseases in under 5.

- 3. To develop a CME team, to implement a workshop for the private physicians in Hlaingthaya district in combination with national diarrheal control program and Myanmar Medical Association.
- 4. To evaluate changes in quality of care and attitudes in private physicians after CME workshop.

- *Study design*
- quasi-experimental design



- *Study population and study area*
- all the private physicians in selected districts
- Hlaingthaya District and Shwepyitha District located in the outskirt of Yangon City.

- Size of study population
- 21 private physicians in Hlaingthaya and 18 in Shwepyitha.
- 3 case managements per physician in each assessment
- similar background socioeconomic conditions and health problems in both districts.(district health profiles, 1996)

- *Study period*
- 1. Preparatory phase and before intervention study 5 weeks
- 2. Implementation of continuing education workshops 5 days
- 3. Assessment of outcome measures one month after intervention.
- Total duration of study 16 weeks

Outcome measures

- 1. Quality of care defined by performance of the private physicians in the primary health care management of a case of childhood diarrhea.
- Four aspects of performance to be assessed
- A. rehydration therapy.
- B. dietary advice.
- C. drug prescribing
- D. counseling to the caregiver

- 2. Attitudes of private physicians towards management of diarrhea in under-5 children.

Indicators of outcome measurement

- Quality of care - percentage of physicians whose all the case managements agree with standard guideline of WHO
- - percentage of case management that agree with standard guideline of WHO
- - case management score
- - a. overall score
- - b. individual item score
- Attitudes -attitude scores

Methods of data collections and instruments for data collection

- 1. *Direct observation* using observation checklist
- 2. *Self-administered questionnaires*

Advantage of the study

- Design---- powerful
- All the private physicians included
- method of data collection----- direct observation
- correlation between performance and attitudes
- training of observers for accuracy of collected information

Budget

- 1. Expenses for pre and post intervention study 9800 k
- 2. Expenses for educational
- program 7700 k
- 3. General 2000 k
- 4. Grand total 29500 k
- us $ 4436

Data exercise

- Observation on the primary care management of acute diarrhea in under-5 children and
- attitudinal survey of selected part-time private physicians.

- **Place: out- patient clinic in Somdejprasunkaraj hospital**
- **attitudinal survey in Bangkok**
- **objective of data exercise**
- **1. To try out the instruments how do they work**
- **2. To modify the instruments according to lessons learnt from data exercise**

- ***lessons learnt from data exercise***
- **observation has to be combined with record review to confirm the clinical signs and symptoms and drug prescribing for complete information**
- **many respondents queried about adsorbent**
- **some items are neutral, less discriminative**