

QUALITY HEALTH CARE MEASUREMENTS & MARGINALIZED POPULATIONS

Dr Kyle Eggleton MBCChB MMedSci MPH FRNZCGP

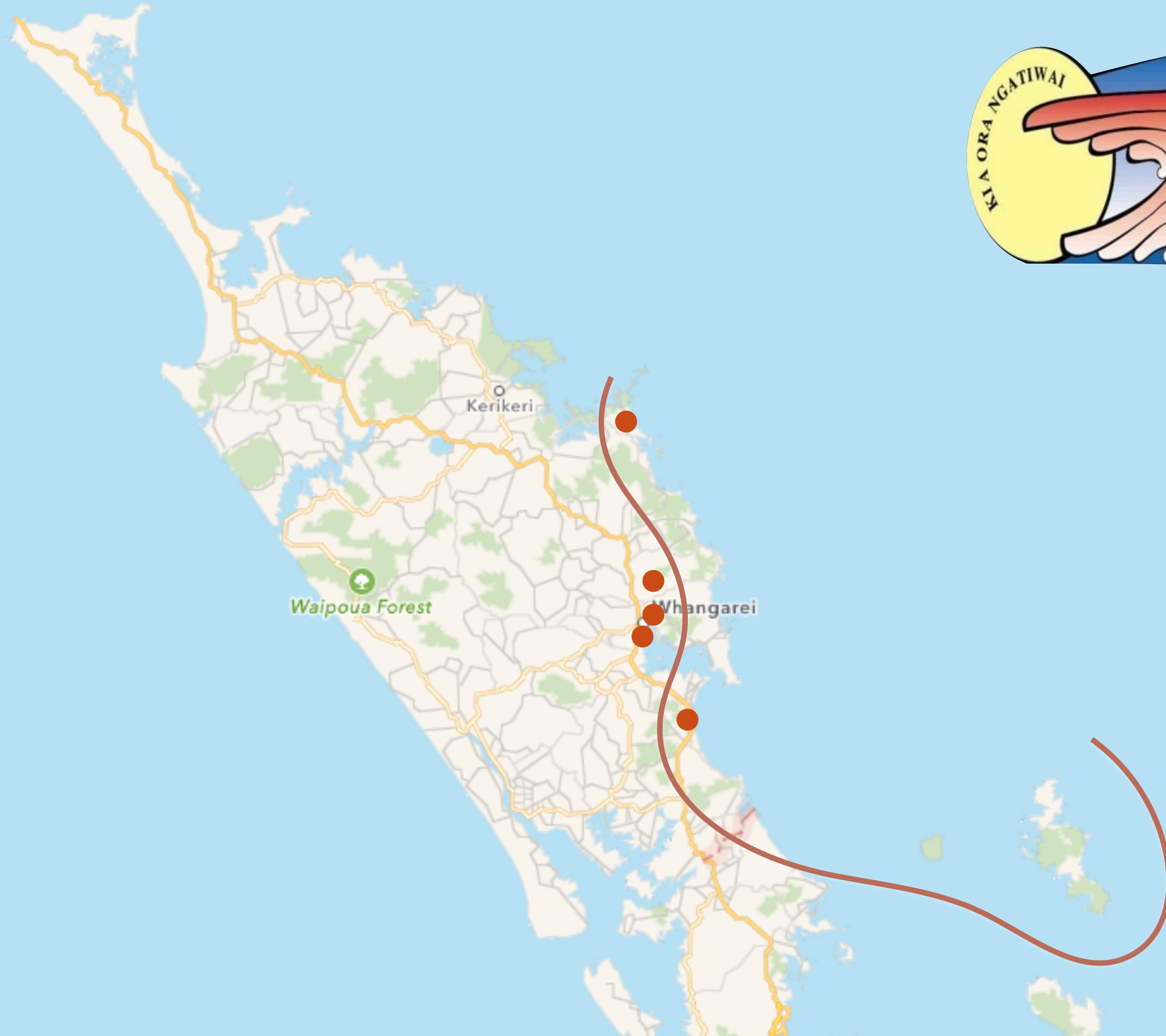
The University of Auckland

A photograph of a forest path. The path is made of dirt and leaves, winding through a dense forest. On either side of the path are large, green ferns. Tall trees with thin trunks and thick canopies line the path. Sunlight filters through the leaves, creating dappled light on the ground. In the distance, a person wearing a blue backpack is visible on the path. The text 'KIA ORA' is overlaid in the center of the image in a bold, white, sans-serif font.

KIA ORA

A photograph of a large, snow-covered mountain peak, likely Mount Ruapehu, under a clear blue sky. The mountain's peak is covered in white snow, contrasting with the dark, rocky slopes. The foreground shows dark, forested hills. The text "KAUPAPA MAORI MEDICAL OFFICER" is overlaid in large, bold, white capital letters at the bottom of the image.

KAUPAPA MAORI MEDICAL OFFICER



MEASURING QUALITY

A photograph of two hikers with large backpacks walking through a field of tall, dry grass. In the background, there are dense green trees and a range of mountains under a cloudy sky. The text 'MEASURING QUALITY' is overlaid in large, white, bold, sans-serif capital letters across the center of the image.

WHAT DOES KI A ORA NGATIWAI THINK IS QUALITY?

- Evidence based medicine
- Kaupapa Māori (culturally appropriate care)
- Addressing social determinants of health
- Whānau ora (patient and family centered)
- Tino rangatiratanga (self determination)

WHAT DO THE PATIENTS OF KI A ORA NGATIWAI THINK IS QUALITY?

- Whanaungatanga
- Developing community spirit
- Developing resilience
- Inclusiveness of service
- Warmth of staff
- Lack of judgement
- Free

WHAT IS KI A ORA NGATIWAI MEASURED ON?

Number of immunisations

% of CVD patients with BP < 140/90

% HbA1c < 75

Mammograms

Number of smoking cessation consultations

Number of cervical smears

Number of consultations

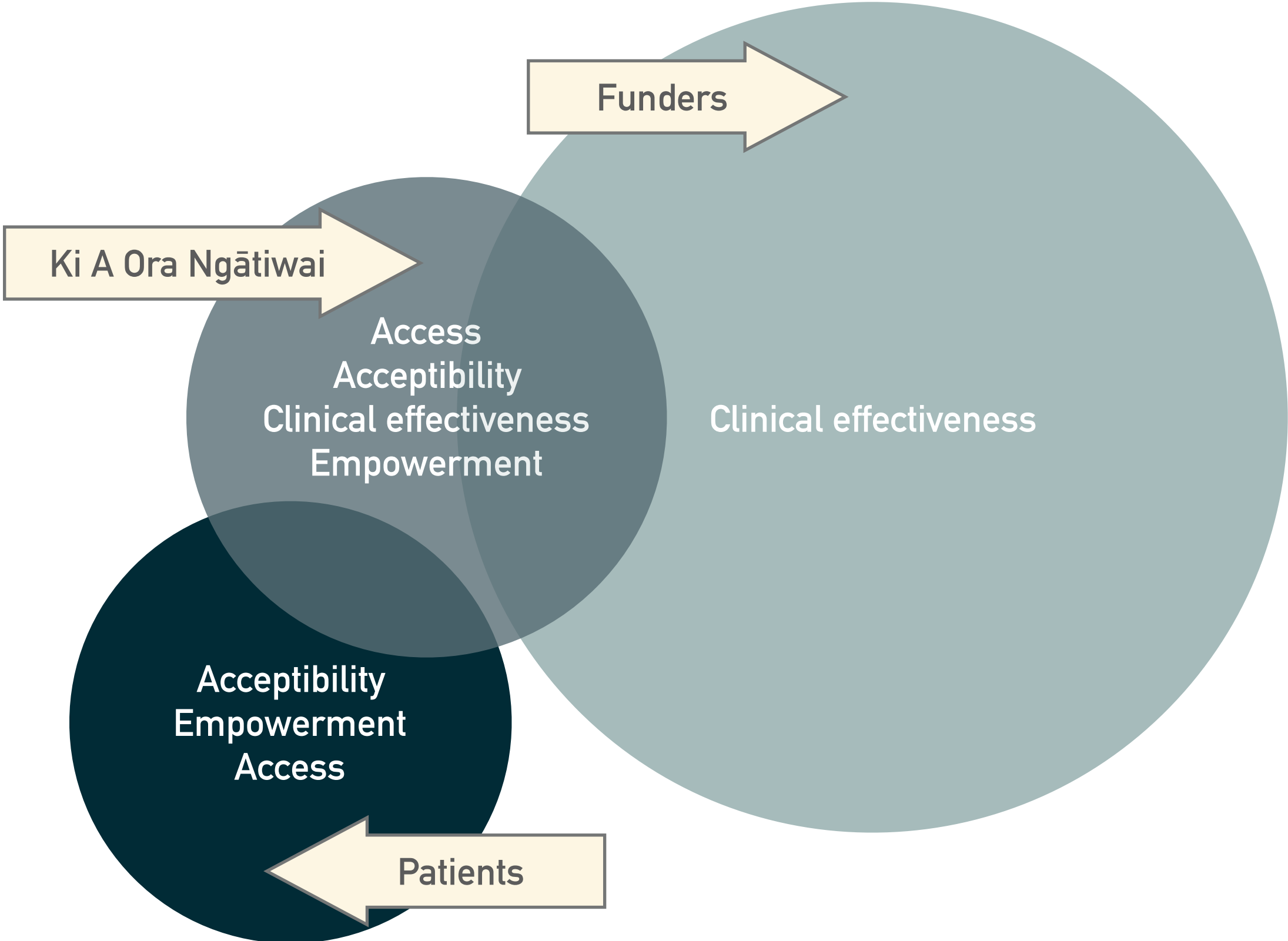
Number of group conferences

Number of CVD risk assessments

% of patients with CVD risk assessment >20 on a statin

THE QUALITY DISCONNECT

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HOW IS QUALITY MEASURED?



**DO PFPP IMPROVE
HEALTH OUTCOMES?**



WHAT IS QUALITY?



A TAXONOMY OF QUALITY HEALTH CARE MEASURES

CAMPBELL'S DEFINITION OF QUALITY HEALTH CARE

ACCESS



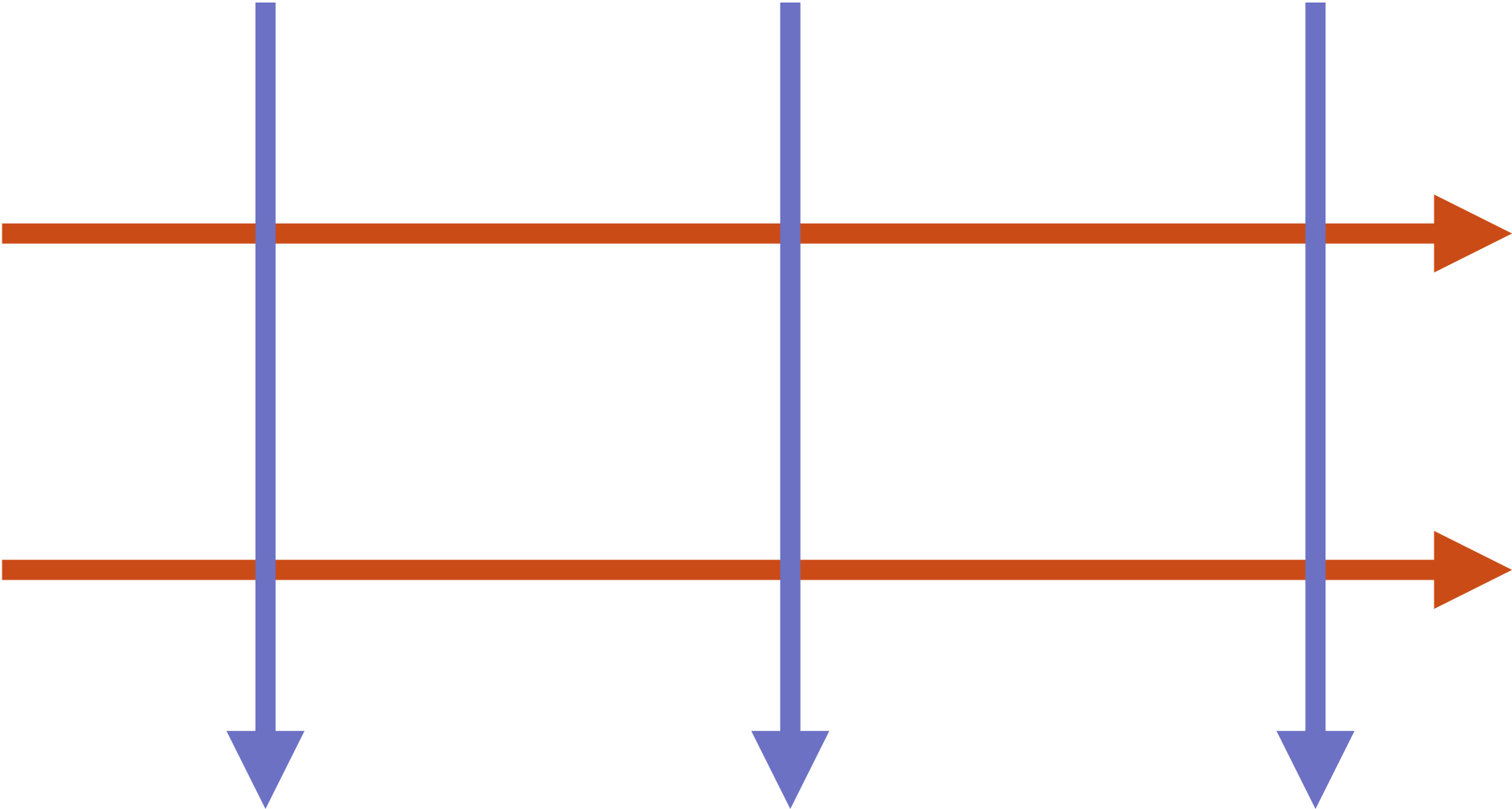
EFFECTIVENESS



CAMPBELL'S DEFINITION OF QUALITY HEALTH CARE

STRUCTURE PROCESS OUTCOMES

ACCESS



EFFECTIVENESS

'DASHBOARD' FOR MIPS

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
EFFECTIVENESS	Availability	Effectiveness of clinical care	Health status
	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

'DASHBOARD' FOR GPRMA

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
EFFECTIVENESS	Availability	Effectiveness of clinical care	Health status
	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

'DASHBOARD' FOR PRIMARY CARE CORE MEASURES

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
EFFECTIVENESS	Availability	Effectiveness of clinical care	Health status
	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

'DASHBOARD' FOR IPIF

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
	Availability	Effectiveness of clinical care	Health status
EFFECTIVENESS	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

WHERE ARE THE GAPS?



WHERE ARE THE GAPS? – STRUCTURE

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
EFFECTIVENESS	Availability	Effectiveness of clinical care	Health status
	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

WHERE ARE THE GAPS? – ACCESS

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
EFFECTIVENESS	Availability	Effectiveness of clinical care	Health status
	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

WHERE ARE THE GAPS? – PATIENT CENTEREDNESS

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	STRUCTURE	PROCESS	OUTCOMES
ACCESS	Geographical/ physical access	Availability	Health status
	Affordability	Affordability	User evaluation
EFFECTIVENESS	Availability	Effectiveness of clinical care	Health status
	Structural effectiveness	Effectiveness of interpersonal care	User evaluation

A hiker with a large backpack is walking away from the camera through a vast, golden field. The field is filled with tall, dry grass. In the background, there are dark, forested mountains on either side, and a range of lighter, rocky mountains in the distance under a clear blue sky with a few wispy clouds. The hiker is wearing a backpack and using trekking poles.

**WHOSE VOICE IS
PRIVILEGED?**

WHAT ARE THE IMPLICATIONS?



IMPLICATIONS OF GAPS IN QUALITY MEASUREMENTS

- No incentive to change the 'model' of interpersonal care
- No incentive to improve access
- Neglects the primary care paradox
- Further marginalisation and worsening health inequities

IMPLICATIONS FOR PRACTICE

- Acknowledge the inherent weakness in quality measures
- Apply a theoretical lens to quality measures

A wide-angle photograph of a snowy mountain range under a soft, colorful sky. The foreground is a vast, flat expanse of snow, possibly a glacier or a frozen lake, with subtle textures and shadows. In the middle ground, a series of snow-covered mountain peaks are visible, some with exposed dark rock. The sky transitions from a pale blue at the top to a warm, reddish-orange glow near the horizon, suggesting the time is either dawn or dusk. The word "CONCLUSION" is superimposed in large, white, sans-serif capital letters across the lower half of the image.

CONCLUSION