

Road to Results

ACHIEVING SUCCESS STEP BY STEP

A Monitoring System for the Primary Health Care Sector in Karaganda City, Kazakhstan

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“The monitoring system helps us. We don’t need control from above. The indicators show us where we can improve...” — Fatima Telzhanova, Senior Doctor, Zdorovye FGP, Karaganda City

With support from the USAID-funded ZdravPlus Project, in April 2001, the Karaganda Oblast and City Health Departments and Densaulyk (the government agency responsible for quality control and health statistics) began to formally monitor and analyze the performance of the primary health care (PHC) sector in Karaganda City. The goal of the system is to improve the quality and efficiency of health care in the city.

The current monitoring system reflects a change in attitude from the Soviet period, when institutions could be penalized for not meeting pre-set targets. Because the new system is not punitive, health care workers are eager to contribute and use the data to make improvements in their work.

The Karaganda monitoring system represents a newly-formed cooperation and information exchange between various parts of the health care system which before did not work together or share data with one another, and provides data in a format which is accessible and understandable. Policy makers, facility managers, and health care providers use the data for decision-making. Reports are accessible and understandable and can be used by policy makers, facility managers, and health care providers to make decisions and improve performance. As a result, PHC workers and managers have taken increasing responsibility for PHC performance.

Process

A working group comprised of representatives from Oblast and City health departments, Densaulyk, academic institutions, and health facilities developed a set of 15 combined financial and clinical/statistical indicators using the following criteria:

- The indicator relates to the goals of health system development in Karaganda;
- Primary health care providers can influence the indicator;
- Data for the indicator are accessible and reliable; and
- The indicator is statistically stable with sufficient observations in a year.

Indicators cover such topics as the number of PHC visits which are for preventative care, immunization rates and early prenatal care rates, appropriateness of ambulance calls, and hospitalization rates for conditions that can be managed in the PHC sector.



The working group reviews and analyzes data associated with the PHC monitoring system in Karaganda

The monitoring system is computerized in the health information center of Densaulyk, with most of the indicators coming from data generated outside of the PHC system, such as the hospital case database and emergency care database. Data are submitted monthly and analyzed quarterly by the working group to spot trends and identify facilities performing above or below the average.

Success

The monitoring system has been very successful in gaining buy-in on all levels by involving medical staff and managers in the monitoring



The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

process and encouraging them to use indicator data to improve the quality of PHC.

Several concrete factors have contributed to this success, including:

- 1. The system focuses on assessing current capabilities of the PHC sector** to benchmark and track future trends, rather than using pre-set norms and targets, thus allowing data to be viewed positively by PHC providers.
- 2. Health care workers and decision makers on all levels are involved** in designing the indicators, reviewing the results, and deciding how to improve PHC performance, thus fostering ownership and interest in the system.
- 3. Outcome indicators are monitored and analyzed by the Oblast and City Health Departments with the goal of improving the average level of health care in the city.** Individual health facilities in turn look at their own process indicators to determine and address possible reasons for above or below-average performance as part of their continuous quality improvement system.
- 4. Objective data from outside the PHC system is gathered** in one place, making it for the first time accessible and meaningful to PHC workers. For example, hospitalization rates are collected from the Densaulyk hospital case database with ambulance call rates coming from the emergency care database.

Monitoring Data Helps PHC Doctors and Managers Improve Their Services

Through the monitoring system, PHCs in Karaganda have been able to receive information and respond to it, thus increasing their ability to improve efficiency and provide optimum care on the primary level.

As Dr. Telzhanova of the Zdorovyie FGP explains, “patients used to call ambulances to check their blood pressure, or get injections. . . We found out which doctors’ patients made the most calls to the ambulance services. Then I tried to talk to each doctor and look at each case to determine why the call was made, what could have been done to prevent it. Then the doctors began to explain to their patients why they didn’t need to make the call. Little by little, we are achieving success.”

Several indicators reflect the shift toward primary care: for example, between 2000 and 2002, the number of visits to PHC facilities for preventative care has increased from 25.5 percent of total visits to 28.1 percent. Similarly, the number of ambulance calls resulting in hospitalization (i.e., those that were considered necessary calls, rather than calls for services such as injections or blood pressure checks that can be provided more effectively on the PHC level) rose from 37.2 to 40.3 percent over the same period. At the same time, levels of hospitalization for conditions that could have been more effectively treated in the PHC sector (including asthma, ulcers, anemia, hypertension, and diabetes) decreased from 23.4 to 20.6 percent of total hospitalizations.

Continuing Developments

The monitoring system in Karaganda continues to be reviewed and revised to ensure maximum utility. Increasingly, emphasis is being placed on understanding connections between the monitoring system and continuous quality improvement efforts on the individual institution level, and on using monitoring system data to make management decisions.

Based on the successes of the Karaganda monitoring system, in 2003 a similar system was established with ZdravPlus’ cooperation in Semipalatinsk. It is hoped that in the near future, the system will be rolled out in other cities in Kazakhstan.

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