

The 2002 Vision Project

2002 Vision is an independently funded project, devised by the AQIH to help improve the Quality of Indian Healthcare in the 21st century. It is based on a comprehensive re-examination of the assumptions made since the 1980s about reforming Healthcare.

Why is quality so important ?

The future of any organisations is in providing quality service. This is true of industry as it is of healthcare. But we are differentin healthcare there is no room for rework. The right things, must be done at the right time, right the first time and at all times. Thus excellence should be the norm not the exception. Quality in healthcare is a matter of life and death.

How do healthcare organisations ensure quality ?

In the 80s and early 90s, healthcare leaders believed quality care was dependant only on the skills of professionals. Quality in this sense focused on increasing specialisation and the adoption of state of the art technology. History has shown that they were only partially correct.

Are the answers changing ?

The developed nations have seen disappointments in the experiments with the introduction of a managerial cadre in healthcare, as medical costs were merely replaced by administrative costs. We believe, medical professionals are better placed, due to the unique intimacy that characterises the patient - doctor relationship, to make decisions about cost effectiveness. If doctors assume leadership in cost, resource, informatics and change management, they would have better control of the environment in which they provide care and thus in turn find their clinical freedom enhanced. Thus, medical knowledge and total quality theory are not mutually exclusive.

The Research Streams...

At the core of the 2002 vision project are 5 research streams integrated on a common platform of Systems Thinking.

Quality Awareness Program (QAP)

There is already a great deal of good work going on elsewhere both outside healthcare and outside India - although it often does not reach the developing countries early enough to influence practice. There is no point in reinventing the wheel, so this module provides a convenient access point to published material in a form that can be understood and applied.

Patient Centered Medicine

Although the science of learning from the patients may be in its infancy, it brings exciting opportunities to clinicians, researchers and policy makers. At a time when distrust seems ubiquitous in the healthcare system, asking patients to report on the quality of care may bring clinicians and those they serve closer together.

Evidence Based Healthcare and Medical Audit

Medical Audit is not an end in itself. It is a promising means to an essential end - improving of the quality of care the patients receive. Inherent in this idea is the search for error and its removal. Yet much in medical education and medical practice teaches us to associate error with blame, and blame with shame and punishment. Total Quality proposes an ethos of audit that believes in improving all the doctors rather than blaming the inefficient ones. In otherwords it advocates "shinning all the apples" rather than merely picking the "bad apples".

Healthcare Quality Index (HQI)

A metric will be developed to compare the progress of healthcare organisations, both internally and externally, as they seek to build and sustain value - adding quality systems.

The Benchmark Club

From the clinical perspective, the term benchmarking is used to describe a process of comparative analysis in which healthcare organisations compare selective outcomes of care to other like group of organisations. The goal is to identify optimal performance; analyse their processes and implement process improvement activities. We intend to build a database of best practices and bring together organisations willing to collaborate.

Is this a political issue ?

The political debate revolves around whether healthcare should operate in a competitive market. This is not our concern - Vision 2002 is involved in identifying the factors that allow a healthcare organisation to improve in whatever environment it operates.

What else must we do ?

This research project aims to find the factors that lead to quality improvement. This will help those healthcare organisations who learn from our work to improve themselves.

For most healthcare organisations, this alone will not work. If quality is to be sustained, they need to be delivering their services based on the expectation of patients and their families, consistently.

Thus, the solution lies upstream. The medical profession needs to reassess the inputs and the outcomes of under-graduate medical education. The patient's view is nonexistent in the current practice of medicine. It was not until the apex court's judgement bringing the medical profession into the purview of the consumer protection act, the healthcare organisations really began to view patient's perspectives as relevant.

So the second, but equally important job that we can do is try to promote a wider and more realistic view of quality in healthcare and link this to medical education and training.

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