

EDITORIALS

Meeting the challenges of providing universal health coverage

New approaches to service delivery must produce greater value for patients

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Momentum is gathering around efforts to achieve universal health coverage—defined by the World Health Organization as universal access to needed health services without the patient experiencing financial hardship to pay for them.^{1 2} In December 2012, the United Nations General Assembly unanimously adopted a resolution endorsing universal health coverage and urging governments to provide all people with access to affordable healthcare.³ There is also strong support for making such provision a priority in the post-2015 global development framework that will succeed the millennium development goals.⁴ These developments are timely, for the health inequalities that leave more than a billion people without access to health services are increasingly recognized as an infringement of human rights and a constraint on the economic growth and social development of nations.⁵

The risk, however, is that a welcome global endeavor to ensure that more people can realize their right to health may default to a vast global investment in the replication of past mistakes.

The improvement in people's health cannot be achieved by merely expanding and scaling up the healthcare delivery models of today. The 2010 world health report estimated that 20–40% of current healthcare spending is wasted.⁵ This waste derives both from failure to deliver care efficiently and safely and from overuse of services that exceed what people would want if they were informed of alternatives and the outcomes.⁶ Any attempt to build capacity to achieve universal health coverage must therefore go hand in hand with a commitment to ensure the quality, efficiency, and effectiveness of priority health services that are accessible to all.

Shifting the emphasis toward care that is high value rather than high volume will demand innovation in two areas. The first is the adoption of genuinely innovative models for patient centered healthcare delivery and the second involves rethinking the relationship between health systems and service users.

The path toward better and more affordable healthcare starts with redesigning and revitalizing primary care systems that keep patients healthy in the community and reduce the demand for

intensive hospital based care. Countries such as Rwanda and Turkey have achieved notable success in the reform and rapid expansion of healthcare provision through smart use of information, good coordination of community services, and efficient distribution of health workforce roles for delivery in primary care.^{7 8} Among other things, both have invested in expanding the reach of the health system through networks of community based health workers who can engage with patients more directly beyond the walls of conventional health facilities.

A model shown to be acceptable to patients in the Dominican Republic and elsewhere that puts lay health coaches at the front line of primary care delivery has been successfully adapted in the United States at several primary care practices established by Iora Health (www.iorahealth.com). Health coaches build personal long term supportive relationships with patients. Regular communication with the nurse and doctor on a coordinated care team facilitated by information technologies ensures that the necessary clinical expertise can be available at any time. The result is a dynamic engagement between patients and care providers, whereby genuine needs and expectations can be more accurately identified and dealt with.⁹ The result is greater patient satisfaction, improved clinical outcomes, reduced racial disparities, and lower total expenditure.¹⁰

Strategies to improve the quality of services through increased competition and greater patient voice include extending opportunities for patients to choose their service provider and strengthening channels for patients to express views about their care.¹¹ Although such approaches are popular with patients, they do not attempt to engage patients in clinical decisions about treatment.

Models that use “shared decision making” go much further to revolutionize the relationship between patients and providers. In such examples, clinicians and patients work together to select tests, treatments, and management or support packages based on clinical evidence. Patients who have been given information about options, outcomes, and uncertainties, as well as decision support counselling, can make informed choices about their treatment.¹² Such models of care delivery have been shown to

help reduce inappropriate and avoidable care, allowing resources to be reallocated to care that is of high value.¹³

The next step is to improve systems for recording the informed treatment preferences of engaged patients. When aggregated, these data can provide the guidance needed to invest wisely in capacities to deliver different services and improve delivery models. A formal feedback loop linking the informed preferences of patients engaged in their healthcare with the investment decisions made by those responsible for capacity planning and system performance is needed to achieve high value service delivery. Such work is still in its infancy.

However, this December, a meeting hosted by the Salzburg Global Seminar, the Dartmouth Center for Health Care Delivery Science, and the World Bank Institute, will focus on advancing understanding of this feedback loop in an effort to promote more value based healthcare delivery.¹⁴ Bringing together expertise from across the globe, the meeting will consider the practical implementation of innovative delivery models. The aim is to help increase equitable access, improve outcomes, and reduce waste. In addition, efforts will be made to involve patients as co-creators of value, rather than passive recipients of services that they may not want or need. One product of the seminar will be a Salzburg statement, which will lay out key principles to help ensure that universal health coverage increases access to high value care so that the right to health for all can be realized.

Scaling up existing “one size fits all” models of service delivery will not achieve equitable and affordable universal health coverage. We need to engage diverse patients in informed decisions about their health and use their preferences to guide investments in service capacities and delivery models that meet their needs and expectations.

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