

Review Article

Principles and challenges of quality management in primary care

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ABSTRACT

The provision of care is fragmented in the complex field of health care. In order to fulfil the needs of all groups in healthcare, quality can serve as a common paradigm. For lowering adverse events, enhancing efficiency, and improving patient satisfaction, the evaluation of quality in medical settings is becoming more and more critical. The objective of the healthcare system is to give a specific patient the best care possible from a certified practitioner in the right environment. Quality management in healthcare is the management of system designs, policies, and procedures that reduce, if not completely eradicate, harm while enhancing patient care and outcomes. Quality improvement must be ongoing in order to improve efficiency, patient safety, the delivery of evidence-based healthcare, and health outcomes. Hospitals were early adopters of quality improvement but adopting evidence-based interventions is still difficult in many primary care settings. The purpose of this research is to review the available information about principles and challenges of quality management in primary care. Relationship management, customer focus, effective leadership, employee engagement, process approach, and improvement are few of the principles of quality management. Various challenges including severely departmentalized, bureaucratic, and hierarchical structure, professional autonomy, conflicts between managers and professionals among several others are faced in primary care. Research in future can effectively contribute to addressing challenges and developing guidelines for overcoming these challenges in primary care to ensure best quality healthcare services

Keywords: Quality, Primary care, Management, Health

INTRODUCTION

Primary care is defined as integrated, accessible health care services by physicians who are responsible for meeting a significant portion of patient requirements, establishing a long-term partnership with patients, and operating within the framework of family and community.¹ Primary care is essential for a robust healthcare system that provides optimal health outcomes, effectiveness and efficiency, and health equity. It is the individual's first interaction with the healthcare system and is distinguished by longitudinality, comprehensiveness, and coordination. It offers care that is family- and individual-centred, community-focused, and aimed at preventing, treating common illnesses and impairments as well as promoting health.²

For lowering adverse events, enhancing efficiency, and improving patient satisfaction, the evaluation of quality in medical settings is becoming more and more critical. Increasing patient safety and lowering medical errors are major goals of many healthcare systems. In order to guarantee high standards of care and enhance treatment outcomes, the organization of care, including its structure and procedure, is essential. The development of a high-quality management program can result from the measurement and assessment of the structure, process, and outcome of care. As a result, the continuous evaluation of care quality has been included into healthcare administration and has sparked a number of quality improvement programs in the majority of healthcare systems.³ The term quality management in healthcare is broad. At first, it was thought to be instructing the medical staff on what to do. Its current understanding, meanwhile, calls for managing the caregiving process. It refers to looking at how organizational processes interact with one another and can be handled either individually or collectively. Although several models have been offered, the Donabedian-recommended triad of structure, method, and outcome still serves as the cornerstone of quality assessment today.^{4,5}

Given the new concept of quality that includes patient satisfaction as the end result of the service, quality management has become more urgently necessary than ever. It is extremely important that patients receive high-quality care. While the contemporary notion of quality control emphasizes defect prevention, continuous process improvement, and an outcome-driven system that is led by patients' requirements, the conventional perspective of quality control focused on fault detection. Therefore, a paradigm shift in the quality of health care delivery is desperately needed. The authorities must take action to participate in quality.^{6,7} To increase effectiveness, patient safety, the provision of evidence-based healthcare, and achieve better health outcomes, quality improvement must be ongoing. Hospitals were early adopters of quality improvement, but many primary care settings still face obstacles to implementing evidence-based interventions.

Contrary to hospitals, primary care facilities frequently lack the ability and infrastructure to generate the amount of quality improvement required to effect real change. For primary care settings to develop the required capability, a range of internal and external strategies, including as benchmarking, expert consultation, policies that drive quality improvement, and supporting interprofessional teams trained in quality improvement, have been recommended.⁸ The purpose of this research is to review the available information about principles and challenges of quality management in primary care.

LITERATURE SEARCH

This study is based on a comprehensive literature search conducted on September 5, 2022, in the Medline and Cochrane databases, utilizing the medical topic headings (MeSH) and a combination of all available related terms, according to the database. To prevent missing any possible research, a manual search for publications was conducted through Google Scholar, using the reference lists of the previously listed papers as a starting point. We looked for valuable information in papers that discussed the information about principles and challenges of quality management in primary care. There were no restrictions on date, language, participant age, or type of publication.

DISCUSSION

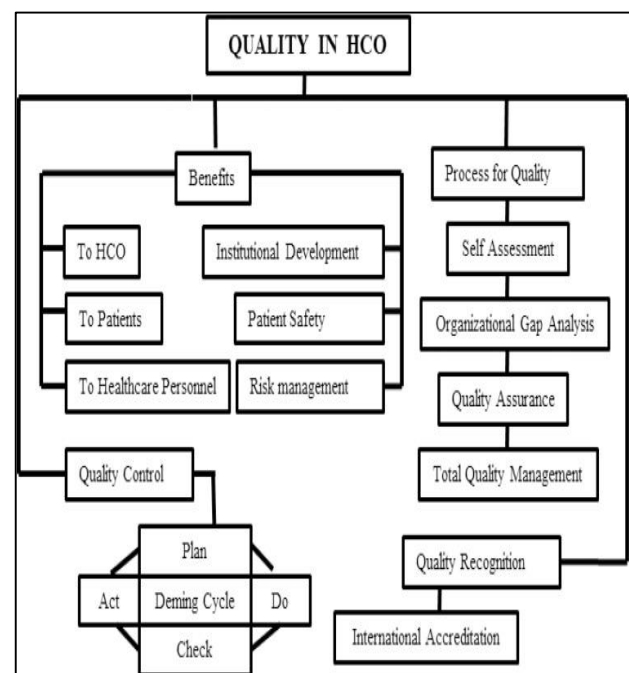


Figure 1: Framework of quality in healthcare organization.^{9*}

HCO: healthcare organization.

The paradigm for quality management in healthcare has shifted from anticipating mistakes and flaws to believing that the ideal patient experience is possible. The idea that prevention rather than appraisal is the system for causing

quality is one that Philip Crosby concurs with. Medical malpractice and nosocomial infections, according to published research, are the main causes of death for a significant proportion of hospital patients. By implementing quality assurance and management processes, these fatalities can be readily avoided. Although crucial, system designs are insufficient for managing health care. The most cost-effective use of resources to attain a predetermined high degree of clinical quality yields high-value clinical care. Nearly no flaws are produced through Six Sigma design. There isn't a single quality management model that has been proven to be better than others. Any system, though, would function if senior management and the workforce were dedicated to quality. Patient happiness is the desired result of a quality assurance program, which also calls for compliance with effective standards and protocols and patient-centred care delivery.⁹ Framework of quality control in healthcare is illustrated in (Figure 1).

Principles of quality management

Dodwad defined six principles for the quality management of healthcare. First principle defined is patients focus. Since the healthcare system depends on patients, so it is necessary to meet and comprehend their needs now and, in the future, shall strive to go beyond their expectations. Afterwards, leadership as it unifies the organization's goals and strategic direction. They should establish and maintain internal conditions that will allow employees to contribute fully to the accomplishment of the organization's goals. The third principle is involvement of people. Individuals at all levels are the foundation of an organization, and their full involvement enables them to be used to their maximum potential for the good of the business. Then comes the process approach where the management of activities and associated resources as a process improves the efficiency with which the desired outcome is attained. The fifth principle is system approach to management where the organization's effectiveness and efficiency in attaining its goals is increased by identifying, comprehending, and controlling interrelated activities as a system. Lastly, continuous improvement as the permanent objective of the organization should be the continual improvement of the overall performance of the organization. In the course of providing normal healthcare, numerous processes take place at once and include numerous organizational professional tasks. Processes can be inefficient if there are issues with their execution or the flow from one stage to the next. Process inefficiency frequently occurs from pointless steps that increase system complexity, and more work, ultimately lowering the level of service provided.¹⁰

Mutter described four principles for the quality management including 1) improving the health of patients and populations is the fundamental goal of quality management in primary care, 2) the quadruple aim is a continuous entire objective and not the sum of its parts, 3) measurements are the tools for quality, not outcomes of

quality, and 4) therapeutic relationships are crucial for the achievement of high-quality outcomes in primary care. Author further stated that these four principles are fundamental. The future of quality management must be a priority in regional and national discussions, not an afterthought. Aligning values throughout entire healthcare systems is necessary for effective quality management.¹¹ Customer-centricity, obsession with quality, scientific methodology, long-term commitment, teamwork, continuous improvement systems, education and training, freedom via control, and unity are the main principles of total quality management. It covers both direct medical services like diagnosis and treatment as well as indirect activities like administration and purchasing. The primary group of employees who contribute to the success of this program's execution are the nurses. The particular quality department supports the total quality management implementation. The quality of healthcare services is measured using a variety of instruments. All parties gain from higher quality since it lowers costs and spots issues before they become harmful. Total quality management promotes a constant development of the quality of the services provided and the personnel.¹²⁻¹⁴ Young stated that priorities for primary care quality management include patient-centred reporting, quality goals not based on strict targets, metrics that capture avoidance of excessive testing or treatment, primary care characteristics associated with better outcomes and lower costs, less emphasis on patient satisfaction scores, patient-centred outcomes, like days of avoidable disability, and peer-led qualitative reviews of treatment patterns, practice infrastructure, and internal practices.¹⁵

Challenges of quality management in primary care

The first level for the provision of care in healthcare and the most widely available service to the public is primary healthcare. Despite being easily accessible, primary health care services around the world, and in the Arab region in particular, continue to face a number of difficulties, including inadequate evidence-based medicine implementation, teamwork issues, information system problems, and ethical issues such as the lack of knowledge and skills among healthcare providers. As easy accessibility and efficient health care services are seen as crucial elements of optimal health care, the government of Arab nations makes a significant effort to address these issues, enhance services, and provide high-quality care for their patients. As a result, it is critical to explore the numerous obstacles and possibilities that must be overcome in order to accomplish these objectives.¹⁶ Woods mentioned following ten challenges related to quality improvement and management in his study.

Convincing people that there is a problem; persuading healthcare professionals that a genuine issue needs to be addressed is one essential, but frequently poorly handled problem. If clinical teams who are already satisfied of doing well cannot be persuaded that action is actually

required, efforts to persuade them to change will likely be ineffective.

Convincing people that the solution chosen is the right one; improvement initiatives are frequently basically contested since everyone may agree that good quality is necessary but disagree on how to define or accomplish it. Clinicians and others may be resistant to change on the grounds that interventions are inconsistent with preferred methods of practice that currently seem to provide positive results or lack sufficient proof and evidence.

Getting data collection and monitoring systems right; for quality to be improved, feedback and data collection are essential. Data are useful in illustrating the scope of a quality issue and showing how an intervention is being received. But it is incredibly difficult to get data collecting, monitoring, and feedback systems correctly; they are frequently poorly understood, poorly conceived, and poorly put into practice. Local teams may be lacking in knowledge and experience when it comes to gathering and interpreting data, or they may be having trouble utilizing systems that are intended to collect administrative and clinical data but not quality control.

Excess ambitions and projectness; although enthusiasm for quality improvement is quite natural, it has the potential to quickly exhaust the resources at hand. Ambitious stretch objectives and discussions of transformation run the risk of alienating people up front and, if they are not achieved, subsequently leading to disillusionment. The amount of resources needed to enable improvements is frequently overestimated, yet initiatives to improve quality can quickly face challenges in the absence of sufficient funding, infrastructure, administrative expertise, and devoted time.

Organisational cultures, capacities and contexts; in cases where organizational capability is limited and culture is unfavourable, attempting to ensure progress can lead to emotional depletion and the evaporation of support. In organizational contexts, variations in leadership, management, and morale may produce different results.

Tribalism and lack of staff engagement; the major barriers to improvement attempts include motivating employees and overcoming a sense of ownership deficit. A major barrier to change is the separation of professional, disciplinary, and management groups, and the consensus within one profession is not usually held by others.

Leadership: leading improvement initiatives successfully is difficult and sensitive, needing a blend of technical abilities, facilitation abilities, and personal traits. It must occur on several levels, be in line with employee priorities, and include staff members actively in fostering collaboration and participation with improvement goals.

Incentivising participation and hard edges; if busy clinicians are to prioritize improvement efforts, they may need incentives. The natural drive of healthcare workers to maximize the calibre and efficacy of the treatment they give patients is often the focus of improvement initiatives. Greater physician involvement in what may normally be perceived as relatively low-status activity with limited rewards might be encouraged by observable improvements and unequivocal evidence of potential patient benefit through reliable feedback.

Securing sustainability; In addition to the possibility of encountering opposition in the outset, projects may be particularly susceptible to sustainability-related difficulties. When faced with competing priorities at the end of a project, clinicians' and managers' interest may wane

Risk of unintended consequences; although it is sometimes assumed that quality improvement initiatives are risk-free, there is some evidence to suggest that they might have unanticipated and undesirable effects, including ironically clinicians who become resistant to quality improvement. The potential for iatrogenic repercussions from improving initiatives needs to be brought to light.¹⁷

Mosadeghrad mentioned that severely departmentalized, bureaucratic, and hierarchical structure, professional autonomy, conflicts between managers and professionals, and challenges in measuring healthcare processes and outcomes are all reasons explaining the failure of quality management implementation in healthcare organizations. The most often cited obstacles to effective total quality management implementation in developed nations are poor leadership, improper organizational culture, lack of employee involvement, lack of senior management support, and lack of training. In contrast, the most frequently mentioned obstacles in developing nations are lack of management support, a lack of employee involvement, poor leadership, lack of training, an inappropriate organizational culture, lack of recognition and rewards for success, and hierarchical and authoritative organizational structure.¹⁸ Although quality management is of utmost importance in primary care as it is essential for the provision of optimal quality of healthcare services still the literature available in this regard is very limited and further research addressing the challenges and principles of primary care in quality management aspect is needed.

CONCLUSION

Quality management is necessary for an effective functioning of the healthcare system especially primary care as it is the first line of contact with the patient unfortunately certain challenges are faced in regard of quality management further research in future can be beneficial in developing strategies and guidelines for

overcoming such challenges and ensuring the best quality of care.

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