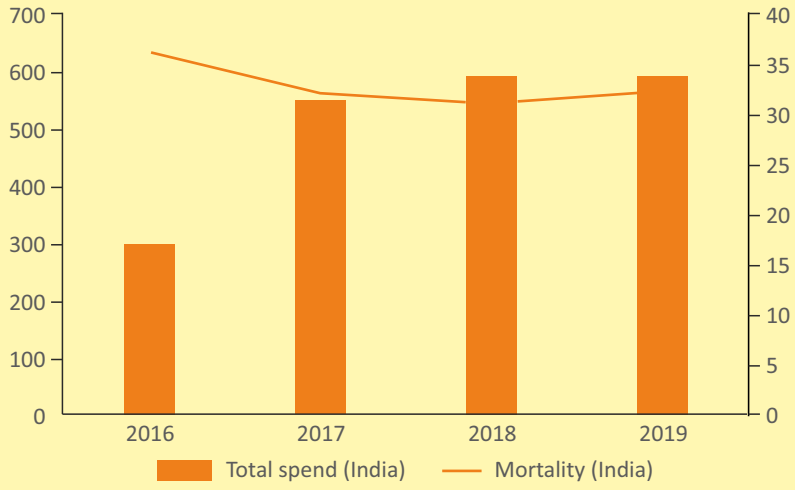
ASSESSING QUALITY OF LIFE (QOL) AND PATIENT CARE EXPERIENCE (PCE)
DESIGNING IMPROVEMENT LOOPS FOR TB PATIENTS CARE CASCADE

BACKGROUND

Closing the gaps in care cascade (CGC) is a four-year (202O-2024) project funded by USAID and implemented by World Health Partners (WHP). The WHP implemented a quality-of-care intervention with technical support from Leapfrog to Value (L2V) in 4 districts; Ranchi & East Singhbhum (Jharkhand) and Surat & Gandhi Nagar (Gujarat).

- Buying more healthcare hasn't produced better health
- In India, from 2015 to 2019, TB spending more than doubled while mortality nearly the same



Note: Composition of TB patient costs over time have been calculated where required assuming a) a 25:25:50 ratio in the intensity of direct medical expenses, out of pocket expenses, and earnings loss, respectively, and b) a 37:1 ratio in the cost of treatment for MDR-TB vs. standard drug sensitive TB, based on a 2015 report
Source: World Health Organization, "Global Tuberculosis Report", 2015, 2016, 2017, 2018, 2019; Tanimura et al, Financial burden for tuberculosis patients in low- and middle-income countries: a systematic review, 2014; Udwadia et al, The health economics of treating MDR-TB in the Indian private sector, 2016; Vassall, "India Perspectives – Tuberculosis", 2015; Dalberg analysis

Figure 1: *Total expenditure on TB vs. patient mortality, 2015-19*

RATIONALE

It was observed that the out-of-pocket expenses have been increased in TB treatment in India; also TB mortality nearly the same. So, buying more healthcare hasn't produced better health[1]. The CGC project has developed and implemented a value-based care (VBC) approach combining best practices in measurement and delivery methods based on a core hypothesis; a human-center approach to TB care can produce better outcomes at a better cost. The value-based care (VBC) model aligns patients, payers, and providers around a common goal: achieving outcomes that matter to TB patients at the optimal cost.

APPROACH

The intervention approach was to redefine how the system measures performance, deliver care and pay patients/providers.

Measure: Assessment of Quality of health (Physical, mental, social, financial health) and care experiences.

Deliver: To deliver patient-centered care through improvement loops exercise with providers that draws on value-based metrics

Pay: Establish a data track for one to two years to design non-financial reward mechanisms to reinforce the value-based care approach.

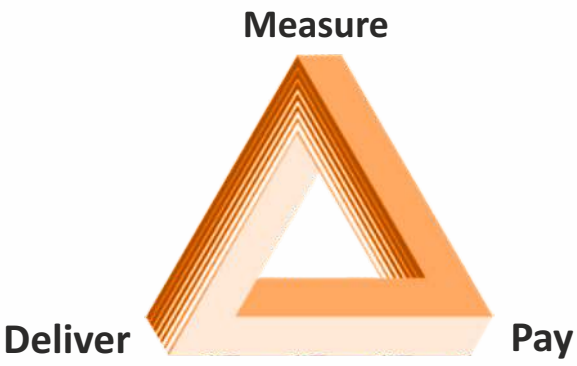


Figure 2: *L2V's framework for VBC in LMICs (Low-Middle income countries)*

[1]Source: World Health Organization, "Global Tuberculosis Report", 2015, 2016, 2017, 2018, 2019; Tanimura et al, Financial burden for tuberculosis patients in low- and middle-income countries: a systematic review, 2014; Udwadia et al, The health economics of treating MDR-TB in the Indian private sector, 2016; Vassall, "India Perspectives – Tuberculosis", 2015; Dalberg analysis

VALUE-BASED CARE MODEL

Human-centred outcomes are measured with intermediate outcomes that are accounted for under NTEP

Human-centered outcomes

Intermediate outcomes

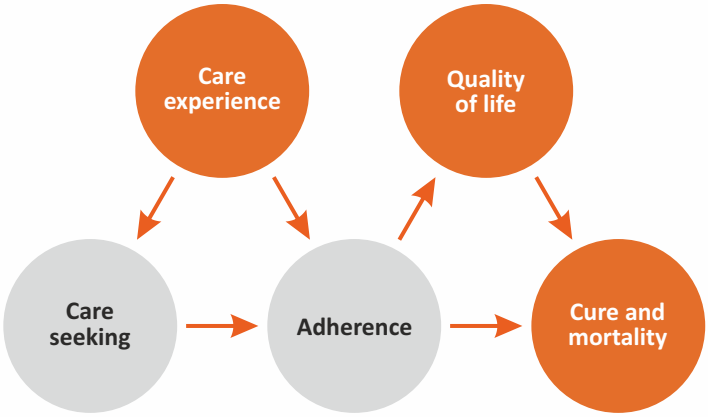


Figure 3: *Total expenditure on TB vs. patient mortality, 2015-19*

OBJECTIVE

- To measure the value of TB care by assessing both outcomes and costs that matter to patients.
- To measure patient quality of life, care experience and cost of care at three critical stages during TB care cascade. i.e., at the beginning of treatment, End of the Intensive phase and End of treatment.

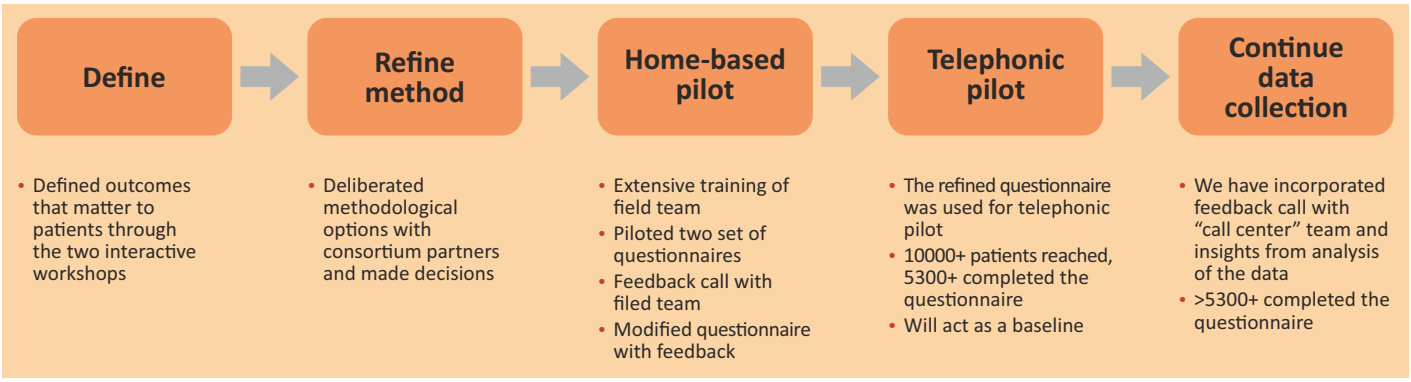


Figure 4: *Process followed to identify metrics, develop methods for data collection*

- Baseline survey (BLS) was done in five NTEP districts: Purbi Singhbhum and Ranchi of Jharkhand, Surat Municipal Corporation (SMC), Surat rural and Gandhinagar of Gujarat.
- Focus groups discussion (FGC) with frontline providers and experts in TB was carried out to understand the system side variables that affect the TB care cascade.
- The data collection tool was developed in English, Hindi and Gujarati through iterative piloting via home visits and telephonic calls.
- Telephonic data collection through the trained call center executives. Total 5300 questionaries were filled until Dec'21.
- TU wise analysis and ranking of quality of life and care experience indicators.

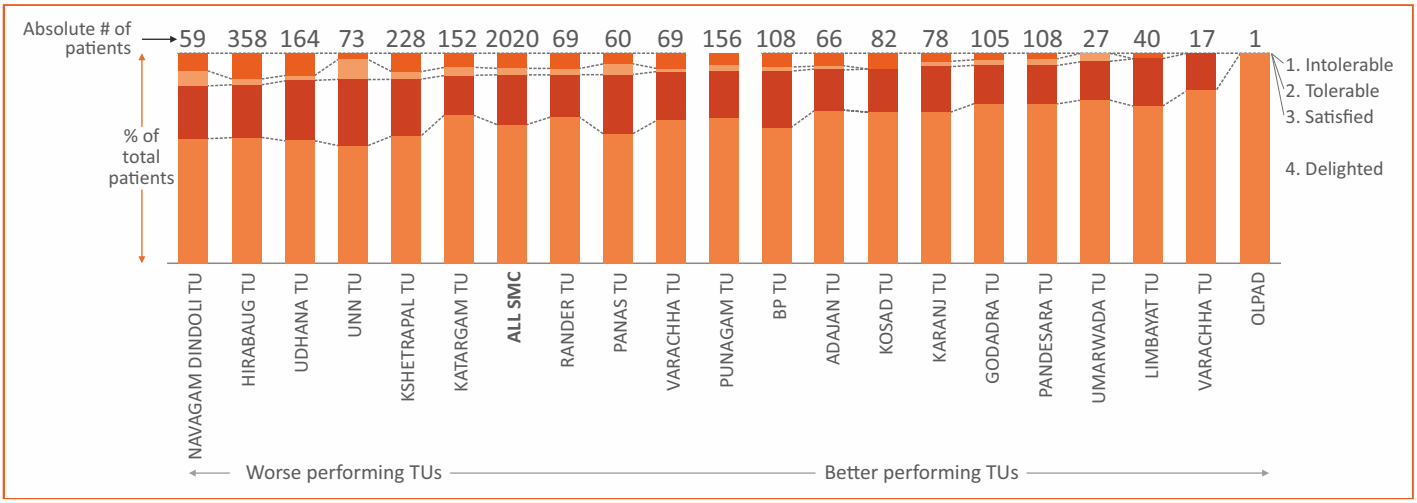


Figure 5: *Client experience of care ratings by TU (DS TB): Overall for SMC district*

- Implementation of the "Improvement loops" to improve the quality of services by involving the district team.

A series of discussions with district TB program staff to stimulate improvement activities and incorporate their feedback

Front line stakeholders richly contributed to this dialogues to:

- Validate our findings against their insights
- Inputs on data cuts
- Identify opportunities and interventions for improvement

Improvement loop exercise with SMC DTO and frontline stakeholders

- Identification of non-financial incentives for sustainability and improvement.

SALIENT FINDINGS

- Physical, Mental and Social QOL scores were better for the private sector than public sectors
- Patients have reported issues in the domains of the quality of life we measured: physical (27%), anxiety (19%), depression (13%), disclosure hesitation (32%), lack of social support (2%), financial issues (33%).
- The public sector score for care experience (NPS score[2]) was at 95%, higher than the private sector, i.e., 91%
- The patients' care experience rating dipped at "end of IP" to the lowest level and then recovered to a better level at "end of CP", both for public and private sector

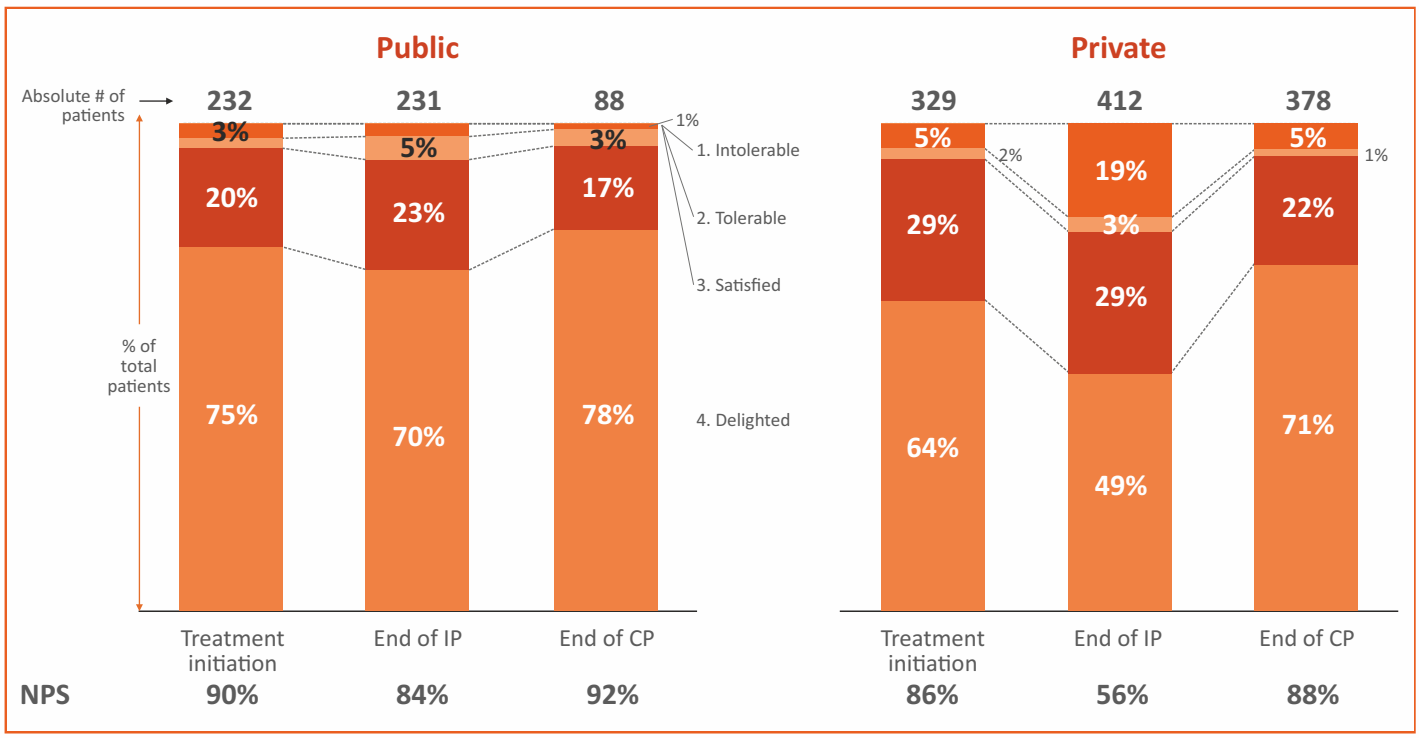


Figure 6: *Physical QOL by Public vs Private and treatment stages*

- High baseline cost observed in DR-TB, EP-TB and co-morbidities (diabetes) patients primarily due to increased hospitalization rates and days per hospitalization.
- Successful demonstration of improvement loops depends on the factors like willingness to engage in improvement dialogue, openness to operational experiments despite imperfect information and mindset of bottom-up improvement rather than top-down appraisal/comparison.

[2]Source: Note NPS = Net Promoter Score (difference in proportion of people with positive score and negative scores)

OUTCOME

We identified a decision framework to prioritize the interventions that improve QOL and PCE. The existing gap, need for action and ease of action determine the priorities. Through stakeholder participation (frontline staff and program staff), scalable interventions were identified to improve the QoL and PCE.

- Mental health intervention is low hanging fruit to improve patients' mental health QOL scores with ease of intervention.

Domain of quality of life	Gap to fix	Actionability	Ease of testing improvement(e.g. existing CGC intervention)
Physical	Large	High	No
Mental	Large	High	Yes
Social	Small	Low (complex issues)	No
Financial	Large	Low (resources and complexities)	No

Table 1: *A decision framework for prioritizing the quality-of-life intervention*

- Reducing avoidable hospitalization and additional provisions for those who need hospitalization should be a top priority in managing cost.

WAY FORWARD

CGC project

Continue, expand and improve value-based measurement:

- The intervention is continued with an improvised questionnaire
- Comparison between districts through dashboard monitoring
- Assessment of non-financial incentives linked to outcomes

Scale-up and integration with National Tuberculosis Elimination Programme (NTEP) plan

- Integration of QOL and PCE variables in Nikshay
- Feasibility assessment through Nikshay Sampark or state-run call centre

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR

Everwell

HARVARD MEDICAL SCHOOL

Leapfrog to Value

World Health Partners (WHP) is a non-profit Indian society that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses already available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on early detection and treatment of tuberculosis in urban and rural settings supported by community-based activities to ensure prevention. The organization uses all available resources--both in the public and private sectors to ensure that people living in any part of the country will have access to high-quality treatment.

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