

National Clinical Protocols: tools for Primary Health Care quality improvement

Vignette – Republic of Moldova



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Quality Improvement?

- systematic work
- a paradigm shift away from a major concern
- continuous positive change in performance
- continuous need for change in attitudes
- efficiency and productivity
- improve skills
- deliver services as expected
- user/client/patient satisfaction

Primary Health Care priorities in 90's:

- ✓ elaboration of normative acts for PHC;
- ✓ creation of academic base for family medicine education;
- ✓ retraining family doctors and nurses;
- ✓ implementation of FM in all regions;
- ✓ supplying offices/clinics with more equipments



Implementation so far:

- The Primary Health Care rapid changes
- Changes in:
 - structure,
 - organisation,
 - variation of care providers,
 - insurance,
 - markets,
 - social structures.



Clinical National Protocols delivered:

- “Arterial Hypertension in adults”
- “Hypertension urgency in adults”
- “Sudden cardiac death in adults”
- “Community-Acquired Pneumonia in adults”
- “Bronchial asthma in adults and in children”
- “Uncomplicated Diabetes Mellitus”
- “Influenza in children”
- “Viral Hepatitis in Children and Adults”
- “Acute Otitis Media in Children”
- “Chronic Tonsillitis in Children”
- “Iron-Deficiency Anemia in adults” and other



Resources:

Protocol comprises a schematic of how the activities to be executed ...

Support from the US Government's Millennium Challenge Corporation's (MCC) Threshold Country Program (TCP) for Moldova.

Multidisciplinary specialist groups, established for the purpose to develop Clinical National Protocols.



Process

- Annual lists of priority diseases approval.
- The evidence-based international guidelines on diagnosis and treatment serve as basis for the development of NCPs.
- Developing multidisciplinary groups of specialists within 2 or 3 months.

Stakeholders (review the draft)

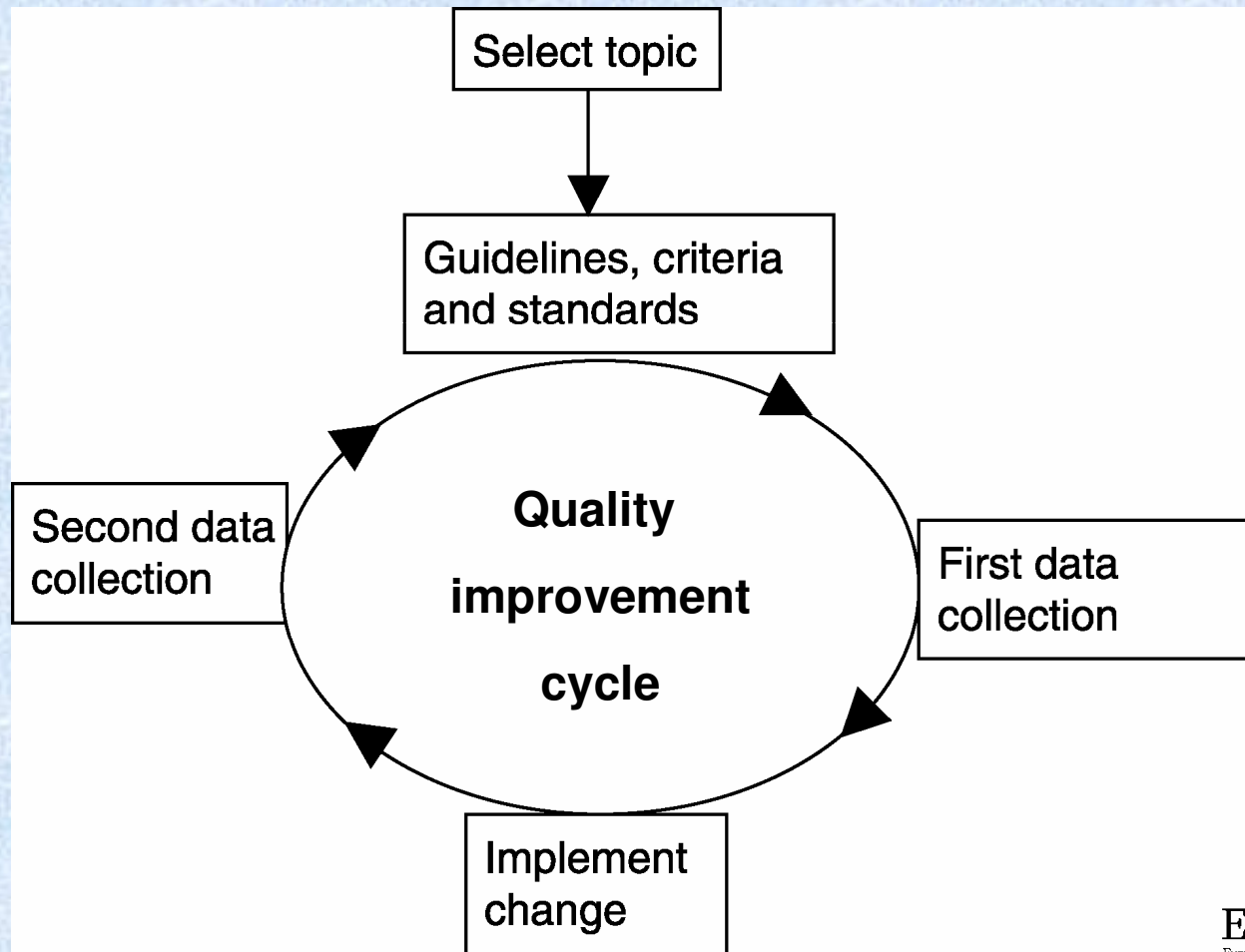
- ✓ Ministry of Health;
- ✓ National Health Insurance Company;
- ✓ National Council for Health Evaluation and Accreditation;
- ✓ Profiled medical associations;
- ✓ Representatives of primary, secondary and tertiary health care facilities, and
- ✓ Other health system stakeholders..



Implementation

- Review the proposals and introduce the changes and counter-sign the final version of the NCP for the Ministry of Health for approval.
- Distribute NCP to health care facilities for implementation and development of facility-level clinical protocols.
- Upload & update the NCP at Ministry's website.

Evaluation



Follow up

The approved NCP shall:

- serve as basis for the development of facility-level clinical protocols by each health care facility;
- be accompanied by:
 - proposals for the training;
 - recommendations on methods of development.



Challenges:

- To create a special national agency to provide systemic approach of quality improvement.
- To cover as many medical areas as possible.
- To introduce new technologies and services.
- To make economical calculations.
- To revise protocol reports each three years.
- To involve patients to participate in quality improvement process.



Recommendations

Family doctors must acquire some authority over quality and standards, and then to recognize that the authority should be shared with planners and patients.

Baker et al. 2006



Future actions

- Facility-level clinical protocols to be developed.
- Work place protocols for family doctors and nurses based on CNP.
- Continuous Medical Education should be oriented on CNP.
- Peer review groups should be created to provide sustainability.



Thank you for attention

