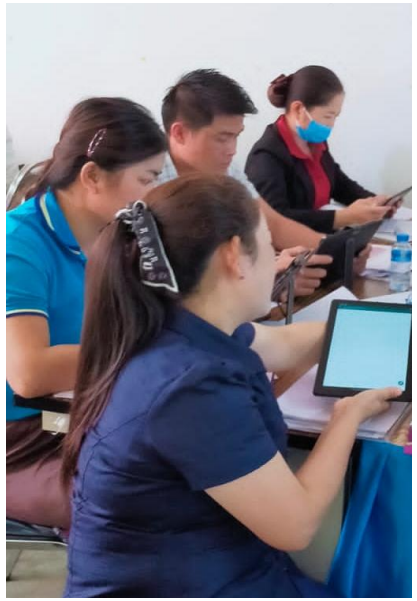

Purchasing quality of health care services at PHC level applying electronic health information system

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Ministry of Health
Lao PDR

Outline

- Rational
- QPS and the assessment tool
- Methodology
- Results
- Key message and sustainability

Rational

- MOH is implementing **Nationwide Health Insurance system** to cover all provinces, district hospitals and health centers
- Capitation payment for health centers is **insufficient to improve quality of health service** at primary level
- **Weak capacity** in financial management of health center staff
- **Lack of skilled clinical staff** at health centers to deliver quality primary health services
- Insufficient availability of **drug and medical equipment**

What is QPS?

- **Quality and Performance Scorecard (QPS)** is an assessment tool that measures readiness of health centers to **deliver of Essential health Service Package**
- Assessed **twice per year by certified clinical staff** from district health office, including supervisory or coaching inputs
- A **third-party** verifies assessments on a random number of health facilities, which serves as a disincentive against inflating assessment scores
- Provides flexible **performance-based payments**, proportional to the assessment scores, directly to the health centers to plan, execute and manage their finance to meet quality gaps. For instance, if a health centre receives a score of 80%, it will receive 80% of the ceiling amount.

Key objectives of QPS

- Improve access to **quality primary health care services** at public health facilities
  - Enhance **clinical knowledge and skills of health workers to deliver key essential health services**
  - Improve **availability of key medicines and supplies**
  - Improve **management capacities** of health facility staff (financial, human resources, infection control etc.)
- Ensure **regular and structured supervisory visits** and coaching by district health staff
- Increase **autonomy at the front-line services** to effectively respond to quality gaps and **build basic financial management capacity** to manage their own resources

QPS Assessment Tool

- Includes three major components:
  - **Structural** (financial management; drug management, etc.,)
  - **Process** (clinical knowledge of health workers to manage key complications or conditions of maternal-child health and prevailing non-communicable diseases; infection control, etc.) and
  - **Outcome measures** (client satisfaction)

ID	Domain/Criteria	Maximum Points
I	**Structural Quality**	**23**
1.1	**Health Facility Foundation**	**6**
1.1.1	Infrastructure	2
1.1.2	Information for clients	1
1.1.3	Equipment for Essential Health Services	3
1.2	**Health facility Management**	**17**
1.2.1	Financial Management	4
1.2.2	Human resource management	6
1.2.3	Individual performance evaluations	2
1.2.4	Essential drugs and supplies management	5
II	**Process Quality**	**73**
2.1	**Health Insurance and Outreach Services**	**10**
2.1.1	Health Insurance	3
2.1.2	Outreach services	2
2.1.3	Social Behaviour Change Communication	5
2.2	**Infection Control, Hygiene and Medical Waste**	**11**
2.2.1	Cleanliness of HC premises	2
2.2.2	Cleanliness of rooms	1
2.2.3	Handwashing	2
2.2.4	Toilet & Bathing facilities	2
2.2.5	Medical waste handling & disposal	4
2.3	**Clinical skills and care management**	**40**
2.3.1	Midwife vignette 1	10
2.3.2	Midwife vignette 2	10
2.3.3	OPD vignette 1	10
2.3.4	OPD vignette 2	10
2.4	**Priority programs**	**12**
2.4.1	TB Service	5
2.4.2	HIV Service	2
2.4.3	Malaria	5
III	**Outcome Quality**	**10**
3.1	Client satisfaction 1 (MCH)	2
3.2	Client satisfaction 2 (MCH)	2
3.3	Client satisfaction 3 (MCH)	2
3.4	Client satisfaction 4 (Non-MCH)	2
3.5	Client satisfaction 5 (Non-MCH)	2
Maximum points		**106**

Methodology

Revision of the QPS assessment tool

- **Assessment Scope:** Measures basic infrastructure, MCH services, immunization, nutrition, gender equality, HIV/TB, climate response, clinical skills, and user satisfaction.
- **System Development:** Review old tools to address gaps, develop QPS tools into DHIS2 for tablet use, and secure endorsement from the QHC committee.
- **Responsible Entities:** Department of Healthcare and Rehabilitation (DHR) in coordination with relevant departments and centers.

Training and Certificate of District assessors

- **Team Composition:** 3 staff members per district (doctor, nurse, or midwife).
- **Assessment Visits:** Select 2 members (1 doctor + 1 nurse or midwife) to assess health centers twice a year.
- **Manual:** DHR and the DHP are responsible for updating the training manual.

Performance-Based Payment and Verification

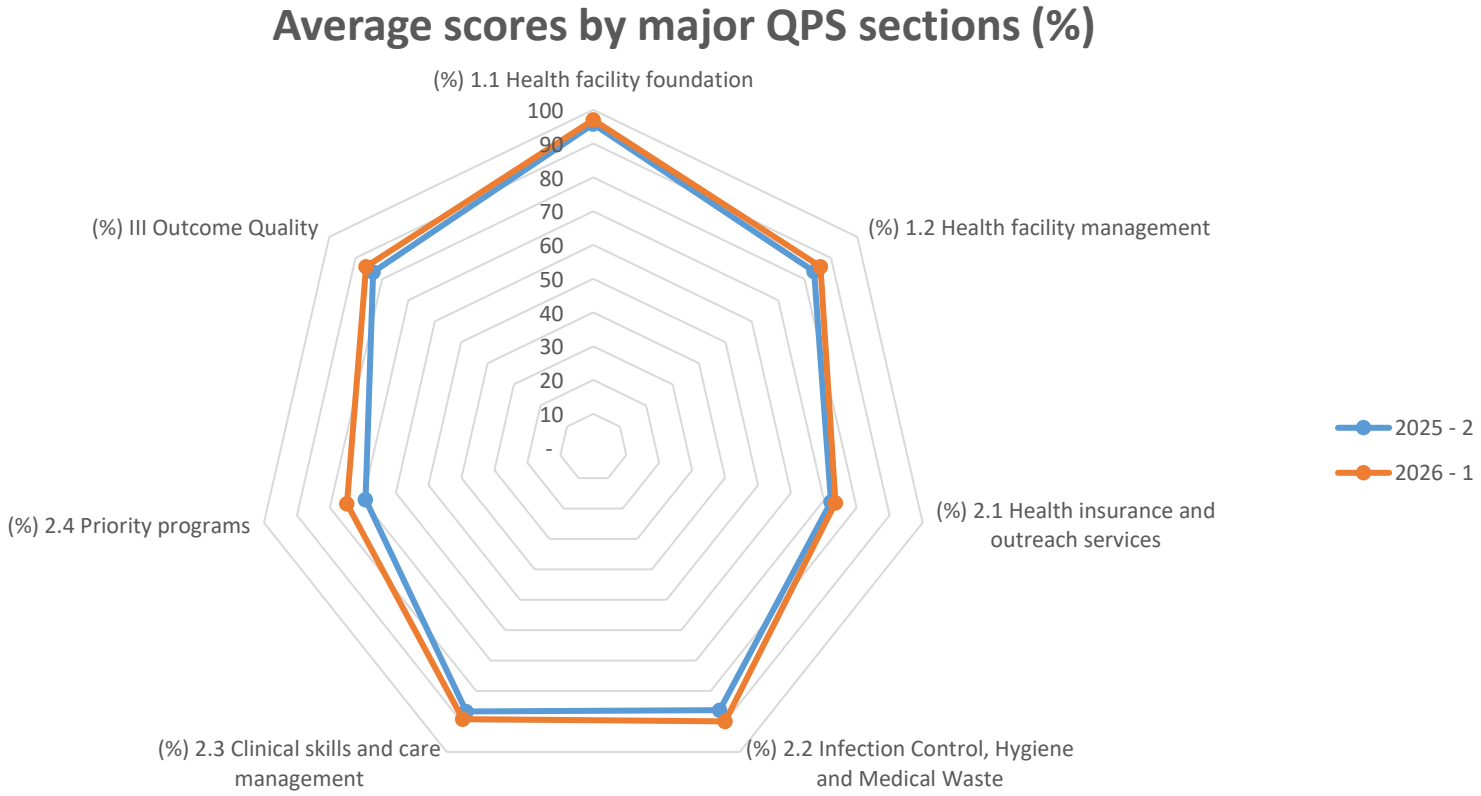
- **Financial Calculation:** Health centers are eligible to receive up to $3,000 max per round based on their score percentage, with an additional bonus for ethnic language staff or conducting SBCC work in priority nutrition districts.
- **Third-Party Verification (TPV):**
  - Randomly sample and verify at least 10% of health centers.
  - Verification findings are submitted to QHC, the World Bank, and the Global Fund for review.
- **Score Adjustments:** If the district score is higher than the TPV score by ≥ 10%, the score will be adjusted downward. If the discrepancy is < 10%, the district's score will be used.

Administrative Measures for Inaccurate Reporting

If TPV finds the district score is lower by ≥ 10% intentionally or repeatedly without justification, the following penalties apply:

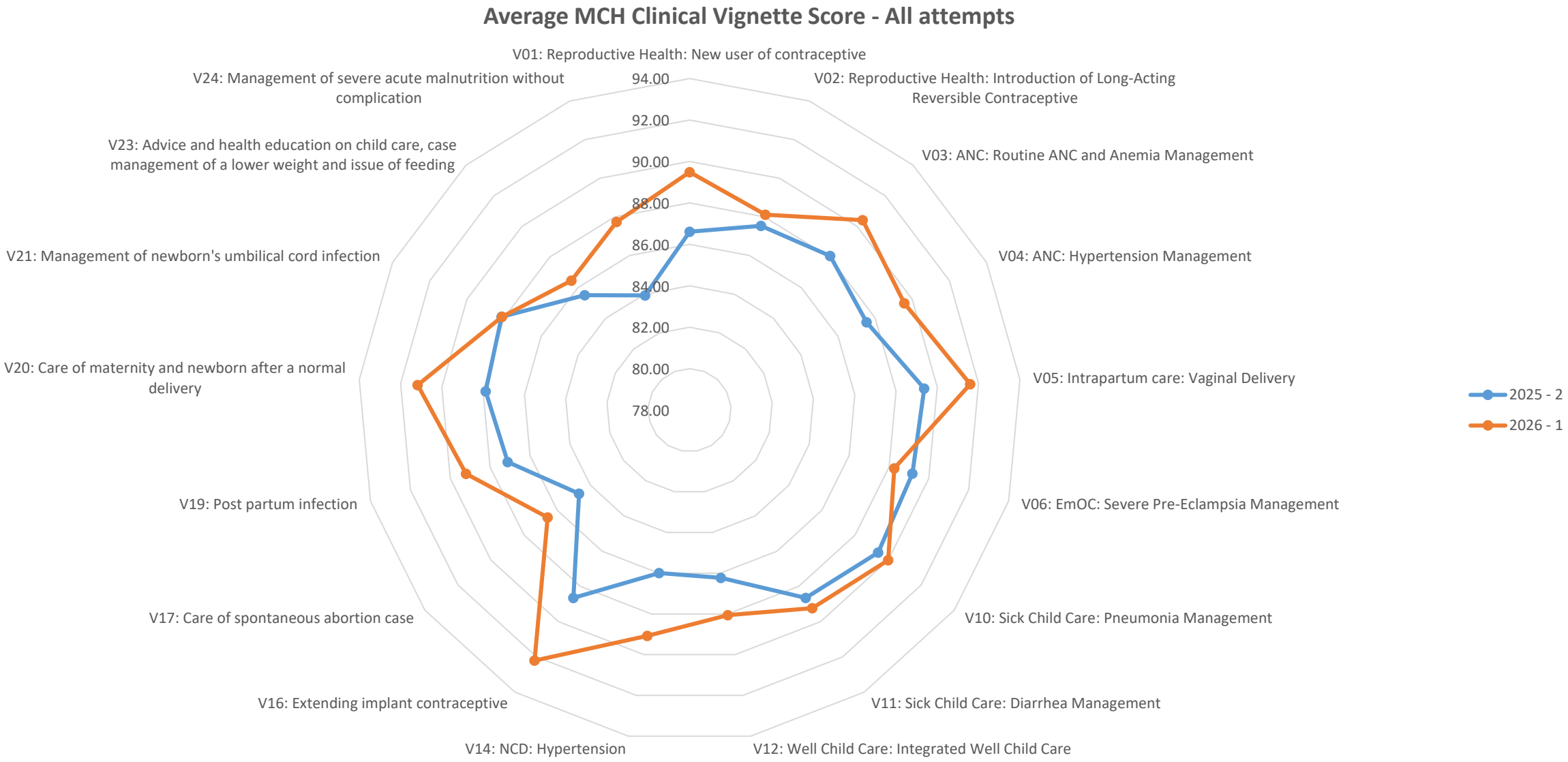
- **1st Time:** 20% deduction on administrative service payments and staff bonuses.
- **2nd Time (Consecutive):** 30% deduction and prohibition of subsidies/staff bonuses.
- **3rd Time (Continuous):** 50% deduction and prohibition of subsidies/staff bonuses.

Result: Overall Average Score (%) by Sub-section per Round

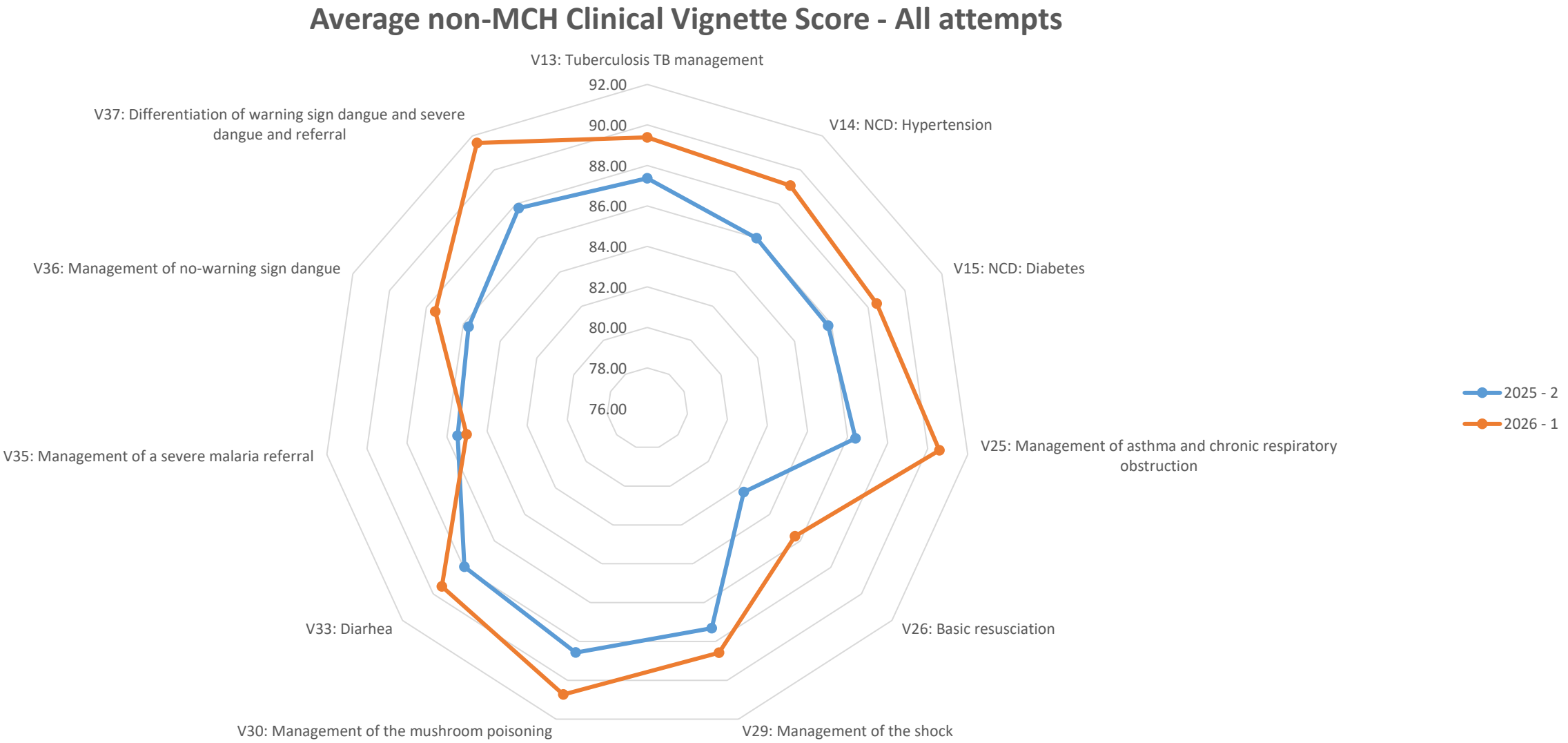


Sub-Sections	2025 2	2026 1
(%) 1.1 Health facility foundation	96	97
(%) 1.2 Health facility management	84	86
(%) 2.1 Health insurance and outreach services	72	74
(%) 2.2 Infection Control, Hygiene and Medical Waste	86	90
(%) 2.3 Clinical skills and care management	87	89
(%) 2.4 Priority programs	69	75
(%) III Outcome Quality	83	86
Grand Total	**82**	**85**

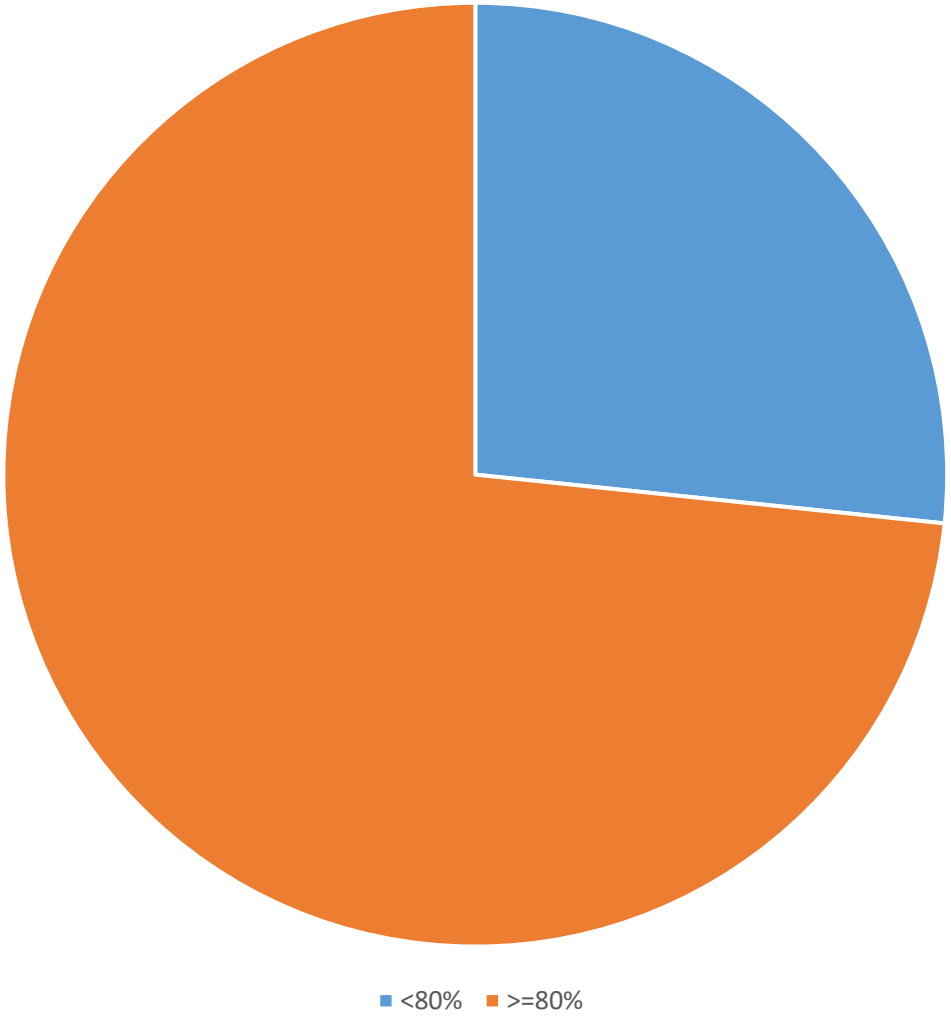
Average Score Percentage of Clinical Vignettes by MCH Topic



Average Score Percentage of Clinical Vignettes by Non-MCH Topic

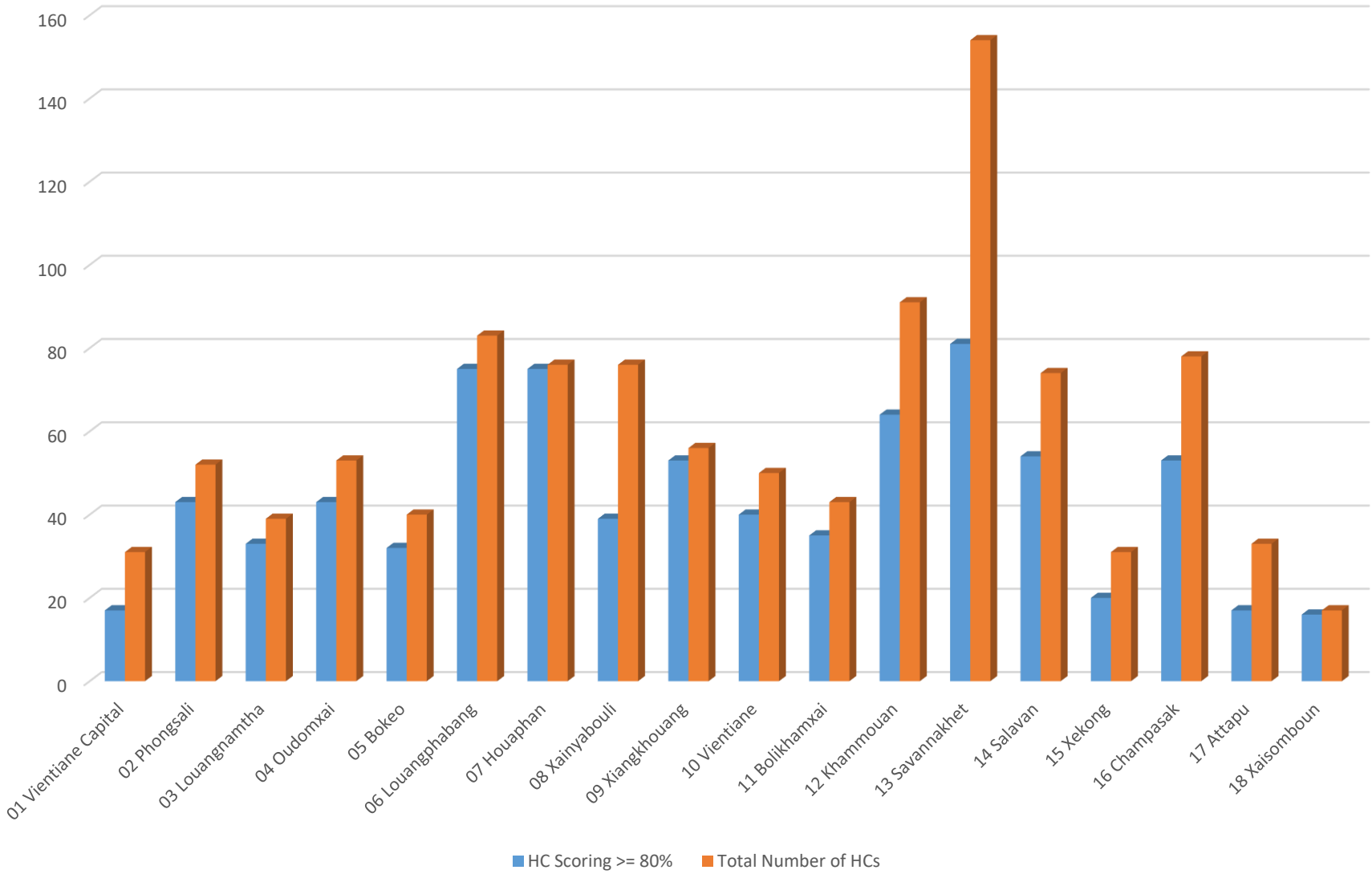


Percentage of health centers scoring ≥80% on a nationwide standard quality assessment system



Row Labels	<80%	≥80%	ລວມ
Total number of health centers achieving ≥80% in percentage	27%	73%	100%

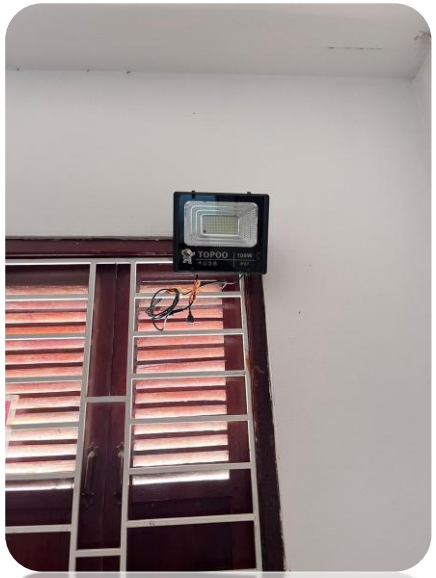
Number of health centers scoring ≥ 80% Comparing to total number of Health centers (Provincial level)



Province	HC scoring ≥ 80%	Total Number of HCs
01 Vientiane Capital	17	31
02 Phongsali	43	52
03 Louangnamtha	33	39
04 Oudomxai	43	53
05 Bokeo	32	40
06 Louangphabang	75	83
07 Houaphan	75	76
08 Xainyabouli	39	76
09 Xiangkhouang	53	56
10 Vientiane	40	50
11 Bolikhamxai	35	43
12 Khammouan	64	91
13 Savannakhet	81	154
14 Salavan	54	74
15 Xekong	20	31
16 Champasak	53	78
17 Attapu	17	33
18 Xaisomboun	16	17
Grand Total	790	1077

Key message take aways

- Health Center have power to make decision by them self
- Having digital health information in place to assess quality of services
- Strengthening purchasing function of NHIB at PHC level
- QPS results are used not only for performance-based payments but also to promote learning, innovation, corrective action, and continuous improvement across all levels of the health system.
- Transition the QPS assessment into a national tool for quality of health services assessment
- Integrate measures of quality into future health insurance payment mechanisms (pay-for-quality)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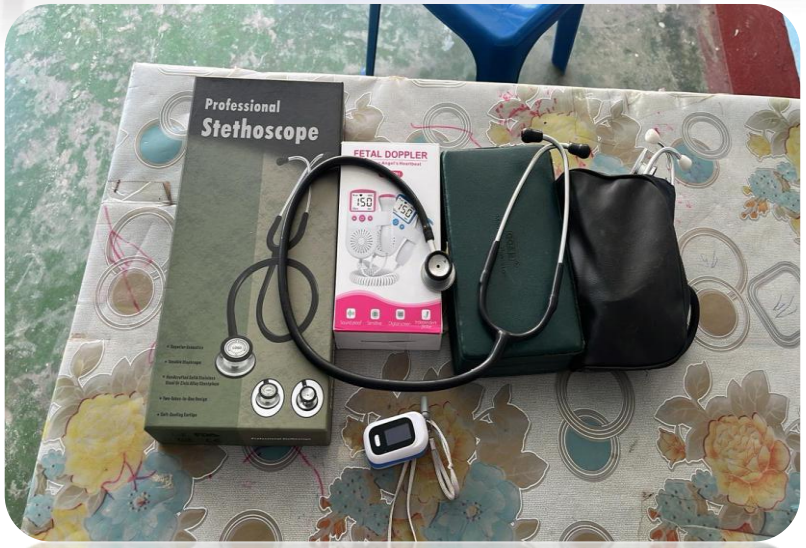
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