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CONSULTATION ON THE ADEQUACY OF HEALTH CARE AND CONSUMER SATISFACTION

Report on a WHO Consultation

Heerlen, Netherlands
10-12 December 1985

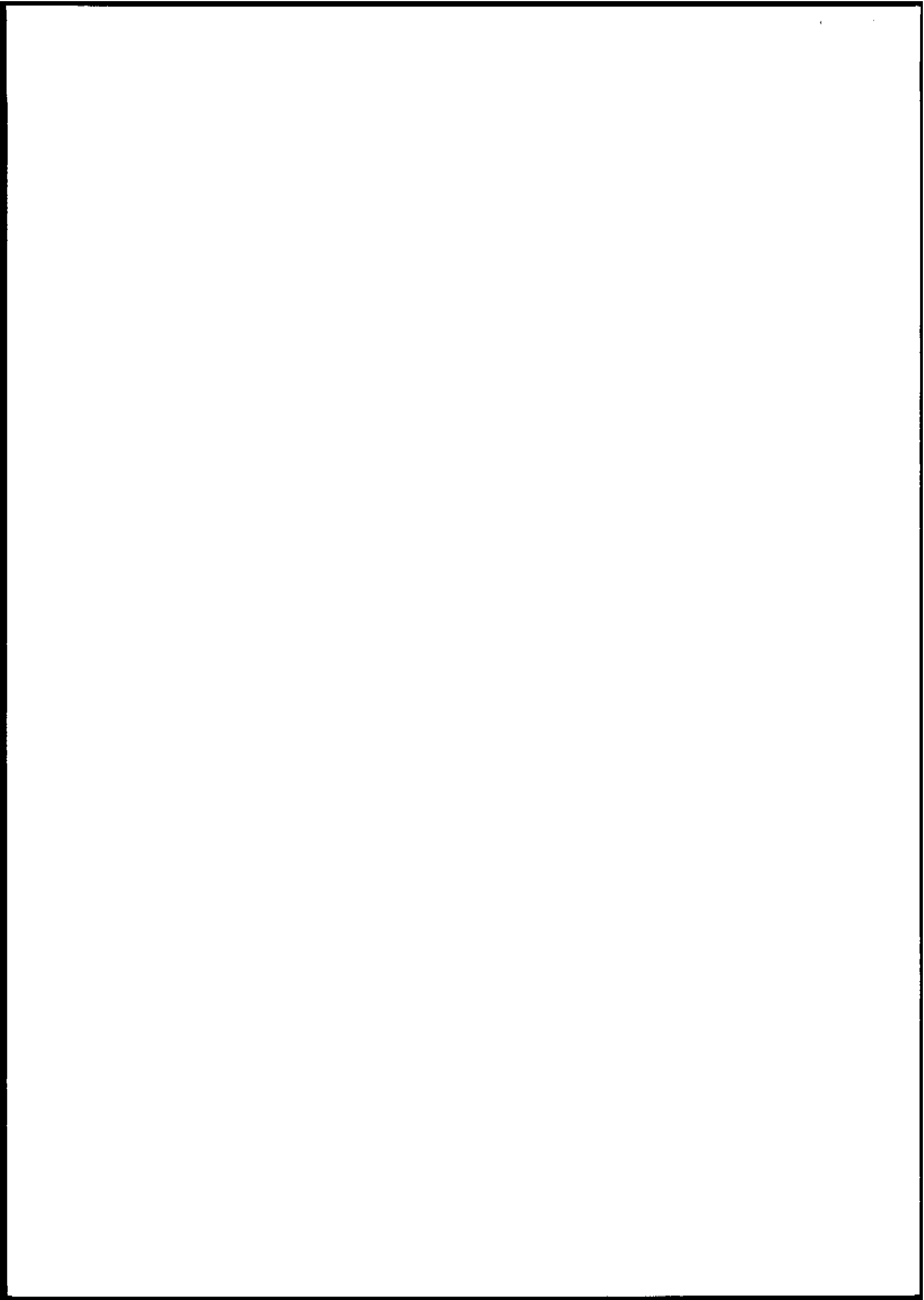


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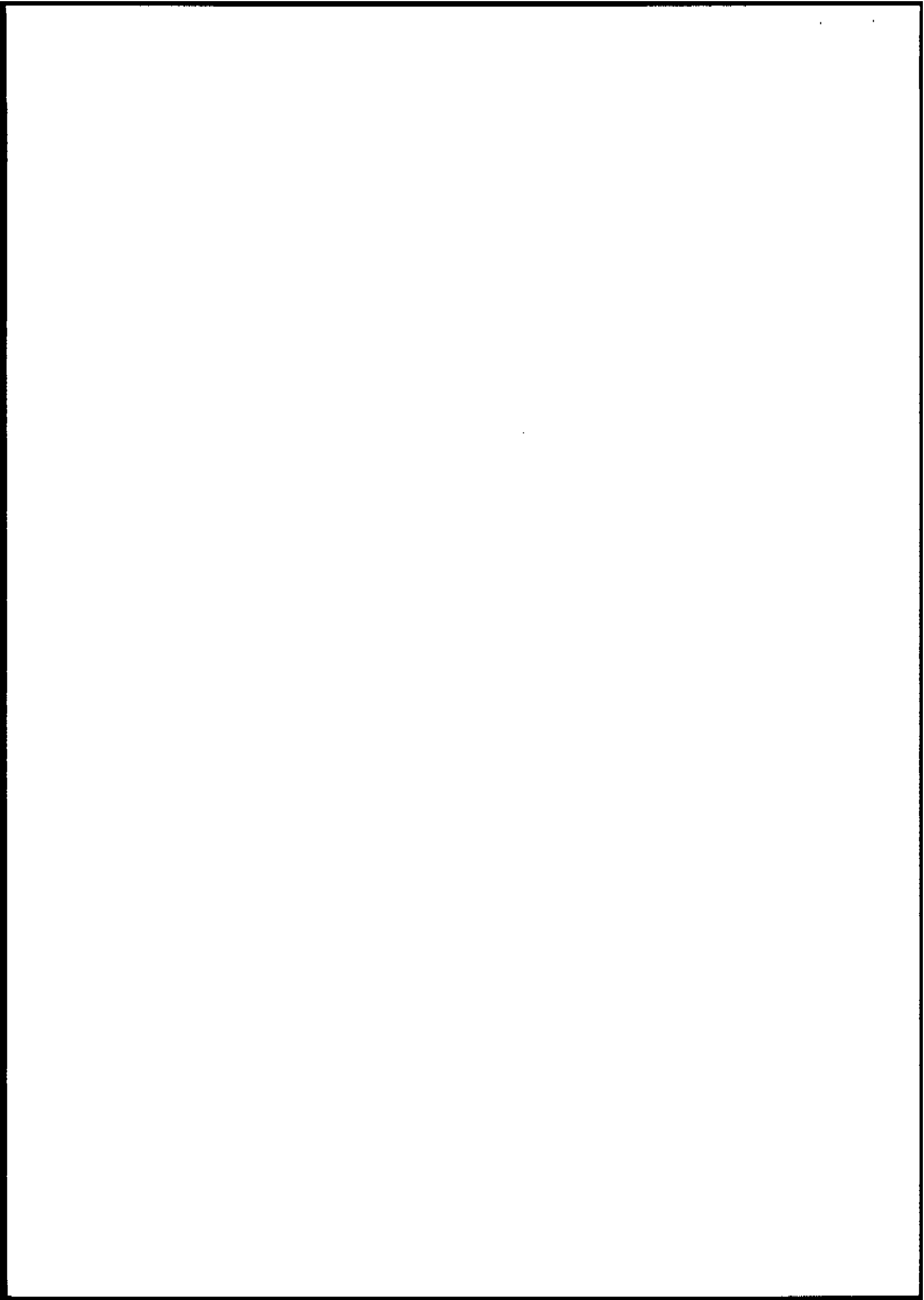
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1. Introduction

The Group was welcomed to Heerlen where the consultation meeting took place by Mr J.T.P. Bonte, Head, Department of Health Statistics, on behalf of the Central Bureau of Statistics, Voorburg, Netherlands. Dr A. Romensky, Statistician, Epidemiology and Information Support, WHO, Copenhagen expressed his gratitude on behalf of the Group for the hospitality and facilities of all kinds shown to the participants.

The meeting was attended by temporary advisers from Greece, Netherlands and Sweden. The list of participants can be found in Annex 1.

The meeting elected Mr J. van den Berg (Netherlands) as Chairman. Mr L. Berggren (Sweden) was nominated as Rapporteur.

The present Consultation meeting is a continuation of earlier activities of the Working Group on the Adequacy of Health Care and Consumer Satisfaction, which took place in Copenhagen from 23 to 25 April 1985 and which did not complete its discussions on specific instruments for guidelines.

The participants decided to provide complementary information on methods derived from their own experience, to facilitate the development of draft guidelines. Each member of the group was asked to prepare a contribution.

The previous working group recommended that this consultation should formulate proposals, instruments and questionnaires for the pilot studies.

2. Scope and purpose

The scope and purpose of the consultation was to:

- finalize the design of pilot studies;
- develop the various components of the questionnaires;
- develop draft guidelines as working documents.

2.1 Review of papers prepared for the consultation

The group noted the following principal features of the prepared papers and proposed that a compilation of the existing working papers should be undertaken by the Regional Office as soon as possible.

2.1.1 "Planning as the Basis of the Organization of Public Health Protection and of the Development of the Soviet Public Health Care" by G.A. Novgorodtsev, shows how the health planning system of the USSR operates and the paper draws extensively on a survey in a population of three and a half million people. The paper emphasize the plan of norms and standards.

2.1.2 "Organizational Functioning in the Health Care System" by L. Berggren, highlights the kind of structures and processes in the health care systems that can be studied and the scientific methods available for the purpose.

2.1.3 "Some aspects of the Significance of Health Education on a Health Care delivery System" by V. Katsouyannopoulos shows the importance of health education of the population in relation to adequacy of health care. The paper also shows that health education is an integral part of prevention and goes beyond pure information.

2.1.4 "Health Services Resources - A short paper for the WHO project upon the Adequacy of Health Care and Consumer Satisfaction" by V. Katsouyannopoulos discusses strategic impacts which would need to be achieved for a successful health care system.

2.1.5 " Instruments for Measurement of Levels of Health" by J. van den Berg discusses health indicators, surveys and statistics and their advantages and disadvantages. The paper also includes points of view on how the latter can be tackled.

During the discussions the participants recalled that the papers were developed especially to facilitate design and choice of pilot studies and, later on, the final study noted both the information given in the papers as well as the knowledge still missing and necessary to develop in the near future.

Conclusions of special importance for measurement of adequacy and consumer satisfaction were formulated (see item 3 below).

2.2 Elaboration of the concept of consumer satisfaction and its meaning to adequacy of health care

The discussion focussed on factors relevant to the following headings to be taken into account:

- expectations of consumers (potential and actual) must be related to satisfaction: it was regarded essential to relate satisfaction to level of expectation, otherwise differences in satisfaction would not mean anything;
- levels of satisfaction/dissatisfaction must be specified: the necessity of a scale for satisfaction and dissatisfaction in order to make comparisons possible was emphasized;
- objects of satisfaction must be specified, for instance, diagnosis, treatment, nursing, accessibility and availability and level of service, for instance, general practitioner, hospital; the discussion showed that such specifications must be made to make clear where changes and improvements should take place;
- sources of information and methods: the sources of data and methods of measurement should be elaborated and tested for availability, reliability and validity and cost;
- who is measuring and how results are used: it was pointed out that the persons measuring should be accepted as such by those being subject to measurement, at least for ethical reason;
- the price of "sacrifice" the consumer has to make and is prepared to accept in order to become a consumer of specific services (including pharmaceutical products) was considered an important aspect to elucidate in relation to satisfaction because it also is a factor for possible change by authority decisions.

It was noted that in more detailed studies of consumer satisfaction specifications of relevant categories of personnel (physicians, nurses, physiotherapists etc) might be included.

The effects of whether the person who measures is an independent researcher, a colleague, an administrative supervisor or something else should be taken into consideration. How the results are used and for what purpose should be made explicit and be agreed upon by those who measure and by those subject to measurement for ethical, methodological and other national reasons. It was also agreed that the results of studies should be accessible to all.

The importance of health education in creating opinions and expectations was pointed out as well as in changing attitudes and behaviour.

2.3 Specification of recommendations concerning the pilot studies

2.3.1 The participants agreed that pilot studies should cover one or more of the following target areas, which were discussed during the previous meeting:

- the resources used for health care;
- all the activities related to health care (medical consumption);
- the health status of the population;
- the health education of the population;
- consumer satisfaction;
- organizational functioning.

Pilot studies should cover the target area consumer satisfaction, because of the importance this topic has to the judgement of what is an adequate care. It was also agreed that if possible, pilot studies should be undertaken in more than one country. In this connection it was proposed that everyone in the working group should send to the Regional Office detailed suggestions for pilot studies, for which they are willing to take responsibility. The suggestions for pilot studies should reach the Regional Office before the end of April 1986.

Background factors like age, sex, income and education are in most instances possible to detect and as they may influence behaviour related to use of health care services and consumer satisfaction they should be accounted for.

Health surveys are important for making recommendations and guidelines of, among other things, measurements of effects of preventive medical efforts and other interventions.

Normative needs as regards level, type and quantity of care should according to the group be the minimum given. Otherwise comparisons of outcomes would not indicate what is acceptable or not.

The participants agreed that the functioning of various health care organizations as primary health service centres, clinics (including specialty relations, formal and informal), and hospitals should constitute an area for studying in the pilot studies.

The participants agreed that the influence of pressure groups on creation of new priorities on the preservation of old ones and its influence on political decisions should be analyzed.

It was pointed out that primary health care must be given high priority as an area of research in pilots as well as in main studies. This is also in congruence with recommendations in the Alma Ata declaration which is the basic reference point here. This also means that community involvement and participation in health care work ought to be part of studies, if possible.

The importance of time, was discussed. What is adequate norms, structures in health care, on behaviour, among personnel or population may change over time. It is thus important not to do things today that may make it more difficult or violate what may be adequate tomorrow.

Studies should include positive as well as negative aspects of the health care systems in terms of adequacy. By doing so, recommendations both reinforcing the positive parts and changing negative ones can be formulated.

3. Principal conclusions

These conclusions are extracted from the discussion at the meeting:

3.1. General conclusions

The study should have the Alma Ata declaration for primary health care as framework. Regional targets for Health for All by the Year 2000 should therefore be used as reference point:

- Aspects of quality in relation to adequacy should be a component in all studies.

- Study design must have due regard for the dimension of time. What is adequate norms today regarding structure and behaviour may well change over time.

- Results of studies should be accessible to everybody.

3.2. Conclusions regarding consumer satisfaction

- Examinations regarding consumer satisfaction should be made a focal point in studies of adequacy of health care.

- Different possible levels of satisfaction should be measured.

- Expectations of patients (and of potential patients) must be accounted for in relation to the level of satisfaction.

3.3. Conclusions regarding design and structure of guidelines for future pilot studies

3.3.1 Guidelines should be prepared on the basis that the target persons for their subsequent use are:

- planners
- researchers
- decision-makers/politicians

at the various managerial levels in a health service system.

3.3.2 Priority should be given to pilot studies concerning primary health care. Even if a priority will be given to the primary health care level (sector) in future studies, participating countries, institutions and research organizations can include general practitioners, health centres and hospitals in the studies.

3.3.3 Several pilot studies should be undertaken in different countries in order to test procedures.

3.4. Conclusions regarding future activities of the working group

It was agreed that the working group would need to give further consideration to:

- Age/sex/educational/professional and marital status as background factors that must be taken into account.
- The importance of health surveys in any recommendations and guidelines should be made explicit.
- The use of knowledge about organizational functioning as a support to other target areas should be considered.
- The importance of lifestyle in relation to health should be emphasised in the recommendations.
- The relationship of positive and negative aspects of the health care system should be pointed out to adequacy and consumer satisfaction.

3.5 Recommendations for the next meeting

The participants asked Dr Romensky to find a replacement for Dr Cartwright, who, due to other duties, finds it hard to continue as a member of the working group.

All members of the group will be asked to prepare suggestions for pilot studies and to help constructing items and questions.

Mr J. van den Berg with the assistance of Mr L. Berggren will prepare draft guidelines for pilot studies by the end of April 1986.

The scope and purpose for the next meeting will be the finalization of draft guidelines and a review of suggested pilot studies.

Annex 1

LIST OF PARTICIPANTS

PARTICIPANTS

Mr J. van den Berg (Chairman)

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Mrs Mailis Mau

Secretary, Epidemiology and Information Support

Annex 2

LIST OF WORKING PAPERS AND BACKGROUND MATERIAL

Working papers

ICP/HST 103 s01/1	Provisional list of working papers and background material
ICP/HST 103 s01/2	Scope and purpose
ICP/HST 103 s01/3	Provisional agenda
ICP/HST 103 s01/4	Provisional programme
ICP/HST 103 s01/5	Provisional list of participants
ICP/HST 103 s01/6	Organizational functioning in the health care system, by L. Berggren
ICP/HST 103 s01/7	Planning as the basis of the organization of public health protection and of the development of the Soviet public health care, by G.A. Novgorodtsev
ICP/HST 103 s01/8	Instruments for measurement of levels of health, by J. van den Berg
ICP/HST 103 s01/9	Health services resources - A short text for the WHO project upon the "Adequacy of health care and consumer satisfaction", by V. Katsouyannopoulos
ICP/HST 103 s01/10	Some aspects on the significance of health education on a health care delivery system which envisaged to adequacy of health care and the consumer satisfaction, by V. Katsouyannopoulos
ICP/HST 103 s01/11	Health education - A complementary short text concerning health education as target area of the WHO projection upon "Adequacy of health care and consumer satisfaction, by V. Katsouyannopoulos